

Fiscal Monitoring Form for Ryan White Services

Agency: _____
Agency Representative: _____
Agency Representative Title: _____
Fiscal Analyst: _____
Contract Year: _____

	Standard/Performance Measure	Documentation to Be Reviewed	Documentation On Site		Comments on Documentation (What Was Reviewed and Comment on Condition and Appropriateness)
			Yes	No	
Section A: Limitations on Uses of Ryan White Funding					
1.	Aggregated sub-recipient administrative expenses total not more than 10% of Ryan White service dollars Note: Subcontractor/sub-recipient expenses for rent and utilities are allowable direct and/or indirect administrative expenses within the 10% aggregate limitation on administrative costs. Rent is considered an overhead expense, and under Ryan White HIV/AIDS Program guidance, sub-recipient overhead expenses are considered to be administrative costs.	<ul style="list-style-type: none"> Review of sub-recipient budgets to ensure proper designation and categorization of administrative costs Calculation of the administrative costs for each sub-recipient Calculation of the total amount of administrative expenses across all sub-recipients to ensure that the aggregate administrative costs do not exceed 10% Review of project budget(s) and expenses to ensure sufficient detail to allow identification of administrative expenses 			
2.	Appropriate sub-recipient assignment of Ryan White administrative expenses, with administrative costs to include: <ul style="list-style-type: none"> Usual and recognized overhead activities, including rent, utilities, and facility costs Costs of management oversight of specific programs funded under this title, including program coordination; clerical, financial, and 	<ul style="list-style-type: none"> Review current sub-recipient operating budgets with sufficient detail to review program and administrative expenses and ensure appropriate categorization of costs Review expense reports to ensure that all administrative costs are allowable 			

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	management staff not directly related to patient care; program evaluation; liability insurance; audits; computer hardware/software not directly related to patient care				
3.	Inclusion of Indirect costs (capped at 10%) only where the grantee/ sub-recipient has a certified HHS-negotiated indirect cost rate using the Certification of Cost Allocation Plan or Certificate of Indirect Costs.	<ul style="list-style-type: none"> Review sub-recipient budgets and expense reports to determine the use of the indirect cost rate and adherence to the 10% administration cap If using indirect cost as part or all of its 10% administration costs, obtain and keep on file a federally approved HHS-negotiated Certificate of Cost Allocation Plan or Certificate of Indirect Costs 			
4.	Expenditure of not less than 75% of service dollars on core medical services.	Sub-recipient monitoring and financial reporting that documents expenditures by program service category			
5.	Total expenditures for support services limited to no more than 25% of service dollars. Support services are those services, that are needed for individuals with HIV/AIDS to achieve their medical outcomes.	<ul style="list-style-type: none"> Sub-recipient monitoring and financial reporting that documents expenditures by program service category Documentation that support service funds are contributing to positive medical outcomes for clients 			
Section B: Unallowable Costs					
6.	The grantee shall provide to all Ryan White sub-recipients definitions of unallowable costs	<ul style="list-style-type: none"> Include definitions of unallowable costs in all sub-recipient requests for proposals, subgrant agreements, purchase orders, and requirements or assurances A review of monthly sub-recipient expenses to identify any unallowable costs Review of sub-recipient budgets and expense reports to assure sufficient budget justification and expense detail to document that they do not include 			

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		unallowable costs			
7.	<p>No use of Ryan White funds:</p> <ul style="list-style-type: none"> • To purchase or improve land, or to purchase, construct, or permanently improve any building or other facility (other than minor remodeling) • No cash payments to service recipients. Note: A cash payment is the use of some form of currency (paper or coins). Gift cards have an expiration date; therefore, they are not considered to be cash payments. • To develop materials designed to promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual • For the purchase of vehicles • For non-targeted marketing promotions or advertising about HIV services that target the general public (poster campaigns for display on public transit, TV or radio public service announcements, etc.) • For broad-scope awareness activities about HIV services that target the general public • For outreach activities that have HIV prevention education as their exclusive purpose • For influencing or attempting to influence members of Congress and other Federal personnel • For foreign travel 	Review policies, program plans, budgets, and expenses to ensure documented compliance			

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Section C: Income from Fees for Services Performed					
8.	<p>Use of Ryan White and third party funds to maximize program income from third party sources and ensure that Ryan White is the payer of last resort. Third party funding sources include:</p> <ul style="list-style-type: none"> • Medicaid • State Children’s Health Insurance Programs (SCHIP) • Medicare (including the Part D prescription drug benefit) and • Private insurance 	<ul style="list-style-type: none"> • Information in client files that includes proof of screening for insurance coverage • Documentation of vigorously pursuing clients to enroll in eligible insurance plans. • Documentation of policies and consistent implementation of efforts to enroll all eligible uninsured clients into Medicare, Medicaid, private health insurance or other programs • Documentation of procedures for coordination of benefits by grantee and sub-recipients • Documentation of policies and staff training on the requirement that Ryan White be the payer of last resort and how that requirement is met • Documentation of internal reviews of files and billing system to ensure that Ryan White resources are used only when a third-party payer is not available • Establish and maintain medical practice management systems for billing 			
9.	<p>Ensure billing and collection from third party payers, including Medicare and Medicaid, so that payer of last resort requirements are met</p>	<p>Review of the following sub-recipient systems and procedures:</p> <ul style="list-style-type: none"> • Billing and collection policies and procedures • Electronic or manual system to bill third party payers • Accounts receivable system for tracking charges and payments for third party payers • Where appropriate, require reports from sub-recipients on collections from third 			

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			Yes	No	
		party payers			
10.	Ensure sub-recipient participation in Medicaid and certification to receive Medicaid payments, unless waived by the Secretary of Health and Human Services	<ul style="list-style-type: none"> Review of sub-recipient's/ provider's individual or group Medicaid number If sub-recipient is not currently certified to receive Medicaid payments, documentation of efforts under way to obtain documentation and expected timing Review file of contracts with Medicaid insurance companies 			
11.	Ensure billing, tracking, and reporting of program income (including drug rebates) by Recipient and Sub-recipients	<ul style="list-style-type: none"> Review of sub-recipient billing, tracking, and reporting of program income, including drug rebates 			
12.	<p>Ensure service provider retention of program income derived from Ryan White-funded services and use of such funds in one or more of the following ways:</p> <ul style="list-style-type: none"> Funds added to resources committed to the project or program, and used to further eligible project or program objectives Funds used to cover program costs <p>Note: Program income funds are not subject to the federal limitations on administration (10%).</p>	<ul style="list-style-type: none"> Review of sub-recipient systems for tracking and reporting program income generated by Ryan White-funded services Review of expenditure reports from sub-recipient regarding collection and use of program income Monitoring of medical practice management system to obtain reports of total program income derived from Ryan White Ryan White activities Review report of program income documented by charges, collections, and adjustment reports or by the application of a revenue allocation formula 			
Section D: Imposition and Assessment of Client Charges					
13.	<p>Ensure grantee and sub-recipient policies and procedures specify charges to clients for services, which may include a documented decision to impose only a nominal charge</p> <p>Note: This expectation applies to</p>	<p>Review sub-recipient's:</p> <ul style="list-style-type: none"> Sliding fee discount policy and schedule Eligibility criteria and sliding fee eligibility application form Description of medical information system used to record patient charges, 			

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	grantees that also serve as direct service providers	payments, and adjustments <ul style="list-style-type: none"> • Documentation of sub-recipient fee schedule, and narrative on agency medical information system to show that charges have been incurred 			
14.	No charges imposed on clients with income less than or equal to 100% of the Federal Poverty Level (FPL)	<ul style="list-style-type: none"> • Review sub-recipient sliding fee discount policy and schedule, criteria, and form to ensure that clients with incomes below 100% of the FPL are not to be charged for services • Review client files and documentation of actual charges and payments to ensure that the policy is being correctly and consistently enforced and clients below 100% of FPL are not being charged for services • Review documentation that personnel are aware of and following the policy and fee schedule • Review documentation that the policy is being consistently followed 			
15.	Charges to clients with incomes greater than 100% of poverty that are based on a discounted fee schedule and a sliding fee scale. Cap on total annual charges for Ryan White services based on percent of patient's annual income, as follows: <ul style="list-style-type: none"> • 5% for patients with incomes greater than 100% and not to exceed 200% of FPL • 7% for patients with incomes greater than 200% and not to exceed 300% of FPL • 10% for patients with incomes greater than 300% of FPL 	<ul style="list-style-type: none"> • Review sub-recipient sliding fee scale/cap on charges policy and fee schedule, to ensure that they meet legislative requirements • Review system and records of charges and payments to ensure compliance with caps on charges • Review client files with sliding fee application forms to ensure consistency with policies and federal requirements • Assure sub-recipient has in place a fee discount policy that includes a cap-on-charges policy and appropriate implementation, including: <ol style="list-style-type: none"> 1. Clear responsibility for annually 			

