



RYAN WHITE PART B (RWB)

and

HOUSING OPPORTUNITIES

FOR PERSONS WITH AIDS (HOPWA)

MONITORING SITE VISIT PROCEDURES MANUAL

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INTRODUCTION

The Ryan White HIV/AIDS Program is a Federal program administered by the Department of Health and Human Services, Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), Division of State HIV Programs (DSHAP) whose main focus is HIV/AIDS care. The Ryan White HIV/AIDS Program addresses the unmet health needs of persons living with HIV/AIDS (PLWHA) by funding primary health care and support services that enhance access to and retention in care. Funding for this Program originated in Congress in 1990 with the enactment of the Ryan White Comprehensive AIDS Resources Emergency Act, which was amended and reauthorized in 1996, 2000, and 2006 and most recently amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (RWTEA). The legislation, Public Law 111-87, signed into law on October 30, 2009, can be obtained at <http://hab.hrsa.gov/>.

Ryan White funds have been available to the state of Louisiana through federal grants since the passage of this historic legislation. The Governor as Chief Executive Officer has designated the Louisiana Department of Health, STD/HIV/Hepatitis Program as the Administrative Agency responsible for the organization and delivery of health services under section 300ff-14 of the Act. Private-for-profit entities in Louisiana may apply for these funds if they can document they are the only available providers of quality HIV services for a specific service category in the geographic area they intend to serve. Eligible recipients include hospitals, community-based organizations, hospices, ambulatory care facilities, community health centers, migrant health centers, homeless health centers, substance abuse treatment and mental health programs (42USC 300ff-14(b)(2)).

The Housing Opportunities for People with AIDS Act (HOPWA) was authorized in 1992 in the Cranston-Gonzalez National Affordable Housing Act. The authorization ended in 1994. In July 2016, after 22 years since its authorization ended, the Housing Opportunity Through Modernization Act (HOTMA), Public Law 114-201 was passed and signed. HOTMA changed the HOPWA program for the better by modernizing the HOPWA formula along with provisions related to other HUD programs using updated epidemic trends.

HOTMA updated the formula to be calculated based on number of individuals with HIV instead of on cumulative AIDS cases. This change was phased in over the course of 5 years, starting in Fiscal Year 2017. Many of HOTMA's provisions require HUD to implement regulations that HUD has done through improving Section 8 inspections, public housing tenants' income certification and recertification, over-income tenant requirements, tenant asset limits test and other provisions.

PURPOSE

The purpose of the monitoring procedures outlined within this manual is to assure that the awarding agencies of the Louisiana Department of Health (LDH), Office of Public Health (OPH), STD/HIV/Hepatitis Program (SHHP) meet federal requirements as well as contractual obligations. Through the federal monitoring activities, SHHP expects to identify areas of federal fiscal and programmatic non-compliance, offer technical assistance, and share best practice strategies for the purpose of reducing the risk of disallowances for non-compliance in the event of a Federal audit.

The procedures also address contract monitoring established to evaluate, monitor, and provide technical assistance through program reviews to contracting agencies to ensure the delivery of appropriate Ryan White, ADAP and HOPWA services in Louisiana.

The manual establishes a monitoring plan for the state HIV Services Program. The manual guarantees a standardized and transparent process for the agencies as well as SHHP. This document describes and outlines the process to be followed prior, during, and after a monitoring site visit. It also includes the information instruments, tools, and forms to be used as part of the process.

AUTHORITY

Subrecipients/Sponsors should be familiar with the laws, regulations, standards, policies, notices, manuals, etc. governing the programs to ensure they are in compliance with Federal requirements.

RYAN WHITE PART B

- Title XXVI of the Public Health Service Act, 42 USC. Section 300ff-11s as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L.111-87)
- The OMB Uniform Guidance 2 CFR 200/HHS Title 45 Subtitle A, Sub-chapter A, Part 75
- Department of Health and Human Services (HHS) Grants Policy Statement
- HRSA/HAB policy clarification notices, letters, and guidelines
- Office of Inspector General (OIG) reports and recommendations
- Manual and Guidelines issued by HRSA/HAB including the National Monitoring Standards

HOPWA

- AIDS Housing Opportunity Act (AHOA) of 1990, and amended by the Housing and Community Development Act of 1992 (P.L. 102-550)
- Housing Opportunity Through Modernization Act of 2016 (HOTMA)
- 24 CFR Part 574
- The OMB Uniform Guidance 2 CFR 200/HUD Title 2 Subtitle B, Sub-chapter A, CHAPTER XXIV - DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT, Part 2400
- HUD Notices
- HOPWA Grantee Oversight Guide
<https://www.hudexchange.info/resource/1003/hopwa-grantee-oversight-resource-guide/>

BACKGROUND

In 2015 to reduce administrative burden and improve outcomes the U S Office of Management and Budget streamlined the government requirements for receiving and using federal awards under The Uniform Administrative Requirements, Cost Principles and

Audit Requirements for Federal Awards (2 CFR 200). Requirements 2 CFR 200.329 made monitoring the responsibility of the recipient and defined its activities as compliance with applicable Federal grant requirements that cover each program, function or activity. These changes emphasized a recipient responsibility to manage and monitor its subrecipients/sponsors, including monitoring their performance and compliance with applicable laws and regulations, as well as taking appropriate action when performance and compliance issues arise.

