

Maricopa County - Ryan White Part A Program

Site Visit Tool - INTERNAL USE ONLY

**Quality
Mgmt**

Review Area

Section III-Subcontracting, Licensing and Insurance

Instructions

This section addresses requirements in the provider's contract(s), including licensing, insurance and subcontractual requirements. The Provider should be prepared to answer questions about all items in this section, and provide copies of licenses, insurance certifications and other documents as noted.

Question	Contract Citation	Compliant Response	Target Score
	Related Question Cross Check		
1 Does insurance include: Unemployment Insurance as required by Arizona law.	Insurance Requirements	Yes	
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly			
2 Does insurance include: Public Liability, Bodily Injury and Property Damage policies, no less than \$1,000,000 for combined single limit.	Insurance Requirements	Yes	
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly			
3 Does insurance include: Worker's Compensation as required by Arizona law.	Insurance Requirements	Yes	
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly			
4 Does insurance include: Professional Liability Insurance \$1,000,000	Insurance Requirements	Yes	
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly			
5 Does insurance include: Automobile and Truck Liability, Bodily Injury and Property Damages- General, each occurrence \$500,000/Property Damage \$500,000/Combined single limit \$1,000,000.	Insurance Requirements	Yes	
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly			
6 Does the contractor have an Equal Employment Opportunity on file as required in the contract?	Equal Employment Opportunity	Yes	
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly			
7 Does the provider have board debarment and suspension language in all subcontracts for Ryan White Part A service contracts? Verify by viewing a copy of all subcontracts related to this contract.	Certification regarding debarment and suspension	Yes	
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly			
8 Were required agency licenses and permits obtained, as applicable?	Contractor License Requirement	Yes	
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly			0
9 Were required provider licenses for all service providers obtained, as applicable?	Contractor License Requirement	Yes	
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly			0

Maricopa County - Ryan White Part A Program Site Visit Tool - INTERNAL USE ONLY

Review Area	Quality Mgmt
Section III-Subcontracting, Licensing and Insurance	<input type="checkbox"/>
10 Does the provider have adequate proof referral relationships with providers within the EMA that provide similar (HIV/AIDS) services to support the client continuum of care? <input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	Referral Relationships Yes
11 a.1. Obtain and copy personnel and contractual pages of budget for all contracts to verify personnel for service billings. <input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	Required for Chart Reviews Yes
12 a.2. Obtain and copy proof of general liability insurance for the review period, naming Maricopa County as an additional insured entity. If a copy of the insurance policy is not at AA's office, obtain a copy at site visit. <input checked="" type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	Insurance Requirements Yes
13 a.3. Verify that the provider has professional licenses for all service providers in the budget, if applicable. Make copies for the site visit <input checked="" type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	Contractor License Requirement Yes
14 a.4. Verify that the provider has professional and/or commercial licenses/permits for the agency, if applicable. Make copies for the site visit. <input checked="" type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	Contractor License Requirement Yes
15 a.5. If provider has subcontracts, are all copies on file? If any are not on file in the AA's office, obtain at the site visit. <input checked="" type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	Use of Subcontractors Yes
	0

Maricopa County - Ryan White Part A Program

Site Visit Tool - INTERNAL USE ONLY

**Quality
Mgmt**

Review Area

Section IV Billing and Reporting

Instructions

This section addresses billing and reporting. The Grantee will review and note billing submission compliance for the review period. The Provider should be prepared to provide a copy of the published fee schedule and discuss its availability to clients and the public. Additionally, the provider will be required to explain and submit a written description/policy of the controls in place to verify and bill other payer sources for applicable services to assure Ryan White is the payer of last resort.

Question	Contract Citation Related Question Cross Check	Compliant Response Target Score
1 Billing submission compliance for current period, as applicable to site visit review period: March <input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	Method of Payment	Yes
2 Billing submission compliance for current period, as applicable to site visit review period: April <input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	Method of Payment	Yes
3 Billing submission compliance for current period, as applicable to site visit review period: May <input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	Method of Payment	Yes
4 Billing submission compliance for current period, as applicable to site visit review period: June <input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	Method of Payment	Yes
5 Billing submission compliance for current period, as applicable to site visit review period: July <input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	Method of Payment	Yes
6 Billing submission compliance for current period, as applicable to site visit review period: August <input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	Method of Payment	Yes
7 Billing submission compliance for current period, as applicable to site visit review period: September <input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	Method of Payment	Yes
8 Billing submission compliance for current period, as applicable to site visit review period: October <input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	Method of Payment	Yes
9 Billing submission compliance for current period, as applicable to site visit review period: November <input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	Method of Payment	Yes

Maricopa County - Ryan White Part A Program Site Visit Tool - INTERNAL USE ONLY

Review Area	Quality Mgmt
Section IV Billing and Reporting	<input type="checkbox"/>
10 Billing submission compliance for current period, as applicable to site visit review period: December	Method of Payment Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	
11 Billing submission compliance for current period, as applicable to site visit review period: January	Method of Payment Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	
12 Billing submission compliance for current period, as applicable to site visit review period: February	Method of Payment Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	
13 Does the provider have a method of screening and documenting client eligibility for other payer sources? Obtain and verify applicable policies.	Certification of clt eligibility/Method of Payment Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
14 Does the provider have a sliding fee schedule that uses current Federal Poverty Guidelines to determine charges?	Certification of client eligibility Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	
15 Is the fee schedule published and made available to the public? Describe manner in which policy is made available to the public.	Certification of client eligibility Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	
16 a. Does the provider have a policy on file at the AA's office to adequately screen clients and bill other payer sources, if applicable? If not, obtain a copy at the site visit.	Certification of clt eligibility/Method of Payment Yes
<input checked="" type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	

Maricopa County - Ryan White Part A Program Site Visit Tool - INTERNAL USE ONLY

**Quality
Mgmt**

Review Area

Section V Eligibility Policy Documents

Instructions

This section addresses client eligibility policy documents verified during the chart review and documentation received from the client, including: proof of HIV diagnosis, income and residency, as outlined in current policy. It is expected that these items will be documented in client charts for the review period.

