



Comprehensive Site Visits 201

From Corrective Action Plans to Practical Application

RWHAP Part B Administrative Reverse Site Visit

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Vision: Healthy Communities, Healthy People



HAB DSHAP Vision and Mission

- **Vision:** Optimal HIV/AIDS prevention, care, and treatment for all.
- **Mission:** To provide leadership and support to states/territories for developing and ensuring access to quality HIV prevention, health care, and support services.



Housekeeping

- Ask questions!
- Restrooms are located outside the conference room
- Share your experiences

Learning Objectives

- To identify the key points in the pre-site, on-site, and post-site visit process.
- To outline and discuss the most common comprehensive site visit findings identified in the last 3 years by DSHAP.
- To provide discussion on how the Corrective Action Plan (CAP) is used to address program and legislative findings.



Overview

- Purpose of a Comprehensive Site Visit
- DSHAP Site Visit Roles
- Types of Site Visit Findings
- CAP

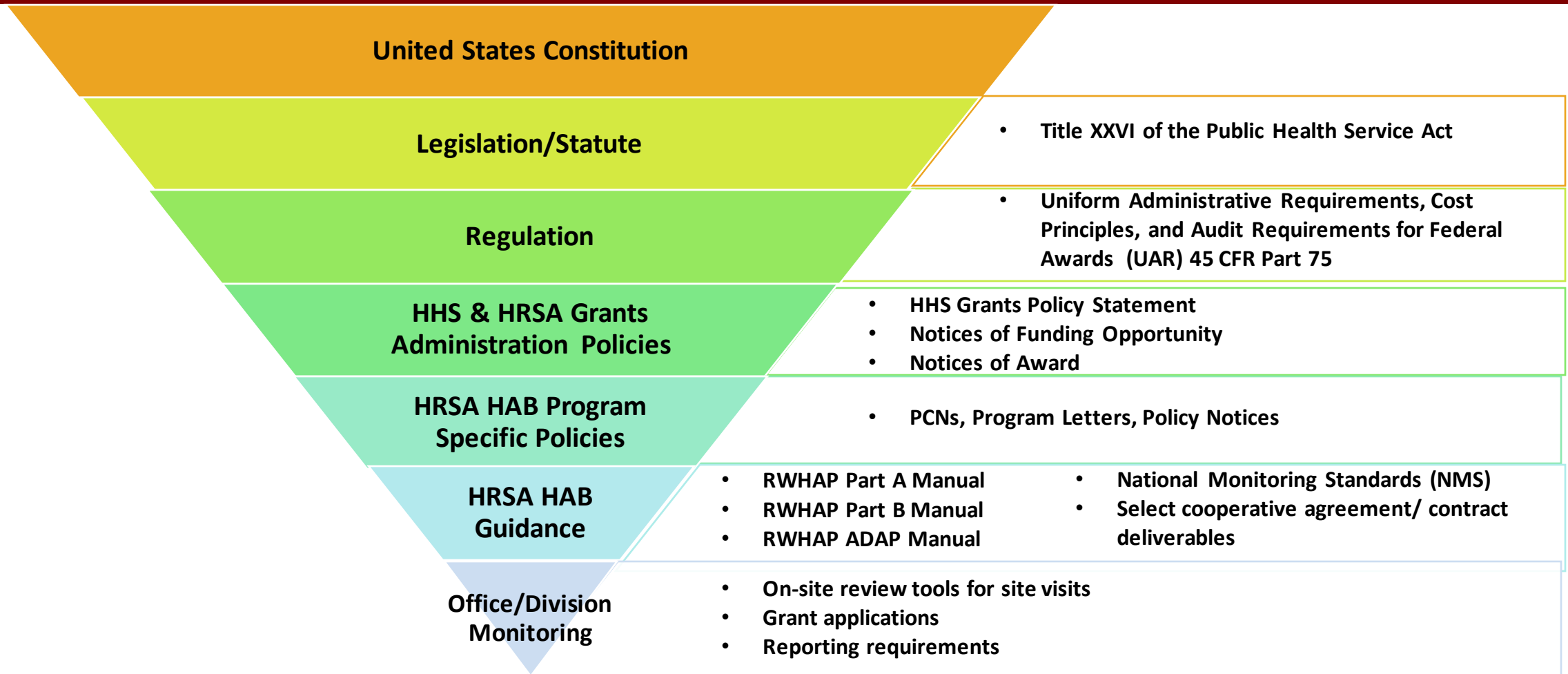


Let's Begin!

