

ISDH HSP Annual Subrecipient Monitoring Site Visit Procedure

BACKGROUND:

The HIV STD Viral Hepatitis Division will conduct compliance site visits to agencies that are carrying out a portion of the Ryan White Part B award by providing core and support services to ensure compliance with federal requirements and contractual standards if required by the jurisdiction. Annual site visits assure subrecipient compliance with federal, state, and local legislative and programmatic requirements which are described in the National Monitoring Standards developed by the Division of State HIV/AIDS Programs (DSHAP) within Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB). The Standards are prescriptive regarding the frequency (annually) and kind of recipient monitoring activities of subrecipient agencies and services (compliance). The principal purpose for describing and outlining the process to be followed prior, during, and after a monitoring site visit is to guarantee a standardized and transparent process for the agencies as well as the HIV STD Viral Hepatitis Division.

PROCEDURES:

I. Planning Process

A. Scheduling Site Visits:

In April of each year, the monitoring staff will meet with the Ryan White Service Director to review subrecipient risk using the annual risk assessment tool that was completed prior to award (Attachment A). Results will be compiled, assigning priority to those agencies with higher risk scores. The annual site visit schedule will be developed with the goal of visiting agencies with higher risk earlier in the year.

B. Steps

Once the visit schedule is established, the monitoring staff can proceed to notify the agencies of the visit dates. Notification will be sent to the agencies at least four weeks prior to the visit. The notification can be completed by call, email, letter or fax but must include the names of the ISDH monitoring team, the date of the visit, a copy of the monitoring tools, and a list of the documents for review.

II. Monitoring Process

A. Site Visit Review Team

At a minimum, the monitoring team should include one fiscal reviewer and one program reviewer. The inclusion of clinical reviewer or quality management improvement staff to perform chart reviews as part of the monitoring visit is optional. A team leader will be identified for each site visit cycle.

B. Conference Call

A thirty minute conference call between ISDH and the sub-recipient will be scheduled no later than two weeks prior to the visit. The calls will verify the date, purpose of the site visit, review the site visit agenda and to answer questions about the process or requested documents. The following stakeholders should participate on the call:

- ISDH: the ISDH monitoring team conducting the visit and Ryan White Service Director of the HIV STD Viral Hepatitis Branch.
- Sub-recipient: the sub-recipient's Executive Director, HIV Program supervisor, a medical or social services representative, and a fiscal representative.

The team leader of the monitoring team should identify the visit as a routine annual compliance monitoring visit and, if necessary, identify any major issues to be addressed during the visit. Issues to be discussed during the thirty (30) minute call:

1. Confirm site visit dates.
2. Explain the purpose of the site visit.
3. Explain the roles of the review team members.
4. Verify receipt by subrecipient of the letter announcing the visit, monitoring staff contact information, monitoring tools, evaluation (attachment B), site visit agenda format (attachment C), documents list (attachment D).
5. Discuss the tentative agenda, making adjustments as needed.
6. Determine if there are multiple sites to be visited (i.e. Administration offices and case manager services in different facilities). Discuss transportation logistics between sites.
7. Identify who should attend the entrance and exit conference.
8. Confirm meeting with HIV positive consumers (if one is going to be done). Discuss logistics, such as location, times and whether food will be provided.

9. Discuss client chart review process, if applicable.

C. Annual Site Visit

The duration of the site visit will depend on the complexity of the organization and if contracted services are singular or multifaceted (i.e. a small case management organization versus a large hospital outpatient clinic). Monitoring visits are structured to be able to evaluate the organization systems, policy/procedure manuals and charts, and to test for compliance with legislative and programmatic requirements. Please see Site Visit Agenda Template (Attachment C).