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		<p>evaluating clients to establish individual fees and caps</p> <p>2. Tracking of Ryan White charges or medical expenses inclusive of enrollment fees, deductible, co-payments, etc.</p> <p>3. A process for alerting the billing system that the client has reached the cap and should not be further charged for the remainder of the year</p> <p>4. Documentation of policies, fees, and implementation, including evidence that staff understand the policies and procedures</p>			
Section E: Financial Management					
16.	<p>Compliance by grantee with all the established standards in the Code of Federal Regulations (CFR) for state and local governments. and sub-recipients with all the established standards in the CFR for state and local governments or non-profit organizations, hospitals, institutions of higher education. Included are expectations for:</p> <ul style="list-style-type: none"> • Payments for services • Program income • Revision of budget and program plans • Non-federal audits • Property standards, including insurance coverage, equipment, supplies, and other expendable property • Procurement standards, including recipient responsibilities, codes of 	<p>Ensure access to and review:</p> <ul style="list-style-type: none"> • Sub-recipient accounting systems, electronic spreadsheets, general ledger, balance sheets, income and expense reports, and all other financial activity reports • All financial policies and procedures, including billing and collection policies and purchasing and procurement policies • Accounts payable systems and policies 	yes		

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	<p>conduct, competition, procurement procedures, cost and price analysis, and procurement records.</p> <ul style="list-style-type: none"> • Reports and records, including monitoring and reporting, program performance, financial reports, and retention and access requirements • Termination and enforcement and closeout procedures 				
17.	<p>Comprehensive grantee and sub-recipient budgets and reports with sufficient detail to account for Ryan White funds by service category, sub-recipient, administrative costs, and to delineate between multiple funding sources and show program income</p>	<p>Determine the capacity of sub-recipient's:</p> <ul style="list-style-type: none"> • Accounting policies and procedures • Budgets • Accounting system and reports to account for Ryan White funds in sufficient detail to meet Ryan White fiscal requirements 			
18.	<p>Line-item sub-recipient budgets that include at least three category columns:</p> <ul style="list-style-type: none"> • Administrative • HIV Services 	<p>Review of sub-recipient line-item budget to ensure inclusion of required information and level of detail to ensure allowable use of funds and its relation to the proposed scope of services</p>			
19.	<p>Revisions to approved budget of federal funds that involve significant modifications of project costs.</p> <p>A significant modification occurs under a grant when cumulative transfers among direct cost budget categories for the current budget period exceed 25% of the total approved budget (inclusive of direct and indirect costs and federal funds and required matching or cost sharing) for that budget period. Even if a grantee's proposed re-budgeting of costs fall below the significant re-budgeting threshold identified above, grantees</p>	<p>Document all requests for and approvals of budget revisions</p>			

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	are still required to request prior approval, if some or all of the re-budgeting reflects: <ul style="list-style-type: none"> • A change in scope 				
20.	<p>Provider subgrant agreements and other contracts meet all applicable federal and local statutes and regulations governing subgrant/contract award and performance.</p> <p>Major areas for compliance:</p> <ol style="list-style-type: none"> Follow state law and procedures when awarding and administering subgrants (whether on a cost reimbursement or fixed amount basis) Ensure that every subgrant includes any clauses required by federal statute and executive orders and their implementing regulations Ensure that subgrant agreements specify requirements imposed upon Sub-recipients by federal statute and regulation Ensure appropriate retention of and access to records 	<ul style="list-style-type: none"> • Review policies and procedures to ensure compliance with subgrant provisions • Document and report on compliance as specified by the grantee 			
21.	<p>Sub-recipient tracking of and reporting on tangible nonexpendable personal property, including exempt property, purchased directly with Ryan White Ryan White funds and having:</p> <ul style="list-style-type: none"> • A useful life of more than one year, and • An acquisition cost of \$5,000 or 	<p>Review to determine that the grantee and each sub-recipient has a current, complete, and accurate:</p> <ul style="list-style-type: none"> • Inventory list of capital assets purchased with Ryan White funds • Depreciation schedule that can be used to determine when federal revisionary interest has expired 			

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	more per unit (Lower limits may be established, consistent with recipient policies)				
22.	Implementation of adequate safeguards for all capital assets that assure that they are used solely for authorized purposes	Review sub-recipient inventory lists of assets purchased with Ryan White funds <ul style="list-style-type: none"> • During monitoring, ensure that assets are available and appropriately registered • Review depreciation schedule for capital assets for completeness and accuracy 			
23.	Assurance by grantee and sub-recipients that: <ul style="list-style-type: none"> • Title of federally-owned property remains vested in the federal government • If the HHS awarding agency has no further need for the property, it will be declared excess and reported to the General Services Administration 	Implementation of actions specified in 21 above			
Section F: Cost Principles					
24.	Payments made to sub-recipients for services need to be cost based and relate to Ryan White administrative, quality management, and programmatic costs in accordance with standards cited under OMB Circulars or the Code of Federal Regulations	<ul style="list-style-type: none"> • Ensure grantee and sub-recipient staff familiarity with OMB Circulars A Code • Ensure that budgets and expenses conform to federal cost principles • Ensure fiscal staff familiarity with applicable federal regulations 			
25.	Payments made for services to be reasonable, not exceeding costs that would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the costs	<ul style="list-style-type: none"> • Review sub-recipient budgets and expenditure reports to determine costs and identify cost components • When applicable, review unit cost calculations for reasonableness • Review fiscal and productivity reports to determine whether costs are reasonable when compared to level of service provided 			

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		<ul style="list-style-type: none"> Assure agency has reconciled projected unit costs with actual unit costs on a yearly or quarterly basis 			
26.	<p>Written sub-recipient procedures for determining the reasonableness of costs, the process for allocations, and the policies for allowable costs, in accordance with the provisions of applicable Federal cost principles and the terms and conditions of the award</p> <p>Costs are considered to be reasonable when they do not exceed what would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the costs</p>	<ul style="list-style-type: none"> Review policies and procedures to determine allowable and reasonable costs Review methodologies for allocating costs among different funding sources and Ryan White categories Have documentation available upon Grantee request 			
27.	<p>Calculate unit costs by grantees and sub-recipients based on an evaluation of reasonable cost of services; financial data must relate to performance data and include development of unit cost information whenever practical</p> <p>Note: When using unit costs for the purpose of establishing fee-for-service charges, the GAAP definition can be used. Under GAAP donated materials and services, depreciation of capital improvement, administration, and facility costs are allowed when determining cost.</p> <ul style="list-style-type: none"> If unit cost is the method of reimbursement, it can be derived by adding direct program costs and 	<ul style="list-style-type: none"> Review unit cost methodology for sub-recipient and provider services. Review budgets to calculate allowable administrative and program costs for each service. Document compliance with submission of reports that detail performance and allow review of the sub-recipient's: <ol style="list-style-type: none"> Budget Cost of services Unit cost methodology. 			

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	allowable administrative costs, capped at 10%, and dividing by number of units of service to be delivered.				
28.	<p>Requirements to be met in determining the unit cost of a service:</p> <ul style="list-style-type: none"> • Unit cost not to exceed • The actual cost of providing the service • Unit cost to include only expenses that are allowable under Ryan White requirements • Calculation of unit cost to use a formula of allowable administrative costs plus allowable program costs divided by number of units to be provided 	<ul style="list-style-type: none"> • Review budgets to calculate allowable administrative and program costs for each service • Review methodology used for calculating unit costs of services provided 			
Section G: Auditing Requirements					
29.	Recipients and sub-recipients of Ryan White funds that are institutions of higher education or other non-profit organizations (including hospitals) are subject to the audit requirements contained in the Single Audit Act Amendments of 1996 (31 USC 7501–7507) and revised OMB Circular A-133, with A-133 audits required for all grantees and sub-recipients receiving more than \$750,000 per year in federal grants	<ul style="list-style-type: none"> • Review requirements for sub-recipient audits • Review most recent audit (which may be an A-133 audit) to assure it includes: <ol style="list-style-type: none"> 1. List of federal grantees to ensure that the Ryan White grant is included 2. Programmatic income and expense reports to assess if the Ryan White grant is included • Review audit management letter if one exists • Review all programmatic income and expense reports for payer of last resort verification by auditor 			
30.	Selection of auditor to be based on Audit Committee for Board of Directors (if non-profit) policy and process	Review sub-recipient financial policies and procedures related to audits and selection of an auditor			

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31.	Review of audited financial statements to verify financial stability of organization	Review Statement of Financial Position/Balance Sheet, Statement of Activities/Income and Expense Report, Cash Flow Statement, and Notes included in audit to determine organization's financial stability			
32.	A-133 audits to include statements of conformance with financial requirements and other federal expectations	Review statements of internal controls and federal compliance in A-133 audits			
33.	Grantees and sub-recipients expected to note reportable conditions from the audit and provide a resolution.	<ul style="list-style-type: none"> • Review of reportable conditions • Determination of whether they are significant and whether they have been resolved • Development of action plan to address reportable conditions that have not been resolved 			
Section H: Fiscal Procedures					
34.	Sub-recipient policies and procedures in place for handling revenues from the Ryan White grant, including program income	<ul style="list-style-type: none"> • Review policies and procedures related to the handling of cash or Ryan White grantee or sub-recipient revenue • Sample accounting entries to verify that cash and grant revenue is being recorded appropriately 			
35.	Right of the awarding agency to inspect and review records and documents that detail the programmatic and financial activities of grantees and sub-recipients in the use of Ryan White funds	Review policies and procedures that allow the grantee as funding agency prompt and full access to financial, program, and management records and documents as needed for program and fiscal monitoring and oversight			
36.	Awarding agency to have access to payroll records, tax records, and invoices with supporting documentation to show that expenses were actually paid appropriately with Ryan White funds	<p>Use of primary source documentation for review:</p> <ul style="list-style-type: none"> • A sample of grantee and sub-recipient payroll records • Grantee and sub-recipient documentation that verifies that payroll taxes have been paid 			

