

HAB Standards for Program & Fiscal Monitoring of Part A & B Grantees and Subgrantees

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Welcome and Introduction

- HIV/AIDS Bureau, Division of Service Systems
- Presenters
- Format For Today
 - Presentations
 - Questions and Answers (3x5 cards collected during session)
 - Discussion

Learning Objectives-

Participants will be able to:

- Identify the structure, purpose, and intent of the National Monitoring Standards and the needed changes in their own systems in order to achieve compliance
- Demonstrate a knowledge of their responsibility and role in conducting fiscal and programmatic monitoring of providers
- Identify National Monitoring Standards and the correlating measures/methods utilized to demonstrate that expectations have been met

Purpose of Monitoring Standards

Part A and B Grantees:

- Are responsible for proper stewardship of all grant funds and activities
- Need management systems that meet applicable Office of Management and Budget principles and regulations for determining and monitoring costs, HAB policies, and the Ryan White Legislation, DSS Program guidance, conditions of grant award, and other requirements that ensure proper use of federal funds

Purpose of Monitoring Standards (cont.)

Part A & B Grantees:

- Are responsible for communicating applicable requirements to their subgrantees and monitoring them for compliance
- Often face confusion regarding the content, intent, and interpretation of the requirements between providers and other stakeholders
- Want clarity on the degree and frequency of monitoring

Monitoring Standards Project Intent:

- Assist Part A and B Grantees and subgrantees in achieving compliance with various federal requirements for federal grants management, the Ryan White legislation, HRSA/HAB policies, and DSS program guidance
- Provide a specific set standards that represent the minimum expectations for program and fiscal monitoring in one document
- Address concerns of HRSA, Congress, and OIG regarding adequate administrative oversight

Relevant Materials Compiled into One Document

- Ryan White Legislation
- Code of Federal Regulations
- Grants Management Policies
- Parts A and B Guidance
- Conditions of Award
- OIG (Office of Inspector General) Reports
- Best Practices
- 20 years of requirements/other

Structure

- Three Major Sets of Standards:
 - Universal
 - Fiscal: separate A and B
 - Program: separate A and B
- Each Monitoring Standard:
 - Is connected to a cited source document
 - Specifies grantee and/or subgrantee responsibility
 - Has a clearly stated monitoring requirement

Universal Standards: Sections

- Monitoring
- Eligibility/Determinations/Screening
- Anti-kickback Statute
- Grantee Accountability
- Access to Care
- Reporting

Monitoring Expectations

Any agency or individual receiving federal funding required to monitor for compliance with federal requirements and programmatic expectations

Monitoring activities expected to include annual site visits

Performance of fiscal monitoring activities to ensure that Ryan White funding being used for approved purposes

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

Monitoring Measures

Development and consistent implementation of policies and procedures that establish uniform administrative requirements governing the monitoring of awards

Review of the following program monitoring documents and actions:

Policies and procedures

Tools, protocols, or methodologies

Reports

Corrective site action plans

Progress on meeting goals of corrective action plans

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

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

Monitoring: Grantee Responsibilities



Develop policies and procedures that establish uniform administrative requirements

Document in sub-grantee agreements or service contracts the frequency, reports and expectations of monitoring activities

Use a combination of several of the following to monitor program compliance: program reports, site visits, client satisfaction reviews, capacity development/ technical assistance, and chart or records reviews

Have documented evidence of:

Fiscal monitoring activities

Records reviews

Supporting documentation of paid expenditures

An annual financial audit by a qualified independent accountant

Copy of all sub-grantee procurement documents agreements/ contracts, letters of agreements, MOUs, and fiscal and programmatic site visit report

Establish and 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 sub-grantee into compliance

Provide copy to grantor.

Monitoring: Provider Responsibilities

Participate in and provide all material necessary to carry out monitoring activities.

Monitor any service contractors for compliance with federal and programmatic requirements

Establish policies and procedures to ensure compliance with federal and programmatic requirements

Submit auditable reports

Provide the grantee access to financial documentation

Have documented evidence that federal funds have been used for allowable services and spent in accordance with Federal requirements and Ryan White expectations

Prepare and submit:

Timely and detailed response to monitoring findings

Timely progress reports on implementation of corrective action plan



Eligibility: Expectations

1. Screening and Reassessment of clients to determine eligibility as specified by the EMA, TGA, or state:

a. Screening of clients to determine eligibility for Ryan White services within a predetermined timeframe

b. Reassessment of clients every 6 to 12 months to determine continued eligibility

Eligibility: Measures

Documentation of eligibility required in client records, with copies of documents (e.g., proof of HIV status, proof of residence, proof of income eligibility, proof of insurance, uninsured or underinsured), using approved documentation as required by the EMA, TGA or the State

Eligibility and Determination and Enrollment forms for other third party payors such as Medicaid and Medicare

Documentation that all staff involved in eligibility determination has participated in required training.

