TITLE: Universal Service Standards **PROGRAM:** Ryan White Part B **SECTION:** Service Standards	UTAH DEPARTMENT OF HEALTH
Executive Sponsor: Utah Department of Health **Policy Owner:** Part B & ADAP Administrators **Approved by:** RWB Manager	Last Review: 2021.03.11 Next Review: 2022.03.01 Origination Date: 2019.08.06

CONTENTS

ACRONYMS

ADAP AIDS Drug Assistance Program

AIDS acquired immunodeficiency syndrome

CAP corrective action plan

FPL federal poverty level

HAB HIV/AIDS Bureau

HHS United States Department of Health and Human Services

HIPAA Health Insurance Portability and Accountability Act

HIV human immunodeficiency virus

HRSA Health Resources and Services Administration

QA quality assurance

QI quality improvement

ROI release of information

RWB Ryan White Part B Program

TA technical assistance

UDOH Utah Department of Health

DEFINITIONS OF TERMS

Client Record Location where protected client information and documentation is securely located, this includes ClientTrack©.

QA A broad spectrum of activities aimed at ensuring compliance with minimum quality standards. Activities include the retrospective process of measuring compliance with standards (e.g., service standards). Site visits and chart reviews are examples of commonly used QA activities. QA is not the same as QI, although the results of QA activities can be used to develop QI activities.

QI Entails the development and implementation of activities to make changes to the program in response to performance measure results. QI activities are aimed at improving client care, health outcomes, and client satisfaction.

Recipient/grantee an entity, usually but not limited to non-federal entities, that receives a federal award directly from a federal awarding agency to carry out an activity under a federal program.

Subrecipient/contractor a non-federal entity that receives a sub award from a pass-through entity to carry out part of a federal program and is accountable to the recipient for the use of the funds provided; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other federal awards directly from a federal awarding agency.

UNIVERSAL SERVICE STANDARDS

Universal service standards are applicable to all service categories funded under RWB. If a Universal standard differs by service category, then the difference is described within the specific service standard. These standards are compliant with the HRSA/HAB national monitoring standards issued April 2013. Recipients/Grantees are required by HRSA/HAB to adhere to these standards and Subrecipients/Contractors funded for RWB services are held to the same standards.

ACCESS TO CARE

1. Services are provided irrespective of age, physical or mental challenges, creed, criminal history, history of substance use, immigration status, marital status, national origin, race, sexual orientation, gender identity and expression, socioeconomic status, or current/past health conditions.
2. Services are provided in accordance with the Americans with Disabilities Act (ADA) Guidelines. For information, refer to ADA Guidelines.
3. Subrecipient/Contractor:
   A. Post hours and set voicemail greetings to include hours of operation, and how to contact after business hours.
   B. Establish formal collaborative agreements with HIV and other service organizations.
   C. Inform clients of HIV services and resources available throughout the state.
   D. Have a resource referral and tracking system with identified HIV and other service providers.

Measures:

- Policies and procedures
- Posted hours/call greeting with hours
- Memoranda of Agreement
- Memoranda of Understanding
- Informational flyers, handouts, resource manuals, literature
- Documentation of resource given in client record
- Referral tracking system for each service category

RECORDS MANAGEMENT

Subrecipient/Contractor responsibilities:

1. Collect one record for each enrolled client.
2. Ensure records are complete, accurate, confidential, and securely stored.
3. Use a secure, encrypted and password protected system to share, transfer, email, and fax items containing personally identifiable information including: client records, confidential information, legal documents, invoices, and correspondence.
4. Ensure client records are handled only by authorized personnel.

Documentation

Comprehensive and appropriate documentation facilitates communication between service providers and ensures coordinated service provision. Remember, if it is not documented, it never happened. Documentation includes all relevant information about the client related to service provision. Documentation content is filed in the client record.