Question	Contract Citation Related Question Cross Check	Compliant Response Target Score
<input type="checkbox"/> Internal <input checked="" type="checkbox"/> PrintOnly 1 Client rights and responsibilities were provided to client and documented in chart with a client signature and date in relation to the review period.	Policies and Procedures	Yes
<input type="checkbox"/> Internal <input checked="" type="checkbox"/> PrintOnly 2 Client grievance procedures were provided to client and documented in chart with a client signature and date in relation to the review period.	Policies and Procedures	Yes
<input type="checkbox"/> Internal <input checked="" type="checkbox"/> PrintOnly 3 Current mandated client release of information (ROI) is signed by client and dated in relation to review period.	Policies and Procedures	Yes
<input type="checkbox"/> Internal <input checked="" type="checkbox"/> PrintOnly 4 If client first entered Ryan White system at this provider site, proof of HIV diagnosis is on file (New Packet Indicated on File)	Policies and Procedures	Yes
<input type="checkbox"/> Internal <input checked="" type="checkbox"/> PrintOnly 5 Proof of income for the review period is on file (Packet Indicated on File)	Policies and Procedures	Yes 0
<input type="checkbox"/> Internal <input checked="" type="checkbox"/> PrintOnly 6 Proof of residency for the review period is one file (Packet Indicated on File)	Policies and Procedures	Yes 0
<input type="checkbox"/> Internal <input checked="" type="checkbox"/> PrintOnly		0

Maricopa County - Ryan White Part A Program

Site Visit Tool - INTERNAL USE ONLY

**Quality
Mgmt**

Review Area

Section VI Service Entry Review

Instructions

This section addresses the compliance checks reviewed for services charged to the Ryan White Part A grant during the review period. Client charts should be compliant in all areas applicable to the services provided. The Grantee uses the following service review methodology: 20% of service encounters will be reviewed; 10% if there are over 50 service encounters for the period in review.

Question	Contract Citation Related Question Cross Check	Compliant Response Target Score
1 Client is listed on sign-in sheet <input type="checkbox"/> Internal <input checked="" type="checkbox"/> PrintOnly	Policies and Procedures	Yes
2 Client was screened for other payer sources <input type="checkbox"/> Internal <input checked="" type="checkbox"/> PrintOnly	Policies and Procedures	Yes
3 Service documentation is for an assessment <input type="checkbox"/> Internal <input checked="" type="checkbox"/> PrintOnly	Policies and Procedures	Yes
4 Units are calculated accurately <input type="checkbox"/> Internal <input checked="" type="checkbox"/> PrintOnly	Policies and Procedures	Yes
5 Provider is listed on the approved budget or verified as approved service provider <input type="checkbox"/> Internal <input checked="" type="checkbox"/> PrintOnly	Policies and Procedures	Yes
6 Date of service matches billed date in CAREWare <input type="checkbox"/> Internal <input checked="" type="checkbox"/> PrintOnly	Policies and Procedures	Yes
7 Current prescription by Registered Dietitian is on file <input type="checkbox"/> Internal <input checked="" type="checkbox"/> PrintOnly	Policies and Procedures	Yes
8 Maximum costs per year not exceeded (see policy) <input type="checkbox"/> Internal <input checked="" type="checkbox"/> PrintOnly	Policies and Procedures	Yes
9 Maximum food boxes per month not exceeded (see policy) <input type="checkbox"/> Internal <input checked="" type="checkbox"/> PrintOnly	Policies and Procedures	Yes
10 Proof of upcoming appointment for bus pass <input type="checkbox"/> Internal <input checked="" type="checkbox"/> PrintOnly	Policies and Procedures	0
11 Proof of attended appointment for bus pass <input type="checkbox"/> Internal <input checked="" type="checkbox"/> PrintOnly	Policies and Procedures	0
12 Service is allowable <input type="checkbox"/> Internal <input checked="" type="checkbox"/> PrintOnly	Policies and Procedures	0

Maricopa County - Ryan White Part A Program Site Visit Tool - INTERNAL USE ONLY

**Quality
Mgmt**

Review Area

Section VII - Fiscal Review

Instructions

This section addresses financially relevant policies and controls. The Provider should be prepared to answer all questions in this section and provide copies of documents as described in the attachment, "Fiscal Documents List for Sub-recipients".

Question	Contract Citation	Compliant Response
	Related Question Cross Check	Target Score
1 Does the provider have an Organization Chart covering the effective period during the contract year? <input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	Budgets, Revenues and Expenditures	Yes
2 Does the provider have a financial management system in place that records revenues/expenses separately for each grant and other revenue sources (fees, charges or reimbursements)? <input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	Budgets, Revenues and Expenditures	Yes
3 Does the provider have a financial management system in place that records direct and admin/indirect transactions? <input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	Budgets, Revenues and Expenditures	Yes
4 Does the provider have a financial management system in place that maintains a general ledger system? <input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	Budgets, Revenues and Expenditures	Yes
5 Does the provider have a financial management system in place that has a Chart of Accounts? <input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	Budgets, Revenues and Expenditures	Yes
6 Does the provider have written accounting policies and procedures to provide effective control over and accountability for all funds? <input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	Budgets, Revenues and Expenditures	Yes
7 Does the Provider have budgetary controls in effect to compare the budget to actual expenditures? <input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	Budgets, Revenues and Expenditures	Yes
8 Does the provider have a financial management system in place that has policies and procedures regarding allocation of revenues/expenses for different program activities? <input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	Budgets, Revenues and Expenditures	Yes
9 Are there written policies and procedures for recording time distribution for employees who <input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	Budgets, Revenues and Expenditures	Yes

Maricopa County - Ryan White Part A Program Site Visit Tool - INTERNAL USE ONLY

**Quality
Mgmt**

Review Area

Section VII - Fiscal Review

work on more than one program or cost objective in accordance with federal cost principals?

Internal **PrintOnly**

9.1 Are timesheets completed for budgeted staff? Yes

Internal **PrintOnly**

9.2 Are Time Distribution Reports (TDR) or Personnel Activity Reports (PAR) completed for budgeted staff who perform either indirect services or perform services on multiple grants? Yes

Internal **PrintOnly**

9.3 Does budgeted staff paid on one federal grant at a minimum, complete signed certifications of hours spent on the grant at least monthly, quarterly or semi-annually as applicable? Yes

Internal **PrintOnly**

9.4 Does the provider expense staff time to the general ledger for each payroll period based on actual staff hours? Yes
Budgets, Revenues and Expenditures

Internal **PrintOnly**

9.5 Does the provider expense staff time to the general ledger for each payroll period based on allocation methodology? Yes
Budgets, Revenues and Expenditures

Internal **PrintOnly**

9.6 If allocating staff hours does the provider reconcile the actual hours spent on grants with the allocations at least monthly/quarterly? Yes
Budgets, Revenues and Expenditures

Internal **PrintOnly**

9.7 If allocating staff hours does the provider make general ledger adjustments to account for differences between actual and allocated? Yes
Budgets, Revenues and Expenditures

Internal **PrintOnly**

10 Does the provider have written procedures to identify and record program income to the correct accounts? Yes
Budgets, Revenues and Expenditures

Internal **PrintOnly**

11 Does the provider have written policies and procedures for tracking charges and payments for third party payers? Yes
Method of Payment

Internal **PrintOnly**

12 Is provider in compliance with A-133 regarding completion of Single Audit? Yes
Audit Requirements

Internal **PrintOnly**

12.1 Does the provider expend at least \$500,000 in Yes

Maricopa County - Ryan White Part A Program Site Visit Tool - INTERNAL USE ONLY

**Quality
Mgmt**

Review Area

Section VII - Fiscal Review

federal expenditures?

