National Monitoring Standards for Ryan White Part B--Provider Monitoring

Provider: _____ Regional Reviewer: _____ Date: _____

Number of Unique Clients Served (past 12 months): _____ Number of Newly Diagnosed Clients (past 12 months): _____

Congress first authorized and funded the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act in 1990. Since that time, the authorizing statute has been amended and reauthorized four times (in 1996, 2000, and 2006), most recently in 2009, as the Ryan White HIV/AIDS Treatment Extension Act of 2009 (codified in title XXVI of the Public Health Service (PHS) Act, 42 U.S.C. §§ 300ff-11 et seq.). RWHAP recipients must comply with all relevant authorities, including legislation, regulation, and program-specific policies. The relevant authorities are: RWHAP Legislation (https://ryanwhite.hrsa.gov/about/legislation) and The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Health and Human Services (HHS) Awards, 45 CFR Part 75 (https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=11 SID=df3c54728d090168d3b2e780a6f6ca7c&ty=HTML&h=L&mc=true&n=pt45.1.75&r=PART). Monitoring, whether HRSA monitoring of recipients, recipient monitoring of subrecipients, or the recipient and subrecipient monitoring of contractors, is a critical aspect of the implementation of the RWHAP. All RWHAP recipients are responsible for adequate oversight and monitoring of all activities supported by the federal award, including subawards and contracts.

Source Citations: All statutory citations are to title XXVI of the Public Health Service Act, 42 U.S.C. § 300ff-11 et seq, and are abbreviated with "PHS ACT XXXX" and the section reference.

Performance Measure/Method	Compliance			Documentation Reviewed		Citation
Section A: **Allowable Uses of Part B Service Funds**						Public Health Service (PHS) Act § 2612(a)-(d), PHS Act § 2613, PHS Act § 2614, PHS Act § 2618(b)(3)(E), PHS Act § 2618(b)(4)(5), HAB Policy Clarification Notice (PCN), 16-02 and Frequently Asked Questions (FAQs), RWHAP
PERFORMANCE MEASURE: Request for Proposal (RFP), Request for Application (RFA), contract, provider agreement, Memorandum of Understanding (MOU)/Letter of Agreement (LOA), and/or statement of work, language that describes and defines RWHAP Part B services funded, which are within the range of activities, and uses of funds allowed under the legislation and defined in the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Policy Notices, including core medical and support services, clinical quality management (CQM) activities, and administration. **Suggested Document(s) to Request:** Monthly Invoices, Eligibility/Recertification Policy, Document Request List						
The services described in the RFPs, RFAs, contracts, provider agreements, MOUs/LOAs, and/or statements of work were provided	Yes ☐	No ☐	NA ☐		Comments:	
Provider billed only for allowable activities/services	Yes ☐	No ☐	NA ☐		Commnts:	
Provider provided services to only eligible people	Yes ☐	No ☐	NA ☐		Comments:	
Files were maintained and provider was able to share them upon request	Yes ☐	No ☐	NA ☐		Comments:	

Section B: **Core Medical Services**						PHS ACT 2612 (b)(1)
PERFORMANCE MEASURE- Outpatient/Ambulatory (Medical Care)*:* Documentation that: Care is provided by a licensed healthcare provider in an outpatient medical setting, such as clinics, medical offices, mobile vans, telehealth technology, and urgent care facilities for HIV-related visits; Only allowable services are provided to eligible people with HIV; Services are provided as part of the treatment of HIV infection; Specialty medical care relates to HIV infection and/or conditions arising from the use of HIV medications resulting in side effects; Services are consistent with HHS Clinical Guidelines for the Treatment of HIV; Services are not being provided in an emergency room, hospital, or any other type of inpatient treatment setting. **Suggested Document(s) to Request:** Outpatient/Ambulatory Clinical Policy					☐ This service was not provided ☐	PHS Act § 2612(b)(3)(A), Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States, October 26, 2016, Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents, June 3, 2021, HAB PCN 16-02 and FAQs, HAB PCN 18-02, HAB Policy Notice 07-02
Subrecipient was able to provide assurances that care was provided consistent with HHS Clinical Guidelines for the Treatment of HIV	Yes ☐	No ☐	NA ☐		Comments:	

PERFORMANCE MEASURE- Outpatient/Ambulatory (Diagnostic and Laboratory Tests): Documentation that diagnostic and laboratory tests are: Integral to the treatment of HIV and related complications, necessary based on established clinical practice, and ordered by a registered, certified, licensed provider; Consistent with medical and laboratory standards; Approved by the FDA and/or certified under the Clinical Laboratory Improvement Amendments (CLIA) Program. **Suggested Document(s) to Request:** CAREWare Report					☐ This service was not provided ☐	PHS Act § 2612(b)(3)(A), Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States, October 26, 2016, Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents, June 3, 2021, HAB PCN 16-02 and FAQs, HAB PCN 18-02, HAB Policy Notice 07-02
Provider was able to accurately report the number of diagnostic and laboratory tests performed	Yes ☐	No ☐	NA ☐		Comments:	

PERFORMANCE MEASURE-Early Intervention Services (EIS): Documentation that: Part B funds are used for HIV testing only where existing federal, state, and local funds are not adequate, and RWHAP funds will supplement and not supplant existing funds for testing; Individuals who test positive are referred and linked to healthcare and supportive services: Health education and literacy training is provided, enabling clients to navigate the HIV system; EIS is provided at or in coordination with documented key points of entry; EIS is coordinated with HIV prevention efforts and programs. **Suggested Document(s) to Request:** DOH Approved EIS Proposal/Renewal, Regional EIS Policy, Testing/Events Schedule, CAREWare Report, PPA Agreement, CLIA Waiver, CLIA Certification, Linkage Agreements, MOUs/LOAs, DOH PO Approval Document/Email, Reciprocal MOUs/LOAs					☐ This service was not provided ☐	PHS Act § 2612(b)(3)(E) and (d), HAB PCN 16-02 and FAQs
Provider was able to document the provision of all four required EIS components with Part B or other funding	Yes ☐	No ☐	NA ☐		Comments:	
Provider was able to document EIS was coordinated with HIV prevention efforts and programs	Yes ☐	No ☐	NA ☐		Comments:	
Documentation was provided demonstrating Part B funds are used for HIV testing only where existing federal, state, and local funds are not adequate, and RWHAP funds will supplement and not supplant existing funds for testing	Yes ☐	No ☐	NA ☐		Comments:	
Provider was able to document and report on where and when Part B-funded HIV testing occurred	Yes ☐	No ☐	NA ☐		Comments:	
Provider was able to document and report on the number of HIV tests conducted and positive results found related to Part B-funded testing	Yes ☐	No ☐	NA ☐		Comments:	
Provider documented that HIV testing activities and methods meet the Centers for Disease Control and Prevention (CDC) and state requirements	Yes ☐	No ☐	NA ☐		Comments:	

Linkage agreements exist with testing sites where Part B is not funding testing but is funding referral and access to care, education, and system navigation services	Yes ☐	No ☐	NA ☐		Comments:
MOUs/LOAs exist with key points of entry into care to facilitate access to care for those who test positive	Yes ☐	No ☐	NA ☐		Comments:
Written approval was obtained to provide EIS at points of entry not included in the original scope of work	Yes ☐	No ☐	NA ☐		Comments:
Number of referrals for healthcare and supportive services was documented	Yes ☐	No ☐	NA ☐		Comments:
Provider documented referrals *from* key points of entry *to* the EIS program	Yes ☐	No ☐	NA ☐		Comments:

PERFORMANCE MEASURE--Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals (HIP): Documentation of an annual cost-effectiveness analysis illustrating the greater benefit of purchasing public or private health insurance, pharmacy benefits, copays, and/or deductibles for eligible low-income clients compared to the full cost of medications and other appropriate HIV outpatient/ambulatory health services; Documentation that the insurance plan purchased provides comprehensive primary care and a full range of HIV medications; Documentation that the insurance plan purchased provides comprehensive oral healthcare services; Documentation, including a physician's written statement that the eye condition is related to HIV infection when funds are used for copays of eyewear; Assurance that any cost associated with the creation, capitalization, or administration of a liability risk pool is not being funded by RWHAP; Assurance that RWHAP funds are not being used to cover costs associated with Social Security; Documentation of clients' low-income status as defined by the state RWHAP; Documentation that RWHAP funds are used exclusively for in-network outpatient providers; Recipient documentation of development and implementation of the data systems necessary to track and account for Part B payments for True-Out-of-Pocket (TrOOP) expenses, participation with the Centers for Medicare and Medicaid (CMS) online coordination of benefits (COB) contractor, a signed data-sharing agreement between the state/territory ADAP and CMS, and amount of the ADAP funds used to cover TrOOP expenses for clients on Medicare Part D. **Suggested Document(s) to Request:** Signed Annual Cost Benefit Analysis, HIP Policy and Procedures Manual, Annual Cost Benefit Analysis Report, Internal report, Data Sharing Agreement	☐ This service was not provided ☐	42 U.S. Code (USC) 1395w–102(b)(4)(C)(iii); PHS Act § 2612(b)(3)(F); PHS Act § 2615; (PHS Act § 2616(f)(1)-(2); HAB PCNs 18-01, 16-02, 14-01, 13-04, and FAQs; HAB Program Letter – Using Ryan White HIV/AIDS Program Funds to Support Standalone Dental Insurance, December 5, 2016; HAB Program Letter – ADAP/TrOOP, November 23, 2010

Part B funding was used to supplement and not supplant existing federal, state, or local funding for Health Insurance Premium and Cost-Sharing Assistance	Yes ☐	No ☐	NA ☐		Comments:
Provider policies and procedures outline the processes for 1) informing, 2) educating, and 3) enrolling people in healthcare and 4) the vigorous pursuit of those efforts is documented	Yes ☐	No ☐	NA ☐		Comments:
The provider conducted and documented the annual cost-effectiveness analysis illustrating the greater benefit of purchasing public or private health insurance, pharmacy benefits, copays, and/or deductibles for eligible low-income clients compared to the full cost of medications and other appropriate HIV outpatient/ambulatory health services	Yes ☐	No ☐	NA ☐		Comments:
The provider conducted and documented an annual cost-effectiveness analysis that demonstrates the greater benefit of using RWHAP funds for the Health Insurance/Cost-Sharing Program versus paying for the full cost of HIV **oral** healthcare services	Yes ☐	No ☐	NA ☐		Comments:
Data systems for tracking and reporting Part B payments are in place	Yes ☐	No ☐	NA ☐		Comments:
A system is in place to ensure funds pay only for in-network outpatient services	Yes ☐	No ☐	NA ☐		Comments:
Provider has a signed a data-sharing agreement with PA ADAP (i.e. SPBP) and CMS	Yes ☐	No ☐	NA ☐		Comments:
Provider developed procedures to ensure that the client enrollment file includes verification information for Medicare Part D enrollees	Yes ☐	No ☐	NA ☐		Comments:

PERFORMANCE MEASURE-Home Health Care: Assurance that: Services are limited to medical therapies in the home and exclude personal care services; Services are provided by licensed professionals, as required by state and local laws.	☐ This service was not provided	PHS ACT 2612 (b)(3)(G), HAB PCN 16-02 and FAQs

PERFORMANCE MEASURE- Home and Community-based Health Services: Documentation that: All services are provided based on a written plan of care established by a medical care team under the direction of a licensed clinical provider; The care plan specifies the types of services needed and the quantity and duration of services; All planned services are allowable within the service category. **Suggested Document(s) to Request:** Document Request List				☐ This service was not provided	PHS Act § 2612(b)(3)(J), PHS Act § 2614(c), HAB PCN 16-02 and FAQs
Provider was able to make available files and client records as required for monitoring	Yes ☐	No ☐	NA ☐		Comments:

PERFORMANCE MEASURE- Hospice Services: Documentation that: Physician certification that the patient's illness is terminal, as defined by the life expectancy established by the recipient; Appropriate and valid licensure of provider, as required by the state in which hospice care is delivered; Types of services provided and assurance that they include only allowable services; Locations where hospice services are provided; Assurance that they are limited to a home or other residential setting or a non-acute care section of a hospital designated and staffed as a hospice setting; Assurance that services meet Medicaid or other applicable requirements, including the following: Counseling services that are consistent with the definition of mental health counseling, including treatment and counseling provided by mental health professionals (psychiatrists, psychologists, or licensed clinical social workers) who are licensed or authorized within the state where the service is provided; Palliative therapies are consistent with those covered under the respective state's Medicaid program.	☐ This service was not provided	PHS Act § 2612(b)(3)(I), HAB PCN 16-02 and FAQs

PERFORMANCE MEASURE- Medical Case Management (MCM), Including Treatment Adherence: Documentation that: subrecipients are trained professionals, either medically credentialed persons or other healthcare staff who are part of the clinical care team; Documentation that all the following activities are being carried out for clients as necessary: Initial assessment of service needs; Development of a comprehensive, individualized care plan; Coordination of services required to implement the plan; Continuous client monitoring to assess the efficacy of the plan; Periodic re-evaluation and adaptation of the plan at least every six months. Documentation in program and client records of case management services and encounters, including: Types of services provided, Types of encounters/communication, Duration and frequency of the encounters; Documentation in client records of services provided, such as: Client-centered services that link clients with healthcare, psychosocial, and other services and assist them in accessing other public and private programs for which they may be eligible, Coordination and follow up of medical treatments, Ongoing assessment of the client's and other key family members' needs and personal support systems; Treatment adherence counseling and readiness, Client-specific advocacy. **Suggested Document(s) to Request:** Credentials, Licenses, Degrees, Resumes, Certifications, Report of MCM caseloads				☐ This service was not provided	PHS Act § 2612(b)(3)(M), HAB PCN 16-02 and FAQs, HAB PCN 18-02
Documentation that the clinical care team is comprised of trained professionals (either medically credentialed persons or other licensed healthcare staff) was provided	Yes ☐	No ☐	NA ☐		Comments:
MCM Supervisors have the required Bachelor's degree along with two years of experience performing Social Work and/or MCM activities*	Yes ☐	No ☐	NA ☐		Commens:
MCMs are licensed Registered Nurses; and/or have a Bachelor's degree in social work, psychology, sociology or other related field; or a Bachelor's degree in a non-similar field with two years experience in case management, social work and/or have a Community Health Worker Certification*	Yes ☐	No ☐	NA ☐		Comments:
Provider was able to demonstrate the number of cases per MCM is equitably distributed across positions so that each MCM has an appropriate proportion of high acuity cases.*	Yes ☐	No ☐	NA ☐		Comments:

PERFORMANCE MEASURE- Medical Nutrition Therapy: Documentation that: Licensure and registration of the dietitian as required by the state/territory in which the service is provided; A referral by a licensed medical provider; The existence of a detailed nutritional treatment plan for each eligible client. The required content of the nutritional plan, including: The diagnosed condition for which medical nutrition therapy is needed; Recommended services and course of medical nutrition therapy to be provided, including types and amounts of nutritional supplements and food; Date the service is to be initiated; Planned number and frequency of sessions; The signature of the registered dietitian who developed the plan; Where food is provided to a client under this service category, the client file includes a medical provider's recommendation and is noted in the nutritional plan. Services provided, including: Nutritional supplements and food provided, quantity, and dates; The signature of each registered dietitian who rendered service and the date of service; Date of reassessment; Termination date of medical nutrition therapy; Any recommendations for follow up. **Suggested Document(s) to Request:**	☐ This service was not provided ☐	PHS Act § 2612(b)(3)(H), HAB PCN 16-02 and FAQs

