

UNIVERSAL STANDARDS

The Universal Standards listed below are applicable to all service categories funded under the Ryan White Part A Program. These standards are compliant with the HRSA/HAB monitoring standards issued April 2014. Grantees are required by HRSA/HAB to adhere to these monitoring standards and as such, providers funded for Ryan White Part A services will be held to the same standards.

SERVICE	PERFORMANCE MEASURE/METHOD	MONITORING STANDARD	LIMITATIONS
Section A: ACCESS TO CARE			
1. Structured and ongoing efforts to obtain input from clients in the design and delivery of services	1. Documentation of Consumer Advisory Board and public meetings – minutes, and/or 2. Documentation of existence and appropriateness of a suggestion box or other client input mechanism, and/or 3. Documentation of content, use, and confidentiality of a client satisfaction survey or focus groups conducted at least annually	1. Maintain file of materials documenting Consumer Advisory Board (CAB) membership and meetings, including minutes 2. Regularly implement client satisfaction survey tool, focus groups, and/or public meetings, with analysis and use of results documented 3. Maintain visible suggestion box or other client input mechanism	MUST have confidentiality clause
2. Provision of services regardless of an individual’s ability to pay for the service	Subgrantee 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 	1. Have billing, collection, co-pay, and sliding fee policies that do not act as a barrier to providing services regardless of the client’s ability to pay 2. Maintain file of individuals refused services with reasons for refusal specified; include in file any complaints from clients, with documentation of compliant review and decision reached	
3. Provision of services regardless of the current or past health condition of the individual to be served	Documentation of eligibility and clinical policies to ensure that they do not: <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 	1. Maintain files of eligibility and clinical policies 2. Maintain file of individuals refused services	

<p>4. Provision of services in a setting accessible to low-income individuals with HIV disease</p>	<p>1. A facility that is handicapped accessible, accessible by public transportation 2. Policies and procedures that provide, by referral or vouchers, transportation if facility is not accessible to public transportation 3. No policies that may act as a barrier to care for low-income individuals</p>	<p>1. Comply with Americans with Disabilities Act (ADA) requirements 2. Ensure that the facility is accessible by public transportation or provide for transportation assistance</p>	<p>NO direct cash payments to clients can be made for transportation needs.</p>
<p>5. Efforts to inform low-income individuals of the availability of HIV-related services and how to access them</p>	<p>Availability of informational materials about subgrantee 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>Maintain file documenting subgrantee activities for the promotion of HIV services to low-income individuals, including copies of HIV program materials promoting services and explaining eligibility requirements</p>	
<p>Section B: Eligibility Determination/Screening</p>			
<p>1. Screening and reassessment of clients to determine eligibility as specified by the EMA, state, or ADAP:</p> <ul style="list-style-type: none"> ▪ Screening of clients to determine eligibility for Ryan White services within a predetermined timeframe ▪ Reassessments of clients every 6 months to determine continued eligibility 	<p>1. 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 EMA, State or ADAP (for Part A can be established by the grantee or the planning council), proof of insurance (uninsured or underinsured), using approved documentation as required by the EMA, or the State 2. Eligibility and Determination Enrollment forms for other third party payers such as Medicaid and Medicare 3. Eligibility policy and procedures on file 4. Documentation that all staff involved in eligibility determination has participated in required training</p>	<p>1. Develop and maintain client files that contain documentation of client’s eligibility, including the following:</p> <ul style="list-style-type: none"> ▪ HIV/AIDS diagnosis ▪ Low income (Note: for ADAP supplemental, low income is defined as not more than 200% of the FPL) ▪ Uninsured or underinsured status (insurance verification as proof) ▪ Determination of eligibility and enrollment in other third party insurance programs including Medicaid and Medicare ▪ For underinsured, ineligibility for service ▪ Proof of compliance with eligibility as defined by the EMA or State <p>2. Document that the process for</p>	

	<p>5. Subgrantee client data reports are consistent with eligibility requirements specified by funder</p> <p>6. Documentation of reassessment of client’s eligibility status every six months</p> <p>7. Training provided by the Grantee/contractor to ensure understanding of the policy and procedures</p>	<p>establishing eligibility, assessment, and reassessment takes place within time frames established by the EMA or State</p> <p>3. Document that all staff involved in eligibility determination have participated in required training</p> <p>4. Subgrantee client data a reports are consistent with eligibility requirements specified by funder, which demonstrates eligible clients are receiving allowable services</p>	
<p>2. 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</p>	<p>Documented evidence that the subgrantee’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”</p>	<p>Ensure that policies and procedures classify veterans receiving VA health benefits as uninsured, thus exempting these veterans from the “payer of last resort” requirement</p>	
<p>Section C: Anti-Kickback Statute</p>			
<p>1. Demonstrated structured and ongoing efforts to avoid fraud, waste and abuse (mismanagement) in any federally funded program</p>	<p>1. Employee Code of Ethics including:</p> <ul style="list-style-type: none"> ▪ Conflict of Interest ▪ Prohibition on use of 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 	<p>1. Maintain and review file documentation of:</p> <ul style="list-style-type: none"> ▪ Corporate Compliance Plan (required by CMS if providing Medicare-or Medicaid-reimbursable services) ▪ Personnel Policies ▪ Code of Ethics or Standards of Conduct ▪ Bylaws and Board policies ▪ File documentations of any employee or Board Member violation of the Code of Ethics or Standards of Conduct ▪ Documentation of any complaint of violation of the Code of Ethics or Standards of Conduct and its resolution <p>2. For not-for-profit contractors/grantee organizations, ensure documentation of subgrantee Bylaws, Board Code of</p>	

PHOENIX EMA UNIVERSAL STANDARDS FOR THE RYAN WHITE PART A PROGRAM

Revised by Collaborative Research, LLC

Updated March 2015

		Ethics, and business conduct practices	
2. Prohibition of employees (as individuals or entities), from soliciting or receiving payment in kind or cash for the purchase, lease, ordering, or recommending the purchase, lease, or ordering, of any goods, facility services, or items.	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	<p>1. Have adequate policies and procedures to discourage soliciting cash or in-kind payments for:</p> <ul style="list-style-type: none"> ▪ Awarding contracts ▪ Referring clients ▪ Purchasing goods or services, and/or ▪ Submitting fraudulent billings <p>2. Have employee policies that discourage:</p> <ul style="list-style-type: none"> ▪ The hiring of persons who have a criminal record relating to or are currently being investigated for Medicaid/Medicare fraud ▪ Large signing bonuses 	
Section D: Grantee Accountability			
These Standards are specific to the Grantee (see HIV/AIDS Bureau, Division of Service Systems, Monitoring Standards for RW Part A and B Grantees: Universal Standards)			
Section E: Reporting			
1. Submission of standard reports as required in circulars as well as program-specific reports as outlined in the Notice of Grant Award	<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; clients served, client demographics and selected financial information 	<p>Ensure:</p> <ul style="list-style-type: none"> ▪ Submission of timely subgrantee reports ▪ File documentation or data containing analysis of required reports to determine accuracy and any reconciliation with existing financial or programmatic data ▪ 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			
1. Any grantee or subgrantee or	Development and consistent	1. Participate in and provide all material	

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<p>individual receiving federal funding required to monitor for compliance with federal requirements and programmatic expectations</p>	<p>implementation of policies and procedures that establish uniform administrative requirements governing the monitoring of awards</p>	<p>necessary to carry out monitoring activities 2. Monitor any service contractors for compliance with federal and programmatic requirements</p>	
<p>2. Monitoring activities expected to include annual site visits of all Provider/Subgrantees.</p>	<p>Review of the following program monitoring documents and actions:</p> <ul style="list-style-type: none"> ▪ Policies and procedures ▪ Tools, protocols, or methodologies ▪ Reports ▪ Corrective site action plans ▪ Progress on meeting goals of corrective action plans 	<p>1. Establish policies and procedures to ensure compliance with federal and programmatic requirements 2. Submit auditable reports 3. Provide the grantee access to financial documentation</p>	
<p>3. Performance of fiscal monitoring activities to ensure that Ryan White funding being used for approved purposes</p>	<p>Review of the following fiscal monitoring documents and actions:</p> <ul style="list-style-type: none"> ▪ Fiscal monitoring policy and procedures ▪ Fiscal monitoring tool or protocol ▪ Fiscal monitoring reports ▪ Fiscal monitoring corrective action plans ▪ Compliance with goals of corrective action plans 	<p>Have documented evidence that federal funds have been used for allowable services and spent in accordance with Federal requirements and Ryan White expectations</p>	
<p>4. Salary Limit: HRSA funds may not be used to pay the salary of an individual at a rate in excess of \$179,700. 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.</p>	<p>1. Identification and description of individual employee salary expenditures to ensure that salaries are within the HRSA Salary Limit. 2. Determine whether individual staff receives additional HRSA income through other subawards or subcontracts.</p>	<p>1. Monitor staff salaries to determine whether the salary limit is being exceeded. 2. Monitor prorated salaries to ensure that the salary when calculated at 100% does not exceed the HRSA Salary Limit 3. Monitor 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. 4. Review payroll reports, payroll allocation journals and employee contracts.</p>	
<p>5. Salary Limit Fringe Benefits: If an individual is under the salary cap</p>	<p>Identification of individual employee fringe benefit allocation.</p>	<p>Monitor to ensure that when an employee salary exceeds the salary</p>	

<p>limitation, fringe is applied as usual. If an individual is over the salary cap limitation, fringe is calculated on the adjusted base salary.</p>		<p>limit, the fringe benefit contribution is limited to the percentage of the maximum allowable salary.</p>	
<p>6. Corrective actions taken when subgrantee outcomes do not meet program objectives and grantee expectations, which may include:</p> <ul style="list-style-type: none"> ▪ Improved oversight ▪ Redistribution of funds ▪ A “corrective action” letter ▪ Sponsored technical assistance 	<ol style="list-style-type: none"> 1. Review corrective action plans 2. Review resolution of issues identified in corrective action plan 3. Policies that describe actions to be taken when issues are not resolved in a timely manner 	<p>Prepare and submit:</p> <ul style="list-style-type: none"> ▪ Timely and detailed response to monitoring findings ▪ Timely progress reports on implementation of corrective action plan 	