Agency client data report that meets funder requirements

Eligibility: Measures

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

Agency client data report consistent with funding requirements

Eligibility policy and procedures on file

Eligibility: Grantee Responsibilities

Establish an EMA, TGA or Statewide process and policies for determining eligibility

Conduct site visits to review client files for appropriate documentation that meets the requirements

Provide training to new and existing agencies and new staff on eligibility, assessment and reassessment of clients

Provide training to sub-grantees on third party payment sources

Eligibility: Grantee Responsibilities

Monitor the receipt and use of third party payments by providers as an indication of the use of third party payors by sub-grantees

Review data reports for accuracy

Use monthly, and quarterly progress reports to identify and address problems in the process of determining eligibility

Work with fiscal department to ensure eligible clients are receiving allowable services that are fundable with Ryan White dollars

Work with fiscal department to ensure eligible clients are receiving allowable services that are fundable with Ryan White dollars

Eligibility: Provider Responsibilities

Develop and maintain client files that contain documentation of client's eligibility, including the following:

Low income only defined as not more than 200% FPL for ADAP supplemental.

HIV/AIDS diagnosis

Uninsured or underinsured status (Insurance verification as proof)

Ensure eligibility and enrollment in other third party insurance programs

Proof of compliance with eligibility as defined by the EMA, TGA or State

For underinsured, ineligibility for service

Eligibility: Provider Responsibilities

Document that the process for establishing eligibility, assessment, and reassessment takes place within time frames established by the EMA, TGA or State

Document that all staff involved in eligibility determination have participated in required training

Ensure agency client data report consistent with funding requirements, which demonstrates that eligible clients are receiving allowable services [See Program Monitoring section for a list of allowable services.]

Other Universal

- Anti-kickback
 - Corporate compliance plan
 - Employee Code of Ethics; Standards of Conduct ; Board Standards of Conduct
- Accountability
 - Applies to any recipient of federal funds
- Access to Care
 - Broader than facility or transportation
- Reporting
 - Timely/accurate

Fiscal Sections

Limitations on
use of funds

Unallowable
Costs

Income from
fees and
services
performed

Imposition and
assessment of
client charges

Financial
Management

Property
Standards

Fiscal Sections (cont.)

Cost
Principles

Auditing
Requirements

Matching or
Cost Sharing
Funds

Maintenance
of Effort

Fiscal
Procedures

Unobligated
Balances

A-133 Single Audit Act

Standard - Recipients and sub-recipients of Ryan White funds that are institutions of higher education or other non-profit organizations (including hospitals) 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 grantees and subgrantees receiving more than \$500,000 per year in federal grants

Source Citation - CFR 74.26 - 2 CFR 215/26 A-133 Audit Guidelines

A-133 Audits – Performance Measure/Method

Review of requirements for subgrantee 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 Ryan White grant is included

Programmatic income and expense reports to assess if the Ryan White grant is included

Review of audit management letter if one exists

Review of all programmatic income and expense reports for payor-of-last resort verification by auditor

A-133 Audits – Grantee Responsibility

Include in subgrant agreement 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 subgrantee audits and management letters

Review audits to ensure inclusion of Ryan White funding

Review audit management letter to determine any material weaknesses

Review audit for income and expense reports testing of payor of last resort verification

A-133 Audit – Provider/Subgrantee 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 payor of last resort verification

Core Medical Services – 75%

Standard - Expenditure of not less than 75% of service dollars on core medical-related services, unless a waiver has been obtained from HRSA

Service dollars are those grant funds remaining after removal of administrative and clinical quality management funds

Source Citation - RW Part B 2628 c(1-2) - Part B assurances

Core Medical Services – 75% Performance Measure/Method

Review of budgeted allocations and actual program expenses to verify that the grantee has met or exceeded the required 75% expenditure on HRSA-defined core medical-related services

Core Medical Services – 75% Grantee Responsibility

Monitor program allocations, subgrant agreements, actual expenditures, and reallocations throughout the year to ensure 75% percent of program funds are expended for HRSA-defined core medical services

Require subgrantee monitoring and financial reporting that documents expenditures by program service category

Maintain budgets and funding allocations, subgrantee award information, and expenditure data with sufficient detail to allow for the tracking of core medical services expenses

If a waiver is desired, certify and provide evidence to HRSA/HAB that all core medical services funded under Part B are available to all eligible individuals in the area through other funding sources and that ADAP does not have a waiting list.