Internal **PrintOnly**

12.2 If yes, is the most recently completed A-133 Single Audit on file? Yes

Internal **PrintOnly**

12.3 Were there any reportable conditions? No

Internal **PrintOnly**

13 Does the provider have contracts with sub-contractors to provide services under the grant? Use of Subcontractors Yes

Internal **PrintOnly**

14 Does the provider have a process in place for oversight of sub-contractors? Use of Subcontractors Yes
(Policies/Procedures)?

Internal **PrintOnly**

14.1 Is entity subject to OMB Circular Cost Principle A-122/A-110 (Non Profit)? Yes

Internal **PrintOnly**

14.2 Is entity subject to OMB Circular Cost Principle A-87/A-10? Yes
(Federal/State/Local/Tribal Government)

Internal **PrintOnly**

14.3 Is entity subject to OMB Circular Cost Principle A-110? (Hospitals) Yes

Internal **PrintOnly**

14.4 Is entity subject to OMB Circular Cost Principle A-21/ A-110? (Educational Institution) Yes

Internal **PrintOnly**

14.5 Does the provider have more than one RWPA contract? Yes

Internal **PrintOnly**

14.6 Does the provider have RWPA contracts based on Direct Cost Reimbursement? Yes

Internal **PrintOnly**

14.7 Does the provider have RWPA contracts based on Fee for Service/ Fixed Price? Yes

Internal **PrintOnly**

15 Is a signed contract on file? Award of Contract Yes

Internal **PrintOnly**

16 Are there any approved task orders on file? Compensation Yes

Internal **PrintOnly**

Maricopa County - Ryan White Part A Program Site Visit Tool - INTERNAL USE ONLY

Review Area	Quality Mgmt
Section VII - Fiscal Review <input type="checkbox"/>	
17 Is provider in compliance with all Fiscal Condition of Award requirements?	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	
18 Is there a final Work Plan on file? Budget, Revenues and Expenditures	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	
18.1 Are Work Plan explanations on budgeted staff in line with budgeted FTE's?	Yes
<input checked="" type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	
19 Is there a final approved budget on file? Budgets, Revenues and Expenditures	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	
20 Is there a Cost Allocation Plan on file? Budgets, Revenues and Expenditures	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	
20.1 Are budgeted costs in line with the submitted Cost Allocation Plan?	Yes
<input checked="" type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	
21 Are administrative/ indirect budget and expenses limited to 10% or less of total award? Restrictions on use of funds	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	
21.1 Did the provider budget for Administrative expenses that are not indirect costs?	Yes
<input checked="" type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	
21.2 Did the provider budget for Indirect Costs?	Yes
<input checked="" type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	
22 If the provider budgeted for Indirect Costs, is there a current negotiated indirect cost rate agreement form on file? Budgets, Revenues and Expenditures	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	
22.1 Do the negotiated agreement dates cover the grant period in approved budget? Budgets, Revenues and Expenditures	Yes
<input checked="" type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	
22.2 Based on budgeted totals, do the budgeted units served appear reasonable based on the budgeted staff?	Yes
<input checked="" type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	
22.3 Did provider budget for Direct budgeted FTE staff?	Yes
<input checked="" type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	
22.4 Did provider budget for Professional level staff?	Yes
<input checked="" type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	
22.5 Did provider budget for Director/ CEO/	Yes

Maricopa County - Ryan White Part A Program Site Visit Tool - INTERNAL USE ONLY

**Quality
Mgmt**

Review Area

Section VII - Fiscal Review

Officer FTE staff?

Internal **PrintOnly**

22.6 Did provider budget for Non-professional FTE staff? Yes

Internal **PrintOnly**

23 Does the provider submit a CAREWare Financial report for monthly payment? Yes
Method of Payment

Internal **PrintOnly**

24 Do general ledger expenditures equal CAREWare Financial Report totals? Yes
Method of Payment

Internal **PrintOnly**

25 Are discrepancies between general ledger expenditures and CAREWare Financial Reports explained or reconciled? Yes
Method of Payment

Internal **PrintOnly**

26 For fee for service/ Fixed Rate contracts: Does the billed unit rate equal the approved unit rate? Yes
Method of Payment

Internal **PrintOnly**

27 Does the provider submit a timely and accurate quarterly variance report? Yes
Compensation

Internal **PrintOnly**

27.1 Are there any significant discrepancies between Financial Reports and Variance Reports for sample periods? No
Compensation

Internal **PrintOnly**

27.2 Do units served per variance report equal reported units in the CAREWare Financial Report for sample periods? Yes

Internal **PrintOnly**

27.3 Do actual expenditures per variance report equal expenditures reported in CAREWare Financial Report for sample periods? Yes

Internal **PrintOnly**

28 If the provider subcontracts, is there a copy of the contract between the provider and the sub-contractors? Yes
Use of Subcontractors

Internal **PrintOnly**

29 Does the provider reconcile billings to the general ledger prior to submission for payment? Yes
Budgets, Revenues and Expenditures

Internal **PrintOnly**

30 For Fee for Service/ Fixed Rate contracts: Is the amount paid for reimbursement expensed to the grant ledger accounts? Yes
Budgets, Revenues and Expenditures

Maricopa County - Ryan White Part A Program

Site Visit Tool - INTERNAL USE ONLY

**Quality
Mgmt**

Review Area

Section VII - Fiscal Review

Internal **PrintOnly**

31 For Fee for Service/ Fixed Rate contracts: Are expenditures incurred over and above the reimbursed amount charged to the grant general ledger accounts? Budgets, Revenues and Expenditures No

Internal **PrintOnly**

32 For fee for service, do the general ledger accounts reflect expenditures for the reimbursed rate payment amount? Budgets, Revenues and Expenditures Yes

Internal **PrintOnly**

33 Do general ledger transactions support billed totals? Budgets, Revenues and Expenditures Yes

Internal **PrintOnly**

34 Are there any direct expenses charged as indirect? Budgets, Revenues and Expenditures No

Internal **PrintOnly**

35 Are there any indirect expenses charged as direct? Budgets, Revenues and Expenditures No

Internal **PrintOnly**

36 Are direct and indirect salaries/ERE expensed to the general ledger accounts? Budgets, Revenues and Expenditures Yes

Internal **PrintOnly**

37 Are salaries/ERE expensed to the grant for staff classifications/positions included/referenced in the current approved budget? Compensation Yes

Internal **PrintOnly**

38 Are hours adequately documented in the sample periods with general ledger/payroll accounts? Budgets, Revenues and Expenditures Yes

Internal **PrintOnly**

39 Are hours adequately documented in the sample periods with Timesheets, Time Distribution Reports, Personnel Activity Reports; or does staff paid on one federal grant, at a minimum, complete signed certifications of hours at least semiannually? Budgets, Revenues and Expenditures Yes

Internal **PrintOnly**

40 Do actual FTE staff hours support billed units/expenditures? Budgets, Revenues and Expenditures Yes

Internal **PrintOnly**

41 Do source documents support billed units/expenditures? Budgets, Revenues and Expenditures Yes

Internal **PrintOnly**

42 Is there supporting documentation for each Budgets, Revenues and Expenditures Yes

Maricopa County - Ryan White Part A Program Site Visit Tool - INTERNAL USE ONLY

**Quality
Mgmt**

Review Area

Section VII - Fiscal Review

expenditure?