“Hi There...”



RWHAP Hierarchy of Authorities



Purpose of a Comprehensive Site Visit

- To assess statutory and program compliance with the Ryan White HIV/AIDS Program (RWHAP) Part B.
- Review and ensure that the recipient makes progress in planning and implementing proposed programs/projects.
- Provide recommendations for areas of improvement and identify best practices.



Federal Requirements of a Comprehensive Site Visit

- Federal staff are required to provide monitoring and oversight of implementation of Ryan White HIV/AIDS Program legislation and the regulations outlined in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS awards.
- In 2012 the U.S Government Accountability Office (GAO) issued a report on the Ryan White Care Act: Improvements Needed in Oversight of Grantees.
 - <https://www.gao.gov/products/gao-12-610>
- HRSA HAB continues to fully implemented the recommendations of the GAO to ensure compliance with federal law and regulation.



DSHAP Program Site Visit Roles

- **Project Officer (PO)**
 - The role of the PO is to initiate, plan, and implement the site visit planning process and the site visit.
- **Branch Chief**
 - Provides the Director/Deputy with a risk analysis based on recipient performance in accordance with HAB protocol for prioritizing site visits.
 - Evaluates overall performance of site visit process and provides feedback to DSHAP team and recommendations for improvement in guidance or structure to DSHAP Director/Deputy.



DSHAP Consultant Site Visit Roles

- **AIDS Drug Assistance Program (ADAP) Consultant**
 - ADAP Program Policies and Procedures
 - Staff Roles/Responsibilities
 - Eligibility Determination and Recertification
 - Service Utilization and ADAP
- **Fiscal**
 - Financial Management System
 - Treatment of federal transactions (allocation –expenditure)
 - Payment Management System (PMS) Draw Downs supporting documentation
 - Reports/Reconciliation



DSHAP Program Site Visit Roles (cont).

- **Clinical Quality Branch Staff/DSHAP Medical Officer**
 - Participates as a reviewer of Clinical Quality Management (CQM) activities.
 - CQM review of site visit reports and provision of Technical Assistance (TA) for recipients.
 - Assesses lack of compliance with subrecipient monitoring and oversight to ensure adherence to client eligibility and recertification requirement.
- **Administrative Consultant**
 - Reviews programmatic infrastructure
 - Procurement Process
 - RWHAP Part B Caps & allowable uses of funds
 - Subrecipient Monitoring & Oversight Administration of Staff



Document Request List

- Sent at least 60 days prior to site visit.
- Recipient gathers documents needed for site visit.
- These are required documents that HRSA HAB DSHAP must review.
- Recipients can ask questions at any time if they have questions regarding what is being requested.



Document Request List (cont.)

**Document Request List – Ryan White HIV/AIDS Program (RWHAP)
Part B Comprehensive Site Visit
[RECIPIENT NAME]**

Division of State HIV/AIDS Programs (DSHAP) Documents

Basic grant information (X07, X08 and X09 as applicable) to be provided by the project officer (PO) to CSV Team before the CSV consultant/PO call:

- Current Notices of Award (NOAs) for X07, and X08 and X09
- Most recent Notice of Funding Opportunity (NOFO) for X07, and X08 and X09
- Final Federal Financial Report (FFR) for each of the past 3 years, and most recent interim FFR
- Most recent full competitive grant applications for X07, and X08 and X09, if applicable
- Most recent
- Non-Competing Continuation (NCC) Progress Report for X07 if in year 2-5 of the grant period of performance
- Most recent Part B Expenditures Report and MAI Expenditures Report
- Most recent Annual Progress Report (including MAI, if applicable)
- Most recent Program Terms Report (including MAI, if applicable)
- Most recent ADAP Data Report (ADR) and Ryan White Services Report (RSR)
- Recipient's most recent Integrated HIV Prevention and Care Plan
- Recipient's most recent RWHAP Part B comprehensive site visit report with corrective action plan (CAP) and associated progress
- HRSA's Division of Financial Integrity (DFI) limited scope review results or Office of Inspector General (OIG) audits findings and recommendations.