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		<ul style="list-style-type: none"> • Grantee and sub-recipient accounts payable process, including a sampling of actual paid invoices with back-up documentation 			
37.	<p>Employee time and effort to be documented, with charges for the salaries and wages of hourly employees to:</p> <ul style="list-style-type: none"> • Be supported by documented payrolls approved by the responsible official • Reflect the distribution of activity of each employee • Be supported by records indicating the total number of hours worked each day 	<p>Review documentation of employee time and effort, through:</p> <ul style="list-style-type: none"> • Review of payroll records for specified employees • Documentation of allocation of payroll between funding sources if applicable 			
38.	<p>Sub-recipient staff are responsible for:</p> <ul style="list-style-type: none"> • Ensuring adequate reporting, reconciliation, and tracking of program expenditures • Coordinating fiscal activities with program activities (<i>For example, the program and fiscal staff's meeting schedule and how fiscal staff share information with program staff regarding contractor expenditures, formula and supplemental unobligated balances, and program income</i>) • Having an organizational and communications chart for the fiscal department 	<ul style="list-style-type: none"> • Review qualifications of program and fiscal staff • Review program and fiscal staff plan and full-time equivalents (FTEs) to determine if there are sufficient personnel to perform the duties required of the Ryan White grantee • Review sub-recipient organizational chart 			
Section I: Unobligated Balances					
39.	<p>State of PA demonstration of its ability to expend funds efficiently by expending 95% of its formula funds in any grant year</p>	<ul style="list-style-type: none"> • Review sub-recipient budgets • Review grantee accounting and financial reports that document the year-to-date 			

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		and year-end spending of grantee and sub-recipient obligated funds, including separate accounting for formula and supplemental funds <ul style="list-style-type: none"> • Review individual sub-recipient financial reports that document unspent allocated funds • Calculate year-to-date expenditures and budget variances monthly • Review sub-recipient reallocation methodology 			
40.	Ongoing monitoring of unobligated Ryan White funds	Review protocols for the identification and timely reporting of unspent funds, position vacancies, etc. to the grantee			

Corrective Actions

Below, please outline any corrective actions required as a result of monitoring. Add more rows if needed. Give a copy of this page to provider once completed.

Section & Number	Issue	Corrective action to be made	Provider staff person responsible	Due Date

No corrective actions are required.

By my signature, I do attest that the information provided is accurate to the best of my abilities to determine:

Regional sub-recipient
staff preparing report-
Name: _____

Signature: _____

Date: _____

Supervisor Name: _____

Signature: _____

Date: _____

Agency Rep Name: _____

Agency Rep Signature: _____

Date: _____

Program Monitoring Form for Ryan White Services

Agency: _____
Agency Representative: _____
Agency Representative Title: _____
Regional sub-recipient staff: _____
Ryan White Grant Year: _____

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Section A: Allowable Use of Ryan White Service Funds					
1.	Use of Ryan White funds only to support: a. Core medical services b. Support services that are needed by individuals with HIV/AIDS to achieve medical outcomes related their HIV/AIDS-related clinical status c. Appropriate administrative activities	<ul style="list-style-type: none"> Review program plans and billing to assure sub-recipient is providing the services described in the RFP and contract Review expenditures for allowable activities 			
Section B: Core Medical Services					
2.	Provision of Outpatient/ Ambulatory Health Services (including Treatment Adherence) , defined as the provision of professional diagnostic and therapeutic services rendered by a licensed physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting (not a hospital, hospital emergency room, or any other type of inpatient treatment center), consistent with Public Health Service (PHS) guidelines and including access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies Allowable services include: <ul style="list-style-type: none"> Medical history taking 	Documentation of the following: <ul style="list-style-type: none"> Care is provided by health care professionals certified in their jurisdictions to prescribe medications in an outpatient setting such as a clinic, medical office, or mobile van Only allowable services are provided Services are provided as part of the treatment of HIV infection Specialty medical care relates to HIV infection and/or conditions arising from the use of HIV medications resulting in side effects Services are consistent with PHS guidelines Service is not being provided in an emergency room, hospital or any other type of inpatient treatment center 			

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	<ul style="list-style-type: none"> • Physical Examination • Diagnostic testing, including laboratory testing • Treatment and management of physical and behavioral health conditions • Behavioral risk assessment, subsequent counseling, and referral • Preventive care and screening • Pediatric developmental assessment • Prescription, and management of medication therapy • Treatment Adherence • Education and counseling on health and prevention issues • Referral to and provision of specialty care related to HIV diagnosis (includes all medical subspecialties even ophthalmic and optometric services) 				
3.	As part of Outpatient/ Ambulatory Health Services, provision of Laboratory Tests integral to the treatment of HIV infection and related complications	<ul style="list-style-type: none"> • Documentation that tests are: <ul style="list-style-type: none"> a. Integral to the treatment of HIV and related complications, necessary based on established clinical practice, and ordered by a registered, certified, licensed sub-recipient b. Consistent with medical and laboratory standards c. Approved by the Food and Drug Administration (FDA) and/or Certified under the Clinical Laboratory Improvement Amendments (CLIA) Program • Include the definition, requirements, and limitations of testing in medical services contract • Develop and share with sub-recipients a listing of laboratory tests that meet these 			

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		definitions <ul style="list-style-type: none"> Document the number of laboratory tests performed Review client charts to ensure requirements are met and match quantity of tests with reports 			
4.	Support for Home Health Care services provided in the patient's home that are appropriate to a client's needs and are performed by licensed professionals. Services must relate to the client's HIV disease and may include: <ul style="list-style-type: none"> The administration of prescribed therapeutics (e.g., intravenous and aerosolized treatment) Parenteral feeding Preventive and specialty care Wound care Diagnostics testing in the home Other medical therapies 	Assurance that: <ul style="list-style-type: none"> Services are limited to clients that are homebound Are limited to medical therapies in the home and exclude personal care services Services are provided by home health care workers with appropriate licensure as required by State and local laws 			
5.	Home and Community-Based Health Services , are defined as services provided to a client living with HIV in an integrated setting appropriate to a client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Allowable services include: <ul style="list-style-type: none"> Appropriate mental health, developmental, and rehabilitation services. Day treatment or other partial hospitalization services Durable medical equipment Home health aide services and personal care services in the home Nonallowable services include:	Documentation that: <ul style="list-style-type: none"> All services are provided based on a written care plan signed by a case manager and a clinical health care professional responsible for the individual's HIV care and indicating the need for these services The care plan specifies the types of services needed and the quantity and duration of services All planned services are allowable within the service category Documentation of services provided that: <ul style="list-style-type: none"> Specifies the types, dates, and location of services Includes the signature of the professional who provided the service at each visit Indicates that all services are allowable under this service category 			

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			Yes	No	
	<ul style="list-style-type: none"> • Inpatient hospital services • Nursing home and other long term care facilities 	<ul style="list-style-type: none"> • Provides assurance that the service is being provided only in the individual's home • Documentation of appropriate licensure and certifications for individuals providing the services, as required by local and state laws 			
6.	<p>Provision of Hospice Services, end-of-life care services, provided to clients in the terminal stage of an HIV-related illness. Allowable services are:</p> <ul style="list-style-type: none"> • Mental health counseling • Nursing care • Palliative therapeutics • Physician services • Room and board <p>Services may be provided in a home or other residential setting, including a non-acute care section of a hospital that has been designated and staffed to provide hospice services. This service category does not extend to skilled nursing facilities or nursing homes.</p> <p>To meet the need for hospice services, a physician must certify that a patient is terminally ill and has a defined life expectancy as established by the recipient. Counseling services provided in the context of hospice care must be consistent with those covered under respective state Medicaid programs.</p> <p>Service category does not extend to skilled nursing facilities or nursing homes.</p>	<p>Documentation including the following:</p> <ul style="list-style-type: none"> • Physician certification that the patient's illness is terminal as defined under Medicaid hospice regulations (having a life expectancy of 6 months or less) • Appropriate and valid licensure of sub-recipient as required by the State in which hospice care is delivered • Types of services provided, and assurance that they include only allowable services • Locations where hospice services are provided, and assurance that they are limited to a home or other residential setting or a non-acute care section of a hospital designated and staffed as a hospice setting <p>Assurance that services meet Medicaid or other applicable requirements, including the following:</p> <ul style="list-style-type: none"> • Counseling services that are consistent with the definition of mental health counseling, including treatment and counseling provided by mental health professionals (psychiatrists, psychologists, or licensed clinical social workers) who are licensed or authorized within the State where the service is provided • Palliative therapies that are consistent with those covered under the respective State's Medicaid program 			
7.	Support for Medical Case	Documentation that service sub-recipients			