Content may include but is not limited to:

- Service date
- Service category / Service delivery
- Method of client interaction (e.g., face-to-face, email, phone conversation)
- Sufficient information so anyone reading it can understand
- Factual, accurate, objective, necessary, clear, concise, and specific communication

Avoid:

- Casual abbreviations
- Not reading out loud before saving
- Generalization or over-interpretations
- Grammatical errors
- Negative, biased, and prejudice language
- Details of client's intimate life unless it is relevant to client treatment/service plan
- Inadequate content for billing documentation (e.g., one sentence for three hours of service delivery unacceptable)
- Use of unconfirmed medical diagnoses unverified by a medical provider (e.g., instead of "the client is depressed," document "client stated having feelings of sadness or depressed mood" or "client describes seeing hallucinations or feeling sad on a daily basis")
- Duplication of information for the same client or for multiple clients seen by the same provider
- Information regarding other clients receiving service

Billing

Units billed require supporting documentation of service delivery. Documentation includes service date and sufficient content to substantiate the units billed. Auditors assess supporting documentation to determine compliance and validate the services provided are related to client care and correlate with units billed. Payment may be denied if documentation is insufficient to substantiate units billed for service delivery.

Measures:

- Documentation of policy supporting records management components.
- Appropriate information and content regarding client interactions, correspondence and service delivery filed in client record within specified timeframes that meet documentation and billing standards.

STAFF REQUIREMENTS/PERSONNEL QUALIFICATIONS

Subrecipient/Contractor:

1. Has written personnel policies and procedures.
2. Staff job descriptions address minimum qualifications, core competencies, and job responsibilities.
3. Professional staff follow, at minimum established codes of conduct for their discipline.
4. Receive ongoing supervision, which is relevant and appropriate to their professional needs.
5. Staff delivering direct services to clients have knowledge of the following:
    A. Effects of HIV/AIDS-related illnesses and client comorbidities
    B. Psychosocial effects of HIV/AIDS on clients and their families/significant others
    C. Current strategies for the management of HIV/AIDS
    D. HIV-related resources and services in Utah
6. Provide culturally and linguistically competent, compassionate, non-judgmental, and comprehensible services.
7. Safety and Emergency Procedures
    A. Services are provided in facilities that are clean, comfortable, and free from hazards
    B. Physical Plant Safety
    C. Emergency Procedures that include, fire, severe weather, and intruder/weapon threat Medical/Health Care Crisis
    D. Infection Control and Transmission Risk Crisis Management

E. Risk Assessment Accident/Incident Reporting

F. Safety and emergency procedures are in place and staff receives training

Measures:

- Policies and procedures.
- Job descriptions.
- Code of conduct, trainings/in-service certificates/sign-in sheets, staff interviews
- Supervisory/case conference meeting log, documentation of supervisory reviews.
- Documentation of knowledge via formal education, trainings, or other methods. Types of documentation may include, but is not limited to medical degree, license/certification, training certificate, transcripts, staff interview.
- Documentation of policy ensuring languages and formats appropriate to the population served are available and staff training requirements.
- Documentation of annual cultural and linguistic competency training completed by staff.
- Policies, procedures, site visit observation, staff interview, trainings/in-service certificates/sign-in sheets.

ELIGIBILITY DETERMINATION/SCREENING

Subrecipient/Contractor:

1. Ensure RWB funds are used as the payer of last resort.
2. Verifies eligibility with RWB at time of service.
3. Establish proof of HIV status within ten (10) business days of intake.
4. Connects client with Benefits Specialist, who assists with application/re-certification accuracy and completeness.
5. Ensure eligibility policies do not deem a veteran living with HIV ineligible for RWB services due to eligibility for Department of Veterans Affairs (VA) health care benefits.
6. Contacts client within two (2) business days and completes an initial intake within ten (10) business days of contact with client for clients whom request or are referred for services.
7. Screens and refers clients into appropriate RWB service categories as determined by presenting needs and eligibility.

Measures:

- Policies and procedures, documentation in client records of accessing funds from other resources where available.
- Policies and procedures, documentation in client records of established HIV positive status, FPL and state residency within specified timeframe.
- Policies and procedures, documentation in client records of benefits counseling/enrollment.
- Policies and procedures.
- Documentation in client records of timely intake within specified timeframes.
- Documentation in client records of screening and referrals for appropriate RWB and/or other services.

