



Nevada Office of HIV Ryan White Part B Program Annual Monitoring Visit

SCOPE OF ANNUAL MONITORING VISIT

Applicable to all subrecipients of the Nevada Office of HIV (OoH) - Ryan White Part B (RWPB) and AIDS Drug Assistance Program, also known as Nevada Medication Assistance 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 (NMS) and 45 CFR §75.342 *Monitoring and reporting program performance*, the Nevada Ryan White HIV Program Part B will annually monitor subrecipients.

BACKGROUND

The NMS are designed to help the OoH-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 NMS are designed to:

- Help subrecipients comply with requirements on proper use of federal grant funds, based on the Ryan White HIV/AIDS Program (RWHAP) 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 Office of Inspector General (OIG) regarding administrative oversight of RWHAP 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.



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There are three (3) sets of NMS that are used for subrecipient monitoring.

Program Monitoring Standards

- A. Allowable Uses of RWHAP Part B Service Funds -AIDS Drug Assistance Program (ADAP)
- B. Core Medical Services
- C. Support Services
- D. Quality Management
- E. Administration
- F. Other Service Requirements
- G. Prohibition on Certain Activities and Additional Requirements
- H. Minority AIDS Initiative (MAI) (when applicable)
- I. Data Reporting Requirements
- J. Consortia (not applicable)

Fiscal Monitoring Standards

- A. Limitations on Uses of RWHAP Part B Funding
- B. Unallowable Costs
- C. Program Income and Rebates
- D. Imposition & Assessment of Client Charges
- E. Financial Management
- F. Property Standards - Equipment
- G. Cost Principles
- H. Auditing Requirements
- I. Matching or Cost-Sharing Funds
- J. Maintenance of Effort (MOE)
- K. Fiscal Procedures
- L. Unobligated Balances and Carryover Requests

Universal Monitoring Standards

- A. Access to Care
- B. Eligibility Determination
- C. Payor of Last Resort (POLR)
- D. Anti-Kickback Statute (AKS)
- E. Recipient Accountability
- F. Reporting
- G. Monitoring



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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 and NMAP staff at least 30 calendar days in advance. **Until further notice, monitoring visits will be conducted remotely for both northern and southern subrecipients.**
2. The site visit monitoring documents will be provided to subrecipients upon confirmation of receipt of scheduling letter.
 - a. Consumer files will be chosen at random. Review of consumer files and service records will occur as desk audit prior the scheduled remote monitoring visit. 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>). OoH staff will determine the sample size based off completed months of service. Example: the
 - b. 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. OoH staff will submit a monitoring report to the subrecipient within 30 calendar days after the site visit.
 - a. If a Corrective Action Plan (CAP) is initiated by OoH staff, the subrecipient must submit a formal plan to OoH within 30 calendar days of the postmark or electronic postmark/receipt of the monitoring report.
 - b. Within seven (7) calendar days of receipt of the monitoring report, OoH staff must approve or reject the CAP plan.
 - i. If the plan is rejected, the subrecipient must submit a revised formal plan within seven (7) calendar days of the notice of rejection.
 - ii. Within seven (7) calendar days of the receipt of the second formal plan, OoH staff must approve or reject the CAP plan.
 - iii. 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.
 - iv. Depending upon the existing deficiencies of the second formal CAP, OoH 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

OoH staff will send a letter or email the authorized official approximately 30 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 remote monitoring visit.
- Identify titles and names of agency staff to meet with and the approximate time necessary with each person.



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- Inform the authorized official of total time requirements.
- Identify documents that will be reviewed via the desk audit prior to the remote monitoring visit, as well as any documents that will also be reviewed during the remote monitoring visit.

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

Prior to the remote monitoring visit, OoH staff will obtain all information identified in 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. Also, specific documents outlined in the Programmatic, Administrative, Fiscal and Quality Management Site Visit Surveys will be requested of subrecipients and asked to be submitted to OoH ahead of the remote monitoring 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, the following list represents those individuals that are required, as well may be suggested depending upon discretion of the authorized office, to attend the entrance meeting:

- Executive Director, Program Administrator, or designated contact (*mandatory*)
- Fiscal Director or representative (*mandatory*)
- 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:

- OoH staff will introduce themselves to the staff members present.
- Agency staff will briefly introduce themselves and describe their job functions.
- OoH staff will briefly explain the purpose of the monitoring visit and describe the purpose of the various monitoring documents.
- OoH 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 monitoring documents, OoH staff will share such with those present.



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DAY OF THE SITE VISIT – MONITORING FORMS AND TOOLS

If, during the monitoring visit, OoH 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 OoH Section Manager immediately. The OoH Section Manager will also assist OoH staff in determining the next course of action.

After completing the subrecipient monitoring, OoH staff will identify those areas where the agency needs to develop a corrective action plan (CAP), if any. In preparation for the exit interview, OoH 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:

- OoH staff will summarize the process and recognize the cooperation and assistance of agency staff.
- OoH staff will discuss the various timelines related to the monitoring and the CAP process.
- OoH staff will explain that the monitoring 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 by OoH staff to the subrecipient for any area where the subrecipient may need self-identified additional assistance.
- OoH staff will discuss the findings of the monitoring visit completely and specifically answer any questions about the agency's responsibility to respond to the findings within the identified timelines.

SITE VISIT REPORT

OoH staff will complete the monitoring visit report and submit the report for Section Manager review within 14 calendar days. The monitoring visit report includes the following documents:

- Narrative Report
- Corrective Action Plan forms for each finding (as needed)

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



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CORRECTIVE ACTION PLAN ACTIVITIES

Within 30 calendar days of postmark or electronic postmark/receipt of Remote Monitoring Visit Report and Corrective Action Plan (CAP) form the subrecipient agency will review the documents and submit their plan (page three of 17-18 CAP form) to OoH staff. OoH staff will either approve or return the CAP within seven (7) calendar days. If a CAP is approved, OoH 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 OoH staff. The appropriate OoH staff will coordinate such requests for technical assistance. As necessary, the OoH Section Manager 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

OoH staff is responsible for keeping track of these follow-up dates, making appropriate contact to confirm the implementation of the CAP, and documenting the status in the subaward file. If implementation has not occurred, OoH 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 OoH Section Manager will be notified for a determination of action.

RELATED DOCUMENTS

- 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)
- Corrective Action Plan Form (17-18)
- Technical Assistance Request Form (17-19)