Standard/Performance Measure	Documentation to Be Reviewed	Documentation On Site		Comments on Documentation (What Was Reviewed and Comment on Condition and Appropriateness)
		Yes	No	
<p>Management (including the provision of Treatment Adherence) is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication). Key activities include:</p> <ul style="list-style-type: none"> • Initial assessment of service needs • Development of a comprehensive, individualized care plan • Timely and coordinated access to medically appropriate levels of health and support services and continuity of care • Continuous client monitoring to assess the efficacy of the care plan • Re-evaluation of the care plan at least every 6 months with adaptations as necessary • Ongoing assessment of the client's and other key family members' needs and personal support systems • Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments • Client-specific advocacy and/or review of utilization of services. <p>In addition to providing the medically oriented services above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining</p>	<p>are trained professionals either medically credentialed persons or other health care staff who are part of the clinical care team</p> <p>Documentation that the following activities are being carried out for clients as necessary:</p> <ul style="list-style-type: none"> • Initial assessment of service needs • Development of a comprehensive, individualized care plan • Coordination of services required to implement the plan • Continuous client monitoring to assess the efficacy of the plan • Periodic re-evaluation and adaptation of the plan at least every 6 months, during the enrollment of the client <p>Documentation in program and client records of case management services and encounters, including:</p> <ul style="list-style-type: none"> • Types of services provided • Types of encounters/ communication • Duration and frequency of the encounters <p>Documentation in client records of services provided, such as:</p> <ul style="list-style-type: none"> • Client-centered services that link clients with health care, psychosocial, and other services and assist them to access other public and private programs for which they may be eligible • Coordination and follow up of medical treatments • Ongoing assessment of client's and other key family members' needs and personal support systems • Treatment adherence counseling • Client-specific advocacy 			

	Standard/Performance Measure	Documentation to Be Reviewed	Documentation On Site		Comments on Documentation (What Was Reviewed and Comment on Condition and Appropriateness)
			Yes	No	
	<p>access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).</p> <p>Medical Case Management services have as their objective <i>improving health care outcomes</i>.</p>				
8.	<p>Support for Medical Nutrition Therapy include:</p> <ul style="list-style-type: none"> • Nutrition assessment and screening • Dietary/nutritional evaluation • Food and/or nutritional supplements per medical provider's recommendation • Nutrition education and/or counseling <p>These services can be provided in individual and/or group settings and outside of HIV Outpatient /Ambulatory Health Services.</p> <p>All services performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Services not provided by a registered/licensed dietitian should be considered Psychosocial Support Services under the RWHAP.</p>	<p>Documentation of:</p> <ul style="list-style-type: none"> • Licensure and registration of the dietician as required by the State in which the service is provided • Client file that includes: <ul style="list-style-type: none"> • a physician's referral • a nutritional plan developed by a registered dietician or other or other licensed nutrition professional • Services provided, number of clients, and quantity of nutritional supplements and food provided to clients • Services being provided in accordance with PA DOH Service Standards <p>Document in each client file:</p> <ul style="list-style-type: none"> • Services provided and dates • Nutritional plan as required <p>Required content of the nutritional plan, including:</p> <ul style="list-style-type: none"> • Recommended services and course of medical nutrition therapy to be provided, including types and amounts of nutritional supplements and food • Date service is to be initiated 			

	Standard/Performance Measure	Documentation to Be Reviewed	Documentation On Site		Comments on Documentation (What Was Reviewed and Comment on Condition and Appropriateness)
			Yes	No	
		<ul style="list-style-type: none"> Planned number and frequency of sessions The signature of the registered dietician who developed the plan <p>Services provided, including:</p> <ul style="list-style-type: none"> Nutritional supplements and food provided, quantity, and dates The signature of each registered dietician who rendered service, the date of service Date of reassessment Termination date of medical nutrition therapy Any recommendations for follow up 			
9.	<p>Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.</p> <p>Mental Health Services are allowable only for HIV-infected clients.</p>	<p>Documentation of licensure and certification of mental health professionals as required by the State</p> <p>Documentation of the existence of a detailed treatment plan for each eligible client that includes:</p> <ul style="list-style-type: none"> The diagnosed mental illness or condition Services only for HIV-infected clients The treatment modality (group or individual) Start date for mental health services Recommended number of sessions Date for reassessment Projected treatment end date Any recommendations for follow up The signature of the mental health professional rendering service <p>Documentation of service provided to ensure that:</p> <ul style="list-style-type: none"> Services provided are allowable under Ryan White guidelines and contract requirements Services provided are consistent with the treatment plan Documentation regarding dates of client service utilization 			

	Standard/Performance Measure	Documentation to Be Reviewed	Documentation On Site		Comments on Documentation (What Was Reviewed and Comment on Condition and Appropriateness)
			Yes	No	
10.	Support for Oral Health Care services provides outpatient diagnostic, preventive, and therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.	Documentation that: <ul style="list-style-type: none"> • Oral health services are provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries and meet current dental care guidelines • Oral health professionals providing the services have appropriated and valid licensure and certification, based on State and local laws. • Clinical decisions that are supported by the American Dental Association Dental Practice Parameters • An oral health treatment plan is developed for each eligible client and signed by the oral health professional rendering the services • Services fall within specified service caps, expressed by dollar amount, type of procedure, limitations on the number of procedures, or a combination of any of the above, as determined by the PA DOH, where applicable. 			
11.	Provision of Health Insurance Premium and Cost Sharing Assistance that provides a cost-effective alternative to ADAP by: <ul style="list-style-type: none"> • Purchasing health insurance that provides comprehensive primary care and pharmacy benefits for low incomes clients that provide a full range of HIV medications • Paying co-pays (including co-pays for prescription eyewear for conditions related to HIV infection) and deductibles on behalf of the client • Providing funds to contribute to a client's Medicare Part D true out-of-pocket (TrOOP) costs 	Documentation of an annual cost-benefit analysis illustrating the greater benefit in purchasing public or private health insurance, pharmacy benefits, co-pays and or deductibles for eligible low income clients, compared to the costs of having the client in the ADAP program <ul style="list-style-type: none"> • Where funds are covering premiums, documentation that the insurance plan purchased provides comprehensive primary care and a full range of HIV medications • Where funds are used to cover co-pays for prescription eyewear, documentation including a physician's written statement that the eye condition is related to HIV 			

	Standard/Performance Measure	Documentation to Be Reviewed	Documentation On Site		Comments on Documentation (What Was Reviewed and Comment on Condition and Appropriateness)
			Yes	No	
		infection <ul style="list-style-type: none"> Assurance that any cost associated with the creation, capitalization, or administration of a liability risk pool is not being funded by Ryan White Assurance that Ryan White funds are not being used to cover costs associated with Social Security Documentation of clients' low income status as defined by the State Ryan White Program 			
12.	Support for Substance Abuse Outpatient Care , the provision of outpatient services for the treatment of drug or alcohol use disorders. Services include: <ul style="list-style-type: none"> Screening Assessment Diagnosis, and/or Treatment of substance use disorder, including: <ul style="list-style-type: none"> Pretreatment/recovery readiness programs Harm reduction Behavioral health counseling associated with substance use disorder Outpatient drug-free treatment and counseling Medication assisted therapy Neuro-psychiatric pharmaceuticals Relapse prevention Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the RWHAP, it is included in a	<ul style="list-style-type: none"> Documentation that services are provided by or under the supervision of a physician or by other qualified personnel with appropriate and valid licensure and certification as required by the State in which services are provided Documentation through program records and client files that: <ul style="list-style-type: none"> Services provided meet the service category definition All services provided with Ryan White funds are allowable under Ryan White Services are provided in accordance with PA DOH Service Standards Assurance that services are provided only in an outpatient setting Assurance that Ryan White funds are used to expand HIV-specific capacity of programs only if timely access would not otherwise be available to treatment and counseling Assurance that services provided include a treatment plan that calls for only allowable activities and includes: <ul style="list-style-type: none"> The quantity, frequency, and modality of treatment provided 			

	Standard/Performance Measure	Documentation to Be Reviewed	Documentation On Site		Comments on Documentation (What Was Reviewed and Comment on Condition and Appropriateness)
			Yes	No	
	documented plan. Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA or HAB specific guidance.	<ul style="list-style-type: none"> The date treatment begins and ends Regular monitoring and assessment of client progress The signature of the individual providing the service and or the supervisor as applicable Documentation that: <ul style="list-style-type: none"> The use of funds for acupuncture services is limited through some form of defined cap Acupuncture is not the dominant treatment modality Acupuncture services are provided only with a written referral from the client's primary care sub-recipient The acupuncture sub-recipient has appropriate State license and certification 			
Section C: Support Services					
13.	Use of Ryan White funds only for Support Services approved by the Secretary of Health and Human Services	Documentation that all subgrant funded support services billed are on the current list of HHS-approved support services, and are being provided in accordance with PA DOH Service Standards.			
14.	Support for Case Management (Non-medical) services that provide advice and assistance to clients in obtaining medical, social, community, legal, financial and other needed services.	Documentation that: <ul style="list-style-type: none"> The scope of activity includes advice and assistance to clients in obtaining medical, social, community, legal, financial, and other needed services Where benefits/entitlement counseling and referral services are provided, they assist clients in obtaining access to both public and private programs, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance programs, and other State or local health care 			