Administrative/Program Documents

Documents to be provided by the Recipient at least two weeks prior to the CSV (relevant to grants X07, X08 and X09 as applicable):

Recipient Provided Documents

- Ryan White HIV/AIDS Program (RWHAP) overview presentation
- Recipient organizational chart, including identification of all staff funded by RWHAP Part B funds.
- Administrative/programmatic subrecipient site visit monitoring policies, procedures, and tools
- Most recent subrecipient site visit report(s) with corrective action plans and two additional subrecipients.
- Service eligibility requirements and procedure
- Service standards for all RWHAP Part B funded service categories
- All program policies and procedures related to administration of RWHAP Part B funds and services (i.e., recipient's RWHAP Part B Policy and Procedure Manual, Subrecipient Manual, etc.)
- Most recent requests for proposals (RFPs) or similar requests for applications



Pre-Site Visit Meetings

- **DSHAP Staff, DSHAP Consultants, and Recipient Meeting**
 - Occurs 6 weeks before site visit
 - Introductory meeting
 - Recipients fine tune agenda with their input

- **Planning Consumer Meeting**
 - Often discussed during DSHAP Staff, DSHAP Consultants, and Recipient Meeting
 - Recipient works with subrecipient to establish and coordinate Consumer meeting



Quiz Time!



Quiz Time!


- Which regulation is most frequently referred to when referencing the Ryan White HIV/AIDS Part B program?
 - a) 44 CFR
 - b) 45 CFR
 - c) 46 CFR

✓ B is the correct Answer
- The HIV/AIDS Bureau writes regulations. True or False?
 - False - We at HAB don't write regulations because the RWHAP statute does not give HHS or HRSA that authority.



Quiz Time! (cont.)

- What is the purpose of a Comprehensive Site Visit?
 - a) To assess statutory and program compliance with the Ryan White HIV/AIDS Program (RWHAP) Part B
 - b) Review and ensure that the recipient makes progress in planning and implementing proposed programs/projects
 - c) Provide recommendations for areas of improvement and identify best practices.
 - d) All of the above

✓ D is the correct answer
-  Bonus Question
 - How many types of site visits are there, and can you name them all?
 - 1) Comprehensive: assess statutory and program compliance with the Ryan White HIV/AIDS Program (RWHAP)
 - 2) Diagnostic: addresses a specific cause or concern
 - 3) TA: provides tailored or in-depth training, capacity-building assistance, instruction, or staff orientation
 - 4) Resource Innovation Team (RIT): distinct site visit for recipients that face challenges utilizing resources

Types of Comprehensive Site Visit Findings

- **Legislative Findings**
 - Findings noting a lack of compliance with a requirement in the Ryan White HIV/AIDS Program legislation.
- **Programmatic findings**
 - Indicate a lack of compliance with a requirement in HRSA Grants Administration Policies, HRSA HAB Program Specific Policies or HRSA HAB Guidance



Common Findings

Administrative

1. Lack of compliance with the requirements to have Service Standards for every funded service category

- Develop a documented protocol for evaluating the delivery of all funded services according to the recipient's current Service Standards
- The recipient must develop and document a process to review Service Standards on an annual basis and update if appropriate
 - ✓ *Citation: HRSA HAB Policy Clarification Notice (PCN) #16-02, Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds; Service Standards: Guidance for Ryan White HIV/AIDS Program Grantees/Planning Bodies, December 2, 2014, HRSA HIV/AIDS Bureau (HAB)*

2. Lack of compliance with the requirement that only eligible clients are served with RWHAP funds

- The recipient should develop a process that ensures legislative requirements are reinforced to ensure only eligible clients are served.
 - ✓ *Citation HRSA HAB Policy Clarification Notice (PCN) #21-02, Determining Client Eligibility & Payor of Last Resort Eligibility Requirements for RWHAP Services; 1. HIV status 2. Low-income 3. Residency*

3. Lack of compliance with subrecipient monitoring and oversight to ensure adherence to client eligibility and recertification requirement

- Recipient should develop monitoring standards and provide eligibility and recertification guidelines for subrecipients
 - ✓ *Citation: 45 CFR Part 75.351-353, Subrecipient Monitoring and Management*



Common Findings

Fiscal

1. Lack of compliance with cost principles - lack of documentations/non-allowable cost

- Payments made to providers for RWHAP Part B Core and Support services must be reasonable, not exceeding costs that would be incurred by a prudent person under the circumstances at the time the decision was made to incur the costs.
- The recipient must have systems in place (e.g., unit cost) to assure the annual payment to the provider for the services, when compared to market prices for comparable services for the geographical area, is similar (not equal).
✓ *Citation: 45 CFR 75 Subpart E; 45 CFR 75.404.*

