

SECTION 4: CONTRACT MONITORING

A. Monitoring Lead Agencies

All lead agencies must be monitored once a year. The contract monitoring must be completed after the receipt of the provider's first Quarterly Financial Report. Ryan White Part B contracts must be monitored by September 30 and Patient Care Network contracts must be monitored by December 31. Additional monitorings may be conducted as needed to ensure programs are in compliance with contract requirements. County health departments serving as lead agencies are monitored by the Bureau of HIV/AIDS Community Programs Coordinators.

The need for corrective actions discovered during a monitoring must be clearly noted along with a reasonable time frame allowed for resolution. Documentation reflecting resolution of corrective action(s) must be reported to the contract manager.

For Department contract managers, a lead agency monitoring template containing the universal, fiscal and programmatic monitoring is provided on the shared drive under the folder labeled "Monitoring Templates." The template should only be modified to reflect additional contract provisions specific to an area. Standards for direct care services not funded by the contract may be removed from the programmatic monitoring tool. In the column "Ratings Based Upon," all provisions must be verified either by direct observation by the contract manager or by supporting documentation. Comments are required when provisions are rated either "Unacceptable" or "Exceeds Expectations." Contract managers should bring a copy of this section of the Administrative Guidelines with them to contract monitoring in order to refer to the HRSA standards for additional guidance as needed.

All lead agency monitoring documents, including the completed monitoring tools, the monitoring report, the letter to the provider and page one of the updated H1122 form, are to be placed in the "Completed Contract Monitorings" folder on the shared drive. After the documents are posted to the shared drive, the contract manager should notify via email Wanda Washington in the Contracts Unit of the Bureau of HIV/AIDS and their Community Programs Coordinator.

During each contract monitoring of the lead agencies, the following provisions must be verified:

- Provider has an accounting process that is effective in tracking and reporting monthly expenditures
- Service delivery supporting documentation has been maintained and/or submitted as defined by the contract
- A percentage of cancelled checks reviewed ensure dates on each check match the "paid" date on the invoice
- Accounting procedures are in place that analyze encumbrances and expenditures and assist the provider in making budget projections on future line item allocations
- Provider has a procedure in place to encumber authorized care services for each service agency and track those encumbrances
- Invoices are accurate, complete and submitted on time as defined by the contract

- Invoices submitted are for allowable services only and the expenses are charged to the correct line item.

B. Monitoring of Subcontracted Providers

Lead agencies are responsible for:

- Providing a list of projected monitoring dates to the contract manager within 30 days of the start of contract
- Monitoring subcontracted providers for compliance with the subcontract and providing the monitoring reports to the Department contract manager within the first 120 days of the contract
- Supporting subcontracted providers with technical assistance as needed

Monitoring templates for case management and eligibility are provided to contract managers via the shared drive and to lead agencies via email upon request.

C. HRSA Monitoring Standards

HRSA has designed standards to provide clear guidance to Ryan White Part B grantees and providers about HRSA/HAB expectations in terms of monitoring provider performance. The standards provide benchmarks that meet both federal legislative and regulatory guidelines and represent sound practice. The standards assume that a direct service provider can be a lead agency that administers the program or a subcontracted provider. They are not designed for use with subcontractors that provide professional or technical support, such as needs assessment or quality management. **The standards have been modified here to apply to both Part B and Patient Care Network (PCN) contracts and other written agreements. “Provider Responsibility” provisions are required of all funded providers.**

In the context of the HRSA standards, “grantee” refers to the Bureau of HIV/AIDS or its designee, including the Department contract manager. “Agreements” refer to contracts, subcontracts, memoranda of agreement or other similar written agreement and Schedule C instruction letters. “Contract Manager” can be either the Department contract manager or the contract manager for the lead agency responsible for monitoring subcontractors or other direct service providers with whom they have signed agreements.

D. HRSA Universal Standards

I. Access to Care

- 1. Standard:** Structured and ongoing efforts to obtain input from clients in the design and delivery of services

Performance Measure/Method:

- Documentation of Consumer Advisory Board and public meetings, including minutes, and/or
- Documentation of existence and appropriateness of a suggestion box or other client input mechanism and/or
- Documentation of content, use and confidentiality of a client satisfaction survey or focus groups conducted at least annually

Contract Manager Responsibility:

- Review documentation at the provider level to determine methods used for obtaining consumer input into the delivery of services

Provider Responsibility:

- Maintain file of materials documenting Consumer Advisory Board membership and meetings, including minutes, and/or
- Regularly implement client satisfaction survey tool, focus groups and/or public meetings, with analysis and use of results documented and/or
- Maintain visible suggestion box or other client input mechanism

2. Standard: Provision of services regardless of an individual's ability to pay for the service**Performance Measure/Method:** Agency billing and collection policies and procedures that do not:

- Deny services for non-payment
- Require full payment prior to service
- Include any other procedure that denies services for non-payment

Contract Manager Responsibility:

- Review agency's billing, collection, co-pay and sliding fee policies and procedures to ensure that they do not result in denial of services
- Investigate any complaints against the agency for denial of services
- Review file of refused clients and client complaints

Provider Responsibility:

- Have billing, collection, co-pay and sliding fee policies that do not act as a barrier to providing services regardless of the client's ability to pay
- Maintain file of individuals refused services with reasons for refusal specified; include in file any complaints from clients with documentation of complaint review and decision reached

3. Standard: Provision of services regardless of the current or past health condition of the individual to be served**Performance Measure/Method:** Documentation of eligibility and clinical policies to ensure that they do not:

- Permit denial of services due to pre-existing conditions
- Permit denial of HIV services due to non-HIV-related conditions (primary care)
- Provide any other barrier to care due to a person's past or present health condition

Contract Manager Responsibility:

- Review agency eligibility and clinical policies
- Investigate any complaints of agency "dumping" or "cherry picking" patients

Provider Responsibility:

- Maintain files of eligibility and clinical policies
- Maintain file of individuals refused services

4. Standard: Provision of services in a setting accessible to low-income individuals with HIV disease**Performance Measure/Method:**

- A facility that is handicapped accessible, accessible by public transportation
- Policies and procedures that provide, by referral or vouchers, transportation if facility is not accessible to public transportation
- No policies that may act as a barrier to care for low-income individuals

Contract Manager Responsibility:

- Inspect service provider accessibility and with regard to access to public transportation
- Review policies and procedures for providing transportation assistance if facility is not accessible by public transportation

Provider Responsibility:

- Comply with [Americans with Disabilities Act](#) requirements
- Ensure that the facility is accessible by public transportation or provide for transportation assistance

5. Standard: Efforts to inform low-income individuals of the availability of HIV-related services and how to access them

Performance Measure/Method: Availability of informational materials about agency services and eligibility requirements including:

- Newsletters
- Brochures
- Posters
- Community Bulletins
- Any other types of promotional materials

Contract Manager Responsibility: Review documents indicating activities for promotion and awareness of the availability of HIV services

Provider Responsibility: Maintain file documenting agency activities for the promotion of HIV services to low-income individuals including copies of HIV program materials promoting services and explaining eligibility requirements

II. Eligibility Determination/Screening**1. Standard:** Screening and reassessment of clients to determine eligibility as specified by the state:

- Screening of clients to determine eligibility for Part B and PCN services within a predetermined timeframe
- Reassessment of clients every six months to determine continued eligibility

Performance Measure/Method:

- Documentation of eligibility required in client records, with copies of documents (e.g., proof of HIV status, proof of residence, proof of income eligibility based on the income limit

established by the state, proof of insurance, uninsured or underinsured using approved documentation as required by the state

- Eligibility and determination and enrollment forms for other third party payers such as Medicaid and Medicare
- Eligibility policy and procedures on file
- Documentation that all staff involved in eligibility determination has participated in required training
- Agency client data reports are consistent with eligibility requirements specified by the funder
- Documentation of reassessment of client's eligibility status every six months
- Training provided by the grantee/contractor to ensure understanding of the policy and procedures

Contract Manager Responsibility:

- Conduct site visits to review client files for appropriate documentation that meets the requirements
- Monitor the receipt and use of third party payments by providers as an indication of the use of third party payers by providers
- Review data reports for accuracy
- Use monthly and quarterly progress reports to identify and address problems in the process of determining eligibility
- Monitor reports that include client utilization and expenditure reports by agency and by service category

Provider Responsibility:

- Develop and maintain client files that contain documentation of client's eligibility, including the following:
 - HIV/AIDS diagnosis
 - Low-income
 - Uninsured or underinsured status (insurance verification as proof)
 - Determination of eligibility and enrollment in other third party insurance programs including Medicaid and Medicare
 - For underinsured, ineligibility for service
 - Proof of compliance with eligibility as defined by the state
- Document that the process for establishing eligibility, assessment and reassessment takes place within time frames established by the state
- Document that all staff involved in eligibility determination have participated in required training
- Ensure agency client data reports consistent with eligibility requirements by funder which demonstrates eligible clients are receiving allowable services

2. **Standard:** Eligibility policies that do not deem a veteran living with HIV ineligible for Part B or PCN services due to eligibility for Department of Veterans Affairs (VA) health care benefits

Performance Measure/Method: Documented evidence that the agency's eligibility policies (written or verbal) do not consider VA health benefits as the veteran's primary insurance and deny access to Part B or PCN services citing "payer of last resort"

Contract Manager Responsibility: Ensure those providers that are funded to assess eligibility are aware of and are consistently implementing the veteran classification policy

Provider Responsibility: Ensure that policies and procedures classify veterans receiving VA health benefits as uninsured, thus exempting these veterans from the “payer of last resort” requirement

III. Anti-Kickback Statute

1. Standard: Demonstrated structured and ongoing efforts to avoid fraud, waste and abuse (mismanagement) in any federally or state funded program

Performance Measure/Method:

- Employee Code of Ethics including:
 - Conflict of Interest
 - Prohibition on use of agency property, information or position without approval or to advance personal interest
 - Fair dealing - engaged in fair and open competition
 - 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

Contract Manager Responsibility:

- Require by contract that providers have:
 - Employee Code of Ethics
 - For Medicare and Medicaid providers, a Corporate Compliance Plan, bylaws and policies that include ethics standards or business conduct practices
- During site visits, verify compliance with contract anti-kickback conditions

Provider Responsibility:

- Maintain and review file documentation of:
 - Corporate Compliance Plan (required by HCFA if providing Medicare- or Medicaid-reimbursable services)
 - Personnel policies
 - Code of Ethics or Standards of Conduct
 - Bylaws and Board policies
 - File documentations of any employee or Board Member violation of the Code of Ethics or Standards of Conduct
 - Documentation of any complaint of violation of the Code of Ethics or Standards of Conduct and its resolution
- For not-for-profit contractor organizations, ensure documentation of agency bylaws, Board Code of Ethics and business conduct practices

2. Standard: 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 service or items

Performance Measure/Method: 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

Contract Manager Responsibility: Maintain file documentation and do on-site assessment that cover:

- Agreements
- Recruitment 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

Provider Responsibility:

- Have adequate policies and procedures to discourage soliciting cash or in-kind payments for:
 - Awarding contracts
 - Referring clients
 - Purchasing goods or services and/or
 - Submitting fraudulent billings
 - Compliance audits or compliance checks
- Have employee policies that discourage:
 - The hiring of persons with a felony criminal records
 - The hiring of persons being investigated by Medicare or Medicaid
 - Large signing bonuses

IV. Provider Accountability

1. **Standard:** Proper stewardship of all Part B and PCN funds including compliance with programmatic requirements

Performance Measure/Method: Policies, procedures and agreements that require:

- Timely submission of detailed fiscal reports by funding source, with expenses allocated by service category
- Timely submission of programmatic reports
- Documentation of method used to track unobligated balances and carryover funds
- A documented reallocation process
- Report of total number of funded providers
- A-133 or single audit
- Auditor management letter

Contract Manager Responsibility:

- Include in provider contracts clear and concise language that outlines programmatic and fiscal requirements, including requirements for:
 - A programmatic and fiscal monitoring system which includes monthly and or quarterly timeframes for ensuring compliance

- Reports that provide financial information as needed to enable grantee to meet federal requirements
- An independent audit which shall be an A-133 audit for those meeting financial thresholds
- Review A-133 audits or other audits when submitted by providers

Provider Responsibility:

- Meet contracted programmatic and fiscal requirements, including:
 - Provide financial reports that specify expenditures by service category and use of Part B or PCN funds as specified by the grantee
 - Develop financial provider Policies and Procedures Manual that meet Part B and PCN program requirements
 - Closely monitor any subcontractors
 - Commission independent audits; for those meeting thresholds, audits that meet A-133 requirements

2. **Standard:** Accountability by the lead agencies for the expenditure of funds it shares with subcontractors

Performance Measure/Method:

- A copy of each agreement
- Fiscal and program site visit reports and action plans
- Audit reports
- Documented reports that track funds by PCN and Part B formula, supplemental and EC service categories
- Documented reports that track unobligated balance
- Documented reallocation process
- Report of total number of funded subcontractors
- Lead agency A-133 or single audit conducted annually
- Auditor management letter

Contract Manager Responsibility:

- Include clear and concise contract language that outlines programmatic and fiscal requirements
- Review A-133 and other audits submitted by providers

Provider Responsibility: Establish and implement:

- Fiscal and general policies and procedures that include compliance with federal, Part B and PCN programmatic requirements
- Flexible fiscal reporting systems that allow the tracking of unobligated balances and detail service reporting of funding sources
- Timely submission of independent audits (A-133 audits if required) to grantee

3. **Standard:** Business management systems that meet the requirements of the Office of Management and Budget, Code of Federal Regulations and programmatic expectations outlined in the Part B Notice of Grant Award

Performance Measure/Method:

- Review of provider agreements
- Fiscal and program site visit reports and action plans
- Policies and procedures that outline compliance with federal, Part B and PCN programmatic requirements
- Independent audits
- Auditor management letter

Contract Manager Responsibility: Require provider's compliance with the requirements in the following documents:

- [45 CFR 74](#) (Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations and Commercial Organizations) or [45 CFR 92](#) (Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local and Tribal Governments) or
- [2 CFR 215 or 230 or 220](#) (Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations [OMB Circular A-110]; Cost Principles for Non-Profit Organizations [OMB Circular A-122]; Cost Principles for Education Institutions [OMB Circular A-21])
- Department of Health and Human Services (HHS) Grant Policy Statement (Terms and Conditions)
- Notice of Award Program conditions, terms and reporting requirements

Provider Responsibility: Ensure that the following are in place: documented policies and procedures and fiscal/programmatic reports that provide effective control over and accountability for all funds in accordance with federal, Part B and PCN programmatic requirements

4. **Standard:** Responsibility for activities that are supported under the Part B and PCN programs as outlined by Office of Management and Budget, Code of Federal Regulations, HHS Grant Policy Statement (Terms and Conditions) and Part B Notice of Grant Award

Performance Measure/Method: Desk audits of budgets, yearly expenses, programmatic reports; audit reports or on-site review when assessing compliance with fiscal and programmatic requirements

Contract Manager Responsibility:

- Monitor to enforce and ensure compliance
- Ensure maintenance of documentation that supports proof of compliance
- Include contract language that requires compliance with OMB, CFR, program assurances, Part B Notice of Grant Award terms and standards

Provider Responsibility: Ensure policies and procedures and flexible fiscal and programmatic systems that can meet compliance with federal, Part B and PCN programmatic requirements

V. Reporting

1. **Standard:** Submission of standard reports as required in circulars as well as program-specific reports (Part B only)