PERFORMANCE MEASURE- Mental Health: Documentation of appropriate and valid licensure and certification of mental health professionals as required by the state/territory. Documentation of the existence of a detailed treatment plan for each eligible client that includes: The diagnosed mental illness or condition; The treatment modality (group or individual); Start date for mental health services; Recommended number of sessions; Date for reassessment; Projected treatment end date; Any recommendations for follow up; The signature of the mental health professional rendering service. Documentation of service provided to ensure that: Services provided are allowable under RWHAP guidelines and contract requirements; Services provided are consistent with the treatment plan. **Suggested Document(s) to Request:**	☐ This service was not provided ☐	PHS Act § 2612(b)(3)(K), HAB PCN 16-02 and FAQs

PERFORMANCE MEASURE- Oral Healthcare Services: Documentation that: Oral healthcare services, which meet current dental care guidelines, are provided by dental professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants; Oral healthcare professionals providing services have appropriate and valid licensure and certification based on state and local laws; Clinical decisions are supported by the American Dental Association Dental Practice Parameters; An oral healthcare treatment plan is developed for each eligible client and signed by the oral health professional rendering the services; services fall within specified service caps, expressed by dollar amount, type of procedure, limitations on the number of procedures, or a combination of any of the above, as determined by the recipient. **Suggested Document(s) to Request:** Professional Certification	☐ This service was not provided ☐	PHS Act § 2612(b)(3)(D), HAB PCN 16-02 and FAQs

Documentation that clinical decisions are supported by the American Dental Association Dental Practice Parameters was available	Yes ☐	No ☐	NA ☐		Comments:

PERFORMANCE MEASURE- Substance Abuse Outpatient Care: Documentation that: services are provided by or under the supervision of a physician or by other qualified personnel with appropriate and valid licensure and certification, as required by the state/territory in which services are provided. Documentation through program files and client records that: Services provided meet the service category definition; All services provided with Part B funds are allowable under RWHAP. Assurance that services are provided only in an outpatient setting; Assurance that RWHAP funds are used to expand the HIV-specific capacity of programs only if timely access would not otherwise be available to treatment and counseling; Assurance that services provided include a treatment plan that calls for only allowable activities and includes: The quantity, frequency, and modality of treatment provided, The date treatment begins and ends, Regular monitoring and assessment of client progress, The signature of the individual providing the service and/or the supervisor, as applicable. Documentation that: The use of funds for acupuncture services is limited through some form of a defined cap; Acupuncture is not the dominant treatment modality; The acupuncture provider has the appropriate state/territory license and certification. **Suggested Document(s) to Request:** Verbal Assurances, Provider Substance Abuse Outpatient Care Policy	☐ This service was not provided ☐	PHS Act § 2612(b)(3)(L), HAB PCN 16-02 and FAQs, 45 Code of Federal Regulation (CFR) Part 75.364

RWHAP funds were used to expand the HIV-specific capacity of programs only if timely access would not otherwise be available to treatment and counseling	Yes ☐	No ☐	NA ☐		Comments:
Documentation that the use of funds for acupuncture services was limited through some form of a defined cap	Yes ☐	No ☐	NA ☐		Comments:

Section C:
Support Services

PERFORMANCE MEASURE- Child Care Services: Documentation that: The parent's eligibility, as defined by the recipient, including proof of HIV status.; The medical or other appointments or RWHAP-related meetings, groups, or training sessions attended by the parent that made child care services necessary; Appropriate and valid licensure and registration of child care providers under applicable state and local laws in cases where the services are provided in a day care or child care setting. Assurance that: Where child care is provided by a neighbor, family member, or other person, payments do not include cash payments to clients or primary caregivers for these services; Liability issues for the funding source are addressed through the use of liability release forms designed to protect the client, provider, and the RWHAP; Any recreational and social activities are provided only in a licensed or certified provider setting. **Suggested Document(s) to Request:** Provider Child Care Service Policy, Release Form Template					☐ This service was not provided ☐	PHS Act § 2612(c), HAB PCN 16-02 and FAQs
Provider has a policy regarding the provision of and eligibility for all child care services	Yes ☐	No ☐	NA ☐		Comments:	
Policy clearly addresses the limitations of informal child care arrangements, including the issues of liability raised by such informal arrangements in child care	Yes ☐	No ☐	NA ☐		Comments:	
A legal release from liability template that covers the RWHAP and other federal, state, and local entities, as allowed by law, exists for use in informal child care arrangements	Yes ☐	No ☐	NA ☐		Comments:	
Policy clearly addresses that no direct cash payments are made to clients or primary caregivers with informal child care arrangements and reimbursement is limited to actual costs	Yes ☐	No ☐	NA ☐		Comments:	

PERFORMANCE MEASURE- Emergency Financial Assistance (EFA): Documentation that: EFA to individual clients is provided with limited frequency and for limited periods of time, with frequency and duration of assistance specified by the recipient; Assistance is provided only for the following essential services: utilities, housing, food (including groceries and food vouchers), transportation, and medication; Payments are made either through a voucher program or short-term payments to the service entity, with no direct payments to clients; Emergency funds are allocated, tracked, and reported by type of assistance; RWHAP is the payor of last resort. **Suggested Document(s) to Request:** Provider EFA Policy, CAREWare Report, Invoices					☐ This service was not provided ☐	PHS Act § 2612(c), HAB PCN 16-02 and FAQs
Provider policy defines 1) the allowable uses of EFA funds, 2) limitations of the program, 3) frequency, 4) periods of time, 5) number/level of payments permitted to a single client, and 6) clarification that EFA is used only as a last resort	Yes ☐	No ☐	NA ☐		Comments:	
Provider recorded and tracked the use of EFA funds under each discrete service category as required by the Ryan White HIV/AIDS Program Services Report (RSR)	Yes ☐	No ☐	NA ☐		Comments:	
Provider submits EFA tracking report along with the monthly invoice for consideration of reimbursement*	Yes ☐	No ☐	NA ☐		Comments:	

PERFORMANCE MEASURE- Food Bank/Home-Delivered Meals: Documentation that: Services supported are limited to food banks, home-delivered meals, and/or food voucher programs; Types of non-food items provided are allowable; If water filtration/purification systems are provided, the community has water purity issues. Assurance of: Compliance with federal, state, and local regulations, including any required licensure or certification for the provision of food banks and/or home-delivered meals; Use of funds only for allowable essential non-food items; Monitoring of providers to document actual services provided, client eligibility, number of clients served, and level of services to these clients. **Suggested Document(s) to Request:** CAREWare Report, Inventory Report, Online Orders, Promotional Materials, Sign-in Sheet/Participant List, Client File					☐ This service was not provided ☐	PHS Act § 2612(c), HAB PCN 16-02 and FAQs
Report on 1) the actual services provided, 2) client eligibility, 3) number of clients served, and 4) level of services to these clients was available	Yes ☐	No ☐	NA ☐		Comments:	
Report on 1) the amount and 2) use of funds for the purchase of allowable non-food items was available	Yes ☐	No ☐	NA ☐		Comments:	
For congregate meals, the meal was well promoted to all PLWH and held in a group setting*	Yes ☐	No ☐	NA ☐		Comments:	
For congregate meals, each client had no more than one guest and all participants were registered on a list*	Yes ☐	No ☐	NA ☐		Comments:	

If a client participated in a congregate meal, it was 1) recorded in the client's file and 2) entered into CAREWare*	Yes ☐	No ☐	NA ☐		Comments:

PERFORMANCE MEASURE- Health Education/Risk Reduction: Documentation that clients under this service category receive: Information about available medical and psychosocial support services; Education on methods of HIV transmission and how to reduce the risk of transmission; Counseling on how to improve their health status and reduce the risk of transmission to others. **Suggested Document(s) to Request:** Sign-in Sheet, CAREWare Report				☐ This service was not provided ☐	PHS Act § 2612(c), HAB PCN 16-02 and FAQs
Provider data examined demonstrated compliance with contract and program obligations	Yes ☐	No ☐	NA ☐		Comments:
Health Education/Risk Reduction services were not delivered anonymously	Yes ☐	No ☐	NA ☐		Comments:

PERFORMANCE MEASURE- Housing Services: Documentation that: funds are used only for allowable purposes; The provision of short-term assistance to support emergency, temporary, or transitional housing to enable an individual or family to gain or maintain medical care; Housing-related individualized plans developed and updated at least annually; Housing-related referral services include housing assessment, search, placement, advocacy, and the fees associated with them; Housing-related referrals are provided by case managers or other professional(s) who possess a comprehensive knowledge of local, state, and federal housing programs and how to access these programs. For all housing, regardless of whether or not the service includes some type of medical or supportive services: Each client receives assistance designed to help them obtain permanent housing through a strategy to identify, relocate, and/or ensure the individual or family is moved to or capable of maintaining a stable long-term living situation; Housing services are essential for an individual or family to gain or maintain access sand compliance with outpatient/ambulatory services and treatment.; Mechanisms are in place to allow newly identified clients access to housing services; Ensure that policies and procedures provide an individualized written housing plan, are consistent with this housing policy, and are updated annually, covering each client receiving short-term, transitional, and emergency housing services. Upon request, RWHAP recipients and subrecipients must provide HAB with a copy of the individualized written housing plan. **Suggested Document(s) to Request:** Provider Housing Policy, Intake Policy, RWB Services Handbook, Housing Referral Agreement, CAREWare Report				☐ This service was not provided ☐	PHS Act § 2612(c), HAB PCN 16-02 and FAQs, HAB Program Letter – Using RWHAP Funds to Support Housing Services, August 18, 2016
Provider policies and procedures are in place that 1) require an individualized written housing plan for each client receiving short-term, transitional, and emergency housing services, 2) plans are consistent with contract and program requirements and 3) plans are required to be updated annually	Yes ☐	No ☐	NA ☐		Comments:
Mechanisms are in place to allow newly identified clients access to housing services	Yes ☐	No ☐	NA ☐		Comments:
Documentation of 1) the overall housing services provided is available, including the 2) number of clients served, 3) duration of housing services, 4) types of housing provided, and 5) housing referral services was available	Yes ☐	No ☐	NA ☐		Comments:

PERFORMANCE MEASURE- Linguistic Services: Documentation that: Linguistic services are being provided as a component of HIV service delivery between the provider and the client to facilitate communication between the client and provider and the delivery of RWHAP-eligible services in both group and individual settings; Services are provided by appropriately trained and qualified individuals holding appropriate state or local certifications; Services provided comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS). **Suggested Document(s) to Request:** Service Provision Agreement, Licenses/Certificates, Service Provision Agreement, Initial In-Take Documents, CAREWare Report, Linguistics Request Policy				☐ This service was not provided ☐	PHS Act § 2612(c), HAB PCN 16-02 and FAQs
Linguistic services are being provided as a component of HIV service delivery to facilitate communication between the client and provider and the delivery of RWHAP-eligible services	Yes ☐	No ☐	NA ☐		Comments:
The region and/or provider accessed the national linguistic map to determine the primary languages in their area*	Yes ☐	No ☐	NA ☐		Comments:

The region and/or provider provides interpretation and translation services in the primary languages in their area by fax or by telephone during normal business hours*	Yes ☐	No ☐	NA ☐		Comments:
Linguistic services are available for clients who are deaf or hard of hearing	Yes ☐	No ☐	NA ☐		Comments:
Interpreters and translators have appropriate training and state or local certification	Yes ☐	No ☐	NA ☐		Comments:
Services provided comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS)	Yes ☐	No ☐	NA ☐		Comments:
Provider can document clients are informed of language aids and services available to them	Yes ☐	No ☐	NA ☐		Comments:
Documentation of the overall provision of linguistic services including: 1) number and types of services requested/received, 2) number of assignments, 3) type of service (oral/written), 4) language involved and 5) setting (group or individual) was available	Yes ☐	No ☐	NA ☐		Comments:
The region and/or provider has developed and can demonstrate following a written protocol for processing client requests for linguistic services, and for the delivery and monitoring of these services*	Yes ☐	No ☐	NA ☐		Comments:

PERFORMANCE MEASURE- Medical Transportation Services: Documentation that: Medical transportation services are used only to enable an eligible individual to access HIV-related health and support services; Services are provided through one of the following methods: A contract or some other local procurement mechanism with a provider of transportation services; A voucher or token system that allows for tracking the distribution of the vouchers or tokens; A system of mileage reimbursement that does not exceed the federal per mile reimbursement rates; A system of volunteer drivers, where insurance and other liability issues are addressed; Purchase or lease of organizational vehicles for client transportation, with prior approval from HRSA HAB for the purchase. **Suggested Document(s) to Request:** Contract or MOU/LOA, Medical Transportation Policy, Distribution Tracking Log(s), Proof of Insurance, Liability Waiver, HRSA HAB Approval Letter/Email, CAREWare Report,				☐ This service was not provided ☐	PHS Act § 2612(c), HAB PCN 16-02 and FAQs
Documentation that services are provided through a contract or some other local procurement mechanism with a provider of transportation services was available	Yes ☐	No ☐	NA ☐		Comments:
Documentation demonstrating that services are provided through a gift card, voucher or token system that allows for tracking the distribution of the gift cards, vouchers or tokens was available	Yes ☐	No ☐	NA ☐		Comments:
Provider has a policy stating that when services are provided through a system of mileage reimbursement the federal per mile reimbursement rate is not exceeded	Yes ☐	No ☐	NA ☐		Comments:
Documentation that insurance and other liability issues are addressed when service is provided through a system of volunteer drivers	Yes ☐	No ☐	NA ☐		Comments:
Purchasing or leasing a vehicle(s) was approval in advance by HRSA HAB	Yes ☐	No ☐	NA ☐		Comments:
Overall program files are available documenting the level of services/number of trips provided	Yes ☐	No ☐	NA ☐		Comments:
Policy related to transportation costs for MCMs/non-MCMs/medical providers providing client transportation is billed under the service category for the service being provided and NOT Medical Transportation*	Yes ☐	No ☐	NA ☐		Comments:

PERFORMANCE MEASURE- Non-Medical Case Management Services: Documentation that: The scope of activity includes guidance and assistance to clients in obtaining medical, social, community, legal, financial, and other needed services; Where benefits/entitlement counseling and referral services are provided, they assist clients in obtaining access to both public and private programs, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturers' Patient Assistance Programs, and other state or local healthcare and supportive services; Services cover all types of encounters and communications (e.g., face-to-face, telephone contact, etc.); Where transitional case management for justice-involved persons is provided, assurance that such services are provided either as part of discharge planning or for individuals who are in the correctional system for a brief period. **Suggested Document(s) to Request:** Non-Medical Case Management Policy					☐ This service was not provided	PHS Act § 2612(c), HAB PCN 16-02 and FAQs, HAB PCN 18-02, Recommendations for Case Management Collaboration and Coordination in Federally Funded HIV/AIDS Programs
Documentation that services include all types of encounters and communications (e.g., face-to-face, telephone contact, etc.)	Yes ☐	No ☐	NA ☐		Comments:	

PERFORMANCE MEASURE- Other Professional Services: Documentation that funds are used only for allowable professional services, such as: Legal Services, Permanency Planning, Income Tax Preparation. Assurance that program activities do not include any criminal defense or class action suits unrelated to access to services eligible for funding under the RWHAP.	☐ This service was not provided	PHS Act § 2612(c), HAB PCN 16-02 and FAQs