Core Medical Services – 75%

Subgrantee Responsibility - Report to the grantee expenses by service category

Program Income

Standard - Use of Part B and third party funds to maximize program income from third party sources and ensure that Ryan White is the payor of last resort. Third party funding sources include:

- Medicaid
- State Children's Health Insurance Programs (SCHIP)
- Medicare (including the Part D prescription drug benefit) and
- Private insurance

Source Citation - Part B
2009 Guidance pg 18

Program Income 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 subgrantees

Program Income

Grantee Responsibility - Establish and implement a process to ensure that subgrantees are maximizing third party reimbursements, including:

Requirement in subgrant agreement or through another mechanism that subgrantees maximize and monitor third party reimbursements

Requirement that subgrantees document in client files how each client has been screened for and enrolled in eligible programs

Monitoring to determine that Ryan White is serving as the payor of last resort, including review of client files and documentation of billing, collection policies and procedures and information on third party contracts

Program Income

Subgrantee/Provider Responsibility

Have policies and staff training on the requirement that Ryan White be the payor 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 files

Carry out internal reviews of files and billing system to ensure that Ryan White resources are used only when a third party payor is not available

Establish and maintain medical practice management systems for billing

Program Monitoring Standards: Sections

- Allowable Activities
- Unallowable Activities
- Program Administrative Oversight
- Chief Elected Official Responsibilities
- Evaluation and Quality Management



Program Monitoring Standards

- Designed to assist in assuring that Ryan White Part A and B funds support:
 - Allowable Activities
 - For Eligible Clients
 - Define unallowable activities and ineligible recipients
 - Based on policies and the legislation
- Allowable program activities often known as core and support services, but also include planning, administration, and quality management

Program Monitoring: Allowable Activities – Legal Services



Monitoring Standard:

- **Legal Services** are limited to legal advice and services provided on behalf of the HIV-infected person and involving legal matters related or arising from their HIV condition

Program Monitoring: Allowable Activities – Legal Services



Performance Measure:

- Documentation demonstrating allowable legal services directly necessitated by an individual's HIV/AIDS serostatus
- Assurance that program activities have not included any criminal defense, or class-action suits unrelated to access to services eligible for funding under the Ryan White HIV/AIDS Program

Program Monitoring: Allowable Activities – Legal Services

Grantee Role/Responsibilities:

- RFP and contract conditions clearly define allowable and non-allowable legal services
- Allowable program activities include but are not limited to Powers of Attorney, Living Wills, interventions to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to funding under the RW Program, and Permanency Planning

Program Monitoring: Allowable Activities – Legal Services

Grantee Role/Responsibilities:

- Clearly define the method of payment for legal services and emphasize payer of last resort
- Document services provided to assure they meet contracted requirements, including the caps on services and the level of services to be provided

Program Monitoring: Allowable Activities – Legal Services

Subgrantee Roles/Responsibilities:

- Document in each client file a description of how the legal service is necessitated by the individual's HIV status, the provision of services, client eligibility, the hours spent in the provision of such services.
- Provide assurance that Ryan White is the payer of last resort

Program Monitoring – Unallowable Activities – Broad Scope Awareness Activities

Monitoring Standard:

- Funds may not be used for **broad scope awareness activities** about HIV services which target the general public

Program Monitoring – Unallowable Activities – Broad Scope Awareness Activities



Measure/Method:

- Assurance and Certification that funds are not used for broad scope awareness activities

Program Monitoring – Unallowable Activities– Broad Scope Awareness Activities

Measure/Method:

- Clearly define prohibited activities in RFPs, contracts and, scopes of work
- Develop a system to review and monitor program activities and expenditures to ensure funds are not used for prohibited activities
- Require a signed assurance that funds are not being used for broad based non-targeted HIV awareness activities

Program Monitoring – Unallowable Activities – Broad Scope Awareness Activities

Subgrantee/provider responsibilities:

- Document program activities and sign assurances stating funds are not being used for prohibited activities
- Maintain files documenting program activities and signed assurances available to the Grantee upon request

Program Monitoring – Unallowable Activities– Broad Scope Awareness Activities



Subgrantee/provider responsibility (cont.):

- Target awareness activities in areas with high HIV prevalence as demonstrated in needs assessments and epi data
- Maintain justifications for targeted awareness, outreach, EIS, referral for health services, non-medical case management in program delivery and service model files