In 2016 HUD adopted the Uniform Requirements for all Federal awards made by HUD in 2 CFR Part 2400. During that time HUD developed the Community Planning and Development Monitoring Handbook for the purpose of establishing standards and provide guidance for the monitoring of the CPD Programs. The Handbook is inclusive of Forms to aid in the review of the subrecipient Financial Management, Audits, and Subrecipient Management among others (<https://www.hudexchange.info>)

HRSA/HAB's path to require its recipient to monitor its subrecipients was different than that of HUD. The Ryan White Part B Monitoring Standards were developed in 2013, inclusive of an annual in person monitoring subrecipient Site visit, as a result of two HHS Office of Inspector General reports on the "Monitoring of Ryan White CARE Act Title I & II Grantees" that identified the need for a specific standard regarding the frequency and nature of the recipient monitoring of its subrecipients (2012 GAO Report).

Subrecipients found to be in violation of program or federal grants management requirements are to receive technical assistance (TA) or other corrective actions designed to bring them into compliance.

RISK ASSESSMENT

The purpose of risk assessment is to have in place a framework for effectively monitoring the risk associated with grants made with federal pass-through funds to sub-recipients. The focus is on compliance with federal and programmatic regulations; adhere to the grantor's guidelines and agreements; remain within budget; and carry out the scope of services.

This risk assessment can also be used to evaluate contractors administrative and program performance. For example:

- stable, ongoing, service,
- completion of client satisfaction surveys with appropriate scores as determined by LDH,
- correction of problems identified in past LDH reviews,
- high level of compliance with contract scope,
- accurate and timely reports,
- meeting contract objectives, and
- timely resolution of client complaints.

A priority rating should not be construed as a predictor of success or failure; it is simply a gauge for staff who are responsible for oversight of contract work to determine the need for technical assistance for each contract.

In April of each year, the monitoring staff will meet with the Services Program Manager to carry out a preliminary analysis of the awarding agencies' annual risk assessment that has prioritized the applicant agencies based on risk (less compliant to or with cash flow problems). A site visits dashboard will be developed using the risk priority list to assign the dates of the annual monitoring site visits. Monitoring sites visits will be scheduled from April to June and January to March of each year to assure visits will take place outside of the Atlantic Hurricane Season.

POLICY

The Louisiana Department of Health, Office of Public Health, STD/HIV/Hepatitis Program, will conduct compliance site visits to agencies that are carrying out a portion of the Ryan White HIV/AIDS Program Part B and HOPWA awards by providing core and support services to ensure compliance with federal, requirements and contractual standards if required by the jurisdiction.

STD/HIV/Hepatitis Program Monitoring Site Visit Plan

TERMINOLOGY

1. Site visit letter: the letter sent to subrecipients prior to the site visit, on formal letterhead, informing them of the date of their site visit and what to prepare.
2. Site visit documents list: request for existing records or documents to substantiate an opinion concerning compliance with regulations, federal or contractual
3. Site visit monitoring tools: Word document that includes the standard to be assessed, the use of a measure and method used to determine if the recipient is compliant with the standard (Met, not Met).
4. Client record review tools: Excel spreadsheets used for individual client record review in all funded services except food services.
5. Site visit report: Report sent to subrecipients after the site visit occurs describing any findings, requests for written responses, or corrective action plans.
6. Site Visit Team: The financial reviewer and the administrative/program reviewer will join together to perform the monitoring site visit. The inclusion of clinical reviewer or quality management improvement staff to perform chart reviews as part of the monitoring visit is optional.

PLANNING FOR SITE VISITS (4-5 MONTHS BEFORE SITE VISITS)

1. Once a site visits dashboard is finalized, the monitoring staff can proceed to notify the agencies of the visit dates.
2. Notification will be sent to the agencies 31 days prior to the visit.
3. The notification can be completed by call, email, letter or fax but must have the names of the monitoring team, the date of the visit, a copy of the tools, and a list of the documents for review.

4. If site visit needs to be re-scheduled, a scheduling/doodle poll with remaining days available will be sent to the monitoring team and subrecipient.
5. The Program Monitor will send the scheduling/doodle poll and work with subrecipient to re-schedule the site visit.
6. A 30 minute teleconference like via ZOOM will be scheduled to verify the date, purpose of the site visit, agenda, and to answer questions of the process or documents.