PERFORMANCE MEASURE- Outreach Services: Documentation that outreach services are designed to identify: Individuals who do not know their HIV status and link them to Outpatient/Ambulatory Health Services; Individuals who know their status and are not in care, and help them enter or re-engage in Outpatient/Ambulatory Health Services; Individuals needing additional information and education on health care coverage options. Documentation that outreach services: Are planned and delivered in coordination with local HIV prevention outreach programs and avoid duplication of effort; Take place at times when there is a high probability that people with HIV and/or exhibiting high-risk behavior will be reached; Target populations known to be at disproportionate risk for HIV infection and/or exhibiting high-risk behavior; Target communities whose residents have disproportionate risk or establishments frequented by individuals exhibiting high-risk behaviors; Are designed so that activities and results can be quantified for program reporting and evaluation of effectiveness (measurable deliverables). Documentation and assurance that outreach funds are not being used: For HIV testing that supplants existing funding; To support broad-scope awareness activities that target the general public rather than specific populations and/or communities with high rates of HIV infection; To duplicate HIV prevention outreach efforts. **Suggested Document(s) to Request:** Outreach Plan, CAREWare Report, Website Analytics, Prevention Services MOU/LOA, Event Planning Meeting Notes/Records, DOH Approved Outreach Proposal/Renewal, DOH Testing PPA, Testing MOU/LOA, Outreach Materials (e.g. newsletters, brochures, billboard, social media ads, bus shelter ads, bus wraps, etc.), Outreach Plan, Event Calendar/Timeline, Surveillance Data, Sign-In Sheets, Website Analytics					☐ This service was not provided	PHS Act § 2612(c), HAB PCN 16-02 and FAQs
Outreach plan includes the design, implementation, target areas, times, and target populations for outreach activities	Yes ☐	No ☐	NA ☐		Comments:	
Provider was able to provide outreach data including 1)the number of individuals reached, 2) referred for testing, 3) found to be positive, 4) referred to care, and 5) entering care	Yes ☐	No ☐	NA ☐		Comments:	
Provider was able to provide data showing that all requirements are being met for 1) program design, 2) targeting, 3) activities, and 4) use of funds	Yes ☐	No ☐	NA ☐		Comments:	
Documentation that outreach services are planned and delivered in coordination with local HIV prevention outreach programs was available	Yes ☐	No ☐	NA ☐		Comments:	
Provider was able to provide financial and program data demonstrating that no outreach funds are being used to duplicate HIV prevention outreach efforts	Yes ☐	No ☐	NA ☐		Comments:	
Provider was able to provide financial and program data demonstrating that no outreach funds are being used for HIV testing that supplants existing funding	Yes ☐	No ☐	NA ☐		Comments:	
Provider was able to provide financial and program data demonstrating that no outreach funds are being used to support broad-scope awareness activities that target the general public rather than specific populations and/or communities with high rates	Yes ☐	No ☐	NA ☐		Comments:	

Documentation was available demonstrating that outreach services take place at times when there is a high probability that people with HIV and/or exhibiting high-risk behavior will be reached	Yes ☐	No ☐	NA ☐		Comments:
Documentation was available demonstrating that outreach services *target populations* known to be at disproportionate risk for HIV infection and/or exhibiting high-risk behavior	Yes ☐	No ☐	NA ☐		Comments:
Documentation was available demonstrating that outreach services *target communities* whose residents have disproportionate risk or establishments frequented by individuals exhibiting high-risk behaviors	Yes ☐	No ☐	NA ☐		Comments:
Documentation was available demonstrating that outreach services are designed so that activities and results can be quantified for program reporting and evaluation of effectiveness (i.e. deliverables are measurable)	Yes ☐	No ☐	NA ☐		Comments:
Outreach Services provided to an individual or in small group settings cannot be delivered anonymously, so there is a mechanism in place to capture the information needed to facilitate any necessary follow-up and care	Yes ☐	No ☐	NA ☐		Comments:

PERFORMANCE MEASURE- Psychosocial Support Services: Documentation that psychosocial services' funds are used only to support eligible activities, including: Bereavement counseling, Child abuse and neglect counseling, HIV support groups, Nutrition counseling is provided by a non-registered dietitian, Pastoral care/counseling. Documentation that psychosocial support services meet all stated requirements: Counseling is provided by a licensed or accredited provider wherever such licensure or accreditation is either required or available; Pastoral counseling is available to all individuals eligible to receive RWHAP services, regardless of their religious denominational affiliation; Assurance that no funds under this service category are used for the provision of nutritional supplements, social/recreational activities, or gym memberships. **Suggested Document(s) to Request:** Psychosocial Support Policy, MOU/LOA, Group Activities Calendar, Promotional Materials, Participation Log				☐ This service was not provided ☐	PHS Act § 2612(c), HAB PCN 16-02 and FAQs
Psychosocial Support services provided group or individual support and counseling services to assist eligible PLWH to address behavioral and physical health concerns*	Yes ☐	No ☐	NA ☐		Comments:
Pastoral counseling is available to all individuals eligible to receive RWHAP services, regardless of their religious denominational affiliation	Yes ☐	No ☐	NA ☐		Comments:
A log of participants in group activities was kept for each session and each session had a plan/structure*	Yes ☐	No ☐	NA ☐		Comments:

PERFORMANCE MEASURE- Referral for Health Care/Supportive Services: Documentation that funds are used only: To direct clients to a service in person or through other types of communication; To provide benefits/entitlements counseling and referral consistent with HRSA requirements; For services that are not provided as a part of Outpatient/Ambulatory Health Services, Medical Case Management, or Non-Medical Case Management Services. Documentation of: Method of client contact/communication; Method of providing referrals (within the Medical and Non-Medical Case Management system, informally, or as part of an outreach program); Referrals and follow up provided. **Suggested Document(s) to Request:** Verbal Confirmation, CAREWare Report, Service Referral Policy				☐ This service was not provided ☐	PHS Act § 2612(c), HAB PCN 16-02 and FAQs
Assurance that funds are not being used to duplicate referral services provided through other service categories	Yes ☐	No ☐	NA ☐		Comments:
Documentation of the number of clients served was available	Yes ☐	No ☐	NA ☐		Comments:
Documentation of 1) the overall number and 2) types of referrals provided was available	Yes ☐	No ☐	NA ☐		Comments:
Documentation of the method of providing referrals (within the Medical and Non-Medical Case Management system, informally, or as part of an outreach program) was available	Yes ☐	No ☐	NA ☐		Comments:

PERFORMANCE MEASURE- Rehabilitation Services: Documentation that services are: Intended to improve or maintain a client's quality of life and optimal capacity for self-care; Limited to allowable activities; Provided by a licensed or authorized professional on an outpatient basis; Provided in accordance with an individualized plan of care that includes components specified by the recipient.	☐ This service was not provided ☐	PHS Act § 2612(c), HAB PCN 16-02 and FAQs

PERFORMANCE MEASURE- Respite Care: Documentation that funds are used only: To provide non-medical assistance for a client to relieve the primary caregiver responsible for the day-to-day care of that adult or minor; In a community or home-based setting. If the recipient permits the use of informal respite care arrangements, documentation that: Liability issues have been addressed; A mechanism for payments has been developed that does not involve direct cash payment to clients or primary caregivers; Payments provide reimbursement for actual costs without overpayment, especially if using vouchers or gift cards. **Suggested Document(s) to Request:** Respite Care Policy, Invoices, Liability Waiver, CAREWare data				☐ This service was not provided ☐	PHS Act § 2612(c), HAB PCN 16-02 and FAQs
If the provider permits the use of informal respite care arrangements, there is documentation that a mechanism for payments has been developed that does not involve direct cash payment to clients or primary caregivers	Yes ☐	No ☐	NA ☐		Comments:
If the provider permits the use of informal respite care arrangements, there is documentation that issues of liability are addressed in a way that protects the client, provider, and the RWHAP	Yes ☐	No ☐	NA ☐		Comments:
Documentation of the 1) overall number of clients served and 2) the settings/methods of providing care was available	Yes ☐	No ☐	NA ☐		Comments:

PERFORMANCE MEASURE- Substance Abuse Treatment – Residential: Documentation that: Services are provided by or under the supervision of a physician or by other qualified personnel with appropriate and valid licensure and certification as required by the state/territory in which services are provided; Services provided meet the service category definition; Services are provided in accordance with a written treatment plan; A written referral was made by a clinical provider as part of a substance use disorder treatment program funded under the RWHAP. Assurance that services are provided only in a short-term residential setting. Documentation that, if provided, acupuncture services are: Limited through some form of a defined financial cap; Provided only when included in a documented plan as part of a substance use disorder treatment program funded under the RWHAP; Offered by a provider with appropriate state/territory license and certification, if the state/territory provides such certification or licensure. **Suggested Document(s) to Request:** Substance Abuse Treatment-Residential Policy				☐ This service was not provided ☐	PHS Act § 2612(c), HAB PCN 16-02 and FAQs
Documentation that, if provided, acupuncture services are limited through some form of a defined financial cap	Yes ☐	No ☐	NA ☐		Comments:

Section D: Contract Requirements

Suggested Document(s) to Request: CAREWare Reports, Fixed Asset Reports, Insurance Records, Privacy Policy, IT Policy, Invoices, Funding Applications, Medical Transportation Policy, Food Bank Policy, EFA Policy, Training Records, Approval Letter/Email, Extension Requests						
Provider enters data into CAREWare	Yes ☐	No ☐	NA ☐		Comments:	
Provider took an annual physical inventory of fixed assets and nonexpendable personal property and reconciled the results with their property records to verify the existence, current utilization, and continued need for the property	Yes ☐	No ☐	NA ☐		Comments:	
Provider fully documented any loss, damage or theft to property or assets	Yes ☐	No ☐	NA ☐		Comments:	

Provider adhered to client information confidentiality requirements and make adequate provision for system security and protection of individual privacy	Yes ☐	No ☐	NA ☐		Comments:
Provider did not use Ryan White funds to service people not living with HIV except when 1) the service has as its primary purpose enabling the individual to participate in the care of a person living with HIV (e.g. caregiver training), 2) the service directly enables a PLWH to receive needed medical or support services (e.g. family HIP payments), 3) the service promotes family stability in coping with the unique challenges posed by HIV (e.g. permanency planning)	Yes ☐	No ☐	NA ☐		Comments:
Provider made reasonable efforts to secure other funding to use in providing services instead of funds under this Grant Agreement	Yes ☐	No ☐	NA ☐		Comments:
All travel funded by this Grant was in accordance with Commonwealth of PA Travel and Subsistence Rates	Yes ☐	No ☐	NA ☐		Comments:
Funds were not used to gain professional licensure or to meet program licensure requirements	Yes ☐	No ☐	NA ☐		Comments:
Funds were not used to support of the costs of operating clinical trials of investigational agents or treatments	Yes ☐	No ☐	NA ☐		Comments:
Funds were not used to improve land, or to purchase, construct, or permanently improve (other than minor remodeling) any building or facility	Yes ☐	No ☐	NA ☐		Comments:
Voucher/token/gift card programs are administered in a fashion that assures that vouchers cannot be readily converted to cash	Yes ☐	No ☐	NA ☐		Comments:
Staff obtained the minimum required trainings as determined by the Department	Yes ☐	No ☐	NA ☐		Comments:
Requested permission from the region prior to securing the services of any consultant	Yes ☐	No ☐	NA ☐		Comments:
The provider requested an extension from the region in writing at least three business days prior to the due date when circumstances prevented compliance with stipulated due dates	Yes ☐	No ☐	NA ☐		Comments:
[Additional requirements in the regional/provider contract]	Yes ☐	No ☐	NA ☐		Comments:
[Additional requirements in the regional/provider contract]	Yes ☐	No ☐	NA ☐		Comments:
[Additional requirements in the regional/provider contract]	Yes ☐	No ☐	NA ☐		Comments:
[Additional requirements in the regional/provider contract]	Yes ☐	No ☐	NA ☐		Comments:
[Additional requirements in the regional/provider contract]	Yes ☐	No ☐	NA ☐		Comments:
[Additional requirements in the regional/provider contract]	Yes ☐	No ☐	NA ☐		Comments:

Section F:
Strengths, Opportunities, and Performance Improvement Plan (PIP)

Strengths:
1.
2.
3.
4.

Opportunities:
1.
2.
3
4

2022 HRSA Requirements:
1.
2.
3.
4.

PIP: (If a Performance Measure indicates "yes" in the compliance column, a PIP may still result if 100% of the items reviewed were not in compliance)

Non-Compliance Issue	Corrective Action to be Taken	Performance Standard Reference	Responsible Party	Anticipated Completion Date	Extension Requested	Completion Date
					☐	
					☐	

Regional Reviewer: Signature: Date:

Regional Reviewer's Supervisor: Signature: Date:

Provider Agency Representative: Signature: Date:

Fiscal Monitoring Form for Ryan White Services (Provider)

Agency: _____
Provider Representatives: _____
Region Representatives: _____
Date of Visit: _____
Ryan White Grant Year: _____

	Standard/Performance Measure	Documentation to Be Reviewed	Documentation on Site			Comments on Documentation (What Was Reviewed and Comment on Condition and Appropriateness)
			Yes	No	N/A	
	Limitations on Uses of Ryan White Funding					
1.	Appropriate provider assignment of Ryan White administrative expenses, with administrative costs to include: • Usual and recognized overhead activities, including rent, utilities, and facility costs. • Management oversight of specific programs funded under the RWHAP Part B award. Source Citations • PHS Act § 2618(b)(3)(D) • 45 CFR §§ 75.302, 352, 361, and Subpart E • HAB PCN 15-01 and FAQs	• Review current provider operating budgets with sufficient detail to review program and administrative expenses and ensure appropriate categorization of costs. • Review expense reports to ensure that all administrative costs are allowable.	☐ ☐	☐ ☐	☐ ☐	
2.	Inclusion of Indirect costs where the provider has a certified HHS-negotiated indirect cost rate using the Certification of Cost Allocation Plan or Certificate of Indirect Costs. Source Citations • 45 CFR Part 75, Subpart E • HAB PCN 15-01 and FAQs	• Review provider budgets and expense reports to determine the use of the indirect cost rate. • If above 10%, obtain and keep on file a federally approved HHS-negotiated Certificate of Cost Allocation Plan or Certificate of Indirect Costs.	☐ ☐	☐ ☐	☐ ☐	

		Unallowable Costs				
3.	The region shall provide to all Ryan White providers the definitions of unallowable costs. Source Citations • PHS Act § 2684 • 45 CFR Part 75, Subpart E • HAB PCN 16-02 and FAQs • RWHAP Part B Manual	• Include definitions of unallowable costs in all provider requests for proposals, subgrant agreements, purchase orders, and requirements or assurances. • A review of provider's monthly expenses to identify any unallowable costs. • Review of provider budgets and expense reports to assure sufficient budget justification and expense detail to document that they do not include unallowable costs.	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	
4.	No use of Ryan White funds: • To purchase or improve land, or to purchase, construct, or permanently improve any building or other facility (other than minor remodeling). • No cash payments to service recipients. **Note:** A cash payment is the use of some form of currency (paper or coins). Gift cards have an expiration date; therefore, they are not considered to be cash payments. • To develop materials designed to promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual. • For the purchase of vehicles. • For non-targeted marketing promotions or advertising about HIV services that target the general public (poster campaigns for display on public transit, TV or radio public service announcements, etc.). • For broad-scope awareness activities about HIV services that target the	Review budgets and expenses to ensure documented compliance.	☐	☐	☐	

	general public. • For outreach activities that have HIV prevention education as their exclusive purpose. • For influencing or attempting to influence members of Congress and other Federal personnel. • For foreign travel. <u>Source Citations</u> • PHS Act § 2612(f) • HAB PCN 16-02 and FAQs • PHS Act § 2684 • HHS Syringe Programs Guidance • 45 CFR § 75.308 • HAB PCN 16-02 and FAQs • RWHAP Part B Manual • Annual Appropriations Act • 45 CFR § 75.450 • 45 CFR Part 93 • 45 CFR § 75.403(b)					
Imposition and Assessment of Client Charges						
5.	Ensure provider policies and procedures specify charges to clients for services, which may include a documented decision to impose only a nominal charge. ***Note***: This expectation applies to regions that also serve as direct service providers. <u>Source Citation</u> • PHS Act § 2617(c)	Review provider's: • Sliding fee discount policy and schedule. • Eligibility criteria and sliding fee eligibility application form. • Description of medical information system used to record patient charges, payments, and adjustments. • Documentation of provider's fee schedule, and narrative on agency medical information system to show that charges have been incurred.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	
6.	No charges imposed on clients with income less than or equal to 100% of the	• Review provider's sliding fee discount policy and schedule,	☐	☐	☐	