Program Monitoring – Allowable Activities – Health Insurance Premiums

Monitoring Standard:

- **Health insurance premium & cost sharing** assistance program must provide a cost-effective alternative to ADAP by purchasing health insurance, pharmacy benefits, paying co-pays (including co-pays for prescription eyewear for conditions related to HIV infection) and deductibles on behalf of the client

Program Monitoring – Allowable Activities – Health Insurance Premiums

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
- Comparison of costs to the costs of having the client in the ADAP program

Program Monitoring – Allowable Activities – Health Insurance Premiums

Measure/Method (cont.):

- When covering premiums, documentation that the insurance plan purchased provides comprehensive primary care and a full range of HIV medications to eligible HIV-infected individuals
- When covering co-pays for prescription eyewear, documentation that includes a physician's written statement that the eye condition is related to HIV infection
- Documentation that Ryan White funds used meet the limits and capitation of amounts as detailed in the contract



Program Monitoring – Allowable Activities – Health Insurance Premiums

Measure/Method (cont.):

- Assurances:
 - That any cost associated with liability risk pools is not being funded by Parts A or B
 - That Ryan White funds are not being used to cover costs associated with social security
 - That Ryan White Funds are NOT used to cover a client's Medicare Part D “true-out-of-pocket (TrOOP or donut hole)” costs

Program Monitoring – Allowable Activities – Health Insurance Premiums



Measure/Method (cont.):

- Documented proof:
 - That Ryan White funds used meet limits and capitation of amounts as detailed in the contract/scope of service
 - That clients are low income as defined by the EMA/TGA or State Ryan White Program
 - That Ryan White is the payer of last resort

Program Monitoring – Allowable Activities – Health Insurance Premiums

Grantee role/responsibility:

- Ensure that an annual cost benefit analysis is conducted that includes an illustration of the greater benefit of using Ryan White funding for Insurance/ Costs-Sharing Program versus having the client on ADAP
- Review client files for proof of eligibility, cost benefit analysis, client income, payer of last resort
- When paying premiums, request proof prior to approval that comprehensive primary medical care and a full range of HIV medications are available to clients

Program Monitoring – Allowable Activities – Health Insurance Premiums

Grantee role/responsibility:

- Provide clear directives on the payment of premiums, co-pays (including for prescription eyewear for conditions related to HIV infection), and deductibles in RFPs and scopes of work/contract language
- Use monitoring systems to check that funds are NOT being used for liability risk pools, social security and/or Medicare Part D costs including TrOOP or donut hole costs

Program Monitoring – Allowable Activities – Health Insurance Premiums

Subgrantee role/responsibility:

- Ensure for each client and provide documentation of:
 - An annual cost-benefit analysis (if not done by the grantee) that addresses noted criteria
 - Where premiums are covered by Ryan White Part A or B funds, proof that policy(ies) provide comprehensive primary care and formulary with full range of HIV medications to clients
 - When Ryan White funds are used to cover co-pays for prescription eyewear, a physician's written statement in client file that the eye condition is related to HIV infection



Program Monitoring – Allowable Activities – Health Insurance Premiums

Subgrantee role/responsibility (cont.):

- Provide documentation in each client file of income eligibility, payer of last resort, and no use of Ryan White funds to cover costs of liability risk pools, social security and/or Medicare Part D costs including client TrOOP or donut hole costs
- Provide an annually signed assurance by both the provider and the client certifying the same items specified above

Monitoring Standards – Next Steps

- Compliance with Monitoring Standards becomes a condition of grant award as of FY 2011
- Project Officer training will be scheduled this fall to help increase their knowledge of the content and methods of ensuring compliance
- Project Officers will contact grantees to gather information on monitoring systems and grantee processes for implementation

Monitoring Standards – Next Steps (cont.)

- Grantees and subgrantees will begin process of integrating Monitoring Standards into their monitoring efforts
- Grantees are encouraged to share materials with program and fiscal staff with monitoring responsibilities so they can review the Standards and assess potential for implementation and compliance
- Grantees may also need to meet with legal, contracts, procurement, finance, and other government entities with Ryan White responsibilities

Monitoring Standards – Next Steps

- Grantees should hold meetings with subgrantees to introduce the documents and assess compliance issues
- Ability of grantees and or subgrantees to meet some measures may be field tested
- Monitoring Systems will be subject to review as part of routine site visits
- Grantee systemic changes are expected, including annual comprehensive site visits to subgrantees

Questions and Answers



End Session