CLIENT-RELATED POLICY

The Subrecipient/Contractor:

1. Has written policies describing process and documentation pertaining to client related information.
2. Provides client access to policies.
3. Completes forms which are signed and dated by client to communicate client has been provided an explanation and understands the policy, and receives copy of client signed forms.
4. Client signed and dated forms are located in the client record.
5. Policies are reviewed annually.

Measure: Policies present and show documentation of annual review.

RIGHTS AND RESPONSIBILITIES

Client signs and dates written statement or form indicating they have received an explanation and understand the rights and responsibilities. This signed copy is located in the client record.

1. Client rights and responsibilities include at a minimum:
    A. Available services and options
    B. The ability to voluntarily withdraw from the program or terminate service at any time
    C. Transfer and transition procedures
    D. Client progress review
    E. Access to client records
    F. Scheduling, rescheduling, and canceling appointments
2. Additional rights and responsibilities may include:

A. Client treated with respect, dignity, consideration, and compassion
B. Client receive services free of discrimination
C. Client participates in creating service plan
D. Client agrees about frequency of contact, either in person or over the phone
E. Client may file a grievance about services received or denied
F. Client is not subjected to physical, sexual, verbal, and/or emotional abuse or threats
G. Client records are treated confidentially
H. Client information released only when:
    i. A written ROI is signed by the client
    ii. A medical emergency exists such as medical or behavioral condition, with sudden onset, and manifests by symptoms of sufficient severity, including severe pain, such that a prudent layperson could reasonably expect the absence of immediate medical attention to result in:
        - placing the health of the afflicted person with such a condition in serious jeopardy;
        - serious impairment to the person's bodily functions;
        - serious dysfunction of any bodily organ or part; or
        - serious disfigurement.
    iii. There is an immediate danger to the client or others
    iv. There is possible child or elder abuse
    v. Ordered by a court of law

3. Client Responsibilities
    A. Treat other clients and staff with respect and courtesy
    B. Protect confidentiality of other clients
    C. Participate in creating a service plan
    D. Inform agency of any concerns or change in needs
    E. Make and keep appointments, or phone to cancel or change an appointment time
    F. Inform the agency of change in address and phone number
    G. Respond to communications related to services in a timely manner
    H. No drug or alcohol use on premises
    I. No weapons on premises
    J. No acts of abuse towards staff, property or services

K. No physical, sexual, verbal, and/or emotional abuse or threats to agency staff

Measure: Client signed and dated Rights and Responsibilities in client record.

Grievance

1. The written grievance policy on file is available in languages and formats appropriate to the populations served.
2. Describes the process for resolving client grievances, including identification of whom to contact, applicable timelines, and tracking grievances.
3. Clients may file a grievance if service is denied, or if there is complaint or concern about the services received.
4. Grievance process shall be fair and expeditious for resolution.
5. Service provider shall document grievances, status, and resolution.

Measure: Client signed grievance form found in the client record

Privacy and Confidentiality

Subrecipient/Contractor privacy and confidentiality policy and procedures ensure client record and other personal information are:

1. Securely faxed, emailed or phoned.
2. Safely transported during the course of conducting business.
3. Securely stored electronically or physically with limited access.
4. Shared with third parties in accordance with HIPAA.
5. Maintained in a secure location and protected from unauthorized use. Electronic files are password protected with access limited to appropriate personnel.
6. Documentation and forms follow established policy and protocols including: HIPAA and the Utah Public Health Code.
7. The client record includes: HIPAA.
8. Client signed informed consent for provision of services. Time–limit not to exceed 12 months.
9. If indicated a current consent for ROI. The form at minimum, includes information regarding:
   A. To whom information will be released, including name of organization or person (emergency contact), address, etc.
   B. What specific information will be released
   C. Time-limits for ROI not to exceed 12 months
   D. Printed name and signature of client / legal guardian

E. Process to ensure a client or client's legal guardian understands signing a release to obtain and disclose information will allow sharing information from the client's record, with whom and for what purpose.