Required Report	Due Date
Revised Implementation Plan	May 30, 2011
Implementation Plan	TBA
List Providers and CRC	May 30, 2011
WICY Report	July 15, 2011
Annual Progress Report	July 15, 2011
Final Expenditures	45 days after end of budget period
Mid-year progress report	October 14, 2011
Calendar year RDR	February 12, 2012

Performance Measure/Method: Records that contain and adequately identify the source of information pertaining to:

- Federal award revenue, expenses, obligations, unobligated balances, assets, outlays, program income and interest
- Client level data
- Aggregate data on services provided, clients served, client demographics and selected financial information

Contract Manager Responsibility:

- Assess financial and program performance of providers who are required to submit standard reports

Provider Responsibility: Ensure:

- Timely submission of provider reports
- File documentation or data containing analysis of required reports to determine accuracy and any reconciliation with existing financial or programmatic data
- Submission of periodic financial reports that document the expenditure of Part B or PCN funds, positive and negative spending variances and how funds have been reallocated to other line-items or service categories

VI. Monitoring

- 1. Standard:** Any provider or individual receiving Part B or PCN funding is required to monitor for compliance with federal and state requirements and programmatic expectations

Performance Measure/Method: Development and consistent implementation of policies and procedures that establish uniform administrative requirements governing the monitoring of agreements

Contract Manager Responsibility: Document in provider agreements the frequency, reports and expectations of monitoring activities

Provider Responsibility:

- Participate in and provide all material necessary to carry out monitoring activities
- Monitor any service contractors for compliance with federal, state and programmatic requirements

2. **Standard:** Monitoring activities expected to include annual site visits of all providers and subcontractors

Performance Measure/Method: Review of the following program monitoring documents and actions:

- Policies and procedures
- Tools, protocols or methodologies
- Reports
- Corrective action plans
- Progress on meeting goals of corrective action plans

Contract Manager Responsibility:

- Use a combination of several of the following to monitor program compliance: program reports, annual site visits, client satisfaction reviews, capacity development/technical assistance and chart or records reviews
- Keep to a reasonable level the time and resources providers must spend to meet their reporting obligations
- Review the following program monitoring documents:
 - Policies and procedures
 - Tool, protocol or methodology
 - Reports
 - Corrective site action plan
 - Progress on meeting goals of corrective action plan

Provider Responsibility:

- Establish policies and procedures to ensure compliance with federal and programmatic requirements
- Submit auditable reports
- Provide the grantee access to financial documentation

3. **Standard:** Performance of fiscal monitoring activities to ensure that Part B and PCN funding is being used for approved purposes

Performance Measure/Method: Review of the following fiscal monitoring documents and actions:

- Fiscal monitoring policy and procedures
- Fiscal monitoring tool or protocol
- Fiscal monitoring reports
- Fiscal monitoring corrective action plans
- Compliance with goals of corrective action plans

Contract Manager Responsibility:

- Have documented evidence of:
 - Fiscal monitoring activities
 - Records reviews
 - Supporting documentation of paid expenditures
 - An annual financial audit by a qualified independent accountant

- Have on file a copy of all provider procurement documents including subcontractor agreements and fiscal and programmatic site visit reports

Provider Responsibility: Have documented evidence that Part B or PCN funds have been used for allowable services and spent in accordance with federal and state requirements and expectations

4. Standard: Corrective actions taken when provider outcomes do not meet program objectives and grantee expectations, which may include:

- Improved oversight
- Redistribution of funds
- A corrective action letter
- Sponsored technical assistance

Performance Measure/Method:

- Review of corrective action plans
- Review of resolution of issues identified in corrective action plan
- Policies that describe actions to be taken when issues are not resolved in a timely manner

Contract Manager Responsibility:

- Implement monitoring policies that require a compliance report that lists in order of gravity the identified non-compliance activities, requires a corrective action plan and establishes a time limit for response and implementation of measures that will bring provider into compliance
- Provide the grantee with monitoring reports, corrective action plans and progress reports on the resolution of any findings of a monitoring report

Provider Responsibility: Prepare and submit:

- Timely and detailed response to monitoring findings
- Timely progress reports on implementation of corrective action plan

E. HRSA Fiscal Monitoring Standards

I. Limitation on Uses of Part B and PCN Funding

1. Standard: Administrative expenses that total not more than 10 percent of Part B or PCN service dollars

Performance Measure/Method:

- Review of provider budgets to ensure proper designation and categorization of administrative costs
- Calculation of the administrative costs for each provider

Contract Manager Responsibility: Maintain documentation on all providers, including their current operating budgets and expense/allocation reports, with sufficient detail to identify and calculate administrative expenses

Provider Responsibility: Prepare project budget and track expenses with sufficient detail to allow identification of administrative expenses

2. Standard: Appropriate provider assignment of Part B and PCN administrative expenses with administrative costs to include:

- Usual and recognized overhead activities, including rent, utilities and facility costs
- Costs of management oversight of specific programs funded by Part B or PCN including program coordination; clerical, financial and management staff not directly related to patient care; program evaluation; liability insurance; audits; and computer hardware/software not directly related to patient care
- For institutions subject to 2 CFR Part 215 ([OMB 21](#), “Cost Principles for Educational Institutions”) the term “facilities and administration” is used to mean indirect cost

Performance Measure/Method: Review of provider administrative budgets and expenses to ensure that all expenses are allowable

Contract Manager Responsibility:

- Obtain and keep on file 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

Provider Responsibility:

- Prepare project budget that meets administrative cost guidelines
- Provide expense reports that track administrative expenses with sufficient detail to permit review of administrative cost elements

II. Unallowable Costs

1. Standard: Definitions of unallowable costs made available by the grantee to all Part B and PCN providers

Performance Measure/Method:

- Signed agreements that define and specifically forbid the use of Part B or PCN funds for unallowable expenses
- Contract manager review of provider budgets and expenditures to ensure that they do not include any unallowable costs

Contract Manager Responsibility:

- Definitions of unallowable costs are included in all provider agreements and purchase orders
- Include in financial monitoring a review of provider expenses to identify any unallowable costs
- Require provider budgets and expense reports with sufficient budget justification and expense detail to document that they do not include unallowable costs

Provider Responsibility:

- Maintain a file with signed agreements that specify unallowable costs
- Ensure that budgets do not include unallowable costs
- Ensure that expenditures do not include unallowable costs
- Provide budgets and financial expense reports to the grantee with sufficient detail to document that they do not include unallowable costs

- 2. Standard:** No use of Part B or PCN funds to purchase or improve land or to purchase, construct or permanently improve any building or other facility (other than minor remodeling)

Performance Measure/Method: Implementation of actions specified in B.1

Contract Manager Responsibility: Carry out actions specified in B.1

Provider Responsibility: Carry out provider actions specified in B.1

- 3. Standard:** 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

Performance Measure/Method:

- Implementation of actions specified in B.1
- Review of Standards of Care and other policies and procedures for service categories involving payments made on behalf of individuals to ensure that no direct payments are made to individuals (e.g., emergency financial assistance, transportation, health insurance premiums, medical or medication co-pays and deductibles, food and nutrition)
- Review of expenditures by providers to ensure that no cash payments were made to individuals

Contract Manager Responsibility:

- Carry out actions specified in B.1
- Ensure that Standards of Care for service categories involving payments made on behalf of clients forbid cash payments to service recipients

Provider Responsibility:

- Carry out provider actions specified in B.1
- Maintain documentation of policies that forbid use of Part B and PCN funds for cash payments to service recipients

- 4. Standard:** No use of Part B or PCN funds to develop materials designed to promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual

Performance Measure/Method: Implementation of actions specified in B.1

Contract Manager Responsibility: Carry out actions specified in B.1

Provider Responsibility: Carry out provider actions specified in B.1

- 5. Standard:** No use of Part B or PCN funds for the purchase of vehicles without written Grants Management Officer (GMO) approval

Performance Measure/Method:

- Implementation of actions specified in B.1
- Where vehicles were purchased, review files for written permission from GMO

Contract Manager Responsibility:

- Carry out actions specified in B.1
- If any vehicles were purchased, maintain file documentation of permission of GMO to purchase a vehicle

Provider Responsibility:

- Carry out Provider actions specified in B.1
- If vehicle purchase is needed, seek grantee assistance in obtaining written GMO approval and maintain document in file

6. Standard: No use of Part B funds 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.)
- Broad-scope awareness activities about HIV services that target the general public

Performance Measure/Method:

- Implementation of actions specified in B.1
- Review of program plans, budgets and budget narratives for marketing, promotions and advertising efforts to determine whether they are appropriately targeted to geographic areas and/or disproportionately affected populations rather than targeting the general public

Contract Manager Responsibility:

- Carry out actions specified in B.1
- Review program plans and budget narratives for any marketing or advertising activities to ensure that they do not include unallowable costs

Provider Responsibility:

- Carry out provider actions specified in B.1
- Prepare a detailed program plan and budget narrative that describe planned use of any advertising or marketing activities

7. Standard: No use of Part B or PCN funds for outreach activities that have HIV prevention education as their exclusive purpose**Performance Measure/Method:** Implementation of actions specified in B.1**Contract Manager Responsibility:**

- Carry out actions specified in B.1
- Require a detailed narrative program plan of outreach activities from providers and contractors to ensure that their purpose goes beyond HIV prevention education to include testing and early entry into care

Provider Responsibility:

- Carry out provider actions specified in B.1
- Provide a detailed program plan of outreach activities that demonstrates how the outreach goes beyond HIV prevention education to include testing and early entry into care

- 8. Standard:** No use of Part B or PCN funds for influencing or attempting to influence members of Congress and other federal or state personnel

Performance Measure/Method:

- Implementation of actions specified in B.1
- Review lobbying certification and disclosure forms for providers

Note: Forms can be obtained from the CFR website: <http://ecfr.gpoAccess.gov>

Contract Manager Responsibility:

- Carry out actions specified in B.1
- Ensure that provider staff are familiar and in compliance with prohibitions on lobbying with federal and state funds

Provider Responsibility:

- Carry out provider actions specified in B.1
- Include in personnel manual and employee orientation information on regulations that forbid lobbying with federal funds

- 9. Standard:** No use of Part B or PCN funds for foreign travel

Performance Measure/Method: Implementation of actions specified in B.1

Contract Manager Responsibility:

- Carry out actions specified in B.1
- Request a detailed narrative from providers on budgeted travel

Provider Responsibility:

- Carry out provider actions specified in B.1
- Maintain a file documenting all travel expenses paid by Part B or PCN funds

- 10. Standard:** No use of Part B or PCN funds to pay any costs associated with the creation, capitalization or administration of a liability risk pool (other than those costs paid on behalf of individuals as part of premium contributions to existing liability risk pools) or to pay any amount expended by a state under [Title XIX](#) of the Social Security Act

Performance Measure/Method: Implementation of actions specified in B.1

Contract Manager Responsibility: Carry out actions specified in B.1.

Provider Responsibility: Carry out Provider actions specified in B.1

III. Income from Fees for Services Performed

- 1. Standard:** Use of Part B, PCN and third party funds to maximize program income from third party sources and ensure that Part B and PCN are the payers of last resort. Third party funding sources include:

- Medicaid
- State Children's Health Insurance Programs
- Medicare (including the Part D prescription drug benefit)
- Veteran's Administration
- Private insurance (including medical, drug dental and vision benefits)

Performance Measure/Method:

- Information in client files that includes proof of screening for insurance coverage
- Documentation of policies and consistent implementation of efforts to enroll all eligible uninsured clients into Medicare, Medicaid, private health insurance or other programs
- Documentation of procedures for coordination of benefits by grantee and providers

Contract Manager Responsibility: Ensure that providers are maximizing third party reimbursements, including:

- Requirement in contract or subcontract or through another mechanism that providers maximize and monitor third party reimbursements
- Requirement that providers document in client files how each client has been screened for and enrolled in eligible programs
- Monitoring to determine that Part B and PCN are serving as the payers of last resort, including review of client files and documentation of billing, collection policies and procedures and information on third party agreements

Provider Responsibility:

- Have policies and staff training on the requirement that Part B and PCN are the payers of last resort and how that requirement is met
- Require that each client be screened for insurance coverage and eligibility for third party programs and helped to apply for such coverage with documentation of this in client file
- Carry out internal reviews of files and billing system to ensure that Part B or PCN resources are used only when a third party payer is not available
- Establish and maintain medical practice management systems for billing

2. **Standard:** Provider billing and collection from third party payers, including Medicare and Medicaid, so that payer of last resort requirements are met

Performance Measure/Method:

- Inclusion in agreements of language that requires billing and collection of third party funds
- Review of the following provider systems and procedures:
 - Billing and collection policies and procedures
 - Electronic or manual system to bill third party payers
 - Accounts receivable system for tracking charges and payments for third party payers

Contract Manager Responsibility:

- Include provisions in agreements that require billing and collection of third party funds
- Where appropriate, require reports from providers on collections from third party payers
- Where the lead agency is a provider of billable or pharmacy services, carry out same direct efforts as providers

Provider Responsibility: Establish and consistently implement in medical offices and pharmacies:

- Billing and collection policies and procedures
- Billing and collection process and/or electronic system
- Documentation of accounts receivable

3. Standard: Provider participation in Medicaid and certification to receive Medicaid payments required, unless waived by the Secretary of Health and Human Services

Performance Measure/Method:

- Review of each provider's individual or group Medicaid numbers
- If provider is not currently certified to receive Medicaid payments, documentation of efforts under way to obtain documentation and expected timing

Contract Manager Responsibility:

- Maintain documentation of provider Medicaid certification
- Ensure that where providers that are not certified, a waiver is sought from the Secretary of HHS

Provider Responsibility:

- Document and maintain file information on provider agency Medicaid status
- Maintain file of contracts with Medicaid insurance companies
- If no Medicaid certification, document current efforts to obtain such certification
- If certification not feasible, request a waiver where appropriate

4. Standard: Ensure billing, tracking and reporting of program income (including drug rebates) by providers that provide reimbursable expenses

Performance Measure/Method:

- Review of provider billing, tracking and reporting of program income, including drug rebates
- Review of program income reported by the provider in annual reports

Contract Manager Responsibility:

- Monitor providers to ensure appropriate billing and tracking of program income, including drug rebates
- Review provider reporting of program income

Provider Responsibility: Bill, track and report to the contract manager all program income (including drug rebates) billed and obtained

5. Standard: Ensure service provider retention of program income derived from Part B and PCN-funded services and use of such funds in one or more of the following ways:

- Funds added to resources committed to the project or program and used to further eligible project or program objectives
- Funds used to cover program cost

Note: Program income funds are not subject to the limitations on administration (10 percent), clinical quality management (5 percent) or core services (75 percent minimum). For example, all program income can be spent on administration of the Part B or PCN program

Performance Measure/Method:

- Review of provider systems for tracking and reporting program income generated by Part B or PCN-funded services
- Review of expenditure reports from provider regarding collection and use of program income
- Monitoring of medical practice management system to obtain reports of total program income derived from Part B or PCN activities

Contract Manager Responsibility:

- Monitor provider receipt and use of program income to ensure use for program activities

Provider Responsibility:

- Document billing and collection of program income
- Report program income documented by charges, collections and adjustment reports or by the application of a revenue allocation formula

IV. Imposition and Assessment of Client Charges

1. **Standard:** Unless waived, ensure provider policies and procedures that specify charges to clients for services, which may include a documented decision to impose only a nominal charge

Note: This expectation applies to lead agencies that also serve as direct service providers

Performance Measure/Method: Review of provider policies and procedures to determine:

- Existence of a provider sliding fee discount policy
- Sliding fee discount schedule, based on current Federal Poverty Level (FPL) including cap on charges
- Client applications for sliding fee discount
- Actual client charges made and received
- System used for charges, payments and adjustments