Clinical Quality Mangement

1. Lack of compliance with collection and/or analysis of performance measure data requirement

- The recipient should review their funded services and identify performance measures for those services to properly assess the effectiveness of the services provided and have the ability to pull/collect all the performance measures for the identified service categories.
- Performance measures should be collected and analyzed quarterly at a minimum.
✓ *Citation: HRSA HIV/AIDS Bureau Clinical Quality Management Policy Clarification Notice 15-02*

2. Lack of compliance with the requirement to have an appropriate infrastructure (Leadership, CQM committee, dedicated staffing, dedicated resources, CQM plan, Consumer involvement, stakeholder involvement, evaluation of CQM program)

- The recipient's leadership should identify resources that will be used for undertaking specific tasks within the CQM program that include training and building capacity to recipients and subrecipients. The recipient currently does not have active involvement of People with HIV to provide input on the effectiveness of the program activities implemented.
✓ *Citation: Title XXVI of the Public Health Service Act §§ 2618(b)(3)(E) (i) RWHAP Part B Agreement and Assurances*
✓ *Citation: Clinical Quality Management (CQM) Policy Clarification Notice (PCN) 15-02*

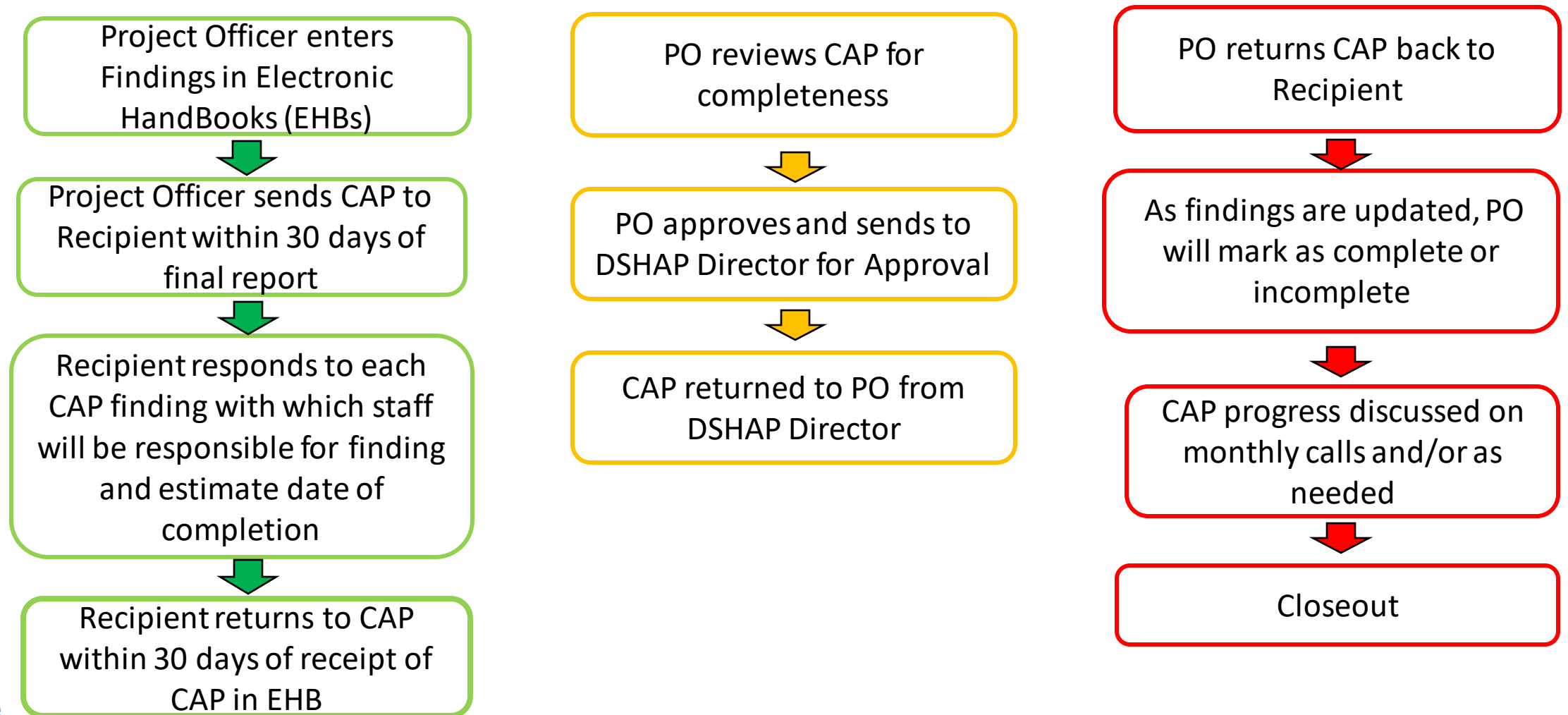


Example of a Finding in the Final Report

Finding 1: Programmatic	
Description:	Lack of compliance with the requirement to have a plan to help reduce staff turnover and promote staff retention.
Finding Description:	This is a recurrent finding: The recipient has experienced significant administrative vacancies and changes in personnel in the last three years, leaving the program with insufficient staff to ensure the proper and efficient administration of the federal award. The recipient's human resource policies and procedures show that [REDACTED] staff are subject to hiring restrictions, classification changes such as education experience requirements, and the state registry requirement that do not allow for the prompt hiring of staff to new or existing positions.
Citation:	45 CFR Section 75.400
Recommendation:	The recipient, the State of [REDACTED] should work with the state's human resources office to explore the possibility of having some flexibility in the classification requirement, improving the salary scale or ways to relax the hiring, educational, or experience requirements. At the departmental level, staff should build on team spirit and work/life balance, which are credited with retention. The recipient should also consider alternate hiring mechanisms (contracted positions) to ensure sufficiently trained and qualified staff are recruited and retained to carry out the legislative responsibilities and programmatic expectations of the federal award



Corrective Action Plan Order of Events



Corrective Plan Landing Page in EHB

Resolved							
ADAP	ADAP Administrative	Recipient inserts name of staff responsible for task	Sep 30 2021 12:00AM	Resolved	Complete	Edit	