Measures:

- Documentation in client records of signed and dated Consent Form prior to receiving services.
- Documentation in client records of signed and dated ROI for coordination of care prior to third party disclosures.

Client Retention

Service providers strive to retain clients in medical care. A pattern of broken appointments can lead to discontinuity of medical care services, and lack of compliance with treatment adherence. This may be related to underlying mental health, substance use, financial, or other issues. Regular follow up procedures are established to encourage and retain a client in medical treatment. The Subrecipient/Contractor has the following:

1. A written Retention in Care Policy, which includes systematic retention assessment of enrolled clients and agency practices that encourage retention
2. An established and implemented Broken Appointment Policy, which ensures continuity of service

Measure: Documentation of Retention in Care and Broken Appointment Policies

Re-Engagement

Clients can re-engage back in to care as long as they are eligible for RWB. If a previous transition was due to inappropriate behaviors affecting self or others such as, but not limited to: client abuse of agency staff, property and services, illegal substance use on the agency premises, activities violating confidentiality of other clients at the agency, fraudulence and/or fabrication of documents then the provider is expected to staff the case to establish a re-engagement plan.

Measure: Documentation of Re-Engagement Policy and client record demonstrates consistency with the policy.

Transition

Transitions for clients receiving services may include a change in level or location of service.

Transition Expectations:

1. Prior to transition, the provider meets with client if possible concerning reasons for transition and options for ongoing services. When possible, meet face-to-face; if not possible, the provider meets with client virtually or talks with client via phone.
2. If contact is not possible, a certified letter is sent to client's last known address. If client is not present to sign for the letter, it must be returned to the provider.

Type of Transition

1. Transfer
   A. Criteria
      i. Client transfers to another agency
      ii. Client needs are more appropriately addressed in other programs/services
      iii. Client moves out of state or relocates outside of the Subrecipient/Contractor's geographic service area
   B. Transition documentation in client record includes:
      i. Transition plan, summary, and clear rationale for discharge, within thirty (30) business days of transition
      ii. Date services began
      iii. Date of transition
      iv. Reason(s) for transition
      v. Referrals made at the time of transition, if applicable
      vi. Client special needs
      vii. Services needed/actions taken, if applicable
2. Case Closure
   A. Criteria:
      i. The client/legal guardian has requested the case be closed
      ii. Inability to contact the client for more than six (6) months
      iii. Completion of services
      iv. Client death
      v. Client no longer meets eligibility requirements

vi. Verification of HIV positive status cannot be obtained within ten (10) business days of intake
vii. Eligibility verification cannot be obtained
viii. Client withdraws from or refuses funded services
ix. Client reports services are no longer needed
x. Client no longer participates in the individual service plan
xi. Client fails to maintain contact with the Benefits Specialist staff for a period of three (3) months despite three (3) documented attempts to contact client
xii. Client cannot be located
xiii. Client exhibits pattern of abuse, towards staff, property or services as defined by the agency's policy
xiv. Client becomes housed in an "institutional" program, anticipated to last for a minimum of thirty (30) days, such as a nursing home, prison, or inpatient program

B. Case Closure documentation in client record includes:
i. Date services began
ii. Date of closure
iii. Client contact or attempted contact method
iv. Telephone calls
v. Written correspondence
vi. Direct contact
vii. Other technological means (such as virtual meeting or text messaging)
viii. Staff responsible for closure summary notes clear rationale for closure within thirty (30) business days of service ending, including the following if applicable:
- Certified letter
- Referrals made at the time of case closure
- Client services needed/actions taken

Unable to Locate: If client cannot be located, the agency will attempt to locate and document contact attempts (by phone or in person) a minimum of three (3) times, on three (3) separate dates, over a three-month period after first attempt. Within five (5) business days after the last attempt to notify the client, a certified letter is mailed to the client's last known mailing address. The letter states the

case will be closed within thirty (30) days from the date on the letter, if an appointment with the provider is not made.