	Standard/Performance Measure	Documentation to Be Reviewed	Documentation On Site		Comments on Documentation (What Was Reviewed and Comment on Condition and Appropriateness)
			Yes	No	
		<p>and supportive services</p> <ul style="list-style-type: none"> • Services cover all types of encounters and communications (e.g., face-to-face, telephone, contact, other) • Where transitional case management for incarcerated persons is provided, assurance that such services are provided either as part of discharge planning or for individuals who are in the correctional system for a brief period 			
15.	<p>Emergency Financial Assistance (EFA) provides limited one-time or short-term payments to assist the RWAP client with an emergent need for paying for essential utilities, housing, food (including groceries, and food vouchers), transportations, and medication. Emergency financial assistance can occur as:</p> <ul style="list-style-type: none"> • Short-term payments to agencies • Establishment of voucher programs <p>Note:</p> <ul style="list-style-type: none"> • Direct cash payments to clients are not permitted. • Continuous provision of an allowable service to a client should not be funded through emergency financial assistance. 	<p>Review client records that document for each client:</p> <ul style="list-style-type: none"> • Client eligibility and need for EFA • Types of EFA provided • Date(s) EFA was provided • Method of providing EFA <p>Review to assure presence of documentation of assistance provided, including:</p> <ul style="list-style-type: none"> • Number of clients and amount expended for each type of EFA • Summary of number of EFA services received by client • Methods used to provide EFA (e.g., payments to agencies, vouchers). Direct cash payments to clients are not permitted. <p>Documentation of services and payments to verify that:</p> <ul style="list-style-type: none"> • EFA to individual clients is provided with limited frequency and for limited periods of time, with frequency and duration of assistance specified by the Recipient • Assistance is provided only for the following essential services: utilities, housing, food (including groceries, food 			

	Standard/Performance Measure	Documentation to Be Reviewed	Documentation On Site		Comments on Documentation (What Was Reviewed and Comment on Condition and Appropriateness)
			Yes	No	
		vouchers, and Food Stamps), or medications <ul style="list-style-type: none"> • Payments are made either through a voucher program or short-term payments to the service entity, with no direct payments to clients • Emergency funds are allocated, tracked, and reported by type of assistance • Ryan White is the payer of last resort 			
16.	Funding for Food Bank/Home-delivered Meals which refers to: <ul style="list-style-type: none"> • The provision of actual food items • Provision of hot meals, or • A voucher program to purchase food May also include the provision of non-food items that are limited to: <ul style="list-style-type: none"> • Personal hygiene products • Household cleaning supplies • Water filtration/ purification systems in communities where issues with water safety exist • Appropriate licensure/ certification for food banks and home delivered meals where required under State or local regulations No funds used for: <ul style="list-style-type: none"> • Household appliances • Pet foods • Other non-essential products 	Documentation that: <ul style="list-style-type: none"> • Services supported are limited to food bank, home-delivered meals, and/or food voucher program • Types of non-food items provided are allowable • If water filtration/ purification systems are provided, community has water purity issues • Services are being provided in accordance with PA DOH Service Standards Assurance of: <ul style="list-style-type: none"> • Compliance with federal regulations • Compliance with state and local regulations including any required licensure or certification for the provision of food banks and/or home-delivered meals • Use of funds only for allowable essential non-food items Monitoring of sub-recipients to document actual services provided, client eligibility, number of clients served, and level of services to these clients			
17.	Support for Health Education/Risk Reduction services providing education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It	Documentation that clients served under this category: <ul style="list-style-type: none"> • Are eligible to receive Ryan White services • Are educated about HIV transmission 			

	Standard/Performance Measure	Documentation to Be Reviewed	Documentation On Site		Comments on Documentation (What Was Reviewed and Comment on Condition and Appropriateness)
			Yes	No	
	<p>includes sharing information about medical and psychological support services and counseling with clients to improve their health status. Topics may include:</p> <ul style="list-style-type: none"> • Education on risk reduction strategies to reduce transmission such as preexposure prophylaxis (PrEP) for clients' partners and treatment as prevention • Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage.) • Health literacy • Treatment adherence education 	<p>and how to reduce the risk of HIV transmission to others</p> <ul style="list-style-type: none"> • Receive information about available medical and psychosocial support services • Receive education on methods of HIV transmission and how to reduce the risk of transmission • Receive counseling on how to improve their health status and reduce the risk of transmission to others • Services are not delivered anonymously 			
18.	<p>Support for Housing services that involve the provision of limited short-term assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain outpatient/ambulatory health services. Housing-related referral services include:</p> <ul style="list-style-type: none"> • Assessment, search, placement, advocacy, and the fees associated with these services. <p>Housing services are transitional in nature and for the purposes of moving or maintaining a client or family in a long-term, stable living situation. Therefore, such assistance cannot be provided on a permanent basis and must be accompanied by a strategy to identify, relocate, and/or ensure that client or family is moved to, or capable of maintaining, a long-term, stable living situation.</p> <p>Eligible housing can include housing that provides some type of medical or</p>	<p>Documentation that funds are used only for allowable purposes:</p> <ul style="list-style-type: none"> • The provision of short-term assistance to support emergency, temporary, or transitional housing to enable an individual or family to gain or maintain medical care • Housing-related referral services including housing assessment, search, placement, advocacy, and the fees associated with them • Housing that includes some type of medical or supportive services • Housing that does not include such services <p>Documentation that:</p> <ul style="list-style-type: none"> • Each client receives assistance designed to help him/her obtain stable long-term housing, through a strategy to identify, re-locate, and/or ensure the individual or family is moved to or capable of maintaining a stable long-term living situation • Funds cannot be in the form of direct 			

	Standard/Performance Measure	Documentation to Be Reviewed	Documentation On Site		Comments on Documentation (What Was Reviewed and Comment on Condition and Appropriateness)
			Yes	No	
	<p>supportive services (such as residential substance use disorder services or mental health services, residential foster care, or assisted living residential services) and housing that does not provide direct medical or supportive services, but is essential for a client or family to gain or maintain access to and compliance with HIV-related outpatient/ambulatory health services and treatment.</p> <p>Recipients must have mechanisms in place to allow newly identified clients access to housing services. Upon request, Recipients must provide an individualized written housing plan covering each client receiving short term, transitional and emergency housing services.</p> <p><i>Housing services funds cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments.</i></p>	<p>cash payments to clients and cannot be used for mortgage payments.</p>			
19.	<p>Support for Linguistic Services including interpretation (oral) and translation (written) services, to eligible clients. These services must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of RWHAP-eligible services.</p> <p>Services provided must comply with the National Standards for Culturally</p>	<p>Documentation that:</p> <ul style="list-style-type: none"> • Linguistic services are being provided as a component of HIV service delivery between the sub-recipient and the client, to facilitate communication between the client and sub-recipient and the delivery of Ryan White-eligible services in both group and individual settings • Services are provided by appropriately trained and qualified individuals holding appropriate State or local certification <p>Document the provision of linguistic services, including:</p> <ul style="list-style-type: none"> • Number and types of sub-recipients requesting and receiving services 			

	Standard/Performance Measure	Documentation to Be Reviewed	Documentation On Site		Comments on Documentation (What Was Reviewed and Comment on Condition and Appropriateness)
			Yes	No	
	and Linguistically Appropriate Services (CLAS).	<ul style="list-style-type: none"> • Number of assignments • Languages involved • Types of services provided – oral interpretation or written translation, and whether interpretation is for an individual client or a group • Compliance with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) 			
20.	<p>Funding for Medical Transportation Services, the provision of nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services. May be provided through:</p> <ul style="list-style-type: none"> • Contracts with providers of transportation services • Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs • Purchase or lease of organizational vehicles for client transportations programs, provided the recipient receives prior approval for the purchase of a vehicle • Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed) • Voucher or token systems <p>Unallowable costs include:</p> <ul style="list-style-type: none"> • Direct cash payments or cash reimbursements to clients • Direct maintenance expenses (tires, repairs, etc.) of a privately- 	<p>Maintain program records that document:</p> <ul style="list-style-type: none"> • The level of services/number of trips provided • The reason for each trip and its relation to accessing health and support services • Trip origin and destination • Client eligibility • The cost per trip • The method used to meet the transportation need • Reimbursement methods do not involve cash payments to service recipients • Funds are used only for transportation designed to help eligible individuals remain in medical care by enabling them to access medical and support services • Funds are not used for direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle • Funds are not used for any other costs associated with a privately-owned vehicle such as a lease, loan payments, insurance, license, or registration fees • Services are provided in accordance with the PA DOH Service Standards <p>Documentation that services are provided through one of the following methods:</p> <ul style="list-style-type: none"> • A contract or some other local procurement mechanism with a sub-recipient of transportation services • A voucher or token system that allows for 			

