



Nevada Office of HIV Ryan White Part B Program Annual Monitoring

SCOPE OF COVERAGE

Applicable to all subrecipients of the Nevada Office of HIV - Ryan White Part B program regardless of whether funding is directly from federal resources or Pharmaceutical Rebates.

PURPOSE OF POLICY

In compliance with the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), Universal Parts A & B National Monitoring Standards and 45 CFR §75.342 *Monitoring and reporting program performance* the Nevada Ryan White HIV Program Part B will annually monitor subrecipients.

BACKGROUND

The National Monitoring Standards (Standards) are designed to help the Office of HIV (OHA)-Ryan White Part B (RWPB) recipients meet federal requirements for program and fiscal management, monitoring, and reporting to improve program efficiency and responsiveness. Requirements set forth in other sources are consolidated into a single package of materials that provide direction and advice to recipients for monitoring both their own work and the performance of subrecipients. The Standards consolidate existing HRSA/HAB requirements for program and fiscal management and oversight based on federal law, regulations, policies, and guidance documents.

The National Monitoring Standards are designed to:

- Help subrecipients comply with requirements on proper use of federal grant funds, based on the Ryan White HIV/AIDS Program legislation, federal regulations establishing administrative requirements for HHS grant awards, Office of Management and Budget (OMB) principles, the HHS Grants Policy Statement, HRSA/HAB policies, the Notice of Grant Award and Conditions of Grant Award, and DSS program guidance.
- Meet subrecipients' requests for clarity on HRSA/HAB expectations regarding the level, scope, and frequency of subaward monitoring.
- Provide a single document that includes the minimum expectations for both program and fiscal monitoring.
- Address concerns of HRSA, Congress, and the OIG regarding administrative oversight of Ryan White HIV/AIDS Program recipient and subrecipients.
- Enhance program compliance at the local, state, and federal levels – and reduce negative HRSA and OIG audit findings.
- Ensure proper stewardship of all grant funds and activities, whether carried out by the recipient or by subrecipient; and
- Communicate applicable requirements to subrecipients and monitoring them for compliance.

There are three sets of National Monitoring Standards that are used for subrecipient monitoring.

Fiscal Monitoring Standards

- A. Limitations on Uses of Part B Funding
- B. Unallowable Costs
- C. Income from Fees for Services Performed



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- D. Imposition & Assessment of Client Charges
- E. Financial Management
- F. Property Standards
- G. Cost Principles
- H. Auditing Requirements
- I. Fiscal Procedures
- J. Unobligated Balances

Program Monitoring Standards

- A. Allowable Uses of Part B Service Funds
- B. Core Medical-related Services
- C. Support Services
- D. Quality Management
- E. Other Service Requirements
- F. Prohibition on Certain Activities
- G. Data Reporting Requirements
- H. AIDS Drug Assistance Program (ADAP)

Universal Monitoring Standards

- A. Access to Care
- B. Eligibility Determination
- C. Anti-Kickback Statute
- D. Recipient Accountability
- E. Reporting
- F. Monitoring

TIMEFRAME

The following reflects the timeline that will be observed during the subrecipient monitoring process:

1. Site visits will be scheduled by Ryan White Part B staff at least 45 calendar days in advance. Fiscal Site Visit can be conducted separately from the Programmatic and Administrative Site Visit, but the Nevada Office of HIV will make all efforts internally to conduct them jointly.
2. The site visit monitoring documents will be provided to subrecipient upon confirmation of receipt of scheduling letter. Review of consumer files and service records may occur as a desk audit prior to Site Visit or during the Programmatic and Administrative Site Visit.
 - a. Consumer files will be chosen at random. The sample size will be determined at the whole agency level rather than per service category. The sample size will be determined at a 95% confidence level with a confidence interval of 15% (<https://www.surveysystem.com/sscalc.htm>). OHA-RWPB staff will determine the sample size based off of completed months of service. Example: the 95% Confidence level with a 15% confidence interval can be interpreted as, “we are 95% certain that your results are correct within $\pm 7.5\%$.”
3. OHA-RWPB staff will submit a monitoring report to the subrecipient within 30 calendar days after the site visit.