Contract Manager Responsibility:

- Require that providers develop and then review:
 - 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
- Review documentation on provider fee schedule and narrative on agency medical information system to show that charges have been incurred

Provider Responsibility: Establish, document and have available for review:

- Sliding fee discount policy
- Current fee schedule
- Sliding fee eligibility applications in client files

- Fees charged and paid by clients
- Process for charging, obtaining and documenting client charges through a medical practice information system manual or electronic

2. Standard: No charges imposed on clients with incomes below 100 percent of the FPL

Performance Measure/Method: Review of provider sliding fee discount policy and schedule to ensure that clients with incomes below 100 percent of the FPL are not charged for services

Contract Manager Responsibility:

- Review provider sliding fee discount policy and schedule, criteria and form to ensure that clients with incomes below 100 percent of the FPL are not to be charged for services
- Review client files and documentation of actual charges and payments to ensure that the policy is being correctly and consistently enforced and clients below 100 percent of FPL are not being charged for services

Provider Responsibility: Document that:

- Sliding fee discount policy and schedule do not allow clients below 100 percent of FPL to be charged for services
- Personnel are aware of and follow the policy and fee schedule
- Policy is being consistently followed

3. Standard: Charges to clients with incomes greater than 100 percent of FPL that are based on a discounted fee schedule and a sliding fee scale. Cap on total annual charges for Part B and PCN services based on percent of patient's annual income, as follows:

- 5 percent for patients with incomes between 100 percent and 200 percent of FPL
- 7 percent for patients with incomes between 200 percent and 300 percent of FPL
- 10 percent for patients with incomes greater than 300 percent of FPL

Performance Measure/Method:

- Review of policy, fee schedule and cap on charges
- Review of system for tracking patient charges and payments
- Review of charges and payments to ensure that charges are discontinued once the patient has reached his/her annual cap

Contract Manager Responsibility:

- Review provider sliding fee scale/cap on charges policy and fee schedule to ensure that they meet legislative requirements
- Review system and records of charges and payments to ensure compliance with caps on charges
- Review client files with sliding fee application forms to ensure consistency with policies and requirements

Provider Responsibility: Have in place a fee discount policy that includes a cap-on-charges policy and appropriate implementation including:

- Clear responsibility for annually evaluating clients to establish individual fees and caps

- Tracking of first Part B or PCN charges or medical expenses inclusive of enrollment fees, deductible, co-payments, etc.
- 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
- Documentation of policies, fees and implementation including evidence that staff understand the policies and procedures

V. Financial Management

1. Standard: Compliance by providers with all the established standards in the Code of Federal Regulations (CFR) for nonprofit organizations, hospitals, institutions of higher education and state and local governments. Included are expectations for:

- Payments for services
- Program income
- Revision of budget and program plans
- Non-federal audits
- Property standards, including the purpose of 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 purpose of closeout procedures

Performance Measure/Method:

- Review of provider accounting systems to verify that they are sufficient and have the flexibility to operate the federal grant program and meet federal requirements
- Review of the provider systems to ensure capacity to meet requirements with regard to:
 - Payment of provider subcontractor invoices
 - Allocation of expenses of providers among multiple funding sources
- Review of provider:
 - Financial operations policies and procedures
 - Purchasing and procurement policies and procedures
 - Financial reports
- Review of provider contract and correspondence files
- Review of provider process for reallocation of funds by service category and provider

Contract Manager Responsibility:

- Ensure access to and review:
 - Provider accounting systems, electronic spreadsheets, general ledger, balance sheets, income 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
- Ensure that provider agreements require the availability of records for use by grantee auditors, staff and federal government agencies

- Include in agreements required compliance with federal standards for financial management ([45 CFR 74](#) and [94](#) or [2 CFR 215](#))
- Review provider financial systems to ensure the capacity for compliance with all federal regulations and other required reporting and make all systems and procedures accessible to federal funding and monitoring agencies

Provider Responsibility: Provide grantee personnel access to:

- Accounting systems, electronic spreadsheets, general ledger, balance sheets, income and expense reports and all other financial activity reports of the provider
- All financial policies and procedures, including billing and collection policies and purchasing and procurement policies
- Accounts payable systems and policies

- 2. Standard:** Comprehensive provider budgets and reports with sufficient detail to account for Part B or PCN funds by service category, provider and administrative costs and to delineate between multiple funding sources and show program income

Performance Measure/Method: Review of:

- Accounting policies and procedures
- Provider budgets
- Accounting system used to record expenditures using the specified allocation methodology
- Reports generated from the accounting system to determine if the detail and timeliness are sufficient to manage a Part B or PCN program

Contract Manager Responsibility: Determine the capacity of provider:

- Accounting policies and procedures
- Budgets
- Accounting system and reports to account for Part B or PCN funds in sufficient detail to meet program fiscal requirements

Provider Responsibility: Ensure adequacy of provider fiscal systems to generate needed budgets and reports, including:

- Accounting policies and procedures
- Budgets
- Accounting system and reports

- 3. Standard:** Line-item provider budgets that include at least three category columns:

- Administrative
- Clinical Quality Management (CQM)
- HIV Services

Performance Measure/Method:

- Review of provider line-item budget and narrative for inclusion of required forms, categories and level of detail to assess the funding to be used for administration, CQM and direct provision of services and the budget's relation to the scope of services
- Review of provider line-item budget to ensure inclusion of required information and level of detail to ensure allowable use of funds and its relation to the proposed scope of services

Contract Manager Responsibility:

- Review line-item budget and budget justification to ensure inclusion of the following budget categories in all components of the budget:
 - Salaries and fringe benefits for program staff
 - Contractual Services - personnel or services subcontracted to outside providers, for activities not done in-house
 - Administration, capped at 10 percent
 - CQM, capped at 5 percent
- Review a Budget Justification narrative describing the uses, activities and basis for the projections of Personnel Costs, Fringe Benefits, Travel, Equipment, Supplies, Agreements and Other to accompany the line-item budget

Provider Responsibility: Submit a line-item budget with sufficient detail to permit review and assessment of proposed use of funds for the management and delivery of the proposed services

4. **Standard:** Revisions to approved budget must be approved by contract manager and/or grantee

Performance Measure/Method: Comparison of provider proposed operating budget to the budget approved by the contract manager and/or grantee

Contract Manager Responsibility:

- Receipt of a written request for the revision from the provider
- Consider the approval official only when it has been put into writing by the contract manager and received by the provider
- Include in agreements specification that budget revisions require approval and provide written instructions on the budget revision process

Provider Responsibility:

- Document all requests for and approvals of budget revisions

5. **Standard:** Provider agreements that meet all applicable federal and local statutes and regulations governing agreements and performance. Major areas for compliance:

- Follow state law and procedures when awarding and administering agreements (whether on a cost reimbursement or fixed amount basis)
- Ensure that every agreement includes any clauses required by federal or state statute and executive orders and their implementing regulations
- Ensure that agreements specify requirements imposed upon providers by federal or state statute and regulation
- Ensure appropriate retention of and access to records
- Ensure that any advances of grant funds to providers substantially conform to the standards of timing and amount that apply to cash advances by federal agencies

Performance Measure/Method: Development and review of Part B and PCN agreements to ensure compliance with local and federal requirements

Contract Manager Responsibility:

- Prepare provider agreements that meet both federal and local contracting requirements and provide specific clauses as stated in the standard
- Maintain file documentation of Part B or PCN provider agreements
- Revise agreements to reflect any changes in federal or state requirements
- Monitor compliance with contract provisions

Provider Responsibility:

- Establish policies and procedures to ensure compliance with agreement provisions
- Document and report on compliance as specified by the agreement

VI. Property Standards

1. Standard: Provider tracking of and reporting on tangible nonexpendable personal property, including exempt property, purchased directly with Part B or PCN 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 grantee policies)

Performance Measure/Method: Review to determine that the provider has a current, complete and accurate:

- Inventory list of capital assets purchased with Part B or PCN funds
- Depreciation schedule that can be used to determine when federal revisionary interest has expired

Contract Manager Responsibility: Ensure that each provider maintains a current, complete and accurate asset inventory list and depreciation schedule and that they identify assets purchased with Part B or PCN funds

Provider Responsibility:

- Develop and maintain a current, complete and accurate asset inventory list and a depreciation schedule that lists purchases of equipment by funding source
- Make the list and schedule available to the grantee upon request

2. Standard: Implementation of adequate safeguards for all capital assets that assure that they are used solely for authorized purposes

Performance Measure/Method:

- Review of provider inventory lists of assets purchased with Part B or PCN funds during monitoring to ensure that assets are available and appropriately registered
- Review of depreciation schedule for capital assets for completeness and accuracy

Contract Manager Responsibility:

- Carry out the actions specified in F.1
- Ensure effective control over capital assets

Provider Responsibility: Carry out the actions specified in F.1

- 3. Standard:** Real property, equipment, intangible property and debt instruments acquired or improved with federal funds held in trust by providers, with title of the property vested in the provider but with the federal government retaining a revisionary interest

Performance Measure/Method:

- Implementation of actions specified in F.1
- Review to ensure provider policies that:
 - Acknowledge the revisionary interest of the federal government over property purchased with federal funds
 - Establish that such property may not be encumbered or disposed of without HRSA/HAB approval

Contract Manager Responsibility:

- Carry out the actions specified in F.1
- Ensure policies and procedures at provider level stating that while title of property purchased with Part B funds is vested in the provider, the federal government will keep a revisionary interest
- Ensure policies at the provider level that establish that such property may not be encumbered or disposed of without the approval of HRSA/HAB as the HHS awarding agency

Provider Responsibility:

- Carry out the actions specified in F.1
- Establish policies and procedures that acknowledge the revisionary interest of the federal government over property improved or purchased with federal dollars
- Maintain file documentation of these policies and procedures for grantee review

- 4. Standard:** 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

Performance Measure/Method: Implementation of actions specified in F.1

Contract Manager Responsibility: Carry out the actions specified in F.1

Provider Responsibility: Carry out the actions specified in F.1

- 5. Standard:** Title to supplies to be vested in the recipient upon acquisition, with the provision that if there is a residual inventory of unused supplies exceeding \$5,000 in total aggregate value upon termination or completion of the program and the supplies are not needed for any other federally-sponsored program, the recipient shall:

- Retain the supplies for use on non-federally sponsored activities or sell them
- Compensate the federal government for its share contributed to purchase of supplies

Performance Measure/Method: Review to ensure the existence of an inventory list of supplies

Contract Manager Responsibility: Require that providers develop and maintain current, complete and accurate supply and medication inventory lists and make them available to the grantee on request

Provider Responsibility:

- Develop and maintain a current, complete and accurate supply and medication inventory list
- Make the list available to the grantee upon request

VII. Cost Principles

- 1. Standard:** Payments made to providers for services need to be cost-based and relate to Part B and PCN administrative, clinical quality management and programmatic costs in accordance with standards cited under OMB circular or Code of Federal Regulations

Performance Measure/Method: Review of provider budgets and expenditure reports to determine whether use of funds is consistent with OMB and CFR cost requirements

Contract Manager Responsibility:

- Ensure that grantee expenses conform to federal cost principles for cost-reimbursable grants
- Ensure provider staff has familiarity with [OMB-122](#) or [2 CFR 230](#) requirements
- Ensure that provider budgets and expenditures conform to OMB and CFR requirements
- Ensure agreements include a provision requiring compliance with OMB cost principles

Provider Responsibility:

- Ensure that budgets and expenses conform to federal cost principles
- Ensure fiscal staff familiarity with applicable federal regulations

- 2. Standard:** Payments made for services to be reasonable, not exceeding costs that would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the costs

Performance Measure/Method:

- Review of provider budgets and expenditure reports to determine costs and identify cost components
- When applicable, review of unit cost calculations for reasonableness
- Review of fiscal and productivity reports to determine whether costs are reasonable when compared to level of service provided

Contract Manager Responsibility:

- Assess the reasonableness of provider costs by reviewing expenditures and unit cost calculations, looking with particular care at budgets and expenditure reports of provider organizations or organizational divisions that receive most of their financial support from federal or state sources
- Review and keep on file the following documentation for each provider:
 - Current budget
 - Unit cost agreement and calculation
 - Fiscal and productivity reports

Provider Responsibility:

- Submit reasonable and accurate budgets expenditure reports
- Make available to the grantee very detailed information on the allocation and costing out of expenses for services provided
- Calculate unit costs based on historical data
- Reconcile projected unit costs with actual unit costs on a yearly or quarterly basis

3. Standard: 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 contract

- Costs are considered to be reasonable when they do not exceed what would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the costs

Performance Measure/Method: Review of policies and procedures that specify allowable expenditures for administrative costs and programmatic costs

- Ensure reasonableness of charges to the Part B or PCN program

Contract Manager Responsibility: Review to determine whether provider costs for services as charged to the program are reasonable and allowable**Provider Responsibility:**

- Have in place policies and procedures to determine allowable and reasonable costs
- Have in place reasonable methodologies for allocating costs among different funding sources and Part B or PCN categories
- Make available policies, procedures and calculations to the grantee on request

4. Standard: Calculation of unit costs by providers to be based on an evaluation of reasonable cost of services; financial data to relate to performance data and to include development of unit cost information whenever practical**Note:**

- When using unit costs for the purpose of establishing fee-for-service charges, the Generally Accepted Accounting Principles (GAAP) definition can be used. Under GAAP, donated materials and services, depreciation of capital improvement, administration and facility costs are allowed when determining cost.
- If unit cost is not the method of reimbursement, it can be derived by adding direct program costs and allowable administrative costs, capped at 10 percent, and dividing by number of units of service to be delivered

Performance Measure/Method:

- Review of unit cost methodology for provider services
- Review of budgets to calculate allowable administrative and program costs for each service

Contract Manager Responsibility: Include in agreements a provision that requires submission of reports that detail performance and allow review of the provider's:

- Budget

- Cost of services
- Unit cost methodology

Provider Responsibility: Have in place systems that can provide expenses and client utilization data in sufficient detail to determine reasonableness of unit costs

5. Standard: Requirements to be met in determining the unit cost of a service:

- Unit cost not to exceed the actual cost of providing the service
- Unit cost to include only expenses that are allowable under Part B or PCN requirements

Calculation of unit cost to use a formula of allowable administrative costs plus allowable program costs divided by number of units to be provided

Performance Measure/Method:

- Review of methodology used for calculating unit costs of services provided
- Review of budgets to calculate allowable administrative and program costs for each service

Contract Manager Responsibility:

- Review provider unit cost methodology
- Review provider budget components to ensure that all expense categories are allowable under Part B or PCN

Provider Responsibility:

- Have in place systems that can provide expenses and client utilization data in sufficient detail to calculate unit cost
- Have unit cost calculations available for grantee review

VIII. Auditing Requirements

1. Standard: Recipients and sub-recipients of Part B funds that are institutions of higher education or other non-profit organizations (including hospitals) are subject to the audit requirements contained in the Single Audit Act Amendments of 1996 ([31 USC 7501–7507](#)) and revised [OMB Circular A-133](#), with A-133 audits required for all providers receiving more than \$500,000 per year in federal grants

Performance Measure/Method:

- Review of requirements for provider audits
- Review of most recent audit (which may be an A-133 audit) to assure it includes:
 - List of federal grantees to ensure that the Part B grant is included
 - Programmatic income and expense reports to assess if the Part B grant is included
- Review of audit management letter if one exists
- Review of all programmatic income and expense reports for payer of last resort verification by auditor

Contract Manager Responsibility:

- Include in agreements a requirement for a timely annual audit and associated management letter (an A-133 audit if federal grants total more than \$500,000)
- Maintain file documentation of provider audits and management letters