	Federal Poverty Level (FPL). <u>Source Citation</u> • PHS Act § 2617(c)	criteria, and form to ensure that clients with incomes below 100% of the FPL are not to be charged for services. • Review documentation that personnel are aware of and following the policy and fee schedule. • Review documentation that the policy is being consistently followed.	☐ ☐	☐ ☐	☐ ☐	
7.	Charges to clients with incomes greater than 100% of poverty that are based on a discounted fee schedule and a sliding fee scale. Cap on total annual charges for Ryan White services based on percent of patient's annual income, as follows: • 5% for patients with incomes greater than100% and not to exceed 200% of FPL. • 7% for patients with incomes greater than 200% and not to exceed 300% of FPL. • 10% for patients with incomes greater than 300% of FPL. <u>Source Citation</u> • PHS Act § 2617(c)	• Assure provider has in place a fee discount policy that includes a cap-on-charges policy and appropriate implementation, including: 1. Clear responsibility for annually evaluating clients to establish individual fees and caps. 2. Tracking of Ryan White charges or medical expenses inclusive of enrollment fees, deductible, co-payments, etc. 3. A process for alerting the billing system that the client has reached the cap and should not be further charged for the remainder of the year. 4. Documentation of policies, fees, and implementation, including evidence that staff understand the policies and procedures.	☐	☐	☐	
	Financial Management					
8.	Compliance by provider with all the established standards in the Code of Federal Regulations (CFR) for state and local governments or non-profit	Ensure access to and review: • Provider accounting systems, electronic spreadsheets, general ledger, balance sheets, income	☐	☐	☐	

	organizations, hospitals, institutions of higher education. Included are expectations for: • Payments for services. • Program income. • Revision of budget and program plans. • Non-federal audits. • Property standards, including insurance coverage, equipment, supplies, and other expendable property. • Procurement standards, including recipient responsibilities, codes of conduct, competition, procurement procedures, cost and price analysis, and procurement records. • Reports and records, including monitoring and reporting, program performance, financial reports, and retention and access requirements. • Termination and enforcement and closeout procedures. <u>Source Citation</u> • 45 CFR Part 75, Subpart D	and expense reports, and all other financial activity reports. • All financial policies and procedures, including billing and collection policies and purchasing and procurement policies. • Accounts payable systems and policies.	☐ ☐	☐ ☐	☐ ☐	
9.	Comprehensive provider budgets and reports with sufficient detail to account for Ryan White funds by service category, sub-recipient, administrative costs, and to delineate between multiple funding sources and show program income. <u>Source Citation</u> • 45 CFR § 75.302	Determine the capacity of provider's: • Accounting policies and procedures. • Budgets. • Accounting system and reports to account for Ryan White funds in sufficient detail to meet Ryan White fiscal requirements.	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	
10.	Revisions to approved budget that involves significant modifications of	Document all requests for and approvals of budget revisions.				

	project costs. The Contractor shall not reallocate funds between budget categories in an amount at or exceeding 20% of the total amount of the Contract per budget year as set forth in Appendix C Budget, and any subsequent amendments thereto, without prior written approval of the Department's Project Officer. The Contractor shall request prior written approval from the Department's Project Officer when the cumulative total of all prior Budget revisions in the budget year is 20% or greater of the total amount of the Contract per budget year. Reallocations at or exceeding 20% of the total amount of the Contract per budget year may not occur more than once per budget year unless the Department's Project Officer finds that there is good cause for approving one additional request. The Project Officer's determination of good cause shall be final. <u>Source Citation</u> • 45 CFR § 75.308 • Provider contract with region		☐	☐	☐	
11.	Provider agreements and other contracts meet all applicable federal and local statutes and regulations governing subgrant/contract award and performance. Major areas for compliance: a. Follow state law and procedures	• Review policies and procedures to ensure compliance with subgrant provisions. • Document and report on compliance as specified by the DOH.	☐ ☐	☐ ☐	☐ ☐	

	when awarding and administering subgrants (whether on a cost reimbursement or fixed amount basis). b. Ensure that every subgrant includes any clauses required by federal statute and executive orders and their implementing regulations. c. Ensure that subgrant agreements specify requirements imposed by federal statute and regulation. d. Ensure appropriate retention of and access to records. Source Citation • 45 CFR Part 75, Subpart D, and Appendix II					
12.	Provider tracking of and reporting on tangible nonexpendable personal property, including exempt property, purchased directly with Ryan White Ryan White funds and having: • A useful life of more than one year, and • An acquisition cost of $5,000 or more per unit (Lower limits may be established, consistent with recipient policies). Source Citation • 45 CFR §§ 75.302(b)(4), and 320	Review to determine that each provider has a current, complete, and accurate: • Inventory list of capital assets purchased with Ryan White funds. • Depreciation schedule that can be used to determine when federal revisionary interest has expired.	☐ ☐	☐ ☐	☐ ☐	
13.	Implementation of adequate safeguards for all capital assets that assure that they are used solely for authorized purposes. Source Citation	Review provider inventory lists of assets purchased with Ryan White funds: • During monitoring, ensure that assets are available and appropriately registered. • Review depreciation schedule for	☐	☐	☐	

	• 45 CFR §§ 75.302(b)(4) and 75.320(d)	capital assets for completeness and accuracy.	☐	☐	☐	
14.	Assurance by providers that: • Title of federally-owned property remains vested in the federal government. • If the HHS awarding agency has no further need for the property, it will be declared excess and reported to the General Services Administration. Source Citation • 45 CFR § 75.321 • HAB PCN 16-02 and FAQs	Implementation of actions specified in item 21 above.	☐	☐	☐	
	Cost Principles					
15.	Payments made to providers for services need to be cost based and relate to Ryan White administrative, quality management, and programmatic costs in accordance with standards cited under OMB Circulars or the Code of Federal Regulations. Source Citation • 45 CFR Part 75, Subpart E	• Ensure provider staff familiarity with OMB Circulars A Code. • Ensure that budgets and expenses conform to federal cost principles. • Ensure fiscal staff familiarity with applicable federal regulations.	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	
16.	Written provider procedures for determining the reasonableness of costs, the process for allocations, and the policies for allowable costs, in accordance with the provisions of applicable Federal cost principles and the terms and conditions of the award. Costs are considered to be reasonable when they do not exceed what would be incurred by a prudent person under the	• Review provider budgets and expenditure reports to determine costs and identify cost components. • Review policies and procedures to determine allowable and reasonable costs. • Review methodologies for allocating costs among different funding sources and Ryan White categories.	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	

	circumstances prevailing at the time the decision was made to incur the costs. Source Citation • 45 CFR Part 75, Subpart E					
		Auditing Requirements				
17.	Providers receiving Ryan White funds that are institutions of higher education or other non-profit organizations are subject to the audit requirements for all regions and providers receiving more than $750,000 per year in federal grants. Source Citation • 45 CFR § 75.351-352 and Subpart F • PHS Act § 2682	• Review requirements for audits. • Review most recent audit (which may be a Single Audit) to assure it includes: 1. List of federal grantees to ensure that the Ryan White grant is included. 2. Programmatic income and expense reports to assess if the Ryan White grant is included. • Review audit management letter if one exists. • Review all programmatic income and expense reports for payer of last resort verification by auditor.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	
18.	Selection of auditor per written procurement standards. Source Citation • 45 CFR § 75.509	Review provider procurement policies and procedures related to audits and the selection of an auditor.	☐	☐	☐	
19.	Review of audited financial statements to verify financial stability of organization. Source Citation • 45 CFR § 75.510	Review provider audited financial statements and notes to determine the organization's financial status and stability.	☐	☐	☐	
20.	Single Audits to include statements of conformance with financial requirements and other federal expectations.	Review statements of internal controls and federal compliance in Single Audits.	☐	☐	☐	