Internal **PrintOnly**

43 Is the expenditure reasonable? Budgets, Revenues and Expenditures Yes

Internal **PrintOnly**

44 Is the expenditure necessary? Budgets, Revenues and Expenditures Yes

Internal **PrintOnly**

45 Is the expenditure allowable? Budgets, Revenues and Expenditures Yes

Internal **PrintOnly**

46 Does the provider have a system for tracking charges and payments for third party payers? Contract Terms and Conditions 3.5 method of Paymnt Yes

Internal **PrintOnly**

46 Is the expenditure budgeted or within the budgeted amount? Budgets, Revenues and Expenditures Yes

Internal **PrintOnly**

47 For each expenditure is there a methodology used to expense the amount? Budgets, Revenues and Expenditures Yes

Internal **PrintOnly**

48 Is the methodology used to allocate expenditures in line with the submitted Cost Allocation Plan? Budgets, Revenues and Expenditures Yes

Internal **PrintOnly**

49 For each expenditure is there supporting documentation to verify the expensed amount (i.e. rent/ lease agreement and square footage calculations to determine percent of rent expensed to the grant)? Budgets, Revenues and Expenditures Yes

Internal **PrintOnly**

50 Does the provider document billing and collection of program income in their GL and in their reporting to RWPA? Budgets, Revenues and Expenditures Yes

Internal **PrintOnly**

51 For each equipment expenditure, is the equipment expenditure authorized in the approved budget? Equipment Yes

Internal **PrintOnly**

52 Was equipment purchased with grant funds in compliance with contract requirements? Equipment Yes

Internal **PrintOnly**

53 Is there supporting documentation for expenditures paid to outside Consultants or Subcontractors? Use of Subcontractors Yes

Internal **PrintOnly**

Maricopa County - Ryan White Part A Program Site Visit Tool - INTERNAL USE ONLY

Review Area	Quality Mgmt
Section VII - Fiscal Review	<input type="checkbox"/>
54 Were funds used to purchase or improve, other than minor remodeling any building or facility or to make cash payment to intended recipients of services? <input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	Restriction on Use of Funds No
55 Were funds used to finance the services of lobbyists, fundraisers or grant proposal writers? <input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	Restriction on Use of Funds No
56 Do provider records document billing and collection of all third party payer reimbursements to ensure Ryan White was the payer of last resort? <input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	Method of Payment Yes

Maricopa County - Ryan White Part A Program Site Visit Tool - INTERNAL USE ONLY

**Quality
Mgmt**

Review Area

Section VIII Marketing, Cultural Competency, Confidentiality and Records

Instructions

This section addresses marketing, client confidentiality, cultural competency and records retention requirements as outlined in the contract. The Provider should be prepared to answer all questions and provide copies of policies and documents as noted in this section.

Question	Contract Citation	Compliant Response
	Related Question Cross Check	Target Score
1 Is the appropriate reference to Ryan White Part A funding on applicable marketing materials? (includes Internet and printed documents) <input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	Program Marketing Initiatives	Yes
2 Do marketing materials contain: services available, venues/locations, and hours of operation? <input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	Program Marketing Initiatives	Yes
3 Does the contractor have a method to ensure that program descriptions, hours and locations are disseminated to the community and other providers to ensure that clients have access to care? Verify and describe this method. <input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	Program Marketing Initiatives	Yes
4 Does the contractor advertise Ryan White Part A services? Verify and explain the marketing initiatives. <input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	Program Marketing Initiatives	Yes
5 Does the provider have policies that comply with federal CLAS standards? Obtain and verify policy/policies. <input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	Cultural Competency	Yes
6 Are client compliance materials produced in other languages as needed and available to clients? Explain. <input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	Cultural Competency	Yes
7 Does the provider offer clients language assistance services, including bilingual staff and interpreting services at all hours of operation? Explain. <input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	Cultural Competency	Yes
8 Do staff members receive ongoing education and training in culturally and linguistically appropriate service delivery? Verify current training and tracking methods and explain. <input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	Cultural Competency	Yes

Maricopa County - Ryan White Part A Program Site Visit Tool - INTERNAL USE ONLY

Review Area	Quality Mgmt
Section VIII Marketing, Cultural Competency, Confidentiality and Records	<input type="checkbox"/>
9 Does the provider have controls in place to assure that confidentiality of client records are maintained as described in the contract? Describe the controls.	Policy on Confidentiality Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	
10 Does the provider have controls in place to assure that staff are aware of and competent in client confidentiality? Describe the controls that are in place.	Policy on Confidentiality Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	
11 Does the provider comply with the five-year records retention policy for all financial books, records, and other documents relevant to the contract? Verify and explain compliance assurance.	Retention of Records Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	

Maricopa County - Ryan White Part A Program Site Visit Tool - INTERNAL USE ONLY

**Quality
Mgmt**

Review Area

Section IX - QM Agency Level Standards



Instructions

Please refer to the Standards of Care for the standards that will be measured during the site visit.