- Review audits to ensure inclusion of Part B funding
- Review audit management letter to determine any material weaknesses
- Review audit for income and expense reports testing of payer of last resort verification

Provider Responsibility:

- Conduct a timely annual audit (an agency audit or an A-133 audit, depending on amount of federal funds)
- Request a management letter from the auditor
- Submit the audit and management letter to the grantee
- Prepare and provide auditor with income and expense reports that include payer of last resort verification

2. **Standard:** Selection of auditor to be based on a defined selection (if nonprofit) policy and process

Performance Measure/Method: Review of provider financial policies and procedures related to audits and selection of an auditor

Contract Manager Responsibility:

- Ensure financial policies and procedures in place for auditor selection
- Ensure that providers have policies and procedures in place to select an auditor

Provider Responsibility:

- Have in place financial policies and procedures that guide selection of an auditor
- Make the policies and procedures available to grantee on request

3. **Standard:** Review of audited financial statements to verify financial stability of organization

Performance Measure/Method: Review of Statement of Financial Position/Balance Sheet, Statement of Activities/Income and Expense Report, Cash Flow Statement and Notes included in audit to determine organization's financial stability

Contract Manager Responsibility: Review provider audited financial statements and notes to determine the organization's financial status and stability

Provider Responsibility:

- Comply with contract audit requirements on a timely basis
- Provide audit to grantee on a timely basis

4. **Standard:** A-133 audits to include statements of conformance with financial requirements and other federal expectations

Performance Measure/Method: Review of statements of internal controls and federal compliance in A-133 audits

Contract Manager Responsibility: Annually review statements of internal controls and federal compliance in provider A-133 audits to determine compliance with federal expectations

Provider Responsibility:

- Comply with contract audit requirements on a timely basis
- Provide audit to grantee on a timely basis

5. Standard: Providers expected to note reportable conditions from the audit and provide a resolution

Performance Measure/Method:

- 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

Contract Manager Responsibility:

- Annually review provider audits for reportable conditions
- Obtain and review provider agency responses to audit findings
- Require corrective action if reportable conditions have not been resolved

Provider Responsibility:

- Comply with contract audit requirements on a timely basis
- Provide grantee the agency response to any reportable conditions

IX. Fiscal Procedures

1. Standard: Providers have policies and procedures for handling revenues from the Part B and PCN grants, including program income

Performance Measure/Method:

- Review of policies and procedures related to the handling of cash or provider revenue
- Sampling of accounting entries to verify that cash and grant revenue is being recorded appropriately

Contract Manager Responsibility:

- Monitor policies and handling of Part B and PCN revenues by providers

Provider Responsibility:

- Establish policies and procedures for handling Part B and PCN revenues including program income
- Prepare a detailed chart of accounts and general ledger that provide for the tracking of Part B and PCN revenue
- Make the policies and process available for grantee review upon request

2. Standard: Advances of federal funds not to exceed 30 days and to be limited to the actual, immediate cash requirements of the program

Performance Measure/Method:

- Review of provider agreement for allowable advances
- Review of payments to providers

Contract Manager Responsibility:

- Write agreements that limit advances of federal funding to 30 days
- Review documented reconciliation of federal advances to providers to submitted expenses

Provider Responsibility:

- Document reconciliation of advances to actual expenses

3. **Standard:** Right of the grantee to inspect and review records and documents that detail the programmatic and financial activities of providers in the use of Part B or PCN funds

Performance Measure/Method: Review of provider agreements to ensure that language is included that guarantees access to records and documents as required to oversee the performance of the Part B or PCN provider

Contract Manager Responsibility: Include a provision in provider agreements that guarantees grantee access to provider records and documents for program and fiscal monitoring and oversight

Provider Responsibility: Have in place policies and procedures that allow the grantee as funding agency prompt and full access to financial, program and management records and documents as needed for program and fiscal monitoring and oversight

4. **Standard:** Grantee to have access to payroll records, tax records and invoices with supporting documentation to show that expenses were actually paid appropriately with Part B and PCN funds

Performance Measure/Method: Review of:

- A sample of provider payroll records
- Provider documentation that verifies that payroll taxes have been paid
- Provider accounts payable process, including a sampling of actual paid invoices with backup documentation.

Contract Manager Responsibility:

- Review documentation of payroll records and accounts payable and hard-copy expenditures data
- Include in agreements conditions that require the provider to maintain and provide access to primary source documentation

Provider Responsibility:

- Maintain documentation of payroll records and accounts payable and hard-copy expenditures data
- Make such documentation available to the grantee on request

5. **Standard:** Grantee not to withhold payments for proper charges incurred by providers unless the provider has failed to comply with agreement conditions or is indebted to the United States

Performance Measure/Method: Review of the timing of payments to providers through sampling that tracks accounts payable process from date invoices are received to date checks are deposited

Contract Manager Responsibility: Periodically track the accounts payable process from date of receipt of invoices to date the checks are deposited

Provider Responsibility:

- Provide timely, properly documented invoices
- Comply with contract conditions

6. Standard: Grantee to make payment within 30 days after receipt of a billing, unless the billing is improperly presented or lacks documentation

Performance Measure/Method:

- Review of grantee's payable records
- Review of provider invoices, submission dates and bank deposits of Part B and PCN payments
- Review of grantee policies on how to avoid payment delays of more than 30 days to providers

Contract Manager Responsibility:

- Review reimbursement to providers to determine whether it routinely occurs within 30 days of receipt of invoice and document delays due to incomplete documentation
- Take action to improve reimbursement rates if review shows payment period of more than 30 days

Provider Responsibility:

- Submit invoices on time monthly, with complete documentation
- Maintain data documenting reimbursement period, including monthly bank reconciliation reports and receivables aging report

7. Standard: Employee time and effort to be documented with charges for the salaries and wages of hourly employees:

- Be supported by documented 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

Performance Measure/Method: Review of documentation of employee time and effort through:

- Review of payroll records for specified employees
- Documentation of allocation of payroll between funding sources if applicable

Contract Manager Responsibility:

- Review payroll records for specified employees
- Review allocation methodology for employee expenditures where employees are engaged in activities supported by several funding sources

Provider Responsibility:

- Maintain payroll records for specified employees
- Establish and consistently use allocation methodology for employee expenditures where employees are engaged in activities supported by several funding sources
- Make payroll records and allocation methodology available to grantee upon request

8. Standard: Provider fiscal staff 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)
- Have organizational and communications chart for the fiscal department

Performance Measure/Method:

- Review of qualifications of program and fiscal staff
- Review of program and fiscal staff plan and full-time equivalents (FTEs) to determine if there are sufficient personnel to perform the duties required of the Part B or PCN provider
- Review of provider organizational chart

Contract Manager Responsibility:

- Review the following:
 - Program and fiscal staff resumes and job descriptions
 - Staffing plan and provider budget and budget justification
 - Provider organizational chart
- Require and review similar information for subcontractors

Provider Responsibility:

- Prepare the following:
 - Program and fiscal staff resumes and job descriptions
 - Staffing plan and provider budget and budget justification
 - Provider organizational chart
- Provide information to the grantee upon request

X. Unobligated Balances**1. Standard:** Provider must demonstrate its ability to expend funds efficiently by obligating and subsequently liquidating 95 percent of its Part B or PCN funds in any grant year**Performance Measure/Method:**

- Review of provider budget
- Review of provider accounting and financial reports that document the year-to-date and year-end spending of provider obligated funds, including separate accounting for Part B formula and supplemental and PCN funds
- Calculation of unspent funds and potential unspent funds to determine estimated unobligated balance

Contract Manager Responsibility:

- Review provider budgets
- Review provider financial reports that document unspent funds
- Calculate year-to-date expenditures and budget variances monthly
- Review a reallocation methodology implemented in coordination with the Consortia

Provider Responsibility:

- Report expenditures to date promptly to the grantee every month
- Inform the grantee of any situation that will make it impossible or unlikely to fully spend Part B or PCN funds

F. HRSA Programmatic Monitoring Standards**I. Allowable Uses of Part B and PCN Service Funds****1. Standard:** Use of Part B and PCN funds only to support:

- Core medical services
- Support services that are needed by individuals with HIV/AIDS to achieve medical outcomes related to their HIV/AIDS-related clinical status
- Clinical quality management activities
- Planning and evaluation

Performance Measure/Method: Contract language that describes and defines Part B and PCN services within the range of activities and uses of funds allowed under the legislation and defined in HRSA Policy Notices including core and support services, quality management activities, administration and planning and evaluation

Contract Manager Responsibility: Include contract language that allows use of Part B and PCN funds only for the provision of services and activities allowed under the legislation and defined in HRSA Policy Notices

Provider Responsibility:

- Provide the services described in the contract
- Bill only for allowable activities
- Maintain files and share with the grantee, on request, documentation that only allowable activities are being billed to the Part B and PCN grant

II. Core Medical-Related Services**1. Standard:** Provision of **Outpatient and Ambulatory Medical Care**, defined as the provision of professional diagnostic and therapeutic services rendered by a licensed physician, physician's assistant, clinical nurse specialist or nurse practitioner in an outpatient setting (not a hospital, hospital emergency room or any other type of inpatient treatment center), consistent with Public Health Service (PHS) guidelines and including access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies

Allowable services include:

- Diagnostic testing
- Early intervention and risk assessment
- Preventive care and screening
- Practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions

- Prescribing and managing of medication therapy
- Education and counseling on health issues
- Well-baby care
- Continuing care and management of chronic conditions
- Referral to and provision of HIV-related specialty care (includes all medical subspecialties even ophthalmic and optometric services)

Performance Measure/Method: Documentation of the following:

- Care is provided by health care professionals certified in their jurisdictions to prescribe medications in an outpatient setting such as a clinic, medical office or mobile van
- Only allowable services are provided
- Services are provided as part of the treatment of HIV infection and/or conditions arising from the use of HIV medications resulting in side effects
- Services are consistent with PHS guidelines
- Service is not being provided in an emergency room, hospital or any other type of inpatient treatment center

Contract Manager Responsibility:

- Include the definition, allowable services and limitations of outpatient ambulatory medical services in provider contracts
- Require providers to provide assurances that care is provided only in an outpatient setting, is consistent with HRSA and PHS guidelines and is chronicled in client medical records
- Review client medical records to ensure compliance with contract conditions and Ryan White program requirements
- Review the licensure of health care professionals providing ambulatory care

Provider Responsibility:

- Ensure that client medical records document services provided, the dates and frequency of services provided, that services are for the treatment of HIV infection
- Include clinician notes in patient records that are signed by the licensed provider of services
- Maintain professional certifications and licensure documents and make them available to the grantee on request

2. **Standard:** As part of Outpatient and Ambulatory Medical Care, provision of **laboratory tests** integral to the treatment of HIV infection and related complications

Performance Measure/Method: Documentation that 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 Food and Drug Administration (FDA) and/or certified under the Clinical Laboratory Improvement Amendments (CLIA) Program

Contract Manager Responsibility:

- Include the definition, requirements and limitations of testing in medical services contract
- Review documentation of the number of laboratory tests performed
- Review client charts to ensure requirements are met and match quantity of tests with reports

Provider Responsibility: Document, include in client medical records and make available to the grantee on request:

- The number of laboratory tests performed
- The certification, licenses or FDA approval of the laboratory from which tests were ordered
- The credentials of the individual ordering the tests
- Document the number of laboratory tests performed

3. Standard: (*Note: HAB plans to issue future guidance regarding this service category.*) Implementation of a **Local AIDS Pharmaceutical Assistance Program (LPAP)** for the provision of HIV/AIDS medications using a drug distribution system that has:

- A client enrollment and eligibility process
- Uniform benefits for all enrolled clients throughout the Consortium region
- A drug formulary approved by the local advisory committee/board
- A recordkeeping system for distributed medications
- A drug distribution system
- A system for drug therapy management

An LPAP that does not dispense medications as:

- A result or component of a primary medical visit
- A single occurrence of short duration (an emergency)
- Vouchers to clients on an emergency basis

An LPAP that is:

- Consistent with the most current HIV/AIDS Treatment Guidelines
- Coordinated with the state's Part B AIDS Drug Assistance Program
- Implemented in accordance with requirements of the 340B Drug Pricing Program

Performance Measure/Method:

- Documentation that the LPAP's drug distribution system has:
 - A client enrollment and eligibility process
 - Uniform benefits for all enrolled clients throughout the Consortium region
 - A recordkeeping system for distributed medications
 - A drug distribution system that includes a drug formulary approved by the local advisory committee/board
 - A system for drug therapy management
- Documentation that the LPAP is not dispensing medications as:
 - A result or component of a primary medical visit
 - A single occurrence of short duration (an emergency) without arrangements for longer term access to medication
 - Vouchers to clients on a single occurrence without arrangements for longer-term access to medications
- Documentation that the LPAP is:
 - Consistent with the most current HIV/AIDS Treatment Guidelines
 - Coordinated with the state's Part B AIDS Drug Assistance Program
 - Implemented in accordance with requirements of 340B Drug Pricing Program

Contract Manager Responsibility:

- Specify in the contract language all applicable federal, state and local requirements for pharmaceutical distribution systems and the geographic area to be covered
- Ensure that the program:
 - Meets federal requirements regarding client enrollment, uniform benefits, recordkeeping and drug distribution process, consistency with current HIV/AIDS Treatment Guidelines
 - Defines the geographic area covered by the local pharmacy program, which must be either a TGA/EMA or consortium area
- Does not dispense medication as the result of a primary care visit, in emergency situations or in the form of medication vouchers to clients on a single occurrence without arrangements for longer term access to medications
- Review program records to ensure that distributed medications meet federal and contract requirements
- Review client records to ensure proper enrollment, eligibility, uniform benefits and no dispensing of medications for unallowable purposes

Provider Responsibility:

- Provide to the grantee, on request, documentation that the LPAP meets HRSA/HAB requirements
- Maintain documentation, and make available to the Part B grantee on request, proof of client LPAP eligibility that includes HIV status, residency, medical necessity and low-income status as defined by the Consortium or state based on a specified percent of the Federal Poverty Level
- Provide reports to the Part B program of number of individuals served and the medications provided

4. **Standard:** Support for **Oral Health Services** including diagnostic, preventive and therapeutic dental care that is in compliance with dental practice laws; includes evidence-based clinical decisions that are informed by the American Dental Association Dental Practice Parameters; is based on an oral health treatment plan; adheres to specified service caps; and is provided by licensed and certified dental professionals

Performance Measure/Method: Documentation that:

- Oral health services are provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries and meet current dental care guidelines
- Oral health professionals providing the services have appropriate and valid licensure and certification, based on state and local laws
- An oral health 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 grantee

Contract Manager Responsibility:

- Develop contracts and scopes of work for the provision of oral health that:
 - Specify allowable diagnostic, preventive and therapeutic services
 - Define and specify the limitations or caps on providing oral health services

- Ensure that services are provided by dental professionals certified and licensed according to state guidelines
- Review client charts for compliance with contract conditions and Part B and PCN requirements such as service caps
- Review treatment plans and services for compliance with contractual and Part B and PCN programmatic requirements

Provider Responsibility:

- Maintain a dental chart for each client that is signed by the licensed provider and includes a treatment plan, services provided and any referrals made
- Maintain, and provide to grantee on request, copies of professional licensure and certification

4. Standard: *(Note: Additional policy guidance forthcoming, including expectations for health education and literacy training, which are not covered in the legislation.)* Support of **Early Intervention Services (EIS)** that include identification of individuals at points of entry and access to services and provision of:

- HIV Testing and Targeted counseling
- Referral services
- Linkage to care
- Health education and literacy training that enable clients to navigate the HIV system of care