	Standard/Performance Measure	Documentation to Be Reviewed	Documentation On Site		Comments on Documentation (What Was Reviewed and Comment on Condition and Appropriateness)
			Yes	No	
	<p>owned vehicle</p> <ul style="list-style-type: none"> Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees. 	<p>tracking the distribution of the vouchers or tokens</p> <ul style="list-style-type: none"> A system of mileage reimbursement that does not exceed the federal per-mile reimbursement rates A system of volunteer drivers, where insurance and other liability issues are addressed Purchase or lease of organizational vehicles for client transportation, with prior approval from HRSA/HAB for the purchase 			
21.	<p>Funding for Other Professional Services allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include:</p> <ul style="list-style-type: none"> Legal services provided to and/or on behalf of the individual living with HIV and involving legal matters related to or arising from their HIV disease, including: <ul style="list-style-type: none"> Assistance with public benefits such as Social Security Disability Insurance (SSDI) Interventions necessary to ensure access to eligible benefits, including discriminations or breach of confidentiality litigation as it relates to services eligible for funding under the RWHAP. Preparation of Healthcare power of attorney, Durable powers of attorney, Living wills Permanency planning to help clients/families make decisions 	<p>Documentation that funds are used only for the provision of professional and consultant services, which involve matters directly necessitated by an individual's HIV status and are provided in accordance with PA DOH Service Standards. Such services may include:</p> <ul style="list-style-type: none"> Legal services involving legal matters related to or arising from their HIV disease, including: <ul style="list-style-type: none"> Assistance with benefits such as (SSDI) Services designed to ensure access to eligible benefits Preparation of Healthcare power of attorney, Durable power of attorney, Wills, Living Wills Permanency planning Preparation for custody options for legal Income tax preparation services required by the Affordable Care Act <p>Excludes:</p> <ul style="list-style-type: none"> Criminal defense Class-action suits unless related to access to services eligible for funding under the Ryan White HIV/AIDS Program Assurance that program activities do not include any criminal defense or class-action suits unrelated to access to services eligible for funding under the 			

	Standard/Performance Measure	Documentation to Be Reviewed	Documentation On Site		Comments on Documentation (What Was Reviewed and Comment on Condition and Appropriateness)
			Yes	No	
	<p>about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:</p> <ul style="list-style-type: none"> • Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney • Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption • Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits. <p>Excludes:</p> <ul style="list-style-type: none"> • Criminal defense • Class-action suits unless related to access to services eligible for funding under the Ryan White HIV/AIDS Program 	<p>Ryan White HIV/AIDS Program</p> <p>Document in each client file:</p> <ul style="list-style-type: none"> • Client eligibility • Types of services provided • Hours spent in the provision of such services 			
22.	<p>Support for Psychosocial Support Services provide group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns. These services may include:</p> <ul style="list-style-type: none"> • Bereavement counseling • Caregiver/respite support (RWHAP Part D) • Child abuse and neglect counseling • HIV support groups • Nutrition counseling provided by a non-registered dietitian (see 	<p>Documentation that psychosocial services funds are used only to support eligible activities, including:</p> <ul style="list-style-type: none"> • Support and counseling activities • Child abuse and neglect counseling • HIV support groups • Pastoral care/counseling • Caregiver support • Bereavement counseling • Nutrition counseling provided by a non-registered dietitian • Services provided in accordance with PA DOH Service Standards <p>Documentation that pastoral care/counseling</p>			

	Standard/Performance Measure	Documentation to Be Reviewed	Documentation On Site		Comments on Documentation (What Was Reviewed and Comment on Condition and Appropriateness)
			Yes	No	
	<p>Medical Nutrition Therapy Services)</p> <ul style="list-style-type: none"> Pastoral care/counseling services. <p>Note: Funds under this service category may not be used to provide nutritional supplements Pastoral care/counseling must be available to all eligible clients regardless of their religious denominational affiliation.</p> <p>Funds may not be used for social/recreational activities or to pay for a client's gym membership.</p>	<p>services meet all stated requirements:</p> <ul style="list-style-type: none"> Provided by an institutional pastoral care program Provided by a licensed or accredited sub-recipient wherever such licensure or accreditation is either required or available Available to all individuals eligible to receive Ryan White services, regardless of their religious denominational affiliation <p>Assurance that no funds under this service category are used for the provision of nutritional supplements, social/recreational activities or gym memberships</p>			
23.	<p>Support for Respite Care includes the provision of periodic respite care in community or home-based settings that includes non-medical assistance designed to provide care for an HIV infected client to relieve the primary caregiver responsible for the day-to-day care of an adult or minor living with HIV</p> <p>Note: Recreational and social activities are allowable program activities as part of a respite care service provided in a licensed or certified provider setting including drop-in centers within HIV Outpatient/Ambulatory Health Services or satellite facilities.</p> <p>Funds may not be used for off premise social/recreational activities or to pay for a client's gym membership.</p> <p>Funds may be used to support informal, home-based Respite Care, but liability issues should be included in the consideration of this expenditure.</p>	<p>Documentation that funds are used only:</p> <ul style="list-style-type: none"> To provide non-medical assistance for an HIV-infected client to relieve the primary caregiver responsible for the day-to-day care of that adult or minor In a community or home-based setting <p>If Recipient permits use of informal respite care arrangements, documentation that:</p> <ul style="list-style-type: none"> Liability issues have been addressed A mechanism for payments has been developed that does not involve direct cash payment to clients or primary caregivers Payments provide reimbursement for actual costs without over payment, especially if using vouchers or gift cards 			

	Standard/Performance Measure	Documentation to Be Reviewed	Documentation On Site		Comments on Documentation (What Was Reviewed and Comment on Condition and Appropriateness)
			Yes	No	
	Direct cash payments to clients are not permitted.				
Section D: Quality Management					
24.	<p>Implementation of a Clinical Quality Management (CQM) Program to:</p> <ul style="list-style-type: none"> Assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines for the treatment of HIV/AIDS and related opportunistic infections Develop strategies for ensuring that services are consistent with the guidelines for improvement in the access to and quality of HIV health services <p>CQM program to include:</p> <ul style="list-style-type: none"> A Quality Management Plan Quality expectations for sub-recipients and services A method to report and track expected outcomes Monitoring of sub-recipient compliance with DHHS treatment guidelines and the EMA/TGA's approved Standards of Care 	<p>Documentation regarding participation in quality management activities as contractually required; at a minimum:</p> <ul style="list-style-type: none"> Compliance with relevant service category standards of care Collection and timely reporting of data for use in measuring performance 			
Section E: Other Service Requirements					
25.	<p>WICY – Women, Infants, Children and Youth: Amount set aside for women, infants, children, and youth to be determined based on each of these population's relative percentage of the total number of persons living with AIDS in the EMA/TGA</p> <p>Waiver available if recipient can document that funds sufficient to meet the needs of these population groups are being provided through other federal or state programs</p>	<p>Documentation of timely submission of information regarding tracking and reporting to the recipient the amount and percentage of Ryan White funds expended for services to each priority population</p>			
26.	Referral relationships with	Documentation of:			

	Standard/Performance Measure	Documentation to Be Reviewed	Documentation On Site		Comments on Documentation (What Was Reviewed and Comment on Condition and Appropriateness)
			Yes	No	
	<p>key points of entry: Requirement that Part B Service sub-recipients maintain appropriate referral relationships with entities that constitute key points of entry Key points of entry defined in legislation:</p> <ul style="list-style-type: none"> • Emergency rooms • Substance abuse and mental health treatment programs • Detoxification centers • Detention facilities • Clinics regarding sexually transmitted disease • Homeless shelters • HIV disease counseling and testing sites <p>Additional points of entry include:</p> <ul style="list-style-type: none"> • Public health departments • Health care points of entry specified by eligible areas, including Domestic Violence shelters • Federally Qualified Health Centers • Entities such as Ryan White Part A, C, D, and F Recipients 	<ul style="list-style-type: none"> • Written referral relationships with entities considered key point of access to the healthcare system for the purpose of facilitating early intervention services for individuals diagnosed as being HIV-positive • Appropriate use of referral relationships in client charts 			
Section F: Prohibitions and Additional Requirements					
27.	Drug Use and Sexual Activity: Ryan White funds cannot be used to support AIDS programs or materials designed to promote or encourage directly intravenous drug use or sexual activity, whether homosexual or heterosexual.	Recipient review of sub-recipient budget and expenditures to ensure that they do not include any unallowable costs or activities			
28.	Purchase of Vehicles without Approval: No use of Ryan White funds by recipients or sub-recipients for the purchase of vehicles without written approval of HRSA Grants Management Officer (GMO)	<ul style="list-style-type: none"> • Signed contracts, grantee and subgrantee assurances, and/or certification that define and specifically forbid the use of Ryan White funds for unallowable activities • Where vehicles were purchased, review of files for written permission from GMO 			