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4. If a Corrective Action Plan (CAP) is initiated by OHA-RWPB staff, the subrecipient must submit a formal plan to the Office of HIV within 30 calendar days of the postmark or electronic postmark/receipt of the monitoring report.
5. Within 7 calendar days of receipt of the monitoring report, OHA-RWPB staff must approve or reject the CAP plan.
6. If the plan is rejected, the subrecipient must submit a revised formal plan within 7 calendar days of the notice of rejection.
7. Within 7 calendar days of the receipt of the second formal plan, OHA-RWPB staff must approve or reject the CAP plan. If the plan is rejected, the rejection could possibly serve as notice of 30-day subaward termination. The subaward will be terminated at the end of the month 30 calendar days after the second rejection. Depending upon the existing deficiencies of the second formal CAP, the Nevada Office of HIV could place a possible administrative reduction of the Subrecipient's reimbursement, of no greater than 5%, until deficiencies are corrected.

SCHEDULING A SUBRECIPIENT ANNUAL SITE VISITS

OHA-RWPB staff will send a letter or email the authorized official approximately 45 calendar days before the site visit. Depending upon the agency, the authorized official may be the executive director, program administrator or other identified person appointed by the agency to be responsible for the subaward site visit. The following will be addressed:

- Briefly explain the purpose of the site visit.
- Describe the components of the monitor visit (identifying that the Fiscal site visit is a separate appointment from the Programmatic and Administrative site visit)
- Identify titles and names of agency staff to meet with and the approximate time necessary with each person.
- Inform the authorized official of total time requirements.
- Identify documents that will be reviewed on site and request that they are collected prior to the beginning of the monitor visit.
- If a site tour or observation of subrecipient activities is planned, coordinate the specific time/s and location/s.

The letter to the authorized official will include the following documents

- Annual Site Visit Policy (17-12)
- Annual Site Visit Cover Page (17-13)
- Programmatic Site Visit Survey (17-14)
- Quality Management Site Visit Survey (17-15)
- Administrative Site Visit Survey (17-16)
- Fiscal Site Visit Survey (17-17)
- Technical Assistance Request Form (17-18)
- Corrective Action Plan Form (17-19)

PRE SITE VISIT ACTIVITIES



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Prior to the monitor visit, OHA-RWPB staff will complete Section A of the subrecipient monitor by reviewing grant and program files. OHA-RWPB staff will obtain all information identified in Form 17-13 Site Visit Cover Page prior to conducting the site visit by reviewing all documents related to the agency's current grant amount, conditions of award, and scope of work. At the discretion of OHA, RWPB may conduct a desk audit of consumer files in advance of Programmatic and Administrative Site Visit.

DAY OF THE SITE VISIT – ENTRANCE MEETING

The start of the Site Visit will entail an entrance meeting to go over the review tools, answer general questions, and give updates to agency operations. The authorized official of the subrecipient will identify those individuals who will participate in the meeting, but the following list represents those individuals that may be suggested to attend the meeting:

- Executive Director, Program Administrator, or designated contact (*mandatory*)
- Fiscal Director or representative (*mandatory for fiscal site visit only*)
- Board of Directors Chair or member (*recommended if agency feels appropriate*)
- Anyone else who will be actively involved in the monitoring process

The entrance meeting will last no more than 30 minutes and cover the following topics:

- OHA-RWPB staff will introduce themselves to the staff members present.
- Agency staff will briefly introduce themselves and describe their job functions.
- OHA-RWPB staff will briefly explain the purpose of the monitor visit and describe the purpose of the various monitoring documents.
- OHA-RWPB staff will briefly identify documents to be reviewed and staff to be interviewed.
- If the authorized official has not previously shared copies of the subrecipient monitor, OHA-RWPB staff will share such with those present.

DAY OF THE SITE VISIT – MONITORING FORMS AND TOOLS

If, during the course of the monitor visit, OHA-RWPB staff identifies items of critical concern, the following will be used as guidelines:

- Any concern that relates to the health or safety of participants, clients, staff, or the public and serious fiscal deficiencies that indicate malicious use of subaward funds is cause for immediate action. Such issues will be communicated to the Bureau of Behavioral Health, Wellness, and Prevention (BBHWP) Chief immediately. The BBHWP Chief will also assist OHA-RWPB staff in determining the next course of action.

After completing the subrecipient monitor, OHA-RWPB staff will identify those areas where the agency needs to develop a corrective action plan (CAP), if any. In preparation for the exit interview, OHA-RWPB staff will prepare the appropriate section of a CAP form for each item of concern.

DAY OF THE SITE VISIT – EXIT MEETING

The agency's authorized official will determine participants to be included in the exit meeting. The following topics may be discussed during the exit meeting:

- OHA-RWPB staff will summarize the process and recognize the cooperation and assistance of agency staff.



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- OHA-RWPB staff will discuss the various timelines related to the monitor and the CAP process.
- OHA-RWPB staff will explain that the monitor process identifies subaward requirements as well as exceptions to subaward requirements. The exit meeting will acknowledge the areas where the subrecipient has maintained compliance, but the discussion will primarily be directed toward areas of noncompliance, if any.
- An offer of technical assistance will be made for any area where the agency may be in need of additional assistance.
- OHA-RWPB staff will discuss the findings of the monitor completely and specifically answer any questions about the agency's responsibility to respond to the findings within the identified timelines.

SITE VISIT REPORT

OHA-RWPB staff will complete the site visit report and submit the report for supervisor review within 14 calendar days. The site visit report includes the following documents:

- Narrative Report
- Corrective Action Plan forms for each finding

Upon approval (no greater than 30 calendar days), the monitoring report is to be distributed to the following individuals:

- Subrecipient Executive Director, Program Administrator, or designated contact
- Subrecipient Fiscal Director or representative
- Subrecipient Board of Directors Chair

CORRECTIVE ACTION PLAN ACTIVITIES

Within 30 calendar days of postmark or electronic postmark/receipt of Site Visit Report and Corrective Action Plan form the subrecipient agency will review the documents submit their plan (page three of 17-18 Corrective Action Plan form) to OHA-RWPB staff. OHA-RWPB staff will either approve or return the CAP within 7 calendar days. If a CAP is approved, OHA-RWPB staff will notify the agency in writing of the approval and a copy of the approved CAP and approval letter will be filed in the agency's subaward files along with documentation of how the request was handled. Please review the Timelines section of this policy for full CAP approval/rejection process.

The CAP process may result in instances where the agency's authorized official requests technical assistance from OHA-RWPB staff. The appropriate OHA-RWPB staff will coordinate such requests for technical assistance. As necessary, the OHA-RWPB Program Manager and/or BBHWP Chief will be informed of requests for technical assistance. A record of all requests for technical assistance will be placed in the subaward files.

FOLLOW-UP

OHA-RWPB staff is responsible for keeping track of these follow-up dates, making appropriate contact to confirm the implementation of the Corrective Action Plan and documenting the status in the subaward file. If implementation has not occurred, OHA-RWPB staff will document the status, notify the supervisor, and work with the agency to determine what barriers are preventing the implementation and how to overcome them. A follow-up date will again be documented in the subaward file. If implementation is not forthcoming the OHA-RWPB Program Manager and the BBHWP Chief will be notified for a determination of action.



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RELATED DOCUMENTS

- Office of HIV – Ryan White Part B Annual Site Visit Cover Page (17-13)
- Office of HIV – Ryan White Part B Programmatic Site Visit Survey (17-14)
- Office of HIV – Ryan White Part B Quality Management Site Visit Survey (17-15)
- Office of HIV – Ryan White Part B Administrative Site Visit Survey (17-16)
- Office of HIV – Ryan White Part B Fiscal Site Visit Survey (17-17)
- Office of HIV – Ryan White Part B Corrective Action Plan Form (17-18)
- Office of HIV – Ryan White Part B Technical Assistance Request Form (17-19)