Withdrawal from Service: If the client reports services are no longer needed, or chooses not to participate in the service plan, the client may withdraw from services. An exit interview with the client is scheduled to determine the reason(s) for withdrawal is understood, identify factors interfering with the client's ability to fully participate, or determine if services are still needed. If other issues are identified that cannot be managed by the agency, clients are referred to appropriate agencies.

Administrative Discharge: Clients who engage in behavior that abuses the safety, or violates the confidentiality of others, may be discharged.

1. Prior to administrative discharge, the case is reviewed by leadership according to agency policy.
2. A certified letter including the reason for discharge and alternative resources is mailed to the client's last known mailing address within five (5) business days after the date of discharge. A copy of the letter is filed in the client record.
3. If the client transfers to another location, the transferring agency provides discharge summary, and other requested records, within five (5) business days of request.
4. If client moves to another area, the transferring agency arranges referral for needed services in the new location.

Measures:

- Documentation of Transition Policy for client discharge, transfer and case closure.
- Documentation of Transition Policy evident in client record where applicable.

FISCAL STANDARDS

Fiscal Procedures

1. Prepare the following:
   A. Program and fiscal staff resume and job descriptions.
   B. Staffing Plan and Subrecipient/Contractor budget and budget justification.
   C. Subrecipient/Contractor organizational chart.
2. Establish policies and procedures:
   A. For handling RWB revenue including program income.
   B. That allow the Recipient/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.

3. Make the policies and process available for Recipient/Grantee review upon request.
4. Maintain detailed chart of accounts and general ledger to provide tracking of RWB revenue.
5. Document reconciliation of advances to actual expenses.
6. Maintain payroll records for specified employees.
7. Maintain file documentation of payroll records and accounts payable, and hard-copy expenditures data.
8. Make payroll records and allocation methodology available to Recipient/Grantee upon request.
9. Submit invoices on time monthly, with complete documentation.
10. Provide timely, properly documented invoices.
11. Maintain data documenting reimbursement period, including monthly bank reconciliation reports and receivables aging report.
12. Establish and consistently use allocation methodology for employee expenditures where employees are engaged in activities supported by several funding sources.

Limitation of Uses

1. Prepare project budget and track expenses with sufficient detail to allow identification of administrative expenses.
2. Prepare project budget that meets administrative cost guidelines.
3. Provide administrative expense report with sufficient detail to permit review and track administrative cost elements.
4. If using indirect cost as part of 10% administration costs, obtain and keep on file an HHS-negotiated, federally approved Certificate of Cost Allocation Plan or Certificate of Indirect Costs; submit a current copy of the Certificate to the Recipient/Grantee.
5. Report to the Recipient/Grantee expenses by service category.
6. Documentation to support service funds are contributing to positive medical outcomes for clients.
7. True Up; Fee Justification.

Unallowable Costs

1. Maintain a file with signed Subrecipient/Contractor agreement, assurances, and/or certifications that specify unallowable costs.

2. Ensure budgets do not include unallowable costs.
3. Ensure expenditures do not include unallowable costs.
4. Provide budgets and financial expenses reports to the Recipient/Grantee with sufficient detail to document they do not include unallowable costs.
5. Maintain documentation of policies that prohibit the use of RWB funds for cash payments to service recipients.
6. Prepare a detailed program plan and budget narrative to describe planned use of any advertising or marketing activities.
7. Provide a detailed program plan of outreach activities that demonstrates how the outreach goes beyond HIV prevention education to include testing and early entry into care.
8. Include in personnel manual and employee orientation information on regulations that forbid lobbying with federal funds.
9. Maintain a file documenting all travel expenses paid by RWB funds.