All four components to be present, but Part B and PCN funds to be used for HIV testing only as necessary to supplement, not supplant, existing funding

Performance Measure/Method: Documentation that:

- Part B and PCN funds are used for HIV testing only where existing federal, state and local funds are not adequate and Part B and PCN funds will supplement and not supplant existing funds for testing
- Individuals who test positive are referred for and linked to health care and supportive services
- Health education and literacy training is provided that enables clients to navigate the HIV system
- EIS is provided at or in coordination with documented key points of entry
- EIS services are coordinated with HIV prevention efforts and programs

Contract Manager Responsibility: Include contract language that:

- Specifies that Part B and PCN funding is to be used to supplement and not supplant existing federal, state or local funding for HIV testing
- Provides definitions and models requiring that EIS services (funded through Part B, PCN or other sources) include and are limited to counseling and HIV testing, referral to appropriate services based on HIV status, linkage to care and education and health literacy training for clients to help them navigate the HIV care system
- Specifies that services shall be provided at specific points of entry
- Specifies required coordination with HIV prevention efforts and programs
- Requires coordination with providers of prevention services
- Requires monitoring and reporting on the number of HIV tests conducted and the number of positives found
- Requires monitoring of referrals into care and treatment

- Enables the grantee to modify targeting to include additional key points of entry

Provider Responsibility:

- Establish agreements with key points of entry into care to facilitate access to care for those who test positive
- Document provision of all four required EIS service components with Part B, PCN or other funding
- Document and report on numbers of HIV tests and positives, as well as where and when Part B- and PCN-funded HIV testing occurs
- Document that HIV testing activities and methods meet CDC and state requirements
- Document the number of referrals for health care and supportive services
- Document referrals from key points of entry to EIS programs
- Document training and education sessions designed to help individuals navigate and understand the HIV system of care
- Establish linkage agreements with testing sites where Part B and PCN are not funding testing but is funding referral and access to care and education, system navigation services
- Obtain written approval from the grantee to provide EIS services in points of entry not included in original scope of work

5. Standard: Provision of Health Insurance Premium and Cost-sharing Assistance that provides a cost-effective alternative to ADAP by:

- Purchasing health insurance that provides comprehensive primary care and pharmacy benefits for low-income clients that provide a full range of HIV medications
- Paying co-pays (including co-pays for prescription eyewear for conditions related to HIV infection) and deductibles on behalf of the client
- Providing funds to contribute to a client's Medicare Part D true out-of-pocket (TrOOP) costs

Performance Measure/Method:

- Documentation of an annual cost-benefit analysis illustrating the greater benefit in purchasing public or private health insurance, pharmacy benefits, co-pays and/or deductibles for eligible low-income clients compared to the costs of having the client in the ADAP program
- Where funds are covering premiums, documentation that the insurance plan purchased provides comprehensive primary care and a full range of HIV medications
- Where funds are used to cover co-pays for prescription eyewear, documentation including a physician's written statement that the eye condition is related to HIV infection
- Assurance that any cost associated with the creation, capitalization or administration of a liability risk pool is not being funded by Part B or PCN
- Assurance that Part B and PCN funds are not being used to cover costs associated with Social Security
- Documentation of clients' low-income status as defined by the EMA/TGA or state Ryan White Program

Contract Manager Responsibility: Include contract language that:

- Specifies that Part B and PCN funding is to be used to supplement and not supplant existing federal, state or local funding for health insurance premium and cost-sharing assistance

- Ensures an annual cost-benefit analysis that includes an illustration of the greater benefit of using Part B or PCN funds for Insurance/Cost-Sharing Program versus having the client on ADAP
- Documentation of the low-income status of the client
- Where funds are used to cover the costs associated with insurance premiums, ensures that comprehensive primary care services and a full range of HIV medications are available to clients
- Provide clear directives on the payment of premiums, co-pays (including co-pays for prescription eyewear for conditions related to HIV infection) and deductibles in scopes of work and contract language
- Monitoring systems to check that funds are NOT being used for the creation, capitalization or administration of liability risk pools, social security and/or Medicare Part D costs including TrOOP or donut hole costs

Provider Responsibility:

- Conduct an annual cost benefit analysis (if not done by the grantee) that addresses noted criteria
- Where premiums are covered by Part B and PCN funds, provide proof that the insurance policy provides comprehensive primary care and formulary with a full range of HIV medications to clients
- Maintain proof of low-income status
- Provide documentation that demonstrates that funds were not used to cover costs associated with the creation, capitalization or administration of a liability risk pools or social security costs
- When funds are used to cover co-pays for prescription eyewear, provide a physician's written statement that the eye condition is related to HIV infection

6. **Standard:** Support for **Home Health Care** services provided in the patient's home by licensed health care workers such as nurses; services to exclude personal care and to include:
- The administration of intravenous and aerosolized treatment
 - Parenteral feeding
 - Diagnostic testing
 - Other medical therapies

Performance Measure/Method: Assurance that:

- Services are limited to medical therapies in the home and exclude personal care services
- Services are provided by home health care workers with appropriate licensure as required by state and local laws

Contract Manager Responsibility:

- Include in the contract a clear definition of services to be provided and staffing and licensure requirements
- Review client charts to determine compliance with contract conditions and Part B and PCN program requirements
- Review licenses and certificates

Provider Responsibility:

- Document the number and types of services in the client records, with the provider's signature included
- Maintain on file and provide to the grantee on request copies of the licenses of home health care workers

7. **Standard:** Provision of **Home and Community-based Health Services**, defined as skilled health services furnished in the home of an HIV-infected individual, based on a written plan of care prepared by a case management team that includes appropriate health care professionals

Allowable services to include:

- Durable medical equipment
- Home health aide and personal care services
- Day treatment or other partial hospitalization services
- Home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy)
- Routine diagnostic testing
- Appropriate mental health, developmental and rehabilitation services
- Specialty care and vaccinations for hepatitis co-infection provided by public and private entities

Performance Measure/Method:

- Documentation that:
 - All services are provided based on a written care plan signed by a case manager and a clinical health care professional responsible for the individual's HIV care and indicating the need for these services
 - 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
- Documentation of services provided that:
 - Specifies the types, dates and location of services
 - Includes the signature of the professional who provided the service at each visit
 - Indicates that all services are allowable under this service category
 - Provides assurance that the service is being provided only in the individual's home
- Documentation of appropriate licensure and certifications for individuals providing the services, as required by local and state laws

Contract Manager Responsibility:

- Specify in the contracts what services are allowable, the requirement that they be provided in the home of a client with HIV/AIDS and the requirement for a written care plan signed by a case manager and a skilled health care professional responsible for the individual's HIV care
- Review program records and client files to ensure that treatment plans are prepared for all client and that they include:
 - Need for home and community-based health services
 - Types, quantity and length of time services are to be provided
- Review client files to determine:
 - Services provided, dates and locations

- Whether services provided were allowable
- Whether they were consistent with the treatment plan
- Whether the file includes the signature of the professional who provided the service
- Require assurance that the service is being provided only in the client's home
- Review licensure and certifications to ensure compliance with local and state laws
- Give priorities in funding to entities that will assure participation in HIV care consortia where they exist and provide the service to low-income individuals

Provider Responsibility:

- Ensure that written care plans with appropriate content and signatures are consistently prepared, included in client files and updated as needed
- Establish and maintain a program and client recordkeeping system to document the types of home services provided, dates provided, the location of the service and the signature of the professional who provided the service at each visit
- Make available to the grantee program records and client files as required for monitoring
- Provide assurance that the services are being provided only in an HIV-positive client's home
- Maintain, and make available to the grantee on request, copies of appropriate licenses and certifications for professionals providing services

- 8. Standard:** Provision of **Hospice Care** provided by licensed hospice care providers to clients in the terminal stages of illness in a home or other residential setting, including a non-acute care section of a hospital that has been designated and staffed to provide hospice care for terminal patients

Allowable services:

- Room
- Board
- Nursing care
- Mental health counseling
- Physician services
- Palliative therapeutics

Performance Measure/Method:

- Documentation including the following:
 - Physician certification that the patient's illness is terminal as defined under Medicaid hospice regulations (having a life expectancy of 6 months or less)
 - 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 and 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 that are consistent with those covered under the respective state's Medicaid program

Contract Manager Responsibility:

- Specify in contracts allowable services, service standards, service locations and licensure requirements
- Review provider licensure to ensure it meets requirements of state in which hospice care is delivered
- Review program records and client files to ensure the following:
 - Physician certification of client's terminal status
 - Documentation that services provided are allowable and funded hospice activities
 - Assurance that hospice services are provided in permitted settings
 - Assurance that services such as counseling and palliative therapies meet Medicaid or other applicable requirements

Provider Responsibility:

- Obtain and have available for inspection appropriate and valid licensure to provide hospice care
- Maintain and provide the grantee access to program records and client files that include documentation of
 - Physician certification of clients terminal status
 - Services provided and that they are allowable under Part B and PCN and in accordance with the provider contract and scope of work
 - Locations where hospice services are provided include only permitted settings
 - Services such as counseling and palliative therapies meet Medicaid or other applicable requirements as specified in the contract

9. Standard: Funding of **Mental Health Services** that include psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness; conducted in a group or individual setting; based on a detailed treatment plan; and provided by a mental health professional licensed or authorized within the state to provide such services, typically including psychiatrists, psychologists and licensed clinical social workers

Performance Measure/Method:

- Documentation of appropriate and valid licensure and certification of mental health professionals as required by the state
- 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 Part B and PCN guidelines and contract requirements
- Services provided are consistent with the treatment plan

Contract Manager Responsibility:

- Specify in contracts allowable services and treatment modalities, staffing and licensure requirements and requirements for treatment plans and service documentation
- Review staffing and the licenses and certification of mental health professionals to ensure compliance with Part B, PCN and state requirements
- Review program reports and client charts to:
 - Ensure the existence of a treatment plan that includes required components and signature
 - Document services provided, dates and their consistency with Part B and PCN requirements and with the treatment plan

Provider Responsibility:

- Obtain and have on file and available for grantee review appropriate and valid licensure and certification of mental health professionals
- Maintain program records documenting services provided
- Maintain client charts that include:
 - A detailed treatment plan for each eligible client that includes required components and signature
 - Documentation of services provided, dates and consistency with Part B and PCN requirements and with individual client treatment plans

10. Standard: Support for **Medical Nutrition Therapy** services including nutritional supplements provided outside of a primary care visit by a licensed registered dietitian; may include food provided pursuant to a physician's recommendation and based on a nutritional plan developed by a licensed registered dietitian

Performance Measure/Method: Documentation of:

- Licensure and registration of the dietitian as required by the state in which the service is provided
- Where food is provided to a client under this service category, client file that includes a physician's recommendation and a nutritional plan
- Required content of the nutritional plan, including:
 - Recommended services and course of medical nutrition therapy to be provided, including types and amounts of nutritional supplements and food
 - Date service is to be initiated
 - Planned number and frequency of sessions
 - The signature of the registered dietitian who developed the plan
- Services provided, including:
 - Nutritional supplements and food provided, quantity and dates
 - The signature of each registered dietitian who rendered service, the date of service
 - Date of reassessment
 - Termination date of medical nutrition therapy
 - Any recommendations for follow up

Contract Manager Responsibility:

- Specify in contracts:
 - The allowable services to be provided
 - The requirement for provision of services by a licensed registered dietitian
 - The requirement for a nutritional plan and physician's recommendation where food is provided through this service category
- The required content of the nutritional plan
- Review program records and client files for:
 - Documentation of the licensure and registration of the dietitian providing services
 - Documentation of services provided, including the quantity and number of recipients of nutritional supplements and food
 - Documentation of physician recommendations and nutritional plans for clients provided food
 - Content of the nutritional plan
- Documentation of medical nutritional therapy services provided to each client, compliance with Part B and PCN and contract requirements and consistency of services with the nutritional plan

Provider Responsibility:

- Maintain and make available to the grantee copies of the dietitian's license and registration
- Document services provided, number of clients and quantity of nutritional supplements and food provided to clients
- Document in each client file:
 - Services provided and dates
 - Nutritional plan as required, including required information and signature
 - Physician's recommendation for the provision of food

11. Standard: Support for **Medical Case Management Services** (including treatment adherence) to ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, provided by trained professionals, including both medically credentialed and other health care staff who are part of the clinical care team, through all types of encounters including face-to-face, phone contact and any other form of communication

Activities that include at least the following:

- 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 6 months, as necessary

Service components that may include:

- A range of client-centered services that link clients with health care, psychosocial and other services, including benefits/entitlement counseling and referral activities assisting them to access other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturers' Patient Assistance Programs and other state or local health care and supportive services)
- 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 to ensure readiness for, and adherence to, complex HIV/AIDS treatments
- Client-specific advocacy and/or review of utilization of services

Performance Measure/Method:

- Documentation that service providers are trained professionals, either medically credentialed persons or other health care staff who are part of the clinical care team
- Documentation that all the following activities are being carried out for all clients:
 - 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 6 months, during the enrollment of the client
- 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 health care, psychosocial and other services and assist them to access other public and private programs for which they may be eligible
 - Coordination and follow up of medical treatments
 - Ongoing assessment of client's and other key family members' needs and personal support systems
 - Treatment adherence counseling
 - Client-specific advocacy

Contract Manager Responsibility:

- Develop contracts that:
 - Clearly define medical case management services and activities and specify required activities and components
 - Specify required documentation to be included in client charts
- Review client files and service documentation to ensure compliance with contractual and Part B and PCN programmatic requirements, including inclusion of required case management activities
- Review medical credentials and/or evidence of training of health care staff providing medical case management services
- Obtain assurances and documentation showing that medical case management staff are operating as part of the clinical care team

Provider Responsibility:

- Provide written assurances and maintain documentation showing that medical case management services are provided by trained professionals who are either medically credentialed or trained health care staff and operate as part of the clinical care team
- Maintain client charts that include the required elements for compliance with contractual and Part B and PCN programmatic requirements, including required case management activities such as services and activities, the type of contact and the duration and frequency of the encounter

12. Standard: Support for **Substance Abuse Treatment Services - Outpatient**, provided by or under the supervision of a physician or other qualified/licensed personnel; may include use of funds to expand HIV-specific capacity of programs if timely access to treatment and counseling is not otherwise available

Services limited to the following:

- Pre-treatment/recovery readiness programs
- Harm reduction
- Mental health counseling to reduce depression, anxiety and other disorders associated with substance abuse
- Outpatient drug-free treatment and counseling
- Opiate Assisted Therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention
- Limited acupuncture services with a written referral from the client's primary health care provider, provided by certified or licensed practitioners wherever state certification or licensure exists
- Services provided must include a treatment plan that calls only for 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

Performance Measure/Method:

- 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 in which services are provided
- Documentation through program records and client files that:
 - Services provided meet the service category definition
 - All services provided are allowable under Part B and PCN
- Assurance that services are provided only in an outpatient setting
- Assurance that Part B and PCN funds are used to expand 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 defined cap
 - Acupuncture is not the dominant treatment modality
 - Acupuncture services are provided only with a written referral from the client's primary care provider
 - The acupuncture provider has appropriate state license and certification

Contract Manager Responsibility:

- Develop contracts that clearly specify:
 - Allowable activities under this service category
 - The requirement that services be provided on an outpatient basis
 - The information that must be documented in each client's file
- Review staff licensure and certification and staffing structure to ensure that services are provided under the supervision of a physician or other qualified/licensed personnel
- Require assurance that services are provided on an outpatient basis
- Review program records and client files for evidence of a treatment plan that specifies 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
- For any client receiving acupuncture services under this service category, documentation in the client file including:
 - Caps on use of Part B and PCN funds are in place
 - A written referral from their primary health care provider
 - Proof that the acupuncturist has appropriate certification or licensure, if the state provides such certification or licensure