The following stakeholders should participate on the call:

- SHHP: the monitoring team conducting the visit and supervisor (e.g., Support Services Supervisor, Treatment Access Supervisor, Clinical Services Supervisor)
- Subrecipient: agency representation from administration, fiscal and program staff

Issues to be discussed during the call:

- a) Confirm site visit dates.
 - b) Explain the purpose of the site visit.
 - c) Explain the roles of the review team members.
 - d) Verify receipt by subrecipient of the letter announcing the visit, monitoring staff contact information, tools, documents list labeled before or during site visit (attachment D).
 - e) Discuss the tentative agenda emphasis on starting and ending time.
 - f) Discuss chart review.
 - g) Answer questions about the process, document list, and tools.
7. Document Review
- a) Reviewers to assure receipt of documents at a minimum two weeks before visit.
 - b) Reviewers to assess the documents for non-compliance issues to be tested on site and for questions to be asked during the visit or additional documents to request.

- c) Reviewers to assess documents to determine if contractual requirements are met.

ON SITE

1. The duration of the site visit (2-4 days) will depend on the complexity of the organization and if contracted services are singular or multifaceted (i.e. case management organization versus a hospital outpatient clinic).
2. Documentation provided should be used to evaluate the organization systems and determine the staff interviews and compliance test to be performed.
3. Interviews are a useful way of verifying the implementation of the policies and procedures; recognize deviations from the established norms, answer procedural questions, and identify technical assistance opportunities.
4. The Administrative and Program, Fiscal, Contract, Assessment Tools are to be used during the site visit to guide the reviewer in their assessment of elements required by law, regulation, or by grant or contractual expectations.
5. The questions included in the tools should serve to drive conversation between the reviewer and the subrecipient and it is not intended to be used as a checklist.
6. Meetings should begin and end on time.
7. There will be a consumer luncheon conducted by Part B staff.
8. At the end of the day provide 15 minutes to talk to the subrecipient about any concerns about the day activities, and any changes to the next day agenda.

POST SITE VISIT

1. **Report**—After the visit, the reviewers must prepare a preliminary report which will be presented during a full staff meeting to include cross-unit representation (Program, Quality, Data Management, Business Unit, and supervising Executive Leadership).
 - a) The discussion to center on the severity of the findings, the action plan timeline for completion, and if there should be any follow-up visits.
 - b) The report is approved for distribution; it is sent to the subrecipient.

c) In the event there are fiscal concerns that require the expertise of Louisiana Department of Health legal or audit department, key management and executive leadership staff (Services Manager, Business Unit Manager, Deputy Director of Programs, Program Director) will make the decision on whether to refer the case to auditors or to end the contract.

2. **Action Plan**—Required for federal legislative and programmatic findings and contractual findings to be sent at the same time as the report.

a) Recipient has 30 working days after receiving the final report to submit an action plan.

b) The Recipient monitoring staff will have 15 working days to approve or modify the action plan after discussions with the subrecipient.
Example: The subrecipient does not have fiscal policies and procedures. Action Plan: The subrecipient will have them by January. A modification could be, for example, that technical assistance will be provided by the recipient, consultant or a peer (another agency) for the development of fiscal policies and procedures. The Recipient staff judges if the subrecipient has the capacity by itself to resolve the finding.

c) Subrecipients that ignore the action plan implementation timelines for activities related to a legislative or programmatic finding for more than a year will be considered non-compliant with the implementation of the action plan.

Example: Payor of last resort finding for non-billing of billable services.
Action Plan: The subrecipient will purchase a billing software, will acquire insurance contracts, and will begin billing by December 2010.
Current status: It is December, and they have not started the billing.
Assessment: Not compliant with the completion of action plan.

d) The Monitoring staff will discuss with management the completion delays of more than a year and management will decide whether to apply any punitive measures for not executing the action plan compliance such as deducting points from the risk assessment.

SELECTING CLIENTS FOR RECORD REVIEW

1. Monitoring staff to select at random in CAREWare the client records for review.
2. Determine the number of records to be reviewed using the table below:

Table 1: Sample Size for Client Record Review

Total Number of Clients Receiving Service	Number of Records to Review
0-10	All
10-30	18
31-70	20
71-150	24
151-290	26
291-500	27
501-1000	28
1001 or more	30

¹Or total number of records, whichever is less

3. Ryan White Data Coordinator selects a random sample of records using random number generator to choose a random number between one and the answer from Step (a).
4. Select an additional 10-13 charts in case an issue occurs with the original selected group.
5. The Program Monitor sends the list of charts to prepare for the site visit to the agency within three business days of the site visit.

ATTACHMENTS

- I. **Fiscal Monitoring Tools**
- II. **Administrative Program Monitoring Tool**
- III. **Contract Monitoring tool**