Question	Contract Citation Related Question Cross Check	Compliant Response Target Score
	FBA - 02.O Utilize the first in/first out (FICO) for inventory control	0
<input type="checkbox"/> Internal	<input type="checkbox"/> PrintOnly	0
	NMCM 3 - Agency will have copies	0
<input type="checkbox"/> Internal	<input type="checkbox"/> PrintOnly	0
	1 (N/A) Agency follows policies describing:	N/A
<input type="checkbox"/> Internal	<input type="checkbox"/> PrintOnly	N/A
	1 (N/A) Agency has policies describing:	N/A
<input type="checkbox"/> Internal	<input type="checkbox"/> PrintOnly	0
	1 (N/A) Agency has written policies and procedures describing:	N/A
<input type="checkbox"/> Internal	<input type="checkbox"/> PrintOnly	0
	1 (N/A) Agency has written policies describing the following:	N/A
<input type="checkbox"/> Internal	<input type="checkbox"/> PrintOnly	0
	1 (N/A) All membership packets will include, but are not limited to, the following:	N/A
<input type="checkbox"/> Internal	<input type="checkbox"/> PrintOnly	0
	1 Agency has written policies and procedures that are consistent with most recent Case Management Standards of Care. A copy is available on-site.	Yes
<input type="checkbox"/> Internal	<input type="checkbox"/> PrintOnly	0
	1 Agency has written policies describing how to conduct and develop appropriate nutritional assessments and treatment plans.	Yes
<input type="checkbox"/> Internal	<input type="checkbox"/> PrintOnly	0
	1 Case manager documents the authorization of access to transportation.	Yes
<input type="checkbox"/> Internal	<input type="checkbox"/> PrintOnly	0
	1 Client chart documents that appropriate procedures were followed, as defined in the Client Eligibility Criteria, and Eligible Costs and Services sections of the Policies and Procedures.	Yes

Maricopa County - Ryan White Part A Program Site Visit Tool - INTERNAL USE ONLY

Review Area	Quality Mgmt
Section IX - QM Agency Level Standards	<input checked="" type="checkbox"/>
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 1 Comparable professional knowledge, skills, and abilities that document at least 3 years of experience specific to non-medical case management may be substitutions for the degree. Non-medical case management training may include:	N/A 0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 1 Current license is displayed or readily available.	Yes 0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 1 development and utilization of client centered care plans, data privacy and confidentiality.	N/A 0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 1 FBA - (N/A) Current business license or other applicable license for agency is posted and current (if applicable): Planning Council Standards of Care	N/A 0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 1 Medical provider credentials are appropriate for treating HIV/AIDS.	Yes 1
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 1 Non-medical case managers will have a bachelor's degree from an accredited college in a field related to non-medical case management such as social work, nursing, public health or other human services related field; or	Yes 0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 1 psychosocial assessment of clients, interdisciplinary care coordination, monitoring of health and social service delivery to maximize efficiency/cost- effectiveness, knowledge of the resources available to target populations,	N/A 0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 1.1 Benefit summary sheet	Yes 0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 1.1 Case management will maintain a Taxi Log indicating the time/date requested by the client, the cab company that provided service, the destination, and the time/date service was provided.	Yes 0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 1.1 Dietitians have current registration through the Commission on Dietetic Registration.	Yes 0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0

Maricopa County - Ryan White Part A Program

Site Visit Tool - INTERNAL USE ONLY

Review Area	Quality Mgmt
Section IX - QM Agency Level Standards	<input checked="" type="checkbox"/>
1.1 Discharge criteria	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
1.1 Discharge criteria	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
1.1 FBA - Current health department inspection (if applicable)	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	1
1.1 How to facilitate a support group or one-on-one session, as applicable	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
1.2 All non-registered staff are supervised by a Registered Dietitian.	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
1.2 Benefits explanation booklet	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
1.2 Case management will maintain a Bus Pass Log of all bus passes sold and includes client signature.	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
1.2 FBA - Food bank permit	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	1
1.2 Grievance procedures	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
1.2 Grievance procedures	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
1.2 How to handle disruptive clients	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
1.3 Change os status forms are made available as specified in the program administrator's policies and procedures.	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
1.3 Current registration certificate from the Commission on Dietetic Registration is on file.	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
1.3 FBA - Food handlers card (if applicable)	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	1
1.3 How to conduct an assessment	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
1.3 How to conduct an assessment	Yes

Maricopa County - Ryan White Part A Program Site Visit Tool - INTERNAL USE ONLY

Review Area	Quality Mgmt
Section IX - QM Agency Level Standards	<input checked="" type="checkbox"/>
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
1.3 Response to a request for transportation will be documented and completed within 3 business days of client's request. (Captured in client level standards)	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
1.3 Selection criteria and training for non-clinical staff	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
1.4 FBA - Food managers card (if applicable) Planning Council Standards of Care	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	1
1.4 Grievance form	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
1.4 Supervision of non-clinical staff	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
1.5 Insurance coverage approval letter	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
1.5 When to inform a certified, registered or licensed clinician of a client's mental health or health care issues	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
1.6 Member identification card	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
1.6 Periodic monitoring of support practices	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
1.7 Provider booklet	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
1.8 Statement of clients rights and responsibilities	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
2 (N/A) Written policies include:	N/A
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
2 Agency has written policies and procedures that are consistent with most recent Case Management Standards of Care. A copy is available on-site.	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
2 Agency has written policies describing how to conduct and develop appropriate nutritional assessments and treatment plans.	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0

Maricopa County - Ryan White Part A Program

Site Visit Tool - INTERNAL USE ONLY

Review Area	Quality Mgmt
Section IX - QM Agency Level Standards	<input checked="" type="checkbox"/>
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 2 All non-registered staff are supervised by a Registered Dietitian.	Yes 0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 2 Attorney involvement in legal processes	Yes 0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 2 Eligibility documented in client chart.	Yes 0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 2 FBA - All food items must not show any signs of pest infestation (rodent and/or insects), spoilage such as mold, mildew or other growths, and no signs of infiltration of chemicals, liquids or other items. Planning Council Standards of Care	N/A 0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 2 HIV Specialist Certification or 20 hours of HIV-related CMEs per year	Yes 1
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 2 Renewal approval letter documented in the client's file includes the start and end date of insurance coverage period for the renewal.	Yes 0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 2.1 A policy to address emergency same-day service	Yes 0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 2.1 Case managers will have a bachelor's degree from an accredited college in a field related to case management such as social work, nursing, public health or other human services field.	Yes 0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 2.1 Client's complaints are documented concerning on-time performance and customer service concerns.	Yes 0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 2.1 FBA - Perishable food is refrigerated within 2 hours of receiving Planning Council Standards of Care	Yes 0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 2.1 FBA - Storage rooms/closets for canned goods should be kept at 80 F or lower, lower humidity, and secured to prevent tampering with food items Planning Council Standards of Care	Yes 1
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 2.11 FBA - All food items must be stored above the ground to help prevent rodent infestation and contamination from possible minor flooding Planning Council Standards of Care	Yes 1

Maricopa County - Ryan White Part A Program Site Visit Tool - INTERNAL USE ONLY

Review Area	Quality Mgmt
Section IX - QM Agency Level Standards	<input checked="" type="checkbox"/>
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 2.12 FBA - Non-food items, especially chemicals, must not be stored over food items	1
Planning Council Standards of Care Yes	
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 2.13 FBA - Storage room temperature for produce should not exceed 72 F to ensure freshness	1
Planning Council Standards of Care Yes	
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 2.14 FBA - Monthly temperature logs on refrigerators and freezers	1
Planning Council Standards of Care Yes	
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 2.2 (N/A) Comparable professional knowledge, skills, and abilities that document at least 4 years of experience specific to non-medical case management may be substitutions for the degree. Case management training may include:	1
N/A	
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 2.2 All staff have appropriate licensing/certifications displayed or readily available.	0
Yes	
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 2.2 FBA - Refrigerator is at 40 F or below	0
Planning Council Standards of Care Yes	
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 2.2 Follow-up is documented by the service provider and the vendor.	1
Yes	
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 2.3 (N/A) psychosocial assessment of clients, interdisciplinary care coordination, monitoring of health and social service delivery to maximize efficiency/cost- effectiveness, knowledge of the resources available to target populations,	0
N/A	
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 2.3 Client files document the applicant was mailed an insurance denial letter.	0
Yes	
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 2.3 FBA - Freezer is at 0 F or below	0
Planning Council Standards of Care Yes	
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 2.4 (N/A) development and utilization of client centered care plans, data privacy and confidentiality.	1
N/A	
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 2.4 FBA - Meat, fish and poultry are frozen unless they are to be dispensed within 24 hours	0
Planning Council Standards of Care Yes	

Maricopa County - Ryan White Part A Program

Site Visit Tool - INTERNAL USE ONLY

Review Area	Quality Mgmt
Section IX - QM Agency Level Standards	<input checked="" type="checkbox"/>
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 2.5 FBA - Meat and poultry should be wrapped securely to prevent juices from contaminating other food items	1
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 2.6 FBA - Canned foods that are high in acid can be stored for 12-18 months	1
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 2.7 FBA - Canned foods that are low in acid (meats, fish and most vegetables) can be stored for 2-5 years	1
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 2.8 FBA - Storage area is clean, dry, cool, preferably dark environment	1
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 2.9 FBA - Storage racks/shelving must be National Safety Foundation-approved or made of wood that has been sealed to prevent absorption of liquids either spilled or leaked from damaged food containers	1
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 3 (N/A) Policies are available on-site and must include:	1
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 3 Case closure	0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 3 Client chart documents timeline of service provision, as defined in the Procedures section of the Policies and Procedures.	0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 3 Current registration certificate from the Commission on Dietetic Registration is on file.	0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 3 FBA - N/A) Sampled food boxes and stored items meet the following guidelines:	0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 3 On-going, active medical management of 20 or more HIV clients	1
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 3 The dental insurance administrators will maintain a summary list of all submitted client names and their client ID number.	0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0

Maricopa County - Ryan White Part A Program Site Visit Tool - INTERNAL USE ONLY

Review Area	Quality Mgmt
Section IX - QM Agency Level Standards	<input checked="" type="checkbox"/>
3.1 FBA - (N/A) Canned food containers:	N/A
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	1
3.1 FBA - Should not be broken or cracked	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	1
3.1 The point of origin and return for transportation services must be within Maricopa or Pinal County.	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
3.11 FBA - Check that the jar is sealed. If seal is broken, discard the jar	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	1
3.12 FBA - Item should not exceed expiration date	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	1
3.13 FBA - (N/A) Bagged and sacked food containers:	N/A
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	1
3.14 FBA - Should not be opened or punctured	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	1
3.15 FBA - Item should not exceed expiration date	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	1
3.16 FBA - (N/A) Fruits and vegetables:	N/A
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	1
3.17 FBA - Should be fresh and not be spoiled	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	1
3.18 FBA - Item should not exceed that expiration date	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	1
3.2 Availability of transportation during after hours and weekends.	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
3.2 FBA - Cans are not dented	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	1
3.3 Contracted taxi companies serve individuals with disabilities.	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
3.3 FBA - Cans with dents, leaks, rust, or bulging must be discarded	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	1
3.3 FBA - Items should not exceed expiration date	Yes

Maricopa County - Ryan White Part A Program Site Visit Tool - INTERNAL USE ONLY

Review Area	Quality Mgmt
Section IX - QM Agency Level Standards	<input checked="" type="checkbox"/>
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 3.4 FBA - (N/A) Boxed and dry packaged containers: Planning Council Standards of Care N/A	1
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 3.4 Taxi drivers maintain a valid Arizona driver's license. Yes	1
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 3.5 FBA - Should not be opened or punctured Planning Council Standards of Care Yes	0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 3.5 Transportation agencies are licensed for commercial transportation. Yes	1
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 3.6 FBA - Containers that have tears or openings will be discarded Planning Council Standards of Care Yes	0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 3.6 Transportation agencies maintain state-required insurance Yes	1
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 3.7 FBA - Check that the seal has not been torn or damaged Planning Council Standards of Care Yes	0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 3.8 FBA - Item should not exceed expiration date Planning Council Standards of Care Yes	1
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 3.9 FBA - (N/A) Glass or plastic food containers: Planning Council Standards of Care N/A	1
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 4 All client enrollment forms are dated. Yes	1
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 4 Dietitians have current registration through the Commission on Dietetic Registration. Yes	0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 4 FBA - (N/A) Food boxes will consist of the following: Planning Council Standards of Care N/A	0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 4 Grievance procedures Yes	1
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 4 Physician has admitting priveleges to hospital(s) per credentialing file Yes	0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 4.1 FBA - 12 complete meals Planning Council Standards of Care Yes	0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	1

Maricopa County - Ryan White Part A Program Site Visit Tool - INTERNAL USE ONLY

Review Area	Quality Mgmt
Section IX - QM Agency Level Standards	<input checked="" type="checkbox"/>
4.2 FBA - Each meal will contain 1/3 of the USDA RDA for one adult	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
4.3 FBA - Food items that are considered "discretionary calories" by the USDA MyPyramid (such as fats, sugars and salt) are allowed, but are not to be considered as a food items that fulfill the USDA guidelines	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	1
4.4 FBA - Foods will be discarded after the final expiration date	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	1
4.5 FBA - Dried or frozen foods will be discarded according to the guidelines established by the current USDA Basics for Handling Food Safely	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	1
5 Applications of clients with established eligibility are processed within 10 working days.	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
5 FBA - (N/A) Agency has written policies and procedures that address the following:	N/A
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
5 How to conduct an intake	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
5 Pediatric providers will have training and experience in the medical care of children with HIV	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
5.1 FBA - Acquisition and display of appropriate County Environmental Services Department licenses/permits	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
5.2 FBA - Licensure and/or permits requirements/training	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
5.3 FBA - Repacking of food items that are received in packages of large quantities (bulk items)	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
6 Client files indicate that a notice of renewal or cancelation status was sent by mail within 10 working days of determination.	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0

Maricopa County - Ryan White Part A Program Site Visit Tool - INTERNAL USE ONLY

Review Area	Quality Mgmt
Section IX - QM Agency Level Standards	<input checked="" type="checkbox"/>
6 Current PHS guidelines and/or a policy requiring utilization of guidelines will be onsite.	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
6 FBA - (N/A) Agency has written policies and procedures that address the following:	N/A
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
6 FBA - (N/A) Food will be transported in the appropriate manner.	N/A
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
6 Non-lawyer assistants will be supervised by an attorney approved to practice in the state of Arizona.	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
6.1 FBA - Refrigerator/freezer vehicles, portable iced coolers or freezers will be utilized to transport refrigerated and frozen foods.	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
6.2 FBA - Food items will be kept dry and transported in an environment that will prevent contamination from non-food items and/or infestation of pests.	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
6.3 FBA - Food items are transported in a manner that avoids any damage to food containers or the food items themselves.	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
7 An urgent care policy, capability or same day service	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
7 FBA - (N/A) Agency has documentation that paid staff and volunteer supervisors have attended food handling training related to:	N/A
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
7 Timely processing of wills, power of attorney upon confirmed contact with client	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
7.1 FBA - Identifying clients for RD referral	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
7.2 FBA - Nutritional adequacy of food boxes	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
7.3 FBA - Optional meal accommodations and considerations	Yes

Maricopa County - Ryan White Part A Program Site Visit Tool - INTERNAL USE ONLY

Review Area	Quality Mgmt
Section IX - QM Agency Level Standards	<input checked="" type="checkbox"/>
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
7.4 FBA - Safe food handling practices Planning Council Standards of Care Yes	
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
8 (N/A) Each meal must contain food items that fulfill the following requirements: Planning Council Standards of Care N/A	
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
8 An acute care policy or capability Yes	
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
8.1 CNGA - Each meal will provide 1/3 of the USDA guidelines for one adult Planning Council Standards of Care Yes	
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	1
8.2 CNGA - Food items that are considered "discretionary calories" by the USDA MyPyramid (such as fats, sugars and salt) are allowed, but are not to be considered as food items that fulfill the USDA guidelines Planning Council Standards of Care Yes	
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
9 A 24-hour schedule, capability or policy based upon Medicaid guidelines Yes	
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
9 CNGA - (N/A) Agency will have written policies and procedures that address the following: Planning Council Standards of Care N/A	
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
9.1 CNGA - Stocking and distribution of contradicated food items for people living with HIV (as defined by the USDA Food Safety for People with HIV/AIDS guidelines) Planning Council Standards of Care Yes	
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
9.2 CNGA - Meals will be consumed on-site (no take-away meals or food items) Planning Council Standards of Care Yes	
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
10 A triage policy or capability Yes	
<input checked="" type="checkbox"/> Internal <input checked="" type="checkbox"/> PrintOnly	0
10 CNGA - (N/A) Provider will demonstrate knowledge/education and maintain documentation of education and training that will include but not limited to: Planning Council Standards of Care N/A	
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
10.1 CNGA - Appropriate menu planning as defined by the USDA Food Safety for People with HIV/AIDS guidelines Planning Council Standards of Care Yes	
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0

Maricopa County - Ryan White Part A Program Site Visit Tool - INTERNAL USE ONLY

Review Area	Quality Mgmt
Section IX - QM Agency Level Standards	<input checked="" type="checkbox"/>
10.2 CNGA - Basic nutrition education	0
Planning Council Standards of Care	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
10.3 CNGA - Documentation that clients were offered a referral to the mobile registered dietitian.	0
Planning Council Standards of Care	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
11 CNGA - Congregate meals will be in compliance with the Maricopa County Environmental Services Department Arizona Administrative Code - R9-8-140 and with the USDA RDA.	0
Planning Council Standards of Care	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0

Maricopa County - Ryan White Part A Program Site Visit Tool - INTERNAL USE ONLY

**Quality
Mgmt**

Review Area

Section X - QM Outcomes



Instructions

Please refer to the Standards of Care for the Outcomes that will be measured during the site visit.

Question	Contract Citation	Compliant Response	Target Score
	Related Question Cross Check		
100% of charts are reviewed by a supervising attorney.		Yes	
<input type="checkbox"/> Internal	<input type="checkbox"/> PrintOnly LS.04.A. Chart was reviewed by supervising attorney	Yes	1
100% of clients have a completed treatment plan within 90 days from the client's first visit.		Yes	
<input type="checkbox"/> Internal	<input type="checkbox"/> PrintOnly SA.07.D. 100% of clients have a completed treatment plan	Yes	1
100% of clients have a completed treatment plan within 90 days from the clients' first visit.	Planning Council Standards of Care	Yes	
<input type="checkbox"/> Internal	<input type="checkbox"/> PrintOnly MH.02.C. Service plan completed and documented no late	Yes	1
100% of clients receive an assessment prior to implementing the treatment plan.	Planning Council Standards of Care	Yes	
<input type="checkbox"/> Internal	<input type="checkbox"/> PrintOnly MH.01.A.3 Initiation of assessment before treatment is star	Yes	1
100% of non-medical case management charts will contain a care plan.		Yes	
<input type="checkbox"/> Internal	<input type="checkbox"/> PrintOnly NMCM.03.A. Non- medical case management care plan w	Yes	1
100% of treatment plans address primary medical care needs and make appropriate referrals as needed.		Yes	
<input type="checkbox"/> Internal	<input type="checkbox"/> PrintOnly SA.01.A.1 Referral to a medical practitioner if indicated	Yes	1
100% of treatment plans address primary medical care needs and make appropriate referrals as needed.	Planning Council Standards of Care	Yes	
<input type="checkbox"/> Internal	<input type="checkbox"/> PrintOnly MH.01.A.1 Referral to a medical practitioner if indicated	Yes	1
25% of clients are on track with their treatment plan.		Yes	
<input type="checkbox"/> Internal	<input type="checkbox"/> PrintOnly OH.02.A.01 The baseline health history may include, but i	Yes	0.25
50% of clients initiate their treatment plan.		Yes	
<input type="checkbox"/> Internal	<input type="checkbox"/> PrintOnly OH.02.A.01 The baseline health history may include, but i	Yes	0.5
50% of clients report a reduction in substance use.		Yes	
<input type="checkbox"/> Internal	<input type="checkbox"/> PrintOnly SA.07.C. 50% of clients report a reduction in substance us	Yes	0.5
50% of clients tested will have viral loads below the level of detection.		Yes	
<input type="checkbox"/> Internal	<input type="checkbox"/> PrintOnly PMC.01.A. Baseline medical evaluation is conducted withi		0.5

Maricopa County - Ryan White Part A Program

Site Visit Tool - INTERNAL USE ONLY

Review Area	Quality Mgmt
Section X - QM Outcomes	<input checked="" type="checkbox"/>
50% of treatment goals are met upon completion of mental health treatment.	Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly MH.06.A.2 50% of treatment goals are met upon completi 50% of treatment goals are met upon completion of substance abuse treatment.	Yes 0.5
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly SA.07.E. 100% of treatment plans address primary medica 75% of charts document that a review of oral intake was conducted and compared with calculated calorie requirement at initial visit.	Yes 0.5
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly NS.02.A.01 Assessment of intake (24-hour recall and food 75% of charts reviewed for monitored weight will indicate that clients maintained a body weight at 95-100% of usual body weight levels.	Yes 0.75
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly NS.01.A. Chart reviewed for monitored weight will indicat 75% of client charts document normal growth and weight gain as defined by a BMI or weight/height greater than the 5th percentile, within six months of the implementation of the treatment plan.	Yes 0.75
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly PNUT.01.C.2 Anthropometric measurements such as: wei 75% of clients receive an annual exam.	Yes 0.75
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly OH.02.A.01 The baseline health history may include, but i 75% of clients receive an initial periodontal exam, and follow-up exam as appropriate.	Yes 0.75
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly OH.02.A.01 The baseline health history may include, but i 75% of clients tested will have CD4 counts that identify them as not having a severely compromised immune status based on current PHS guidelines.	Yes 0.75
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly PMC.01.A. Baseline medical evaluation is conducted withi 75% of clients will receive a medical nutritional therapy assessment by a registered dietician to ensure appropriate dietary intake is monitored and appropriate nutritional information is dispensed.	Yes 0.75
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 75% of the charts document that client/family have been educated on the role of nutrition and HIV as not having a severely compromised immune status based on current PHS guidelines.	Yes 0.75
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly PNUT.01.C.7 Client or family knowledge of nutrition statu 75% of the charts document that client/family have been educated on the role of nutrition and HIV.	Yes 0.75

Maricopa County - Ryan White Part A Program

Site Visit Tool - INTERNAL USE ONLY

Review Area	Quality Mgmt
Section X - QM Outcomes	<input checked="" type="checkbox"/>
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly NS.04.A.1 Client chart documents that the client/family re 80% of adult clients will be screened for syphilis at least annually. Yes	0.75
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly PMC.01.A. Baseline medical evaluation is conducted withi 80% of eligible clients self-report decreased barriers to primary medical care due to availability of transportation services. Standards of Care Yes	0.8
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 80% of charts reviewed will indicate eligible clients had their medical and dental copays/prescription costs paid within one week of request. Yes	0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly FAP.D.4 80% of charts reviewed indicate that client had pr 80% of charts reviewed will indicate that eligible client utility bills were processed within one week on contact with a case manager to ensure continuation of utility services. Yes	0.8
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly FAP.D.2 80% of charts reviewed indicated that eligible cli 80% of charts reviewed will indicate that eligible clients received timely assistance with rent payments avoiding eviction. Yes	0.8
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly FAP.D.1 80% of charts reviewed indicate that eligible clie 80% of client charts have documentation that treatment adherence was discussed with the client. Yes	0.8
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly MCM.08.B. Client charts have documentation that treatme 80% of clients will be screened for active viral hepatitis C and hepatitis B annually unless antibodies are present. Yes	0.8
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly PMC.01.A. Baseline medical evaluation is conducted withi 80% of clients will be screened for tuberculosis at least annually if indicated. Yes	0.8
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly PMC.01.A. Baseline medical evaluation is conducted withi 80% of eligible clients self-report decreased barriers to primary medical care due to availability of transportation services. Yes	0.8
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly 80% of records (e.g., group logs) will demonstrate appropriate documentation of service delivery. Yes	0.8
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly PS.01.A. Record has appropriate documentation of service 80% of respondents will rate support group or one-on-one sessions as "good" or "excellent" in discussing the importance of staying in medical care. Yes	0.8

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Review Area	Quality Mgmt
Section X - QM Outcomes	<input checked="" type="checkbox"/>
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly PS.01.C. Client will rate support group as "good" or "excel 80% of respondents will reflect self-reported improvement of psychosocial issues discussed in support groups or one-on-one sessions.	0.8 Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly PS.01.B. Client will reflect self-reported improvement of p 80% of women/sexually active adolescents will receive PAP smears annually.	0.8 Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly PMC.01.A. Baseline medical evaluation is conducted with 80% of individual's charts submitting requests for financial assistance will indicate the requests had been processed and approved prior to the cancelation of health insurance benefits.	0.8 Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly FAP.D.5 80% of individual charts submitting requests for 90% of charts (that contain legal documents) reviewed by a supervising attorney indicate that legal documents were appropriately prepared by non-lawyer assistants.	0.8 Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly LS.04.B. Charts reviewed by supervising attorney indicate 90% of client charts document applicable service referrals.	0.9 Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly NMCM.05.A. Client chart includes documentation of non- 90% of clients have documentation of access to primary medical care within 3 months of initial assessment.	0.9 Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly MCM.01.B. Clients have documentation of access to prim 90% of clients will be processed for enrollment into the program within 10 working days of the receipt of the application, once eligibility is determined.	0.9 Standards of Care Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly QOH.01.A. Applicants of clients with approved eligibility 90% of treatment goals are addressed upon completion of mental health treatment.	0.9 Planning Council Standards of Care Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly MH.06.A.1 90% of the treatment goals are addressed upon 90% of treatment goals are addressed upon completion of substance abuse treatment.	0.9 Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly SA.07.A. 90% of treatment goals are addressed Chart will include an appropriate assessment	0.9 0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly Client Level Standards	0 Standards of Care 0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly Client Level Standards- Assessment	0 Standards of Care 0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0

Maricopa County - Ryan White Part A Program Site Visit Tool - INTERNAL USE ONLY

Review Area	Quality Mgmt
Section X - QM Outcomes	<input checked="" type="checkbox"/>
Client Level Standards- Documentation	Standards of Care 0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
Client Level Standards- Nonmedical Case Management	Standards of Care 0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
Client Level Standards- Psychosocial	Standards of Care 0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
Client Level Standards- Referrals	Standards of Care 0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
Client Level Standards-Treatment Plan	Standards of Care 0
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	0
Client's average GAF scores improve by 5% within 6 months or upon discharge.	Planning Council Standards of Care Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	MH.06.B. Client's average GAF scores improve by 5% wit Client's average GAF scores improve by 5% within 6 months or upon discharge. Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	SA.07.B. Clients' average GAF scores improve by 5% with MCM - 01 100% of client charts contain a care plan. Yes
<input type="checkbox"/> Internal <input type="checkbox"/> PrintOnly	MCM.03.A. Case management care plan documented in cl 1