Provider Responsibility:

- Maintain and provide to grantee on request documentation of:
 - Provider licensure or certifications as required by the state in which service is provided; this includes licensures and certifications for a provider of acupuncture services
 - Staffing structure showing supervision by a physician or other qualified personnel
- Provide assurance that all services are provided on an outpatient basis
- Maintain program records and client files that include treatment plans with all required elements and document:
 - That all services provided are allowable under Part B and PCN
 - The quantity, frequency and modality of treatment services
 - The date treatment begins and ends
 - Regular monitoring and assessment of client progress
 - The signature of the individual providing the service or the supervisor as applicable
- In cases where acupuncture therapy services are provided, document in the client file:
 - A written referral from the primary health care provider
 - The quantity of acupuncture services provided
 - The cap on such services

III. Support Services

- 1. Standard:** Use of Part B and PCN funds only for Support Services approved by the Secretary of Health and Human Services or approved by the Bureau of HIV/AIDS (PCN funds only)

Performance Measure/Method: Documentation that all funded support services are on the current list of HHS-approved support services or Bureau of HIV/AIDS-approved (PCN funds only)

Contract Manager Responsibility:

- Contract for only HHS-approved or Bureau of HIV/AIDS-approved (PCN funds only) support services
- Monitor providers to ensure that no Part B and PCN funds are used for non-allowable services categories

Provider Responsibility:

- Provide assurance to the grantee that Part B and PCN funds are being used only for support services approved by HHS or approved by the Bureau of HIV/AIDS (PCN funds only)

- 2. Standard:** Support for **Case Management (Non-medical)** services that provide advice and assistance to clients in obtaining medical, social, community, legal, financial and other needed services

May include:

- Benefits/entitlement counseling and referral activities to assist eligible clients to obtain access to public and private programs for which they may be eligible
- All types of case management encounters and communications (face-to-face, telephone contact, other)
- Transitional case management for incarcerated persons as they prepare to exit the correctional system

Note: Does not involve coordination and follow up of medical treatments

Performance Measure/Method:

- Documentation that:
 - Scope of activity includes advice 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 health care and supportive services
 - Services cover all types of encounters and communications (e.g., face-to-face, telephone contact, other)
- Where transitional case management for incarcerated 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

Contract Manager Responsibility:

- Include contracts and scopes of work:

- Clear statement of required and optional case management services and activities, including benefits/entitlement counseling
- Full range of allowable types of encounters and communications
- Require in contract that client charts document at least the following:
 - Date of each encounter
 - Type of encounter (e.g., face-to-face, telephone contact, etc.)
 - Duration of encounter
 - Key activities
- Review client files and service documentation for compliance with contract requirements

Provider Responsibility:

- Maintain client charts that include the required elements as detailed by the grantee, including:
 - Date of encounter
 - Type of encounter
 - Duration of encounter
 - Key activities, including benefits/entitlement counseling and referral services
- Provide assurances that any transitional case management for incarcerated persons meets contract requirements

3. Standard: Funding for **Child Care Services** for the children of HIV-positive clients, provided intermittently, only while the client attends medical or other appointments or Part B- and PCN-related meetings, groups or training sessions

May include use of funds to support:

- A licensed or registered child care provider to deliver intermittent care
- Informal child care provided by a neighbor, family member or other person (with the understanding that existing Federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services)

Such allocations to be limited and carefully monitored to assure:

- Compliance with the prohibition on direct payments to eligible individuals
- Assurance that liability issues for the funding source are carefully weighed and addressed through the use of liability release forms designed to protect the client, provider and the Part B and PCN programs

May include **Recreational and Social Activities** for the child, if provided in a licensed or certified provider setting including drop-in centers in primary care or satellite facilities

- Excludes use of funds for off-premise social/recreational activities

Performance Measure/Method:

- Documentation of:
 - The parent's eligibility as defined by the grantee, including proof of HIV status
 - The medical or other appointments or Part B and PCN program-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 use of liability release forms designed to protect the client, provider and the Part B and PCN programs
 - Any recreational and social activities are provided only in a licensed or certified provider setting

Contract Manager Responsibility:

- Develop contracts and scopes of work as appropriate that clearly define child care services and allowable settings
- Provide documentation that demonstrates that the grantee has clearly addressed the limitations of informal child care arrangements, including the issues of liability raised by such informal arrangements in child care and the appropriate and legal releases from liability that cover the Part B and PCN program and other federal, state and local entities as allowed by law
- Require provider documentation that records the frequency, dates and length of service and type of medical or other appointment or Part B- and PCN-related meeting, group or training session that made child care necessary
- Review provider documentation to ensure that child care is intermittent and is provided only to permit the client to keep medical and other appointments or other permitted Part B or PCN-related activities
- Develop a mechanism for use with informal child care arrangements to ensure that no direct cash payments are made to clients or primary caregivers
- Document that any recreational and social activities are provided only within a licensed or certified provider setting

Provider Responsibility:

- Maintain documentation of:
 - Date and duration of each unit of child care service provided
 - Eligibility of client (HIV status, residence and income eligibility)
 - Reason why child care was needed – e.g., client medical or other appointment or participation in a Part B and PCN-related meeting, group or training session
 - Any recreational and social activities, including documentation that they were provided only within a certified or licensed provider setting
- Where provider is a child care center or program, make available for inspection appropriate and valid licensure or registration as required under applicable state and local laws
- Where the provider manages informal child care arrangements, maintain and have available for grantee review:
 - Documentation of compliance with grantee-required mechanism for handling payments for informal child care arrangements
 - Appropriate liability release forms obtained that protect the client, provider and the Part B and PCN programs
 - Documentation that no cash payments are being made to clients or primary care givers
 - Documentation that payment is for actual costs of service

4. Standard: Support for **Emergency Financial Assistance (EFA)** for essential services, including utilities, housing, food (including groceries, food vouchers and food stamps) or medications, provided to clients with limited frequency and for limited periods of time, through either:

- Short-term payments to agencies
- Establishment of voucher programs

Note: Direct cash payments to clients are not permitted

Performance Measure/Method: Documentation of services and payments to verify 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 grantee
- Assistance is provided only for the following essential services: utilities, housing, food (including groceries, food vouchers and Food Stamps) or medications
- 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
- Part B and PCN are the payers of last resort

Contract Manager Responsibility:

- Develop contracts that:
 - Define the allowable uses of EFA funds and the limitations of the program, including number/level of payments permitted to a single client
 - Require that Part B and PCN funds are used for EFA only as a last resort
 - Require providers to record and track use of EFA funds under each discrete service category as required by the Ryan White Services Report (RSR) and Ryan White Data Report (RDR) (Part B only)
- Review provider services and payment documentation to assure compliance with contractual and Part B and PCN programmatic requirements including:
 - Uses of funds
 - Methods of providing EFA payments
 - Use of Part B and PCN as payers of last resort
 - Specified limits on amounts and frequency of EFA to a single client

Provider Responsibility:

- Maintain client records that document for each client:
 - Client eligibility and need for EFA
 - Types of EFA provided
 - Date(s) EFA was provided
 - Method of providing EFA
- Maintain and make available to the grantee program documentation of assistance provided, including:
 - Number of clients and amount expended for each type of EFA
 - Summary of number of EFA services received by client
 - Methods used to provide EFA (e.g., payments to agencies, vouchers)
- Provide assurance to the grantee that all EFA:
 - Was for allowable types of assistance
 - Was used only in cases where Part B or PCN was the payer of last resort

- Met grantee-specified limitations on amount and frequency of assistance to an individual client
- Was provided through allowable payment methods

5. Standard: Funding for **Food Bank/Home-delivered Meals** that may include:

- The provision of actual food items
- Provision of hot meals
- A voucher program to purchase food

May also include the provision of non-food items that are limited to:

- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where issues with water purity exist

Appropriate licensure/certification for food banks and home delivered meals where required under state or local regulations

No funds used for:

- Permanent water filtration systems for water entering the house
- Household appliances
- Pet foods
- Other non-essential products

Performance Measure/Method:

- Documentation that:
 - Services supported are limited to food bank, home-delivered meals and/or food voucher program
 - Types of non-food items provided are allowable
 - If water filtration/purification systems are provided, community has water purity issues
- Assurance of:
 - Compliance with federal regulations
 - Compliance with 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

Contract Manager Responsibility:

- Develop contracts that specify:
 - What types of services are to be supported – food bank, home-delivered meals and/or food voucher program
 - Allowable and prohibited uses of funds for non-food items
 - Requirements for documenting services provided, client eligibility and level and type of services provided to clients
- Monitor providers to ensure:

- Compliance with contractual requirements and with other federal, state and local laws and regulations regarding food banks, home-delivered meals and food voucher programs, including any required licensure and/or certifications
- Verification that Part B and PCN funds are used only for purchase of allowable non-food items

Provider Responsibility:

- Maintain and make available to grantee documentation of:
 - Services provided by type of service, number of clients served and levels of service
 - Amount and use of funds for purchase of non-food items, including use of funds only for allowable non-food items
 - Compliance with all federal, state and local laws regarding the provision of food bank, home-delivered meals and food voucher programs, including any required licensure and/or certifications
 - Provide assurance that Part B and PCN funds were used only for allowable purposes and Part B and PCN were the payers of last resort
6. **Standard:** Support for **Health Education/Risk Reduction** services that educate clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission

Includes:

- Provision of information about available medical and psychosocial support services
- Education on HIV transmission and how to reduce the risk of transmission
- Counseling on how to improve their health status and reduce the risk of HIV transmission to others

Performance Measure/Method: Documentation that clients served under this category:

- Are educated about HIV transmission and how to reduce the risk of HIV transmission to others
- Receive information about available medical and psychosocial support services
- Receive education on methods of HIV transmission and how to reduce the risk of transmission
- Receive counseling on how to improve their health status and reduce the risk of transmission to others

Contract Manager Responsibility:

- Develop contracts that define risk reduction counseling and provide guidance on the types of information, education and counseling to be provided to the client
- Review provider data to:
 - Determine compliance with contract and program obligations
 - Ensure that clients have been educated and counseled on HIV transmission and risk reduction
 - Ensure that clients have been provided information about available medical and psychosocial support services

Provider Responsibility:

- Maintain, and make available to the grantee on request, records of services provided
- Document in client charts:
 - Client eligibility

- Information provided on available medical and psychosocial support services
- Education about HIV transmission
- Counseling on how to improve their health status and reduce the risk of HIV transmission

7. Standard: Support for **Housing Services** that involve 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

Use of funds for:

- Housing that provides some type of medical or supportive services such as residential mental health services, foster care or assisted living residential services
- Housing that does not provide direct medical or supportive services
- Housing-related referral services that include assessment, search, placement, advocacy and the fees associated with them

No use of funds for direct payments to recipients of services for rent or mortgages

Note: A 24-month cumulative cap on short-term and emergency housing assistance has been rescinded pending completion of a comprehensive review of HRSA/HAB housing policy

Performance Measure/Method:

- 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 referral services including housing assessment, search, placement, advocacy and the fees associated with them
 - Housing that includes some type of medical or supportive services
 - Housing that does not include such services
- Documentation that:
 - Each client receives assistance designed to help him/her obtain stable long-term housing through a strategy to identify, re-locate and/or ensure the individual or family is moved to or capable of maintaining a stable long-term living situation
 - No funds are used for direct payments to recipients of services for rent or mortgages

Contract Manager Responsibility:

- Develop contracts that clearly define and specify allowable housing-related services, including housing-related referrals, types of housing and focus on short-term housing assistance
- Review and monitor provider programs to:
 - Determine compliance with contract and program requirements
 - Ensure that housing referral services include housing assessment, search, placement, advocacy and the fees associated with them
 - Ensure that clients receive assistance in obtaining stable long-term housing
 - Verify that no Part B or PCN funds are used for direct payment to clients for rent or mortgages

Provider Responsibility:

- Document:

- Services provided including number of clients served, duration of housing services, types of housing provided and housing referral services
- Maintain client records that document:
 - Client eligibility
 - Housing services, including referral services provided
 - Assistance provided to clients to help them obtain stable long-term housing
- Provide documentation and assurance that no Part B or PCN funds are used to provide direct payments to clients for rent or mortgages

8. Standard: Funding for **Legal Services** provided for an HIV-infected person to address legal matters directly necessitated by the individual's HIV status

May include such services as (but not limited to):

- Preparation of Powers of Attorney and Living Wills
- Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under Part B and PCN

Permanency planning and for an individual or family where the responsible adult is expected to predecease a dependent (usually a minor child) due to HIV/AIDS; includes the provision of social service counseling or legal counsel regarding (1) the drafting of wills or delegating powers of attorney or (2) preparation for custody options for legal dependents including standby guardianship, joint custody or adoption

Excludes:

- Criminal defense
- Class-action suits unless related to access to services eligible for funding under the Part B and PCN programs

Performance Measure/Method:

- Documentation that funds are used only for allowable legal services, which involve legal matters directly necessitated by an individual's HIV status, such as:
 - Preparation of Powers of Attorney and Living Wills
 - Services designed to ensure access to eligible benefits
- Assurance that program activities do not include any criminal defense or class-action suits unrelated to access to services eligible for funding under the Part B and PCN programs

Contract Manager Responsibility:

- Develop contracts that clearly define allowable and non-allowable legal services and state the requirement that services must address legal matters directly necessitated by the individual's HIV status
- Monitor providers to ensure that:
 - Funds are being used only for allowable services
 - No funds are being used for criminal defense or for class-action suits unless related to access to services eligible for funding under the Part B and PCN programs

Provider Responsibility:

- Document, and make available to the grantee upon request, services provided, including specific types of legal services provided
- Provide assurance that:
 - Funds are being used only for legal services directly necessitated by an individual's HIV status
 - Part B and PCN serve as the payers of last resort
- Document in each client file:
 - Client eligibility
 - A description of how the legal service is necessitated by the individual's HIV status
 - Types of services provided
 - Hours spent in the provision of such services

9. **Standard:** Support for **Linguistic Services** including interpretation (oral) and translation (written) services, provided by qualified individuals as a component of HIV service delivery between the provider and the client, when such services are necessary to facilitate communication between the provider and client and/or support delivery of Part B- and PCN-eligible services

Performance Measure/Method:

- 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 Part B- and PCN-eligible services in both group and individual settings
 - Services are provided by appropriately trained and qualified individuals holding appropriate state or local certification

Contract Manager Responsibility:

- Develop contract and scope of work that clearly describe:
 - The range and types of linguistic services to be provided, including oral interpretation and written translation as needed to facilitate communications and service delivery
 - Requirements for training and qualifications based on available state and local certification
- Monitor providers to assure that:
 - Linguistic services are provided based on documented provider need in order for Part B and PCN clients to communicate with the provider and/or receive appropriate services
 - Interpreters and translators have appropriate training and state or local certification

Provider Responsibility:

- Document the provision of linguistic services, including:
 - Number and types of providers requesting and receiving services
 - Number of assignments
 - Languages involved
 - Types of services provided – oral interpretation or written translation and whether interpretation is for an individual client or a group
- Maintain documentation showing that interpreters and translators employed with Part B or PCN funds have appropriate training and hold relevant state and/or local certification

10. Standard: Funding for **Medical Transportation Services** that enable an eligible individual to access HIV-related health and support services, including services needed to maintain the client in HIV medical care, through either direct transportation services or vouchers or tokens

May be provided through:

- Contracts with providers of transportation services
- Voucher or token systems
- Use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
- Purchase or lease of organizational vehicles for client transportation programs, provided the grantee receives prior approval for the purchase of a vehicle

Performance Measure/Method:

- Documentation that: medical transportation services are used only to enable an eligible individual to access HIV-related health and support services
- Documentation that 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

Contract Manager Responsibility:

- Develop contracts that:
 - Clearly define medical transportation in terms of allowable services and methods of delivery
 - Require record keeping that tracks both services provided and the purpose of the service (e.g., transportation to/from what type of medical or support service appointment)
 - Specify requirements related to each service delivery method
 - Require that clients receive vouchers or tokens rather than direct payments for transportation services
- Monitor providers to ensure that use of funds meets contract and program requirements

Provider Responsibility:

- Maintain program records that document:
 - The level of services/number of trips provided
 - The reason for each trip and its relation to accessing health and support services
 - Trip origin and destination
 - Client eligibility
 - The cost per trip
 - The method used to meet the transportation need
- Maintain documentation showing that the provider is meeting stated contract requirements with regard to methods of providing transportation:

- Reimbursement methods do not involve cash payments to service recipients
- Mileage reimbursement does not exceed the federal reimbursement rate
- Use of volunteer drivers appropriately addresses insurance and other liability issues
- Collection and maintenance of data documenting that funds are used only for transportation designed to help eligible individuals remain in medical care by enabling them to access medical and support services

11. Standard: Support for **Outreach Services** designed to identify individuals who do not know their HIV status and/or individuals who know their status and are not in care and help them to learn their status and enter care

Outreach programs must be:

- Planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort
- Targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection
- Targeted to communities or local establishments that are frequented by individuals exhibiting high-risk behavior
- Conducted at times and in places where there is a high probability that individuals with HIV infection will be reached
- Designed to provide quantified program reporting of activities and results to accommodate local evaluation of effectiveness

Note: Funds may not be used to pay for HIV counseling or testing

Performance Measure/Method:

- Documentation that outreach services are designed to identify:
 - Individuals who do not know their HIV status and refer them for counseling and testing
 - Individuals who know their status and are not in care and help them enter or re-enter HIV-related medical care
- Documentation that outreach services:
 - Are planned and delivered in coordination with local HIV prevention outreach programs and avoid duplication of effort
 - Target populations known to be at disproportionate risk for HIV infection
 - 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
- Documentation and assurance that outreach funds are not being used:
 - For HIV counseling and testing
 - 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

Contract Manager Responsibility:

- Develop contracts that:

- Provide a detailed description of the required scope and components of an outreach program, including whether it targets individuals who know and/or who do not know their HIV status
- Specify parameters to ensure that the program meets all HRSA/HAB requirements and guidance
- Require clearly defined targeting of populations and communities
- Require quantified reporting of individuals reached, referred for testing, found to be positive, referred to care and entering care, to facilitate evaluation of effectiveness
- Provide program monitoring and review for compliance with contract and program requirements and to ensure that funds are not being used:
 - For HIV counseling and testing
 - To support broad-scope awareness activities
 - To duplicate HIV prevention outreach efforts

Provider Responsibility:

- Document and be prepared to share with the grantee:
 - The design, implementation, target areas and populations and outcomes of outreach activities, including the number of individuals reached, referred for testing, found to be positive, referred to care and entering care
 - Data showing that all contract requirements are being met with regard to program design, targeting, activities and use of funds
- Provide financial and program data demonstrating that no outreach funds are being used:
 - To pay for HIV counseling and testing
 - To support broad-scope awareness activities
 - To duplicate HIV prevention outreach efforts

12. Standard: Support for **Psychosocial Support Services** that may include:

- Support and counseling activities
- Child abuse and neglect counseling
- HIV support groups
- Pastoral care/counseling
- Caregiver support
- Bereavement counseling
- Nutrition counseling provided by a non-registered dietitian

Note: Funds under this service category may not be used to provide nutritional supplements

Pastoral care/counseling supported under this service category to be:

- Provided by an institutional pastoral care program (e.g., components of AIDS interfaith networks, separately incorporated pastoral care and counseling centers, components of services provided by a licensed provider, such as a home care or hospice provider)
- Provided by a licensed or accredited provider wherever such licensure or accreditation is either required or available
- Available to all individuals eligible to receive Part B and PCN services, regardless of their religious denominational affiliation

Performance Measure/Method:

- Documentation that psychosocial services funds are used only to support eligible activities, including:
 - Support and counseling activities
 - Child abuse and neglect counseling
 - HIV support groups
 - Pastoral care/counseling
 - Caregiver support
 - Bereavement counseling
 - Nutrition counseling provided by a non-registered dietitian
- Documentation that pastoral care/counseling services meet all stated requirements:
 - Provided by an institutional pastoral care program
 - Provided by a licensed or accredited provider wherever such licensure or accreditation is either required or available
 - Available to all individuals eligible to receive Part B and PCN services, regardless of their religious denominational affiliation
 - Assurance that no funds under this service category are used for the provision of nutritional supplements

Contract Manager Responsibility:

- Develop contracts that clearly specify:
 - The range and limitations of allowable services
 - Types of permitted pastoral care/counseling
- Monitor providers to ensure compliance with contract and program requirements
- Provide assurance that:
 - Funds are being used only for allowable services
 - No funds are being used for the provision of nutritional supplements
 - Funds for pastoral care/counseling meet all stated requirements regarding the program, provider licensing or accreditation and availability to all clients regardless of religious affiliation

Provider Responsibility:

- Document the provision of psychosocial support services, including:
 - Types and level of activities provided
 - Client eligibility
- Maintain documentation demonstrating that:
 - Funds are used only for allowable services
 - No funds are used for provision of nutritional supplements
 - Any pastoral care/counseling services meet all stated requirements

13. Standard: Support for **Referral for Health Care/Supportive Services** that direct a client to a service in person or through telephone, written or other types of communication, including the management of such services where they are not provided as part of Ambulatory/Outpatient Medical Care or Case Management services

May include benefits/entitlement counseling and referral to refer or assist eligible clients to obtain access to other public and private programs for which they may be eligible, e.g., Medicaid, Medicare

Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturers' Patient Assistance Programs and other state or local health care and supportive services

Referrals may be made:

- Within the Non-medical Case Management system by professional case managers
- Informally through community health workers or support staff
- As part of an outreach program

Performance Measure/Method:

- Documentation that funds are used only:
 - To direct a client to a service in person or through other types of communication
 - To provide benefits/entitlements counseling and referral consistent with HRSA requirements
 - To manage such activities
 - Where these services are not provided as a part of Ambulatory/Outpatient Medical Care or Case Management services
- Documentation of:
 - Method of client contact/communication
 - Method of providing referrals (within the Non-medical Case Management system, informally or as part of an outreach program)
 - Referrals and follow up provided

Contract Manager Responsibility:

- Develop contracts to:
 - Clearly specify allowable activities and methods of communication
 - Specify that services may include benefits/entitlements counseling and referral and provide a definition and description of these services
 - Clearly define the circumstances under which these activities may take place in order to avoid duplication with referrals provided through other service categories such as Non-medical Case Management
 - Require documentation of referrals and follow up
- Monitor providers to ensure compliance with contract and program requirements
- Provide assurance that funds are not being used to duplicate referral services provided through other service categories

Provider Responsibility:

- Maintain program records that document:
 - Number and types of referrals provided
 - Benefits counseling and referral activities
 - Number of clients served
 - Follow up provided
- Maintain client charts that include required elements as detailed by the grantee, including:
 - Date of service
 - Type of communication
 - Type of referral
 - Benefits counseling/referral provided
 - Follow up provided

- Maintain documentation demonstrating that services and circumstances of referral services meet contract requirements

14. Standard: Funding for **Rehabilitation Services:** Services intended to improve or maintain a client's quality of life and optimal capacity for self-care, provided by a licensed or authorized professional in an outpatient setting in accordance with an individualized plan of care

May include:

- Physical and occupational therapy
- Speech pathology services
- Low-vision training

Performance Measure/Method:

- Documentation that services:
 - Are intended to improve or maintain a client's quality of life and optimal capacity for self-care
 - Are limited to allowable activities, including physical and occupational therapy, speech pathology services and low-vision training
 - Are provided by a licensed or authorized professional
 - Are provided in accordance with an individualized plan of care that includes components specified by the grantee

Contract Manager Responsibility:

- Develop contracts that:
 - Clearly define rehabilitation services and allowable activities
 - Specify requirement for provision of services by a licensed or authorized professional in accordance with an individualized plan of care
 - Specify where these activities may take place in order to avoid their provision in in-patient settings
- Monitor providers to ensure compliance with contract and program requirements
- Review program and client records to ensure that:
 - Client has a individualized plan of care that includes specified components
 - Services provided are in accordance with the plan of care

Provider Responsibility:

- Maintain, and share with the grantee upon request, program and financial records that document:
 - Types of services provided
 - Type of facility
 - Provider licensing
 - Use of funds only for allowable services by appropriately licensed and authorized professionals
- Maintain client charts that include the required elements as detailed by the grantee, including:
 - An individualized plan of care
 - Types of rehabilitation services provided (physical and occupational therapy, speech pathology, low-vision training)
 - Dates, duration and location of services

15. Standard: Support for **Respite Care** that includes non-medical assistance for an HIV-infected client, provided in community or home-based settings and designed to relieve the primary caregiver responsible for the day-to-day care of an adult or minor living with HIV/AIDS

Note: Funds may be used to support informal respite care provided issues of liability are addressed, payment made is reimbursement for actual costs and no cash payments are made to clients or primary caregivers

Performance Measure/Method:

- Documentation that funds are used only:
 - To provide non-medical assistance for an HIV-infected 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 grantee permits 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 over payment, especially if using vouchers or gift cards

Contract Manager Responsibility:

- Develop contracts that:
 - Clearly define respite care including allowable recipients, services and settings
 - Specify requirements for documentation of dates, frequency and settings of services
- If informal respite care arrangements are permitted, monitor providers to ensure that:
 - Issues of liability have been addressed in a way that protects the client, provider and Part B and PCN programs
 - A mechanism is in place to ensure that no cash payments are made to clients or primary caregivers
 - Payment made is for reimbursement of actual costs, especially if using vouchers or gift cards

Provider Responsibility:

- Maintain, and make available to the grantee on request, program records including:
 - Number of clients served
 - Settings/methods of providing care
- Maintain in each client file documentation of:
 - Client and primary caretaker eligibility
 - Services provided including dates and duration
 - Setting/method of services
- Provide program and financial records and assurances that if informal respite care arrangements are used:
 - Liability issues have been addressed, with appropriate releases obtained that protect the client, provider and Part B and PCN programs
 - No cash payments are being made to clients or primary caregivers
 - Payment is reimbursement for actual costs

16. Standard: Funding for **Substance Abuse Treatment – Residential** to address substance abuse problems (including alcohol and/or legal and illegal drugs) in a short-term residential health service setting

Requirements:

- Services to be provided by or under the supervision of a physician or other qualified personnel with appropriate and valid licensure and certification by the state in which the services are provided
- Services to be provided in accordance with a treatment plan
- Detoxification to be provided in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of a hospital)
- Limited acupuncture services permitted with a written referral from the client's primary health care provider, provided by certified or licensed practitioners wherever state certification or licensure exists

Performance Measure/Method:

- 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 in which services are provided
 - Services provided meet the service category definition
 - Services are provided in accordance with a written treatment plan
- Assurance that services are provided only in a short-term residential setting
- Documentation that if provided, acupuncture services:
 - Are limited through some form of defined financial cap
 - Are provided only with a written referral from the client's primary care provider
 - Are offered by a provider with appropriate state license and certification if it exists

Contract Manager Responsibility:

- Develop contracts that clearly specify:
 - Allowable activities under this service category
 - The requirement that services be provided in a short-term residential health service setting
 - Limitations and permitted use of acupuncture
 - Requirements for a treatment plan including specified elements
 - What information that must be documented in each client's file
 - What information is to be reported to the grantee
- Review staff licensure and certification and staffing structure to ensure that services are provided under the supervision of a physician or other qualified/licensed personnel
- Require assurance that services are provided in a short-term residential setting
- Monitor provider and review program records and client files for evidence of a treatment plan with the required components
- For any client receiving acupuncture services under this service category, documentation in the client file including:
 - Caps on use of Part B and PCN funds
 - A written referral from their primary health care provider

- Proof that the acupuncturist has appropriate certification or licensure, if the state provides such certification or licensure

Provider Responsibility:

- Maintain, and provide to grantee on request, documentation of:
 - Provider licensure or certifications as required by the state in which service is provided; this includes licensures and certifications for a provider of acupuncture services
 - Staffing structure showing supervision by a physician or other qualified personnel
- Provide assurance that all services are provided in a short-term residential setting
- Maintain program records that document:
 - That all services provided are allowable under this service category
 - The quantity, frequency and modality of treatment services
- Maintain client files that document:
 - The date treatment begins and ends
 - Individual treatment plan
 - Evidence of regular monitoring and assessment of client progress
- In cases where acupuncture therapy services are provided, document in the client file:
 - A written referral from the primary health care provider
 - The quantity of acupuncture services provided

17. Standard: Support for **Treatment Adherence Counseling**, which is the provision of counseling or special programs to ensure readiness for, and adherence to, complex HIV/AIDS treatments, provided by non-medical personnel outside of the Medical Case Management and clinical setting

Performance Measure/Method:

- Documentation that services provided under this category are:
 - Designed to ensure readiness for, and adherence to, complex HIV/AIDS treatments
 - Provided by non-medical personnel
 - Provided outside of the Medical Case Management and clinical setting

Contract Manager Responsibility:

- Develop contracts that clearly specify:
 - Allowable activities under this service category
 - The requirement that services be provided by non-medical personnel
 - The requirement that services be provided outside of the Medical Case Management and clinical setting
 - The information that must be documented in each client's file and reported to the grantee
- Monitor provider and review client records to ensure compliance with contractual and program requirements

Provider Responsibility:

- Provide assurances and maintain documentation that:
 - Services provided are limited to those permitted by the contract
 - Services are provided by non-medical personnel
 - Services are provided outside the Medical Care Management and clinical setting
- Maintain client charts that include the required elements as detailed by the grantee

IV. Quality Management

1. **Standard:** Implementation of a **Clinical Quality Management (CQM)** Program to:

- Assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines for the treatment of HIV/AIDS and related opportunistic infections
- Develop strategies for ensuring that services are consistent with the guidelines for improvement in the access to and quality of HIV health services

CQM program to include:

- A Quality Management Plan
- Quality expectations for providers and services
- A method to report and track expected outcomes
- Monitoring of provider compliance with HHS treatment guidelines and the Part B and PCN programs' approved Standards of Care
- *The state will provide for periodic independent peer review to assess the quality and appropriateness of health and support services provided by entities that receive funds from the state under the Part B and PCN programs*

Performance Measure/Method:

- Documentation that the Part B and PCN programs have in place a Clinical Quality Management Program that includes, at a minimum:
 - A Quality Management Plan
 - Quality expectations for providers and services
 - A method to report and track expected outcomes
 - Monitoring of provider compliance with HHS treatment guidelines and the Part B Program's approved standards of care for each funded service category
- Review of CQM program to ensure that both the grantee and providers are carrying out necessary CQM activities and reporting CQM performance data

Contract Manager Responsibility:

- Monitor progress towards a Quality Management Plan
- Specify in provider contracts the grantee's quality-related expectations for each service category
- Conduct chart reviews and visits to providers to monitor compliance with the Quality Management Plan and with Part B and PCN quality expectations

Provider Responsibility: Participate in quality management activities as contractually required; at a minimum:

- Compliance with relevant service category standards of care
- Collection and reporting of data for use in measuring performance
- Develop and implement a Quality Management Plan

V. Other Service Requirements

- 1. Standard: WICY – Women, Infants, Children, and Youth:** Amounts set aside for women, infants, children and youth to be determined based on each of these population's relative percentage of the total number of persons living with AIDS in the state

Performance Measure/Method:

- Documentation that the amount of Part B funding (only) spent on services for women, infants, children and youth is at least equal to the proportion each of these populations represents of the entire population of persons living with AIDS in the state

Contract Manager Responsibility: None

Provider Responsibility: Track and report to the grantee the amount and percentage of Part B funds expended for services to each priority population

- 2. Standard:** Referral relationships with key points of entry: Requirement that Part B and PCN service providers maintain appropriate referral relationships with entities that constitute key points of entry

- Key points of entry defined in legislation:
 - Emergency rooms
 - Substance abuse and mental health treatment programs
 - Detoxification centers
 - Detention facilities
 - Clinics regarding sexually transmitted disease
 - Homeless shelters
 - HIV disease counseling and testing sites
 - Health care points of entry specified by eligible areas
 - Federally Qualified Health Centers
 - Entities such as Ryan White Part C and D grantees

Performance Measure/Method: Documentation that written referral relationships exist between Part B and PCN service providers and key points of entry

Contract Manager Responsibility:

- Require in contracts that providers establish written referral relationships with defined key points of entry into care
- Review subcontractors' written referral agreements with specified points of entry
- Review documented client files to determine whether referral relationships are being used

Provider Responsibility:

- Establish written referral relationships with specified points of entry
- Document referrals from these points of entry

VI. Prohibition on Certain Activities

- 1 Standard: Employment and Employment-Readiness Services:** Prohibition on the use of Part B and PCN program funds to support employment, vocational or employment-readiness services

Performance Measure/Method:

- Signed contracts, grantee and provider assurances, and/or certifications that define and specifically forbid the use of Ryan White funds for unallowable activities
- Grantee review of provider budget and expenditures to ensure that they do not include any unallowable costs or activities

Contract Manager Responsibility:

- Include definitions of unallowable activities in agreements, purchase orders, and requirements or assurances
- Include in financial monitoring a review of provider expenses to identify any unallowable costs
- Require provider budgets and expense reports with sufficient budget justification and expense detail to document that they do not include unallowable activities

Provider Responsibility:

- Maintain a file with signed provider agreement, assurances, and/or certifications that specify unallowable activities
- Ensure that budgets and expenditures do not include unallowable activities
- Ensure that expenditures do not include unallowable activities
- Provide budgets and financial expense reports to the grantee with sufficient detail to document that they do not include unallowable costs or activities

- 2 Standard: Maintenance of Privately Owned Vehicle:** No use of Part B and PCN funds for direct maintenance expenses (tires, repairs, etc.) of a privately owned vehicle or any other costs associated with a vehicle, such as lease or loan payments, insurance or license and registration fees

Note: This restriction does not apply to vehicles operated by organizations for program purposes

Performance Measure/Method:

- Implementation of actions specified in G.1
- Documentation that Part B and PCN funds are not being used for direct maintenance expenses or any other costs associated with privately owned vehicles, such as lease or loan payments, insurance or license and registration fees – except for vehicles operated by organizations for program purposes

Contract Manager Responsibility:

- Carry out actions specified in G.1
- Clearly define the prohibition against expenditures for maintenance of privately owned vehicles in contracts, including clarification of the difference between privately owned vehicles and vehicles owned and operated by organizations for program purposes

Provider Responsibility:

- Carry out actions specified in G.1

3 Standard: Additional Prohibitions: No use of Part B and PCN Funds for the following activities or to purchase these items:

- Clothing
- Funeral, burial, cremation or related expenses
- Local or state personal property taxes (for residential property, private automobiles or any other personal property against which taxes may be levied)
- Household appliances
- Pet foods or other non-essential products
- Off-premise social/recreational activities or payments for a client's gym membership
- Purchase or improve land or to purchase, construct or permanently improve (other than minor remodeling) any building or other facility
- Pre-exposure prophylaxis

Performance Measure/Method:

- Implementation of actions specified in G.1
- Review and monitoring of provider activities and expenditures to ensure that Part B and PCN funds are not being used for any of the prohibited activities

Contract Manager Responsibility:

- Carry out actions specified in G.1
- Develop and implement a system to review and monitor provider program activities and expenditures and ensure a similar system to review and monitor grantee expenditures

Provider Responsibility:

- Carry out actions specified in G.1

VII. Data Reporting Requirements

1. Standard: Submission of the online service providers report

Performance Measure/Method: Documentation that all service providers have submitted their sections of the online service providers report

Contract Manager Responsibility: N/A

Provider Responsibility:

- Report all the Part B (only) services the provider offers to clients during the funding year
- Submit both interim and final reports by the specified deadlines

2. Standard: Submission of the online client report

Performance Measure/Method: Documentation that all service providers have submitted their sections of the online client report

Contract Manager Responsibility: N/A

Provider Responsibility:

- Maintain client-level data on each client served, including in each client record demographic status, HIV clinical information, HIV-care medical and support services received and the client's Unique Client Identifier
- Submit this report online as an electronic file upload using the standard format
- Submit both interim and final reports by the specified deadlines

VIII. Consortia (Part B only)

- 1 Standard:** Consortium activities to include planning and periodic program evaluation as permitted under Ryan White legislation

Performance Measure/Method: N/A

Contract Manager Responsibility:

- Develop contracts with consortium guidelines that:
 - Clearly define allowable consortium activities

Provider Responsibility:

- Maintain, and share with the grantee upon request, program and financial records that document planning and program evaluation activities

- 2 Standard:** Consortia to submit to the state signed assurances in order to receive funding from the state under Part B Program

Assurances to affirm the following:

- Within the geographic area in which the consortium operates, populations and subpopulations of individuals and families with HIV/AIDS have been identified, particularly those experiencing disparities in access and services and/or residing in historically underserved communities
- The regional/geographic service plan established by the consortium is consistent with the state's comprehensive plan and addresses the special care and service needs of these populations and subpopulations of individuals and families with HIV/AIDS

Performance Measure/Method: Signed assurances from each consortium that affirm:

- Identification of populations and subpopulations of individuals and families with HIV/AIDS identified, particularly those experiencing disparities in access and services and residing in historically underserved communities
- Consortium regional/geographic service plan that is consistent with the comprehensive plan and addresses the special care and service needs of the specified populations and subpopulations

Contract Manager Responsibility:

- Provide guidance to consortia through contracts and written agreements on the need to submit the required assurances to the state in order to receive Part B funding
- Obtain from consortia the appropriate signed assurances as part of the annual funding cycle

Provider Responsibility: Sign assurances and submit to the state as required in order to receive Part B funds

3 Standard: Consortia to be required to submit applications to the state demonstrating that the consortium includes agencies and community-based organizations:

- With a record of service to populations and subpopulations with HIV/AIDS requiring care within the community to be served, and
- Representative of populations and subpopulations reflecting the local epidemic and located in areas in which such populations reside

Performance Measure/Method: Review of each consortium application to ensure that it demonstrates the inclusion of agencies and community-based organizations:

- With a documented record of services to populations and subpopulations with HIV/AIDS requiring care within the community to be served
- With staff, clients and (for nonprofit providers) Board members representative of populations and subpopulations reflecting the local incidence of HIV and that are located in areas which such populations reside

Contract Manager Responsibility: Implement an application process for consortia that meets specified requirements regarding the record of service and representativeness of consortium agencies and community-based organizations. Maintain on file a copy of each consortium's application

Provider Responsibility: Submit to the state an application that provides specific documentation that demonstrates the service record and representativeness of consortium agencies and community-based organizations

4 Standard: Each consortium to conduct **needs assessment** of service needs within the geographic area to be served and ensure participation by individuals living with HIV/AIDS in the needs assessment process

Performance Measure/Method: Documentation that each consortium has:

- Conducted a needs assessment to determine the service needs of the populations and subpopulations of individuals with HIV/AIDS and their families within the geographic area to be served
- Ensured the participation of individuals with HIV/AIDS in the needs assessment process

Contract Manager Responsibility:

- Develop contracts with consortia that specify the requirements for consortium needs assessments, including participation of individuals with HIV/AIDS
- Review needs assessment documents to ensure that requirements are met

Provider Responsibility:

- Conduct a needs assessment of the service needs of the populations and subpopulations of individuals with HIV/AIDS and their families within the geographic area to be served, meeting the requirements as specified by the state, including participation of individuals living with HIV/AIDS areas in the needs assessment process
- Provide a copy of the needs assessment to the state for review

- 5 Standard:** Each consortium to have a **service plan** for the geographic region served that is based upon evaluations of service need and designed to meet local needs

Consortium to demonstrate adequate planning to:

- Meet the special needs of families with HIV/AIDS, including family-centered and youth-centered care and to provide assurances regarding content of the service plan
- Address disparities in access and services and historically underserved communities

State to receive assurances from consortia that through the service plan:

- Service needs will be addressed through the coordination and expansion of existing programs before new programs are created
- In metropolitan areas, the consortium's geographic service area corresponds to the geographic boundaries of local health and support service delivery systems to the extent practicable
- In rural areas, case management services will link available community support services to specialized HIV medical services
- Individuals living with HIV/AIDS have participated in the needs assessment and service planning

Performance Measure/Method:

- A service plan description for each consortium providing documentation and assurances that the service plan addresses service needs and:
 - Specifies that service needs will be addressed through the coordination and expansion of existing programs before new programs are created
 - Provides for geographic service areas in metropolitan areas that correspond, to the extent practicable, to boundaries of local health and support service delivery systems
 - Ensures that rural case management services link available community support services to specialized HIV medical services
 - Ensures the participation of individuals living with HIV/AIDS in needs assessment and service planning
- Documentation of adequate planning to:
 - Meet the special needs for of families with HIV/AIDS, including family- and youth-centered HIV care services
 - Address disparities in access and services and historically underserved communities

Contract Manager Responsibility:

- Develop contracts with consortia that outline the requirements for service plans and planning for families with HIV/AIDS
- Require specified assurances related to
 - Coordination and expansion of existing programs
 - Use of common service boundaries in urban areas
 - Use of case management to link support services to specialized HIV medical care in rural areas
- Participation of individuals living with HIV/AIDS in needs assessment and service planning

Provider Responsibility:

- Develop regional/geographic service plans for the consortia region that include required components and focus areas, attention to planning for families with HIV/AIDS and participation of individuals living with HIV/AIDS
- Provide specified written assurances to the state

6 Standard: Consultation by each consortium with representatives of required entities in the establishment of the service plan for the consortium region

At a minimum, consultation to include representatives of at least the following:

- Public health or other entity that provides or supports HIV-related ambulatory and outpatient health care services within the geographic area to be served
- At least one community-based organization organized solely to provide HIV/AIDS services
- Funded Part D program representatives; if none located in the consortium region, then organizations with a history of serving women, infants, children youth and families living with HIV
- Diverse entities of the categories included in the membership of a Part A HIV health services planning council , where applicable

Performance Measure/Method: Documentation in each consortium's service plan that the establishment of the service plan involved consultation with representatives of at least the following:

- Public health or other entity that provides or supports HIV-related ambulatory and outpatient health care services
- At least one community-based organization whose sole purpose is to provide HIV/AIDS services
- Funded Part D program representatives or, if none, organizations with a history of serving women, infants, children youth and families living with HIV
- Diverse entities like those included as members of Part A HIV health services planning councils, where applicable

Contract Manager Responsibility:

- Provide guidance to consortia through contracts and written agreements that representatives of specified entities and types of entities must be consulted in the establishment of the service plan for the consortium region
- Review documentation of consultation with required entities, such as meeting dates, minutes, agendas and attendance lists

Provider Responsibility: Maintain, and provide to the grantee on request, documentation that shows the involvement of the required representatives in the development of the service plan for the consortium region, such meeting dates, minutes, agendas and attendance lists

7. Standard: Each consortium to conduct periodic evaluation of its success in responding to identified needs and the cost-effectiveness of mechanisms used to deliver comprehensive care

Each consortium required to

- Report to the state the results of its evaluation

- Make available upon request the data and methodology information needed for the state to conduct an independent evaluation

Performance Measure/Method:

- Documentation of guidance provided to consortia by the state regarding evaluation requirements
- Documentation that each consortium is conducting periodic evaluation of both consortium success in responding to identified needs and cost-effectiveness of mechanisms used to deliver comprehensive care, such as timetables and methodology for evaluations of success in meeting needs and cost-effectiveness of service delivery mechanisms
- Grantee review of completed evaluations of service success and cost-effectiveness of service interventions in accordance with the established timeframes
- Documentation that consortia are providing the state copies of evaluation results and both data and methodology necessary for the state to conduct independent evaluation

Contract Manager Responsibility:

- Provide clear guidance to consortia in contract language and agreements regarding evaluation requirements, including:
 - Legislative requirements for evaluation
 - State timetables and other guidelines for evaluation, such as a multi-year evaluation plan and description of what evaluation activities will be conducted each year
- Requirement to report results and make data and methodology information available to the state for use in conducting independent evaluation
- Receive and review evaluation results and methods

Provider Responsibility:

- Develop plans and methods to evaluate service success and the cost-effectiveness of mechanisms used to deliver comprehensive care
- Conduct evaluations in accordance with guidelines and timetables determined by the state
- Make evaluation results and methodology information available to the state on request for review and for use in conducting independent evaluation

F. Selected References

[Ryan White Comprehensive AIDS Resources Emergency Act of 1990](#)

[Ryan White HIV/AIDS Treatment Extension Act of 2009](#)

[42 U.S.C. 1320 7b\(b\)](#) Social Security

[2 CFR 215](#) Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations (OMB Circular A-110)

[2 CFR 220](#) Cost Principles for Education Institutions (OMB Circular A-21)

[2 CFR 225](#) Cost Principles for State, Local and Indian Tribal Governments (OMB Circular A-87)

[2 CFR 230](#) Cost Principles for Non-Profit Organizations (OMB Circular A-122)

[29 CFR 516](#) Fair Labor Standards Act

[45 CFR 74](#) Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations and Commercial Organizations

- [45 CFR 77](#) Remedial Actions Applicable to Letter of Credit Administration
- [45 CFR 78](#) Conditions for Waiver of Denial of Federal Benefits
- [45 CFR 79](#) Program Fraud Civil Remedies
- [45 CFR 80](#) Nondiscrimination Under Programs Receiving Federal Assistance through the Department of Health And Human Services Effectuation of Title VI of the Civil Rights Act of 1964
- [45 CFR 82](#) Government-wide Requirements for Drug-Free Workplace (Financial Assistance)
- [45 CFR 92](#) Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local and Tribal Governments
- [45 CFR 93](#) New Restrictions on Lobbying
- [45 CFR 94](#) Responsible Prospective Contractors
- [42 CFR 50](#) Policies of General Applicability
- [48 CFR 31](#) Contract Cost Principles and Procedures

- [OMB A-21](#) Cost Principles for Educational Institutions
- [OMB A-87](#) Cost Principles for State, Local and Indian Tribal Governments
- [OMB A-102](#) Grants and Cooperative Agreements with State and Local Governments
- [OMB A-110](#) Uniform Administrative Requirements for Grants and Other Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations
- [OMB A-122](#) Cost Principles for Non-Profit Organizations
- [OMB A-133](#) Audits of States, Local Governments and Non-Profit Organizations

[HRSA Policies and Program Letters](#)

[Title II \(Part B\) Manual 2003](#)