Service Fee Income

1. Staff training on Policy for RWB payer of last resort, and how the requirement is met.
2. Each client screened for insurance coverage and eligibility for third-party programs, and helped to apply for such coverage, with documentation of this in client records.
3. Carry out internal reviews of files and billing system to ensure that RWB resources are used only when a third-party payer is not available.
4. Establish and maintain medical practice management systems for billing.
5. Establish and consistently implement in medical offices and pharmacies billing and collection:
   A. Policies and procedures
   B. Process and/or electronic system
6. Documentation of accounts receivable.
7. Document and maintain file information on Recipient/Grantee or individual provider agency Medicaid status.
8. Maintain file of contracts with Medicaid insurance companies. If no Medicaid certification, document current efforts to obtain such certification. If certification is not feasible, request a waiver where appropriate.

Imposition and Assessment of Client Charges

1. Establish, document, and have available for review:

A. Policy for a current schedule of charges
B. Client eligibility determination in client records
C. Fees charged by the provider and payments made to that provider by client
D. Process for obtaining and documenting client charges and payments through an accounting system manual or electronic

2. Document:
   A. Policy for schedule of charges does not allow clients below 100% of FPL to be charged for services
   B. Personnel are aware of and consistently follow the policy and schedule of charges
   C. Policy for schedule of charges must be publicly posted
3. Establish and maintain a schedule of charges policy that includes a cap on charges and the following:
   A. Responsibility for client eligibility determination to establish individual fees and caps
   B. Tracking of first RWB charges or medical expenses inclusive of enrollment fees, deductible, co-payments, etc.
   C. 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
   D. Personnel are aware of and consistently follow the policy and schedule of charges and cap on charges

Financial Management

1. Ensure adequacy of agency fiscal systems to generate needed budgets and expenditure reports, including:
   A. Accounting policies and procedures
   B. Budgets
   C. Accounting system and reports
2. Submit a line-item budget with sufficient detail to permit review and assessment of proposed use of funds for the management and delivery of the proposed services.
3. Document all requests for and approvals of budget revisions.
4. Establish policies and procedures to ensure compliance with Subrecipient/Contactor provisions.
5. Document and report on compliance as specified by the Recipient/Grantee.

Property Standards

1. Develop and maintain a current, complete, and accurate asset inventory list and a depreciation schedule that lists purchases of equipment by funding source.
2. Establish and maintain policies and procedures that acknowledge the revisionary interest of the federal government over property improved or purchased with federal dollars.
3. Develop and maintain a current, complete, and accurate supply and medication inventory list.

Measures:

- List and schedule available to the Recipient/Grantee upon request.
- Documentation of these policies and procedures for Recipient/Grantee review.
- List available to the Recipient/Grantee upon request.

Cost Principles

1. Ensure budgets and expenses conform to federal cost principles.
2. Ensure fiscal staff familiarity with applicable federal regulations.
3. Make available to the Recipient/Grantee very detailed information on the allocation and costing out of expenses for services provided.
4. Calculate unit costs based on historical data.
5. Reconcile projected unit costs with actual unit costs on a yearly or quarterly basis.
6. Have in place policies and procedures to determine allowable and reasonable costs.
7. Have in place reasonable methodologies for allocating costs among different funding sources and RWB categories.
8. Make available policies, procedures, and calculations to the Recipient/Grantee on request.
9. Have in place systems that can provide expenses and client utilization data in sufficient detail to determine reasonableness of unit costs.
10. Have in place systems that can provide expenses and client utilization data in sufficient detail to calculate unit cost.
11. Have unit cost calculations available for Recipient/Grantee review.
12. Participate in 340 B Pricing Program.
13. Use purchasing policies and procedures that meet federal requirements.
14. Establish policies and procedures that ensure contract requirements are met.
15. Provide detailed expense reports to enable the Recipient/Grantee to document that costs are at or below the cost of providing the drugs through ADAP.

Matching or Cost Sharing Funds

Subrecipient/Contactor, on behalf of the Recipient/Grantee, provides matching or cost sharing funds following the same verification process as the Recipient/Grantee.