	Standard/Performance Measure	Documentation to Be Reviewed	Documentation On Site		Comments on Documentation (What Was Reviewed and Comment on Condition and Appropriateness)
			Yes	No	
29.	Broad Scope Awareness Activities: No use of Ryan White funds for broad scope awareness activities about HIV services that target the general public	Review of program plans, budgets, and budget narratives for marketing, promotions and advertising efforts, to determine whether they are appropriately targeted to geographic areas and/or disproportionately affected populations rather than targeting the general public			
30.	Lobbying Activities: prohibition on the use of Ryan White funds for influencing or attempting to influence members of Congress and other Federal personnel	<ul style="list-style-type: none"> • Signed contracts, grantee and subgrantee assurances, and/or certification that define and specifically forbid the use of Ryan White funds for unallowable activities • Review of lobbying certification and disclosure forms for both the sub-recipients • Personnel manual and employee orientation information which contains information on regulations that forbid lobbying with federal funds <p>Note: Forms can be obtained from the CFR website: http://ecfr.gpoAccess.gov</p>			
31.	Direct Cash Payments: No use of Ryan White program funds to make direct payments of cash to service recipients	<ul style="list-style-type: none"> • Signed contracts, grantee and subgrantee assurances, and/or certification that define and specifically forbid the use of Ryan White funds for unallowable activities • Review of PA DOH Service Standards and other policies and procedures for service categories involving payments made on behalf of individuals to ensure that no direct payments are made to individuals (e.g., emergency financial assistance, transportation, health insurance premiums, medical or medication co-pays and deductibles, food and nutrition) • Review of expenditures by sub-recipients to ensure that no cash payments were made to individuals <p>Funds cannot be used for prepaid cards as they are considered "cash equivalent"</p>			

	Standard/Performance Measure	Documentation to Be Reviewed	Documentation On Site		Comments on Documentation (What Was Reviewed and Comment on Condition and Appropriateness)
			Yes	No	
32.	Employment and Employment-Readiness Services: prohibition on the use of Ryan White program funds to support employment, vocational, or employment-readiness services	<ul style="list-style-type: none"> Signed contracts, grantee and subgrantee assurances, and/or certification that define and specifically forbid the use of Ryan White funds for unallowable activities 			
33.	<p>Maintenance of Privately Owned Vehicle: No use of Ryan White funds for direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle or any other costs associated with a vehicle, such as lease or loan payments, insurance, or license and registration fees</p> <p>Note: This restriction does not apply to vehicles operated by organizations for program purposes</p>	<ul style="list-style-type: none"> Signed contracts, grantee and subgrantee assurances, and/or certification that define and specifically forbid the use of Ryan White funds for unallowable activities Documentation that Ryan White funds are not being used for direct maintenance expenses or any other costs associated with privately owned vehicles, such as lease or loan payments, insurance, or license and registration fees – except for vehicles operated by organizations for program purposes 			
34.	Syringe Services: No use of Ryan White funds shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.	<ul style="list-style-type: none"> Signed contracts, grantee and subgrantee assurances, and/or certification that define and specifically forbid the use of Ryan White funds for unallowable activities 			
35.	<p>Additional Prohibitions: No use of Ryan White Funds for the following activities or to purchase these items:</p> <ul style="list-style-type: none"> Clothing Funeral, burial, cremation or related expenses Local or State personal property taxes (for residential property, private automobiles, or any other personal property against which taxes may be levied) Household appliances Pet foods or other non-essential products Off-premise social/recreational activities or payments for a client's gym membership 	<ul style="list-style-type: none"> Signed contracts, grantee and subgrantee assurances, and/or certification that define and specifically forbid the use of Ryan White funds for unallowable activities Review and monitoring of recipient and sub-recipient activities and expenditures to ensure that Ryan White funds are not being used for any of the prohibited activities 			

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			Yes	No	
	<ul style="list-style-type: none"> • Purchase or improve land, or to purchase, construct, or permanently improve (other than minor remodeling) any building or other facility • Pre-exposure prophylaxis 				
Section G: Chief Elected official (CEO) Agreements & Assurances					
36.	Maintenance of appropriate referral relationships with entities considered key points of access to the healthcare system for the purpose of facilitating early intervention services for HIV-positive individuals	<ul style="list-style-type: none"> • Documentation of written referral relationships with entities considered key points of access to the healthcare system for the purpose of facilitating early intervention services for individuals diagnosed as being HIV positive • Documentation of a mechanism to track referrals from these key points of entry and linkages to care 			
37.	Provision of a program of outreach efforts to inform low-income individuals with HIV disease of the availability of services and how to access them	Review file documenting agency activities for the promotion of HIV services to low-income individuals with HIV, including copies of HIV program materials promoting services and explaining eligibility requirements			
Section H: Data Reporting Requirements					
38.	Submission of the Ryan White HIV/AIDS Program Services Report (RSR), which includes three components: the Recipient Report, the Service Sub-Recipient Report, and the Client Report	<ul style="list-style-type: none"> • Documentation of timely reporting of all the Ryan White Services the sub-recipient offers to clients during the funding year • Documentation of submission of both interim and final reports by the specified deadlines • Documentation that all service sub-recipients are entering client level data, timely, accurately, and completely. 			

Corrective Actions

Below, please outline any corrective actions required as a result of monitoring. Add more rows if needed. Give a copy of this page to rub-recipient once completed.

Section & Number	Issue	Corrective action to be made	Sub-Recipient staff person responsible	Due Date

No corrective actions are required.

By my signature, I do attest that the information provided is accurate to the best of my abilities to determine:

Regional sub-recipient staff preparing report- Name: _____ Signature: _____ Date: _____

Supervisor Name: _____ Signature: _____ Date: _____

Agency Rep Name: _____ Agency Rep Signature: _____ Date: _____

Universal Monitoring Form for Ryan White Services

Agency: _____
Agency Representative: _____
Agency Representative Title: _____
Regional sub-recipient staff: _____
Contract Year: _____

	Standard/Performance Measure	Documentation to Be Reviewed	Documentation On Site		Comments on Documentation (What Was Reviewed and Comment on Condition and Appropriateness)
			Yes	No	
Section A: Access to Care					
1.	Structured and ongoing efforts to obtain input from clients in the design and delivery of services	Review documentation at the sub-recipient level to determine methods used for obtaining consumer input into the delivery of services including: <ul style="list-style-type: none"> • Documentation of Consumer Advisory Board and public meetings – minutes and/or • Documentation of existence and appropriateness of a suggestion box or other client input mechanism and/or • Documentation of content, use, and confidentiality of a client satisfaction survey or focus groups conducted at least annually 			
2.	Provision of services regardless of an individual's ability to pay for the service. Sub-recipient billing and collection policies and procedures do not: <ul style="list-style-type: none"> • Deny services for non-payment • Deny payment for inability to produce income documentation • Require full payment prior to service • Include any other procedure that denies services for non-payment 	<ul style="list-style-type: none"> • Review sub-recipient's billing, collection, co-pay, and sliding fee policies and procedures to ensure that they do not result in denial of services • Investigate any complaints against the sub-recipient for denial of services • Review file of refused clients and client complaints 			
3.	Provision of services regardless of the	<ul style="list-style-type: none"> • Review sub-recipient eligibility and clinical 			

	Standard/Performance Measure	Documentation to Be Reviewed	Documentation On Site		Comments on Documentation (What Was Reviewed and Comment on Condition and Appropriateness)
			Yes	No	
	<p>current or past health condition of the individual to be served. Documentation of eligibility and clinical policies to ensure that they do not:</p> <ul style="list-style-type: none"> • Permit denial of services due to pre-existing conditions • Permit denial of services due to non-HIV-related conditions (primary care) • Provide any other barrier to care due to a person's past or present health condition 	<p>policies</p> <ul style="list-style-type: none"> • Investigate any complaints of sub-recipient "dumping" or "cherry picking" patients 			
4.	<p>Provision of services in a setting accessible to low-income individuals with HIV disease demonstrated by:</p> <ul style="list-style-type: none"> • A facility that is handicapped accessible, accessible by public transportation • Policies and procedures that provide, by referral or vouchers, transportation if facility is not accessible to public transportation • No policies that may act as a barrier to care for low-income individuals 	<ul style="list-style-type: none"> • Inspect service sub-recipient facility accessibility and with regard to access to public transportation • Review policies and procedures for providing transportation assistance if facility is not accessible by public transportation 			
5.	<p>Efforts to inform low- income individuals of the availability of HIV-related services and how to access them as demonstrated through the availability of informational materials about sub-recipient services and eligibility requirements such as:</p> <ul style="list-style-type: none"> • Newsletters • Brochures • Posters • Community Bulletins • Any other types of promotional materials 	<p>Review documents indicating activities for promotion and awareness of the availability of HIV services</p>			

