NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

OFFICE OF HIV RYAN WHITE PART B AND AIDS DRUG ASSISTANCE PROGRAM
ANNUAL COMPREHENSIVE SITE VISIT CHECKLIST

DOCUMENT REQUEST LIST

ADMINISTRATIVE DOCUMENTS

Documents to be provided by subrecipients at least two (2) weeks prior to the comprehensive site visit (relevant to Ryan White HIV Program Part B (RWPB) subgrants, including AIDS Drug Assistance Program (ADAP) - also externally known as the Nevada Medication Assistance Program or NMAP:

All policies must be reviewed annually. Please include the date of last review and signature(s) of approval on each document submitted.

Subrecipient Provided Documents:

- Proof of the following policies
    - Personnel policies and procedures, including recruitment/retention processes
    - Employee Code of Ethics or Standards of Conduct
    - Conflict of Interest policy
    - Policy showing prohibition of signing bonuses, kickbacks, and referral bonuses
    - Client Confidentiality requirements
    - Fraud, Waste, and Mismanagement policy
    - Written Drug Free Workplace Policy
    - Equal Employment Opportunity and/or Affirmative Action Policy
    - Written Sexual and Unlawful Harassment Policy
    - HIPAA Policy
    - Policy discouraging hiring person with criminal records relating to, or who is currently being investigated for healthcare fraud
    - Informal complaints and formal grievances that include, at a minimum, the following:
        - Non-binding procedure for resolving conflicts
        - Separate processes for informal complaints and formal grievances
        - Reasonable timeline for addressing complaints and grievances
        - Description of types of grievances and individuals covered
        - Meeting between the grievant and the Executive Director, or a board
        - Written subrecipient response to the grievant or the grievant' s care
        - Policies and procedures that specifically address client and/or staff grievances and complaints
    - Written policy regarding workplace violence
    - Written whistle-blower policy

    - Policy to prohibit lobbying by staff whose salaries are covered in whole or in part by federal funds
    - Personnel records of RWPB funded staff, consisting of at least the following:
        - Job descriptions for all RWPB and ADAP funded staff (include percentage of FTE paid for by RWPB)
    - Evidence of performance evaluations conducted for staff
    - Evidence of training in which staff participated
    - Resumes and professional licenses
    - Proof of excessive or significant staff turnover rate
    - Documentation showing the below is conspicuously displayed:
        - Equal Opportunity Employment
        - Worker's Compensation
        - Family Leave Act
        - Other state and federal mandates if applicable
- Access to Care documentation including:
    - Consumer Committee's membership and meeting attendance (If applicable)
    - Client satisfaction survey tools and the most recent results
    - Mechanisms for obtaining client input
    - Policy ensuring that ability to pay does not act as barrier to receiving services
    - Files showing eligibility, determination and clinical processes
    - Showing that facility is ADA compliant and accessible by public transportation
    - Documenting activities for promotion of HIV services to low-income individuals
    - Implement an appeals/grievance process and maintain a file of individuals who have refused services with reasons for refusal specified
        - Include in the file any complaints from clients, with documentation of complaint review and decision reached and/or response given if any
- Administrative fiscal documentation including:
    - Payor of Last Resort documentation including:
        - Policy documentation
        - Documentation of third-party payment training If applicable
        - Documentation showing that those eligible for Veteran's Affairs (VA) and Indian Health Services (IHS) benefits are exempt from policy
    - Most recent copy of audit performed by outside agency
        - Upload to Fiscal and notate you have uploaded there in the Administration section
    - Reports showing accountabilities for all funds in accordance with federal and RWPB requirements
        - Upload to Fiscal and notate you have uploaded there in the Administration section
    - Documentation on bylaw and board policies and documentation on any board members violating ethics and conduct standards
    - Documented policies and procedures for 45 CFR Part 75
        - Proof of submission of timely reports
        - Copies of timely reports
        - Upload to Fiscal and notate you have uploaded there in the Administration section
    - Federal monitoring reports such as RSR

- Monitory staff salaries to determine:
    - whether the salary rate limitation is being exceeded
    - Monitor prorated salaries to ensure that the salary, when calculated at one hundred percent, does not exceed the HRSA Salary Rate Limitations
    - Monitor staff salaries to determine that salary rate limitation is not exceeded when the aggregate salary funding from other federal sources, including all parts of the RWPB, does not exceed the limitation
    - Review payroll reports, payroll allocation journals, and employee contracts
    - Upload to Fiscal and notate in the Administration section that you have uploaded them to Fiscal

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PROGRAM DOCUMENTS

All policies and documents submitted must be reviewed annually. Please include the date of last review and signature(s) of approval on each document submitted.

Documents to be provided by subrecipients at least two (2) weeks prior to the comprehensive site visit (relevant to RWPB and ADAP):

Subrecipient Provided Documents:

Randomly selected client files for the below services. Number of clients to be determined by Office of HIV (OoH) and communicated to provider ahead of site visit.

- ADAP Services (Cabenuva / Sunlenca Only)
  - Credentialing and licensing for professionals providing services
  - Documentation showing care is provided only in an outpatient medical setting (Service notes provided in CAREWare).
  - ADAP funds are only used for administration of Cabenuva/Sunlenca (RFR)
  - Prescription and management of medication therapy (Cabenuva/Sunlenca)
  - Patient records showing eligibility and treatment adherence
  - FDA certification under Clinical Laboratory Improvement Amendments Program (CLIA certificate, Lab Licenses)
  - Services are consistent with HHS Clinical Guidelines for Treatment for HIV

- Health Education/Risk Reduction (HE/RR)
  - Documentation showing that the following topics were covered in Health Education sessions with clients:
    - Information about available medical and psychosocial support services
    - Education on methods of HIV transmission and how to reduce risk
    - Counseling on how to improve health status and reduce transmission risk

*This documentation can include, but is not limited to, approved health education session flyers, sign-in sheets from HE/RR sessions which include the session topic, date, and any speakers who participated, approved handouts that have been distributed to clients.

- Health Insurance Premium & Cost Sharing Assistance Program (HIP-CS)
  - Documentation for the following
    - Annual cost-effectiveness analysis addressing noted criteria
    - Funds were not used to cover costs associated with the creation, capitalization, or administration of liability risk pools or Social Security costs such as proof of payments made for monthly premiums for health insurance coverage
    - Policies and procedures for process of informing, educating, and enrolling people in healthcare and documenting pursuit of those efforts
    - Ensure funds pay only for in-network outpatient services
    - Coordinating with Centers for Medicare & Medicaid Services, including entering into appropriate agreements, to ensure that funds are appropriately included TrOOP or donut hole costs if appropriate

- Health Insurance to Provide Medication (HIP-Rx)
  - Documentation showing referral timeframe

        - Policy and procedure for enrolling clients into the correct ADAP service
        - Documentation demonstrating that funds were not used to cover costs associated with the creation, capitalization, or administration of liability risk pools or Social Security costs
        - Policies and procedures outlining processes for information, educating, and enrolling people into healthcare and documenting efforts to do so
        - Policy and procedure for payment timeframe on premiums and copays
    - Housing Services
        - Services provided, including the number of clients served, duration of housing services, type of housing provided, and housing referral services
        - Documentation showing case managers and other professionals that provide services are knowledgeable of local, state, and federal housing programs
            - This is provided through training and credentials of staff. Please include any external or internal training that may have occurred.
        - Documentation showing clients receive assistance in maintaining/obtaining permanent housing
            - Examples included in client notes and services rendered
        - Housing services are essential to maintaining or accessing outpatient/ambulatory services and treatment
        - Mechanisms to allow newly identified clients access to housing services
        - Policies and procedures to provide individualized written housing plan
            - Please upload a blank example of the individualized housing plan
        - Documentation and assurance that no RWPB funds are used to provide direct payments to clients for rent or mortgage
        - Housing plans for clients, which include the information described above

    - Medical Case Management
        - Credentials and training for medical and healthcare staff
        - Process for initial assessment of service needs
            - Please upload a blank example of the initial assessment
        - Development of a comprehensive, individualized care plan
            - Please upload a blank example of the individualized care plan
        - Documentation showing services through referrals required to implement the plan
            - Ensure all service notes in the client file are detailed with any referrals provided
        - Activities performed for monitoring clients to assess efficacy of the plan
        - Documentation showing periodic re-evaluation and adaptation of plans at least every six months

    - Medical Nutrition Therapy
        - Licensing for dieticians providing services
        - Referral by licensed medical provider for clients
        - Existence of a detailed nutritional treatment plan for each eligible client
            - Please upload a blank example of the treatment plan used
        - Documentation showing services provided, number of clients served, quantity of nutritional supplements and food provided to clients

    - Medical Transportation
        - Documentation showing the following
            - Reimbursement methods that do not involve cash payments to recipient
            - Mileage reimbursement that does not exceed federal

reimbursement rate
- Volunteer drivers have appropriate insurance and liability coverage
- Collection and maintenance data showing funds are only used for transportation designed to help eligible individuals remain in medical care enabling them to access medical and supportive care
- Prior approval before purchasing or leasing a vehicle
- Transportation services are only used to enable an eligible individual to access HIV-related health and support services
  - Ensure all client notes include the purpose of the trip
- Contract or local procurement mechanism with a provider of transportation services
- Voucher or token system that allows for tracking distribution of services provided

- Mental Health Services
  - Documentation and licensing for mental health professionals
  - Treatment plans for all clients include the following:
    - Diagnosis
    - Treatment modality (group or individual)
    - State date of services
    - Recommended number of sessions
    - Date of reassessment
    - Projected treatment end date
    - Recommendations for follow-up
    - Signature of the mental health professional rendering service
    - Proof services are allowable under RWPB guidelines and contract requirements
    - Services provided are consistent with treatment plans.

*Please ensure to note any changes or updates which may impact the treatment plan. If a client falls out of care, two (2) attempts to contact the client on nonconsecutive days should be noted within the case file.

- Non-Medical Case Management
  - Services provided directly to Consumers delivered by trained professionals
  - Initial assessment of service need
    - Please upload a blank example of the initial assessment used in your organization
  - Policies and procedures for providing benefits/entitlement counseling and referral services
  - Policies and procedures for assisting clients in obtaining access to public and private programs, healthcare, and supportive services
  - Evidence that all types of encounters are provided, such as hours of operation and policies surrounding both in person and telephone interactions

- Other Professional Services (Legal Services)
  - Documentation showing legal services provided
  - Documentation showing what legal services cannot be provided with Ryan White funding
  - Credentials and licensing for professionals providing services
  - Policies and procedures showing services provided are for clients with a positive HIV status

- Other Professional Services (Tax Preparation)
  - Funds are used only for allowable professional services for RW eligible clients only

- Outpatient/Ambulatory Health Services

Credentialing and licensing for professionals providing services

- Documentation showing care is provided only in an outpatient medical setting
- Prescription and management of medication therapy
- Patient records showing eligibility and treatment adherence
- FDA certification under Clinical Laboratory Improvement Amendments Program
- Services are consistent with HHS Clinical Guidelines for Treatment for HIV

- Outpatient/Ambulatory Health Services (Cabenuva/Sunlenca Only)
  - Credentialing and licensing for professionals providing services
  - Documentation showing care is provided only in an outpatient medical setting (Service notes provided in CAREWare)
  - Part B funds are only used for administration of Cabenuva/Sunlenca (Services Reporting out of CAREWare)
  - Prescription and management of medication therapy (Cabenuva/Sunlenca)
  - Patient records showing eligibility and treatment adherence
  - FDA certification under Clinical Laboratory Improvement Amendments Program (CLIA Certification, Lab licenses)
  - Services are consistent with HHS Clinical Guidelines for Treatment for HIV
- Outreach Services: Retention-in-Care
  - Documentation showing process for identifying individuals who are unaware of their HIV status and how to enter care
  - Documentation showing process for identifying individuals who know their HIV status and helping them to enter or re-enter care
  - Documentation of any outreach targeted at communities whose residents have disproportionate risk of HIV infection
  - Documentation showing that funds are not being used for:
    - HIV Counseling and Testing
    - To support broad-scope awareness activities for general populations instead of specific populations at greater risk for HIV infection
    - To duplicate HIV prevention outreach efforts

- Psychosocial Support Services
  - Documentation confirming if the following support services are provided:
    - Bereavement counseling
    - Child abuse and neglect counseling
    - HIV support groups
    - Pastoral care/counseling
      - Available to all individuals regardless of belief affiliation
    - Nutrition counseling by non-registered dietitian
      - If supplements are provided by RWPB funds
  - Credentialing and licensing for professionals providing services

    - Credentialing and licensing for outside organizations providing services

- Referral for Health Care & Support: Eligibility
    - Policies and procedures for initial assessment of eligibility
    - Documentation for all clients showing necessary eligibility documents such as:
        - Proof of Diagnosis
        - Proof of Residency
        - Proof of Income
    - Policies and procedures for annual and semi-annual reassessment of eligibility
    - Documentation regarding comprehensive, individualized care plan
    - Policies and procedures for referring clients to other agencies for medical and non-medical services Provided by other agencies
    - Policies and procedures for contacting clients who have fallen out of care
    - Policies and procedures for ensuring clients continue care and are contacting for necessary appointments for reassessment of eligibility
    - Credentialing, training, and licensing for all professionals providing services

FISCAL DOCUMENTS

<u>Documents to be provided by subrecipient at least two (2) weeks prior to the comprehensive site visit (relevant to RWPB and ADAP):</u>

Subrecipient Provided Documents:

- Personnel & Payroll
  - Signed (by employee and supervisor) timesheets for all staff charged to the grant (showing actual hours worked)
  - Personnel Activity Reports (PARs) or equivalent time & effort documentation
  - Payroll registers covering the monitoring period
  - Current pay rate approvals (e.g., HR/payroll system documentation)
  - Fringe benefit rate calculation and explanation of how the rate was calculated

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- Financial Policies & Procedures
  - Time & effort reporting policy (how staff time is tracked and allocated across funding sources)
  - Segregation of duties
    - Expenditure approval policy
  - Procurement policy and procedures
  - Conflict of interest policy
  - Allowable costs
  - Travel Policy
  - Reimbursements

- Budget & Accounting Records
  - Approved subaward budget(s) showing all budget categories and amounts and any executed amendments
  - General Ledger (GL) showing all expenses charged to the Ryan White grant during the period GY2024 and GY 2025 (10/01/2024-09/30/2025)
  - Chart of accounts listing all account codes and names used in the accounting system for GY2024 and GY2025 (10/01/2024-09/30/2025)
  - Budget-to-actual expenditure report by budget category for GY2024 and GY 2025 (10/01/2024-09/30/2025)
  - Cost allocation plan
  - Signed Indirect cost rate agreement (federal NICRA) or 10% de minimis election documentation

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- Supporting Documentation for Expenditures

(GY2024 and GY 2025 10/01/2024-09/30/2025)

  - Invoices, receipts, and proof of payment for selected transactions (12 entries)
    - Rent (12 entries) –
    - Licenses (12 entries)
    - Phones (12 entries)

    - Memberships (12 entries)
    - Internet (12 entries)
- Procurement documentation (quotes, bids, approvals, contracts as required by policy)
- Travel documentation (authorizations, receipts, mileage logs, per diem policies)
- Equipment purchases approvals and inventory tracking (include purchase dates and funding source)
- Training Logs-show if fiscal staff have been trained in federal/state grant compliance
- Request for Reimbursement

- Audit & Oversight
    - Most recent Single Audit (if expending ≥ $750,000 in federal funds annually) or financial statement audit
    - Management letters or auditor communications, if issued. If not, *a written confirmation from the auditor or subrecipient stating that none was issued*
    - Conflict of interest policy and disclosure statements
    - Board minutes showing approval of fiscal policies or budgets (if applicable)
    - Internal Controls – policy and who reconciles the general ledger, reviews financial statements, monitors grant budget.

- Other Compliance Items
    - Organizational chart (highlighting fiscal staff and grant management roles)
    - Current UEI (Unique Entity Identifier) and SAM.gov registration status
    - Subrecipient's written process for handling stale claims or correcting rejected RFRs
    - Program income tracking log (Tracking sheet showing income received from clients or insurance for grant-funded services, with deposit dates and totals.)
    - If program income was received during the grant year GY2024 and GY 2025 (10/01/2024-09/30/2025) provide a report of program income revenue and expenses, clearly identifying the source(s) of program income and how the funds were expended.
    - Processes-provide name and title
        - Who is primarily responsible for preparing the organization's financial reports (e.g., RFRs, invoices, budget revisions)?
            - Name: ____________________
            - Title: ____________________
        - Who reviews and approves these financial reports before submission?
            - Name: ____________________
            - Title: ____________________
        - Who is responsible for maintaining the general ledger and reconciling accounts?
            - Name: ____________________
            - Title: ____________________
        - Who approves payroll allocations/time & effort reporting for grant staff?
            - Name: ____________________

    - Title: ____________________
- Who authorizes expenditures (purchases, contracts, reimbursements)?
    - Name: ____________________
    - Title: ____________________
- Who enters transactions into the accounting system?
    - Name: ____________________
    - Title: ____________________
- Who reviews and signs off on RFRs submitted to the state?
    - Name: ____________________
    - Title: ____________________

ADAP DOCUMENTS

Documents to be provided by the subrecipient at least two (2) weeks prior to the comprehensive site visit (relevant to RWPB and ADAP):

Subrecipient Provided Documents:

- ADAP policies and procedures
  - Referral Timeframe
  - Enrolling Clients
  - Informational and Educational Material for enrolling people in healthcare
- ADAP application for services and guidelines for completion
- Randomly selected active ADAP client records for clients receiving medication (only) assistance (if applicable) and ten randomly selected records for clients receiving ADAP insurance assistance (recipient) if applicable *Note: Reviewer may review inactive or closed records a t their discretion.*
- ADAP staff training and orientation materials
- ADAP service standards

CLINICAL QUALITY MANAGEMENT (CQM) DOCUMENTS

All items listed below must be uploaded to the portal at least two (2) weeks before your scheduled site visit. This list is designed to assess how your organization is implementing the Statewide CQM Plan and participating in performance and quality improvement activities. If an item does not apply to your agency, please write N/A in the portal. If you have questions on what to submit, please email NVCQM@health.nv.gov no later than 2 weeks before your site visit.

Subrecipient Provided Documents:

- CQM Staffing & Responsibilities – List of individuals involved in CQM activities with titles, roles, and FTE allocation.
- Service Utilization and Performance Measure Alignment – Client count by funded service category and justification for number of measures assigned using the tiered model.
- Performance Measure Data – Latest quarterly or biannual tracking report with numerator, denominator, and percentages.
- Quality Improvement (QI) Project Documentation – Summary of current or recent QI project, including aim, baseline data, interventions, results, and current status.
- CQM or Quality Committee Meeting Minutes – At least two sets from the past 12 months, showing data discussion and QI follow-up.
- Self-Monitoring Documentation – Recent chart/file reviews or other internal assessments, with findings and actions taken.
- Service Standards – Most recent version for all funded service categories.
- Corrective Action Plan(s) – If previously issued, include latest status update or resolution summary.
- Technical Assistance Requests – Any TA requests made to the State in the last 12 months (emails, forms, or meeting follow-ups).
- Staff Training Records – Summary of recent trainings related to CQM or service standards, including dates, topics, and attendees.
- Client Feedback Integration – Documentation or summary of any service changes driven

by client feedback or satisfaction data.

- Organizational Chart – Updated chart showing where CQM roles fit within your agency.
- Internal Dashboards or Tracking Tools – Screenshots or sample of internal data tools used to monitor performance or QI progress.
- Relevant Policies/Procedures – Any written processes for conducting QI projects, file reviews, or data reporting (only if updated in the last year).
- Brief Statement on CQM Barriers – One paragraph summary of any current challenges with implementing QI or CQM work.