Unobligated Balances

1. Report monthly expenditures to date to the Recipient/Grantee.
2. Inform the Recipient/Grantee of variances in expenditures.
3. Provide timely reporting of unspent funds, position vacancies, etc. to the Recipient/Grantee.
4. Establish and implement a process for tracking unspent RWB funds and provide accurate and timely reporting to the Recipient/Grantee.
5. Report any unspent funds to the Recipient/Grantee.
6. Carry out monthly monitoring of expenses to detect and implement cost-saving strategies.

Audit Requirements

1. Conduct a timely annual audit (an agency audit or an A-133 audit, depending on amount of federal funds).
2. Request a management letter from the auditor.
3. Submit the audit and management letter to the Recipient/Grantee.
4. Prepare and provide auditor with income and expense reports that include payer of last resort verification.
5. Prepare and provide auditor with financial and other documents required to conduct a major program audit (e.g. income and expense reports that include payer of last resort verification, timesheets, general ledger, etc.).
6. Financial policies and procedures guide selection of an auditor.
7. Policies and procedures available to Recipient/Grantee on request.
8. Comply with contract audit requirements on a timely basis.
9. Provide audit to Recipient/Grantee on a timely basis.
10. Provide Recipient/Grantee the agency response to any reportable conditions.
11. Comply with audit requirements A-133.

QUALITY MANAGEMENT STANDARDS

The Subrecipient/Contractor participates in quality management.

This includes:

1. Identification of person(s) responsible for quality management
2. Quality training for team leads
3. QI activities aimed at improving client care, health outcomes and client satisfaction
4. Performance measures
5. QA

Measure: Person(s) responsible and quality training for team leads noted at on-site monitoring

QI Activities

The Subrecipient/Contractor participates in QI activities:

1. Conducts QI related to client care, satisfaction or health outcomes.
2. Follows a structured methodology for conducting QI such as Plan-Do-Study-Act (PDSA).
3. Include at a minimum data collection, monitoring and quarterly reporting for QI projects.

Measures:

- Documentation of structured QI with a focus on improvement in client care, satisfaction or health outcomes related to service provided.
- Documentation of QI activities reported to UDOH quarterly, at a minimum.

Client Satisfaction

Client satisfaction evaluation is conducted annually at a minimum.

1. Subrecipient/Contractor establishes evaluation method to assess client satisfaction and quality of services. The following methods may be used:
    A. Satisfaction survey
    B. Feedback request
    C. Suggestion box or other client input mechanism
    D. Focus groups and/or public meetings
2. Subrecipient/Contractor uses results from evaluation to improve client satisfaction, quality of care or health outcomes.

Measures:

- Client satisfaction evaluation activities noted at on-site monitoring.
- Documentation of evaluation results used to improve satisfaction, quality of care or health outcomes.

Performance Measures

According to HRSA Policy Clarification Notice (PCN) #15-02, required performance measure monitoring and reporting is based on service category utilization.

Percent of RWB eligible clients receiving at least one unit of service for a RWB-funded service category	Minimum # of performance measures
≥ 50%	2
> 15% to < 50%	1
≤ 15%	0

1. HRSA strongly encourages the use of HRSA/HAB performance measures. For details of HRSA/HAB Performance Measures including rationale, inclusion, and exclusion criteria, refer to measure's portfolio online: HRSA Ryan White HIV/AIDS Program Performance Measure Portfolio.
2. The Subrecipient/Contractor monitors the required performance measure(s) on 100% of RWB clients and reports results to UDOH quarterly, at a minimum.

Measure: Documentation includes at a minimum data collection, monitoring and quarterly reporting to UDOH.

QA Monitoring

The Subrecipient/Contractor conducts monitoring to assure quality of care delivered. Results from monitoring may be used to identify and inform QI projects. The Subrecipient/Contractor is encouraged to use HRSA/HAB developed service related performance measures for QA and required performance measure reporting. UDOH monitors Subrecipient/Contractor engagement with QA as a component of on-site monitoring.

Measure: Documentation the Subrecipient/Contractor conducts QA monitoring, and results are used to inform QI if indicated.