	Source Citation • 45 CFR §§ 75.515-516					
21.	Providers expected to note reportable conditions from the audit and provide a resolution. Source Citation • 45 CFR §§ 75.508 and 511	• Review of reportable conditions. • Determination of whether they are significant and whether they have been resolved. • Development of action plan to address reportable conditions that have not been resolved.	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	
Fiscal Procedures						
22.	Right of the awarding agency to inspect and review records and documents that detail the programmatic and financial activities of recipients and sub-recipients in the use of Ryan White funds. Source Citation • 45 CFR §§ 75.342, 352, and 361-365	Review policies and procedures that allow the awarding agency prompt and full access to financial, program, and management records and documents as needed for program and fiscal monitoring and oversight.	☐	☐	☐	
23.	Awarding agency to have access to payroll records, tax records, and invoices with supporting documentation to show that expenses were actually paid appropriately with Ryan White funds. Source Citation • 45 CFR §§ 75.342, 352, and 361-365	Use of primary source documentation for review: • A sample of provider payroll records. • Provider's documentation that verifies that payroll taxes have been paid. • Provider accounts payable process, including a sampling of actual paid invoices with back-up documentation.	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	
24.	Employee time and effort to be documented, with charges for the salaries and wages of hourly employees to: • Be supported by documented	Review documentation of employee time and effort, through: • Review of payroll records for specified employees. • Documentation of allocation of	☐ ☐	☐ ☐	☐ ☐	

	payrolls approved by the responsible official. • Reflect the distribution of activity of each employee. • Be supported by records indicating the total number of hours worked each day. Source Citations • Annual Appropriations Act • 45 CFR §§ 75.361-365 and 430-431	payroll between funding sources if applicable.				
25.	Provider staff are responsible for: • Ensuring adequate reporting, reconciliation, and tracking of program expenditures. • Coordinating fiscal activities with program activities (*For example, the program and fiscal staff's meeting schedule and how fiscal staff share information with program staff regarding contractor expenditures, formula and supplemental unobligated balances, and program income).* • Having an organizational and communications chart for the fiscal department. Source Citation • 45 CFR § 75.302(a)	• Review qualifications of fiscal staff. • Review fiscal staff plan and full-time equivalents (FTEs) to determine if there are sufficient personnel to perform the duties required of the Ryan White grantee. • Review provider organizational chart.	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	
Unobligated Balances						
26.	Provider's demonstration of its ability to expend funds efficiently by expending 95% of its formula funds in any grant year. Source Citations • PHS Act § 2622(c)(4)(A)	• Review provider budgets. • Review provider accounting and financial reports that document the year-to-date and year-end spending of provider obligated funds, including separate	☐ ☐	☐ ☐	☐ ☐	

	• HAB PCN 12-02	accounting for formula and supplemental funds. • Calculation of unspent funds and potential unspent funds to determine estimated unobligated balance.	☐	☐	☐	

Universal Monitoring Form for Ryan White Services (Provider)

Agency: _____
Provider Representatives: _____
Region Representatives: _____
Date of Visit: _____
Ryan White Grant Year: _____

	Standard/Performance Measure	Documentation to Be Reviewed	Documentation on Site			Comments on Documentation (What Was Reviewed and Comment on Condition and Appropriateness)
			Yes	No	N/A	
	Access to Care Anti-Kickback Statute					
1.	Demonstrated structured and ongoing efforts to avoid fraud, waste and abuse (mismanagement) in any federally funded program. <u>Source Citations</u> • 42 USC 1320a-7b(b)	Documentation of employee understanding of the Agency Code of Ethics and Business Conduct practices which at a minimum includes: • Conflict of Interest. • Prohibition on use of sub-recipient property, information or position without approval or to advance personal interest. • Fair dealing – engaged in fair and open competition.	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	

	Standard/Performance Measure	Documentation to Be Reviewed	Documentation on Site			Comments on Documentation (What Was Reviewed and Comment on Condition and Appropriateness)
			Yes	No	N/A	
		• Confidentiality. • Protection and use of company assets. • Compliance with laws, rules, and regulations. • Timely and truthful disclosure of significant accounting deficiencies. • Timely and truthful disclosure of non-compliance. • For Medicare and Medicaid sub-recipients, a Corporate Compliance Plan.	☐	☐	☐	
2.	Prohibition of employees (as individuals or entities), from soliciting or receiving payment in kind or cash for the purchase, lease, ordering, or recommending the purchase, lease, or ordering, of any goods, facility services, or items. • 42 USC 1320a-7b(b) • 42 CFR Parts 1001 and 1003 • HHS Office of Inspector General – Fraud Abuse Law	On-site assessment of personnel and agency policies that cover: • Contracts, MOU, agreements. • Recruitment and hiring policies and procedures that discourage signing bonuses. • Conflict of interest. • Prohibition of exorbitant signing packages. • Policies that discourage the use of two charge masters, one for self pay clients and a higher one for insurance companies. • Proof of employee background checks. • Purchasing policies that discourage kickbacks and referral bonuses. • Any documentation required by the Compliance Plan or employee conduct standards that prohibits employees from receiving payments in kind or cash from suppliers and contractors of goods or services. • Hiring policies that discourage the hiring of persons who have a criminal record relating to or are currently being investigated for Medicaid/Medicare fraud.	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
	Recipient Accountability					
3.	Region accountability for the expenditure of funds it shares with	• Fiscal and general policies and procedures that include compliance with federal and Ryan White	☐	☐	☐	

	Standard/Performance Measure	Documentation to Be Reviewed	Documentation on Site			Comments on Documentation (What Was Reviewed and Comment on Condition and Appropriateness)
			Yes	No	N/A	
	providers. Source Citations • 45 CFR §§ 75.302, 306, and Subpart F • RWHAP Part B Manual	programmatic requirements. • Flexible fiscal reporting systems that allow the tracking of unobligated balances and carryover funds and detail service reporting of funding sources. • Timely submission of independent audits (45 CFR Part 75 – Subpart F audits, if required) to the recipient.	☐ ☐	☐ ☐	☐ ☐	
		Monitoring				
4.	HRSA funds may not be used to pay the salary of an individual at a rate in excess of an Executive Level II employee. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary rate limitation also applies to subawards/subcontracts for substantive work under a HRSA grant or cooperative agreement. Source Citations • Annual Appropriations Act • OPM Rates of Basic Pay for Executive Schedule	• Review provider staff salaries to determine whether the salary limit is being exceeded. • Review provider prorated salaries to ensure that the salary when calculated at 100% does not exceed the HRSA Salary Limit. • Review provider staff salaries to determine that the salary limit is not exceeded when the aggregate salary funding from other federal sources including all parts of RW, BPHC, and MCHB do not exceed the limitation. • Review payroll reports, payroll allocation journals and employee contracts.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	
5.	Salary Limit Fringe Benefits: If an individual is under the salary cap limitation, fringe is applied as usual. If an individual is over the salary cap limitation, fringe is calculated on the adjusted base salary.	• Review to ensure that when an employee salary exceeds the salary limit, the fringe benefit contribution is limited to the percentage of the maximum allowable salary.	☐	☐	☐	

	Standard/Performance Measure	Documentation to Be Reviewed	Documentation on Site			Comments on Documentation (What Was Reviewed and Comment on Condition and Appropriateness)
			Yes	No	N/A	
	Source Citations • Annual Appropriations Act					

Suggestions/Opportunities: (in no particular order)

Performance Improvement Plans

Below, please outline any corrective actions required as a result of monitoring. Add more rows if needed. Give a copy of this page to provider once completed.

Section & Number	Issue	Performance Improvement Plan action to be made	Provider staff person responsible	Due Date

☐ **No corrective actions are required for this form.**

By my signature, I do attest that the information provided is accurate to the best of my abilities to determine:

Staff preparing report:

Name: _____ Signature: _____ Date: _____

Supervisor Name: _____ Signature: _____ Date: _____

Provider Rep Name: _____ Provider Rep Signature: _____ Date: _____