Decision Status: Resolved							
Administrative	Administrative Other		Mar 31 2024 12:00AM	Resolved	Complete	Edit	
Clinical	Quality Management		Mar 31 2022 12:00AM	Resolved	Complete	Edit	
Fiscal	Fiscal Other		Jun 30 2023 12:00AM	Resolved	Complete	Edit	
Fiscal	Fiscal Other		Jun 30 2023 12:00AM	Resolved	Complete	Edit	
Pending Resolution from HRSA Staff							
Fiscal	Fiscal Other		Jun 30 2023 12:00AM	Marked as Incomplete	In Progress	Edit	
Decision Status: Pending Resolution from HRSA Staff							
Pending Resolution from Grantee							
Administrative	Program-Specific	Patient Care Leadership, Communication Team	Jun 30 2023 12:00AM	Marked as Incomplete	In Progress	Edit	



Corrective Action Plan Resolution

Finding Category	ADAP
Finding	ADAP Administrative
Description	Lack of compliance with the requirement that ADAP have an Emergency Preparedness Plan in place for the purpose of responding to potential disasters and ensuring continued access to ADAP medications and services. The recipient does not have an Emergency Preparedness Plan in place for the purpose of responding to potential disasters and ensuring continued access to ADAP medication and services. ADAP Manual p. 28
Recommendation from PO	The recipient should develop an Emergency Preparedness Plan for the purpose of responding to potential disasters and ensuring continued access to ADAP medication and services. The emergency plan should include, at a minimum, a Continuity of Services Operations Plan (COOP) to ensure timely and continued access to HIV medications and other ADAP services; coordination of key suppliers and partners; and integration with the larger state disaster plan.
Person(s) Responsible	State Fills Out
Target/Due Date (mm/dd/yyyy)	09/30/2021
Intervention/Action	The [redacted] Department of Health [redacted] ADAP agrees with the finding and recommendation and will develop an Emergency Preparedness Plan to include a COOP that outlines the continued access to ADAP medication and services in response to potential disasters. Research to complete this project will include: Review of various state COOP and Emergency Plans.

Progress Notes

[Saved Searches](#) | [Detailed View](#) | [Search](#)

1 items in 1 page(s)

Added By	Role	Added Date	Options
> Brandi Knight	Grantee	02/23/2022	Send Progress Note for Review

1 items in 1 page(s)

Add Progress Notes

Resolution

Resolution	Complete. The final document is attached.
Resolution Status	Resolved
Justification	[redacted] has provided the updated ADAP Emergency protocols to follow in the event of an emergency. Recommend approval

PO Fills Out



Technical Assistance

- In addition to monitoring and oversight technical assistance is a key component of site visit.
- Recipients are encouraged to ask questions and while on site, HRSA staff and consultants can also provide TA as needed.
- Implementation of RWHAP operations in the recipients responsibility.



Questions?



Contact Information

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