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			Yes	No	
Section B: Eligibility Determination/Screening					
6.	<p>Screening and reassessment of clients to determine eligibility as specified by the Recipient:</p> <ul style="list-style-type: none"> • Screening of clients to determine eligibility for Ryan White services within a predetermined timeframe • Reassessment of clients every 6 months to determine continued eligibility 	<p>Review:</p> <ul style="list-style-type: none"> • Documentation of eligibility required in client records, with copies of documents (e.g., proof of HIV status, proof of residence, proof of income eligibility based on the income limit established by the Recipient, proof of insurance, uninsured or underinsured), using approved documentation as required by the PA DOH. Documents may be scanned or hardcopies. Agency doing the certification must maintain all certification documents. • Documentation of SPBP, Medicaid or Medicare is sufficient to determine income eligibility. Again, copies of documents must be maintained. • Documentation of reassessment of client's eligibility status every 6 months. The PA DOH Client Eligibility Certification Forms must be kept on file. • 6 month reassessments can be through self-attestation that there has been no change; however, each year full applications with associated documentation except for HIV status is required. • Sub-recipients must verify, collect and maintain, all eligibility determination documentation from the initial screening and all subsequent recertification documentation until services are terminated or discontinued. • Eligibility and Determination and Enrollment forms for other third party payers such as Medicaid and Medicare • Eligibility policy and procedures on file • Documentation that all staff involved in 			

	Standard/Performance Measure	Documentation to Be Reviewed	Documentation On Site		Comments on Documentation (What Was Reviewed and Comment on Condition and Appropriateness)
			Yes	No	
		eligibility determination has participated in required training <ul style="list-style-type: none"> • Sub-recipient client data reports are consistent with eligibility requirements specified by funder. • Written confirmation of eligibility in referrals made to RW services. 			
7.	Eligibility policies that do not deem a veteran living with HIV ineligible for Ryan White services due to eligibility for Department of Veterans Affairs (VA) health care benefits	Documented evidence that the sub-recipient's eligibility policies (written or verbal) do not consider VA health benefits as the veteran's primary insurance and deny access to Ryan White services citing "payer of last resort"			
Section C: Anti-Kickback Statute					
8.	Demonstrated structured and ongoing efforts to avoid fraud, waste and abuse (mismanagement) in any federally funded program	Documentation of employee understanding of the Agency Code of Ethics and Business Conduct practices which at a minimum includes: <ul style="list-style-type: none"> • Conflict of Interest • Prohibition on use of sub-recipient property, information or position without approval or to advance personal interest • Fair dealing – engaged in fair and open competition • Confidentiality • Protection and use of company assets • Compliance with laws, rules, and regulations • Timely and truthful disclosure of significant accounting deficiencies • Timely and truthful disclosure of non-compliance • For Medicare and Medicaid sub-recipients, a Corporate Compliance Plan 			
9.	Prohibition of employees (as individuals or entities), from soliciting or receiving payment in kind or cash for the purchase, lease, ordering, or	On-site assessment of personnel and agency policies that cover: <ul style="list-style-type: none"> • Contracts, MOU, agreements • Recruitment and hiring policies and 			

	Standard/Performance Measure	Documentation to Be Reviewed	Documentation On Site		Comments on Documentation (What Was Reviewed and Comment on Condition and Appropriateness)
			Yes	No	
	recommending the purchase, lease, or ordering, of any goods, facility services, or items.	procedures that discourage signing bonuses <ul style="list-style-type: none"> • Conflict of interest • Prohibition of exorbitant signing packages • Policies that discourage the use of two charge masters, one for self pay clients and a higher one for insurance companies. • Proof of employee background checks • Purchasing policies that discourage kickbacks and referral bonuses • Any documentation required by the Compliance Plan or employee conduct standards that prohibits employees from receiving payments in kind or cash from suppliers and contractors of goods or services • Hiring policies that discourage the hiring of persons with a criminal background and/or being investigated by Medicare or Medicaid 			
Section D: Recipient Accountability					
10.	Proper stewardship of all grant funds including compliance with programmatic requirements	Review sub-recipient compliance in meeting contracted programmatic and fiscal requirements, including: <ul style="list-style-type: none"> • Financial reports that specify expenditures by service category and use of Ryan White funds as specified by the Recipient • Financial and sub-recipient Policies and Procedures Manual that meet federal and Ryan White program requirements • Procedures to closely monitor any subcontractors • An independent audit; for those meeting thresholds, an audit that meet A-133 requirements 			

	Standard/Performance Measure	Documentation to Be Reviewed	Documentation On Site		Comments on Documentation (What Was Reviewed and Comment on Condition and Appropriateness)
			Yes	No	
11.	Recipient accountability for the expenditure of funds it shares with sub-recipients	<ul style="list-style-type: none"> • Fiscal and general policies and procedures that include compliance with federal and Ryan White programmatic requirements. • Flexible fiscal reporting systems that allow the tracking of unobligated balances and carryover funds and detail service reporting of funding sources • Timely submission of independent audits (A-133 audits if required) to Recipient 			
12.	Business management systems that meet the requirements of the Office of Management and Budget code of federal regulations, programmatic expectations outlined in the Recipient assurances and the Notice of Grant Award	<p>Documented policies and procedures and fiscal/programmatic reports that provide effective control over and accountability for all funds in accordance with federal and Ryan White programmatic requirements as documented through:</p> <ul style="list-style-type: none"> • Policies and Procedures that outline compliance with federal and Ryan White programmatic requirements • Independent audits • Auditor management letter 			
13.	Responsibility for activities that are supported under the Ryan White Program as outlined by Office of Management and Budget, Code of Federal Regulations, HHS Grant Policy Statement (Terms and Conditions), Program Assurances, and Notice of Grant Award (NGA)	<ul style="list-style-type: none"> • Policies and procedures and flexible fiscal and programmatic systems that can meet compliance with federal and Ryan white programmatic requirements • Desk audits of budgets, applications, yearly expenses, programmatic reports; audit reports or on-site review when assessing compliance with fiscal and programmatic requirements 			
Section E: Reporting					
14.	Submission of standard reports as required.	<p>Records that contain and adequately identify the source of information pertaining to:</p> <ul style="list-style-type: none"> • Federal award revenue, expenses, obligations, unobligated balances, assets, outlays, program income, interest • Client level data • Aggregate data on services provided; 			

	Standard/Performance Measure	Documentation to Be Reviewed	Documentation On Site		Comments on Documentation (What Was Reviewed and Comment on Condition and Appropriateness)
			Yes	No	
		clients served, client demographics, and selected financial information <ul style="list-style-type: none"> • Submission of timely sub-recipient reports • Compliance with annual instruction and formats for the Ryan White program reporting requirements • Submission of periodic financial reports that document the expenditure of Ryan White funds, positive and negative spending variances, and how funds have been reallocated to other line-items or service categories 			
Section F: Monitoring					
15.	Any sub-recipient or individual receiving federal funding is required to monitor for compliance with federal requirements and programmatic expectations through the development and consistent implementation of policies and procedures that establish uniform administrative requirements governing the monitoring of awards.	<ul style="list-style-type: none"> • Participation in and the providing of all material necessary to carry out monitoring activities • Monitoring reports of any service contractors for compliance with federal and programmatic requirements 			
16.	Salary Limit: The, HRSA funds may not be used to pay the salary of an individual at a rate in excess of \$185,100 . This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts for substantive work under a HRSA grant or cooperative agreement.	<ul style="list-style-type: none"> • Review staff salaries to determine whether the salary limit is being exceeded • Review prorated salaries to ensure that the salary when calculated at 100% does not exceed the HRSA Salary Limit • Review staff salaries to determine that the salary limit is not exceeded when the aggregate salary funding from other federal sources including all parts of RW, BPHC, and MCHB do not exceed the limitation • Review payroll reports, payroll allocation journals and employee contracts 			
17.	Salary Limit Fringe Benefits: If an	<ul style="list-style-type: none"> • Review to ensure that when an employee 			

	Standard/Performance Measure	Documentation to Be Reviewed	Documentation On Site		Comments on Documentation (What Was Reviewed and Comment on Condition and Appropriateness)
			Yes	No	
	individual is under the salary cap limitation, fringe is applied as usual. If an individual is over the salary cap limitation, fringe is calculated on the adjusted base salary.	salary exceeds the salary limit, the fringe benefit contribution is limited to the percentage of the maximum allowable salary			
18.	<p>Corrective actions taken when Provider Agency sub-recipient outcomes do not meet program objectives and Regional sub-recipient expectations, which may include:</p> <ul style="list-style-type: none"> • Improved oversight • Redistribution of funds • A "corrective action" letter • Sponsored technical assistance 	<ul style="list-style-type: none"> • Review corrective action plans • Review resolution of issues identified in corrective action plan • Policies that describe actions to be taken when issues are not resolved in a timely manner • Submission of a compliance report that lists in order of gravity the identified non-compliance activities and required corrective action plan, in compliance with the Recipient given time limit for response and implementation of measures that will bring sub-recipient into compliance • Provide the awarding agency with monitoring reports, corrective action plans, and progress reports on the resolution of any findings of a monitoring report 			

Corrective Actions

Below, please outline any corrective actions required as a result of monitoring. Add more rows if needed. Give a copy of this page to Provider Agency sub-recipient once completed.

Section & Number	Issue	Corrective action to be made	Sub-Recipient staff person responsible	Due Date

No corrective actions are required.

By my signature, I do attest that the information provided is accurate to the best of my abilities to determine:

Regional sub-recipient staff
preparing report- Name:

Signature:

Date:

Supervisor Name:

Signature:

Date:

Agency Rep Name:

Agency Rep Signature:

Date:
