

# Subrecipient Monitoring: Milestones, Risks, Scorecards, and Rewards

Virginia Department of Health (VDH)

Ryan White HIV/AIDS Program Part B

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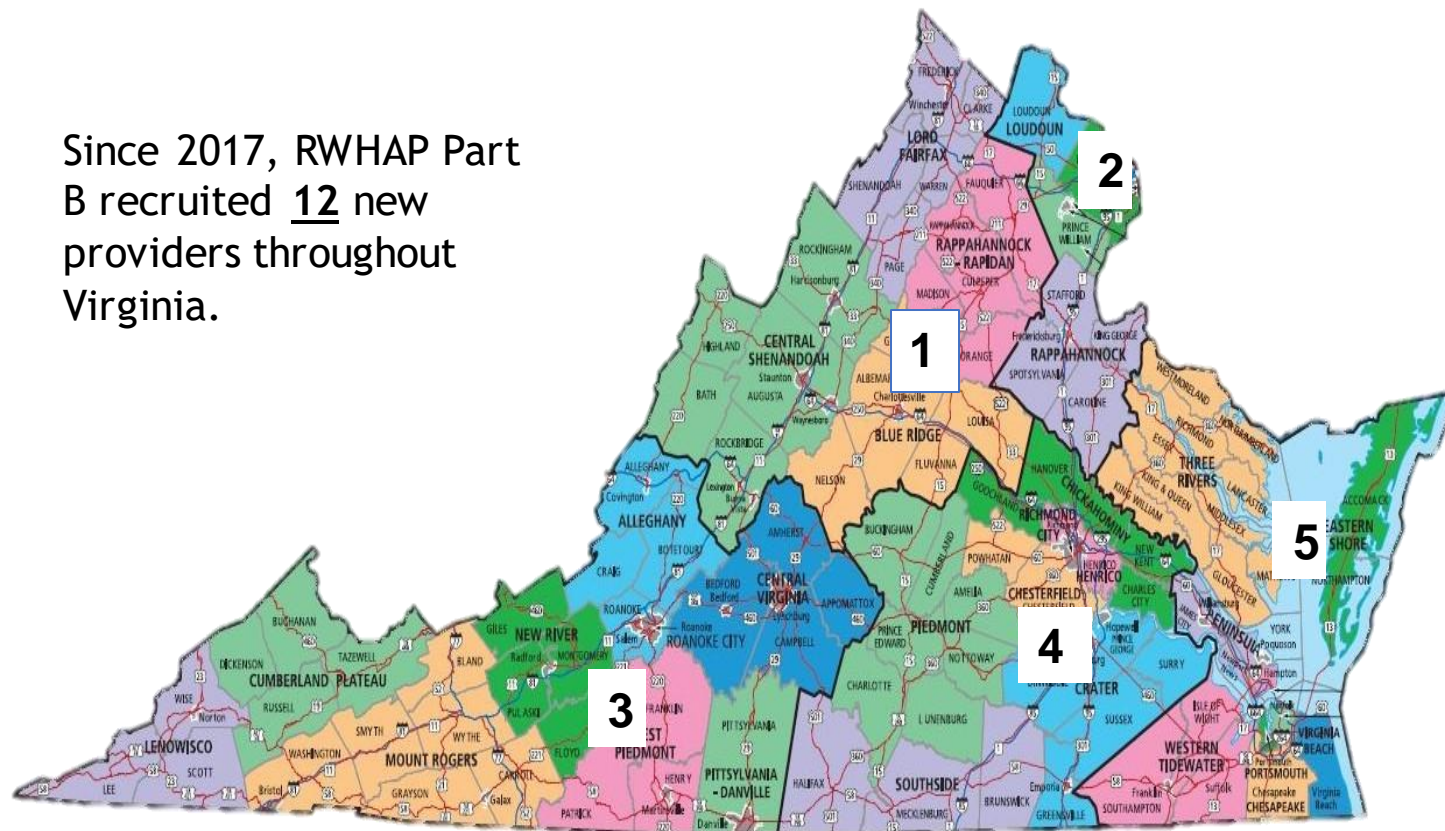
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# Presentation Objectives

1. Understand Virginia's processes for streamlining programmatic, clinical quality management, and fiscal subrecipient monitoring.
2. Identify the benefits of using consulting services to strengthen staff technical knowledge and tool development.
3. Identify at least two best practices to incorporate CQM activities and principles for monitoring performance measures, HHS HIV treatment guidelines adherence, and adherence to RWHAP Part B service standards for quality service delivery.

# Virginia Ryan White Part B Service Delivery System

Since 2017, RWHAP Part B recruited 12 new providers throughout Virginia.



REGION OF STATE (#)	NUMBER OF PROVIDERS
Central (4)	11
Northern (2)	8
Eastern (5)	6
Northwest (1)	5
Southwest (3)	3
OTHER	2
<b>TOTAL</b>	<b>35</b>

# Framework for Discussion

**Milestones:** significant events or points in development

**Risks:** something that creates or suggests a hazard

**Scorecards:** a report or indication of the status, condition, or success of something

**Reward:** something given in recognition of effort or achievement

**Outcomes:** the result or conclusion

# Milestones

# Consultant Agreement

2016—Quick Quote initiated to use rebate funding to recruit external consultant, **Organizational Ideas**, for RWHAP Part B to provide in-person and virtual technical assistance to address potential risks for RWHAP Part B in the areas of:

- HRSA site visit preparation--> Conducted Technical Assistance Mock Site Visit (TA-MOCK) to prepare for HRSA's 2017 Comprehensive Site Visit
- Quality Management
- AIDS Drug Assistance Program (ADAP)
- Contract monitoring
- Fiscal monitoring for recipient and sub recipients

# Milestones

Program	Fiscal	Quality Management
Use of consultants and research to improve monitoring tool	Use of consultants and research to improve monitoring tool for RWHAP Part B subrecipients	Use of consultants to review and reduce overlaps in Peer Review and programmatic compliance monitoring
Monthly Monitoring Calls--Enhanced monitoring activities to engage subrecipients on regular basis—real time feedback for successes and challenges	Use of RWHAP Part B fiscal site visit tool to develop a universal monitoring tool for Virginia Department of Health for all federal awards	Recruitment and selection of individually-qualified consultants to conduct peer review site visits, including more people with lived experience
Streamline process for hybrid monitoring during public health emergency	Creation of dedicated positions for fiscal auditors	Use of Peer Review site visit reports for subrecipient risk assessments when issues discovered in other monitoring activities

# Clinical Quality Management (CQM)

After VA RWHAP Part B's HRSA Comprehensive Site Visit in 2017, VA RWHAP Part B continued to engage **Organizational Ideas** to assess:

- Recipient's organizational capacity
- Ryan White Program legislative requirements
- Monitoring of subrecipient oversight processes





# Risks

# Potential Risks to RWHAP Services (1)

CQM

- Program inefficiency with duplicate tools and procedures
- Redundancy between Peer Review and programmatic compliance activities

CQM

- Need to streamline clinical quality improvement activities
- Noncompliance with collection and/or analysis of performance measure data requirement

# Potential Risks to RWHAP Services (2)

## FISCAL

- Noncompliance with proper use of federal grant funds
- Sliding fee scale noncompliance with federal requirements

## FISCAL

- Noncompliance with program income requirements, especially by subrecipients

# Potential Risks to RWHAP Services (3)

## PROGRAM

- Insufficient monitoring of sub recipients
- Annual risk assessment not completed for each subrecipient

## PROGRAM

- Programmatic site visit tool did not include adequate client chart review
- Lack of organizational capacity to effectively administer the Part B Program

# Potential Risks to RWHAP Services (4)

## ADAP

- Inadequate documentation for annual eligibility and recertification requirements
- Failure to prioritize use of rebates to support ADAP and RWHAP Part B operations

## ADAP

- Lack of clarity and transparency on rebate use and reporting
- RWHAP Part B client eligibility policies and procedures did not conform to HRSA/HAB requirements

# Scorecards

# CQM Consultation

- Assessed duplication of CQM tools and procedures
- Assessed VDH's RWHAP Part B statewide quality management plan for all required elements
- Conducted key informant interviews regarding Peer Review (PR) process to inform restructuring plan
- Assessed quality management activities with recommendation to better differentiate and emphasize quality improvement processes for Peer Review versus quality assurance activities
- Assessed tools and materials to modify PR and subrecipient processes with recommendations to strengthen and deduplicate
- Assessed CQM materials on website to ensure alignment with most recent documents and program's changes

# Fiscal Consultation

- Assessed program use of rebates, such as allowability, generating, tracking, expending, and reporting on rebates; identified practices in other jurisdictions
- Assessed invoice documentation for processing efficiencies for Programmatic and Fiscal staff to meet state's Prompt Pay requirements and to improve tracking and HRSA expenditure reporting
- Assessed processes and tools that VA RWHAP Part B used for sufficiency in meeting compliance requirements for fiscal monitoring visits
- Helped assess need for and creation of a risk assessment tool before contract issuance to subrecipients; tool also helped identify areas for subrecipient capacity building for successful contract management



# Program Consultation

- Compared and determined alignment of tools, monitoring practices, and other policies and procedures with HRSA expectations and compliance requirements
- Assessed training needs for staff to develop **Knowledge, Skills, and Abilities** for different program roles related to compliance monitoring
- Assessed VDH's service standards
- Helped assess overall programmatic structure including workforce sufficiency for size and program growth from 2016-2022
- Helped assess staff knowledge about and preparedness for the program's HRSA 2022 Comprehensive Site Visit

# ADAP Consultation

- Helped assess knowledge, skills, and practices of ADAP workforce and sufficiency to serve the program's client load
- Reviewed service delivery systems for medication access with emphasis on patient safety, patient choice, and health equity in service delivery
- Recommended strategies for programmatic or operational efficiencies and streamlining with emphasis on increasing use of rebates for ADAP and RWHAP Part B service delivery by outsourcing some operations while maintaining programmatic oversight for compliance requirements
- Assessed efficiency of program operations to reduce barriers for medication access

# Rewards and Outcomes

# CQM Rewards and Outcomes

- Created a comprehensive VA Quality Management Advisory Committee orientation manual (included all existing tools and procedures)
- Improved engagement and satisfaction of Quality Management Advisory Committee members
- Increased staff capacity to implement quality improvement projects through coaching support to Quality Management team and the leadership of VDH's HIV Care Services (HCS) unit
- Achieved better coordination between the PR team and programmatic/fiscal monitoring site visit team
- Modified tools for each type of site visit to minimize duplication of activities and removed areas of redundancy
- Assured CQM practices are consistent with the reauthorized Ryan White HIV/AIDS Treatment Extension Act of 2009

# Fiscal Rewards and Outcomes

- Gained clarity on sliding fee scale and cap on charges to assure compliance with both
- Updated program income guidelines in the programmatic guidance that includes 340B program income tracking, uses, and “spend first” requirement for subrecipients
- Trained VDH staff for subrecipient reporting of actual program income earned monthly or billed during the period on the invoice billing statement
- Assisted with onboarding new VA RWHAP Part B fiscal grants manager and federal fiscal monitor

# Fiscal Rewards and Outcomes (cont.)

- Strengthened internal accounting and documentation of financial activities for VDH and developed fiscal site tool
- Initiated annual review of subrecipients' single audits for completeness to determine whether any financial issues that could affect the RWHAP Part B
- Conducted fiscal site visits to avoid noncompliance until additional fiscal auditors were hired and trained
- Trained dedicated RWHAP Part B fiscal team in understanding fiscal compliance requirements to help develop a RWHAP Part B-specific site visit tool

# Program Rewards and Outcomes

- Developed modular training for Services Coordination staff to improve active compliance monitoring; materials helped create institutional memory using agency's training platform
- Revised monitoring tools for HRSA/HAB-required programmatic monitoring visits and crosswalk to updates of National Monitoring Standards
- Established active monitoring of subrecipients' scope of work and budgets to ensure progress on all deliverables
- Instituted monthly calls to improve subrecipient engagement and oversight
- Improved subrecipient compliance with federal requirements

# Program Rewards and Outcomes (cont.)

- Consultants provided scheduled and ad hoc 1:1 consultation to HCS managers and the HCS director related to project management, program structure, and operations
- Conducted input sessions with key stakeholders for program improvements in CQM, ADAP, and Programmatic functions
- Program developed hybrid (in-person and virtual) processes for compliance monitoring during public health emergency
- Collaborated with RWHAP Part B team to revise service standards
- HRSA recognized all Virginia RWHAP Part B subrecipient monitoring as a "program strength"



# ADAP Rewards and Outcomes

- Enhanced knowledge and understanding of ADAP by key staff; strengthened workforce
- Dedicated staff with enhanced knowledge willing to assist providers and clients to ensure service needs are met and maintained
- Enhanced collaboration with Ryan White Parts A, Part C, Part D grantees and Federally Qualified Health Centers in the state
- Streamlined and unified RWHAP Part B client eligibility for ADAP and all other RWHAP Part B services
- Outsourced Pharmacy Benefit and Insurance Benefit management to vendors; increased efficiency for staff and programmatic stability
- Conducted outreach to other recipients about their best practices for program improvement

# Questions

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