MONITORING STANDARDS

Any agency or individual receiving federal funding is monitored to ensure compliance with federal requirements and programmatic expectations.

1. Monitoring activities include annual on-site monitoring of Subrecipient/Contractor.

2. Fiscal monitoring activities to ensure that RWB funding is being used for approved purposes.
3. Actions when monitoring or performance outcomes do not meet program objectives and Recipient/Grantee expectations may include:
    A. A "corrective action" letter
    B. CAP(s)
    C. Progress on goals or CAPs
    D. Sponsored TA
    E. More frequent oversight
    F. Redistribution of funds
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 sub-awards for substantive work under a HRSA grant or cooperative agreement.
5. Salary Limit Fringe Benefits: If an 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.
6. Subrecipient/Contractor submit program, statistical, fiscal, and expenditure reports as outlined in UDOH contracts.

Measures:

- Documentation demonstrating consistent monitoring implementation following uniform administrative requirements governing the monitoring of awards.
- Documentation of UDOH monitoring including:
    A. Date of monitoring
    B. Persons involved in monitoring
    C. Administrative, quality management and service delivery monitoring
    D. Review of policies and procedures
    E. Review of tools, protocols, methodologies, and other identified reports
- Documentation of UDOH monitoring including:
    A. Date of monitoring
    B. Persons involved in monitoring
    C. Review of fiscal monitoring policy and procedures, tools, protocols, monitoring reports

D. CAPs as indicated

E. Progress on goals or CAPs

- Documentation of actions associated with monitoring activities ensure compliance with program objectives and Recipient/Grantee expectations. This may include:
  A. Approved CAP(s)
  B. Report of CAP progress
  C. TA
  D. Redistribution of funds
  E. Other actions
- Identification and description of individual employee salary expenditures to ensure salaries are within the HRSA Salary Limit.; determine whether individual staff receives additional HRSA income through other sub- awards.
- Identification of individual employee fringe benefit allocation.

Measure: Records comply with Subrecipient/Contract reporting requirements.

RESOURCES

- HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards – Program Part B
- https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio
- https://hab.hrsa.gov/sites/default/files/hab/About/RyanWhite/habpartbmanual2013.pdf
- https://hab.hrsa.gov/sites/default/files/hab/Global/fiscalmonitoringpartb.pdf
- https://hab.hrsa.gov/sites/default/files/hab/Global/HAB-PCN-15-02-CQM.pdf
- https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf
- https://ptc.health.utah.gov/wp-content/uploads/2021/03/2020-Utah-Ryan-White-Part-B-Program-Manual-FINAL-2020.04.01.pdf
- https://ptc.health.utah.gov/wp-content/uploads/2021/03/Final_Mar_2021_-RWBCQMPlan-1.pdf

Revise Date	Title of Reviewer	Change Description or Location
2021.04.05	Quality Coordinator	Formatting, grammar and content updates. Shared list of implemented updates with Part B Administrator and RN Quality Consultant.
2021.03.26	Quality Coordinator	Formatting and grammar. Added to Resources list. Shared other recommendations for improvement with Part B Administrator.
2021.03.11	ADAP and Part B Admin	Reviewed resources section, removed last sentence under the Universal standards section, formatting, and assigned tasks for Fiscal and QM to review.
2021.03.26	RN Quality Consultant	Added documentation and billing sections
2021.04.06	RN Quality Consultant	Adjusted formatting and periods for consistency

Approval Group	Review Date
Part B Administrator: Seyha Ros	2021.03.11
ADAP Administrator: Allison Allred	2021.03.11
Quality Coordinator: Marcee Mortensen	2021.04.05
Senior RN Quality Consultant: Vinnie Watkins	2021.04.06
Fiscal Analyst III: Anna Packer	2021.04.30
Financial Manager I: Derrick Blomquist	2021.04.30
RWB Manager: Tyler Fisher	2021.05.19
Director, Bureau of Epidemiology: Sam LeFevre	2021.05.21