- a. Entrance Meeting: The visit will start with an Entrance Meeting. There will be introductions, and the team lead will re-state the purpose of the meeting. The subrecipient will provide a 1-hour presentation about the agency, how RWHAP Part B services have been implemented, and any success and challenges of the Part B Program.
- b. Site Visit and Monitoring Activities: Refer to Site Visit Agenda Template. It is important to incorporate staff interviews in this process, as well as document and chart review. Staff interviews are a useful way of verifying the implementation of the policies and procedures, recognizing deviations from the established norms, answering policy or procedural questions, and identifying technical assistance opportunities. Staff can include supervisors, managers and front-line staff as appropriate.
- c. Exit Meeting: During the Exit Meeting, the ISDH review team will inform the subrecipient key staff of the compliance issues and/or opportunities for improvement identified during the visit. At that time, the review team will also provide recommendations for how to develop or improve systems that are compliant with contractual obligations and legislative requirements. The review team should strive to communicate to the recipient the findings and recommendations to be included in the final report.

CI. Follow Up Visits

ISDH review team will notify the sub-recipient that follow-up visits may occur under certain circumstances. Follow-up visits will be scheduled as a response to:

1. Subrecipient delays in meeting corrective action plan activities and deadlines (if applicable).

2. Significant unresolved consumer complaints identified during visit: (i.e., barriers to care, denied services for non-payment of bill, provider instituting a waiting list, etc.).
3. Significant unresolved sub-recipient concerns (i.e., Part B funded staff have not received a payroll check for two months, agency cannot justify expenses, fiscal review indicates possible mismanagement of funds, etc.).
4. Audit findings which question the financial stability and sustainability of the agency.
5. Need for targeted technical assistance.

III. Monitoring Reports

A. Report

After the visit, the reviewers must prepare a preliminary report (Attachment E) which will be presented during a full staff meeting. The discussion should prioritize the severity of the findings, recommend timelines for corrective actions based on the severity of the findings, and if there should be any follow-up visits. Once the report is approved by ISDH, it is sent to the subrecipient. Reports must be provided to the sub-recipient no later than 45 days after the site visit. In the event that there are fiscal findings that require the expertise of ISDH legal or audit department, the Deputy Director will make the decision on whether to refer the case or to end the contract.

IV. Corrective Action Plan

The sub-recipient has 10 working days after receiving the final report to submit a corrective action plan to the ISDH contract monitor, responding to the legislative and programmatic findings as outlined in the corrective action (Attachment F).

The Recipient monitoring staff will have seven (7) working days to approve or modify the action plan after discussions with the subrecipient.

Example: The subrecipient does not have fiscal policies and procedures. The subrecipient indicates they will be developed within 6 months in the Corrective Action Plan. ISDH may provide technical assistance through an expert or peer (another agency) to assist and shorten the target completion date.

Sub-recipients that do not indicate progress in resolving legislative or programmatic findings for more than a year will be considered non-compliant with the implementation of the Corrective Action Plan.

Example:

- Legislative Finding: Payor of last resort finding for not billing billable services.
- Plan: Sub-recipient is to purchase billing U
- Assessment: Not compliant with the completion of action plan.

The Monitoring staff will discuss with Deputy Director and/or Ryan White Service Director the completion delays of more than a year and Deputy Director and/or Ryan White Service Director will decide whether to apply any punitive measures for not executing the action plan compliance such as adjusting the sub-recipient risk assessment or adjusting funding because of the risk of providing non allowable services.

VI. Time Sensitive Calendar Guide

Depending on the size and complexity of the subrecipient agency, the monitoring process cycle should not be longer than 100 working days from the day the agency is notified of the site visit. The working schedule can follow the following calendar:

Day 1: Notice of monitoring visit. The team has send the announcement of the site visit and the conference call date

Day 15: Beginning of monitoring process. The monitoring process will start with participation in the conference call. Recipient staff will clearly articulate the monitoring process phases and expectations. At the same time the funded agency will have an opportunity to ask procedural questions, agree to the visit starting date and time and voice any concerns or barriers that the process might encounter. (Example: the unexpected long term absence of one of the key members of the HIV Program team.)

Day 30: Site Visit. Reviewers will be onsite from 2 to 5 days and that the process for gathering all the necessary information, the visit and the report writing will not take more than ten working days.

Day 41: Discussion of Draft Report. By this day the monitoring staff should have completed a detailed draft report inclusive of narrative, observation, areas of improvement and recommendations. The draft report is discussed during the contract monitor staff meeting, and the final draft will be submitted for Deputy Director and Ryan White Service Director for approval.

Day 48: Submission of Report to Subrecipient. On the 45th day of working in the monitoring process, a site visit report will be mailed or hand-delivered to the administration of the funded sub-recipient, copied to the Deputy Director and Ryan White Service Director.

Day 59 : Subrecipient Corrective Action Plan: The subrecipient will have ten (10) working days to respond in writing with a Corrective Action Plan. For each legislative and programmatic finding, written explanation of the corrective action with a timeline is expected. When the corrective action completed, documentation is to be submitted to ISDH (Example: Conflict of Interest Policy related to procurement did not exist. The sub-recipient explains what will occur (policy to be developed), by when it will be completed (Within 30 days), and then submits the final policy to ISDH as documentation of completion).

A response and timeframe for each corrective action is required for all legislative and programmatic findings. Responses are not required to recommendations for best practices or improvements, but if the agency adopts the recommendation the implementation should be reported to ISDH.

Day 96 : Follow up visits. ISDH may conduct sub-recipient follow up visits after three months to confirm corrective actions were implemented, to provide technical assistance if corrective actions have been delayed, or in response to specific identified issues (i.e., concerns with management of funds). The severity and number of compliance problems will guide the length and focus of the follow-up visit.

EXCEPTIONS:

None

REFERENCES:

- Fiscal Monitoring Standards: [Part B](#)
- Program Monitoring Standards: [Part B](#)
- Universal Monitoring Standards: [Parts A and B](#)
- [Frequently Asked Questions](#) (FAQs)

ATTACHMENTS

- A. ISDH Pre-Award Risk Assessment
- B. Site Visit Evaluation Form (Online Survey)
- C. Sample Monitoring Site Visit Agenda
- D. Document Review List
- E. Site Visit Report Cover Letter Template
- F. Site Visit Report Template

**Indiana State Department of Health (ISDH)
HIV Services Program (HSP)
HSP Procedure #18-06**

G. Corrective Action Plan

H. Fiscal Monitoring Tool

I. Administrative/Programmatic Monitoring Tool

Implemented: August 2018

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PRE AWARD RISK BASED ASSESSMENT TOOL

Policy: Federal pass-through agencies must have a framework for evaluating the risk posed by applicants prior to receipt of the federal award (*HHS 45 CFR 75.205*).

Purpose: To have in place a framework for evaluating the quality of the application and effectively monitoring the risk associated with grants made with federal pass-through funds to sub-recipients. The focus is to insure that grant programs meet the following requirements: insure compliance with federal and programmatic regulations; adhere to the grantor's guidelines and agreements; remain within budget; and carry out the scope of services.

Procedures:

1. Develop a risk-based assessment tool that considers: the applicant's ability to effectively implement federal and state statutory and regulatory requirements; financial management/Single Audit; quality management systems; and history of performance.
2. Risk assessment criteria must be described in the request for proposal or application.
3. Prior to issuing the sub-award grant/contractor, the recipient will assess the level of risk of the applicant.
4. Based on the sub-recipient application, and past history with grant awards, ISDH grant/contractor staff shall use the Pre Award risk-based assessment form to determine the level of risk of the application as high, medium or low.
5. The risk score determines the order in which staff will evaluate the grant program and/or perform a site visit.
 - A score of 35 – 74 requires **intensive follow-up** and improvement based on a thorough evaluation of the grant project and execution of the approved action plan;
 - A score of 26 – 34 requires evaluating areas that **need improvement** and improving those areas based on the approved action plan; and
 - A score of 25 or less generally identifies that the program is at **lower** risk for potential non-compliance with federal regulations and possible mismanagement of funds.
6. Based on the degree of risk assessed, ISDH could determine that the sub-award will be made with special conditions.

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PRE AWARD RISK BASED ASSESSMENT TOOL

7. Grant/contractor staff must insure applicant complies with the federal guidelines on government wide suspension and debarment (*system for Award Management: sam.gov*).
8. The risk based assessment will also be used by the ISDH, HIV services monitoring staff to prioritize the annual monitoring site visits and focus on area of concern (high risk).

Risk Level	Monitoring Plan Guidelines
<p style="text-align: center;">High (35-74)</p>	<p>Staff completing the assessment will identify factors that contributed to the high risk score. Grant staff will prepare and distribute a report that outlines non-compliance issues and areas that require improvement. The report will be distributed to the recipient, granting agency, and program coordinator. The recipient's shall respond to the State's granting agency with a Corrective Action Plan within 15 calendar days. The Grants Office will then provide a schedule of the evaluation process and site visits. The recipient may be required to submit more frequent progress/performance/financial reports until further notice.</p> <p>The recipient shall receive technical assistance upon request.</p>
<p style="text-align: center;">Medium (26-34)</p>	<p>Staff will identify factors that contributed to the medium risk score, prepare and distribute a report that outlines areas of non-compliance and areas that require improvement. The report will be distributed to the recipient, granting agency and program coordinator. The recipient shall respond with a Corrective Action Plan within 15 calendar days. The Grants Office will then provide a schedule of the evaluation process and/or site visits. The evaluation and follow-up may be conducted via desk audit. The recipient may be required to submit more frequent progress/performance/financial reports until further notice.</p> <p>The recipient shall receive technical assistance upon request.</p>
<p style="text-align: center;">Low (13-25)</p>	<p>Grants staff will continue to monitor progress/performance/financial reports for accuracy, timeliness, and no significant program changes.</p> <p>A grant evaluation or site visit may be conducted.</p>

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PRE AWARD RISK BASED ASSESSMENT TOOL

Recipient Name:	
Grant Award Number:	
Grant Project Name:	
Recipient's EIN:	
Recipient's DUNS number:	
Risk assessment completed by:	
Date assessment completed:	
Project Year: From the date of the signed contractor or agreement between the State and the recipient	<input type="checkbox"/> Year 1 (0-12 months) <input type="checkbox"/> Year 2 (13-24 months)
Total Score/Level: ()	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low

Total amount awarded for this project (Ryan White)	
Annual Financial Obligation of \$0 – \$29,999.99	<input type="checkbox"/>
Annual Financial Obligation of \$30,000.00 – \$39,999.99	<input type="checkbox"/>
Annual Financial Obligation of \$40,000 - \$99,999.99	<input type="checkbox"/>
Annual Financial Obligation of \$100,000 – \$249,999.99	<input type="checkbox"/>
Annual Financial Obligation of \$250,000.00 or more	<input type="checkbox"/>

1. Compliance with Federal and statutory regulations	Score
<i>The sub-recipient organization is debarred from doing business with the federal government.</i>	No federal funds awarded
Sub-recipient organization was suspended has paid outstanding obligation	1
Sub-recipient organization is suspended making timely payment to the plan	2
Sub-recipient organization is suspended has skipped some payments	3
Sub-recipient organization is suspended defaulted on payment plan	4
Sub-recipient is suspended has not negotiated a payment plan	5
Results from monitoring site visits	

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PRE AWARD RISK BASED ASSESSMENT TOOL

None or minor findings; timely corrective action taken	1
Some minor findings; timely corrective action not taken	2
Some moderate findings; timely corrective action taken	3
Moderate to significant findings; timely corrective action not taken	4
Not previously monitored	5
Experience with managing any federal grants as a recipient or sub-recipient	
Over ten years of experience	1
Five to ten years of experience	2
Two to five years of experience	3
Less than two years of experience	4
No experience	5
2. Audits/ Financial Management	
Single Audit	
Single audit with no finding(s)	1
Single audit with significant deficiency finding(s)	2
Single audit with material weakness finding(s)	3
Single audit with both material weaknesses and significant deficiency findings	4
Not previously monitored	5
Audit	
Audit with no findings	1
Audit with ineffective reporting finding(s)	2
Audit with lack of internal control finding(s)	3
Audit with finding(s) that can have a financial impact in the organization	4
Sub-recipient does not commission an independent audit	5
Invoicing Recipient	
Sub-recipient invoices to recipient are always timely with complete documentation	1
Sub-recipient invoices to recipient are mostly timely with complete documentation	3
Sub-recipient invoices to recipient are always late and lacking documentation	
Performance - Liquidity	
The organization has a working ratio of 9-12	1
The organization has a working ratio of 6-8	2
The organization has a working ratio of 2-5	3
The organization has a working ratio of 1	4
The organization has a negative working ratio of position of less than -1	5
3. Quality Management Systems	
Communication	
Sub-recipient director or key staff always respond to State's requests in a timely manner	1
Sub-recipient director or key staff usually respond to State's requests in a timely manner	3
Sub-recipient director or key staff rarely respond to State's requests	5
Data Infrastructure	
Sub-recipient has an excellent data infrastructure for program data submission	1

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Sub-recipient has an adequate infrastructure for program data submission	3
Sub-recipient does not have the infrastructure or personnel needed for program data submission	5
Data - I T Infrastructure	
Sub-recipient has an excellent I T infrastructure including personnel, hardware, storage.	
Sub-recipient has an adequate I T infrastructure that including personnel, hardware, storage	
Sub-recipient has no I T infrastructure	
Reporting Submission (RSR)	
Timely and accurate submission; reporting mostly exceeds the requirements	1
Timely and accurate submission; reporting mostly meets the requirements	2
Timely and accurate submission; reporting mostly does not meet the requirements	3
Late but accurate submission; reporting mostly meets the requirements	4
Late and inaccurate submission; reporting mostly does not meet the requirements, or did not submit	5
4. Performance History	
Organizational Experience Administering this Project (RW)	
Recipient's 3rd or 4th project year AND original program director-no staff turnover	1
Recipient's 2nd or 3rd project year; not original program director-staff turnover >1	2
Recipient's 1st or 2nd project year AND original program director-staff turnover >2	3
Recipient's 1st or 2nd project year; not original program director-staff turner. >3	4
High turnover of program director and of staff	5
Scope of Services	
Agency has provided services and met all program objectives specified in the agreement scope of services	1
Agency has provided services and met some program objectives specified in the agreement scope of services	3
Agency has provided some services and has not met the program objectives specified in the agreement's scope of services	5
Agency longevity	
The agency has been in existence and offering services 10 yrs	1
The agency has been in existence and offering services 8-9 years	2
The agency has been in existence and offering services 5 - 7 years	3
The agency has been in existence and offering services 2-4 years	4
The agency has been in existence and offering services less than 1 year	5

ATTACHMENT C: Sample Monitoring Site Visit Agenda

Monitoring Visit
Name of Agency
Date of Site Visit

DAY 1

8:30 - 9:30 am

Entrance Conference – Subrecipient Site

Team Leader will:

- Start introductions (all key subrecipient staff are to attend)
- State purpose of the visit.

Subrecipient will:

- Provide an overview of the program, describing how Part B services have been implemented and any successes/challenges of the program

9:30 - 10:00

Tour of the Facility -

The Part B monitoring team and subrecipient program and/or representative will tour the facility. (If agency does not have a clinical facility, the tour could be of the agency service facilities. i.e. case management).

10:00 - 12:00

Meetings and Review of Recipient Documents/Files

Subrecipient should provide a room where review team members can work and review materials. One-on-one interviews with subrecipient staff take place throughout the day, when and where appropriate.

12:00 - 1:30 pm

OPTIONAL: Consumer Meeting & Lunch

The monitoring team meets with a consumer group of 6-12 HIV-positive individuals who receive services from the subrecipient. This meeting will be held without recipient staff participation. Holding the consumer meeting while providing lunch tends to work well; however, when and where to have this meeting is up to the subrecipient who knows the best time to get consumer attendance.

1:30 - 4:30

Individual Meetings/interviews/review of recipient materials

Subrecipient to designate the staff that is going to be available as needed to meet with the fiscal or programmatic monitors to perform chart reviews, and discuss with monitors the material provided during and prior to the visit.

Day 2

- 8:00 - 9:00 am **Monitoring Staff to debrief - Off Site**
Discussion of preliminary findings, talk about re-assignment of tasks, agenda changes and need for a pre-exit meeting.
- 9:00 - 12:30 **Individual Meetings/Interviews/review of materials continue**
- 12:30 - 1:30 pm **Working lunch - on or off site**
- 1:30 - 2:30 Review team meets in private to discuss individual findings, recommendations, and exit format.
- 2:30 - 3:00 **Pre-Exit Conference - Optional**
This meeting is held only if sensitive information needs to be discussed outside of the group setting. This would typically be attended by the Executive Director or designee and the monitoring team.
- 3:00 - 4:00 **Exit Conference - Recipient or Partner site**
Subrecipient decides staff to attend Exit Conference. The presence of the subrecipient HIV Program Director and Financial Officer is important. The Review Team discloses legislative findings, programmatic findings, and recommendations for improvement. The Review Team reviews next steps, including issuance of a site visit report and corrective action plan expectations if appropriate.

ATTACHMENT D: DOCUMENTS TO REVIEW FOR MONITORING VISIT

GOVERNANCE / ADMINISTRATION *(select agency-appropriate documents only)*

DOCUMENT	RECEIVED	REVIEWED	NOT AVAILABLE
Board Committee Minutes			
Board Minutes (Past 12 months)			
Board Recruitment and Retention Plan			
Consumer Advisory Board minutes, or focus group or suggestion box documentation of concerns, or patient satisfaction surveys			
Sample Personnel File			
Staff Orientation Packet			
Staffing Plan			
Job Descriptions			
Staff Training Plans/Evidence of training			
Corporate Bylaws			
Mission Statement			
Most Recent Part B contract(s)			
Agency Organizational Chart			
Personnel Manual			
Policies and Procedures Manuals (for agency and those related to Part-B funded services)			
Continuity of Operations plan/Emergency Response Plan			
Safety Committee description and meeting minutes			
Risk Management Committee description and minutes			

FISCAL (select agency-appropriate documents only)

DOCUMENT	RECEIVED	REVIEWED	NOT AVAILABLE
Annual Agency and Part B program Budget			
Balance Sheets			
Billing and Collections Policies and Procedures			
Finance Committee Minutes			
Income Statement			
Independent Financial Audits and management letter (Last 2 years)			
Insurance Policy Declaration Pages (Property, Malpractice, D and O)			
Financial policy and procedures manual including: fixed assets policy, billing and collection policy, purchasing policy and travel policy for federal programs			
Schedule of Charges			
Sliding Fee Policy and Procedures. if providing billable services			
Cap on Charges Policies and Procedures, if providing billable services			
Sample of time keeping records and effort or activity certification			
Credit Card Policy			
Table of total funding for HIV programs, including Ryan White all titles, state, local and in-kind revenues			
System for tracking and reporting program income, if appropriate			

PROGRAM (select agency-appropriate documents only)

DOCUMENT	RECEIVED	REVIEWED	NOT AVAILABLE
Informational Brochures on Services			
Client files (paper or electronic). ISDH will provide a list of client files to be available at the site for review. If electronic, a subrecipient staff member must be assigned to the reviewer to help access and maneuver through records. If eligibility determination documentation is kept separate from client file, those eligibility records must be made available.			
Description of Part B Services provided and service standards used			
Agreements/contracts with insurers			
Memoranda of Agreements or other documentation of referral relationships with stakeholders			

Subcontracts and/or Provider Agreements			
Credentialing Policy and Procedures			
Copies of licensure/certification for Part B-funded staff, and for agency is indicated (i.e. licensed treatment facility)			
Quality Management Plan			
Data System Manual, Policies, Procedures			

ATTACHMENT E: SUBRECIPIENT SITE VISIT REPORT COVER LETTER

[DATE]

[SUBRECIPIENT AGENCY]

Dear [SUBRECIPIENT AGENCY CONTACT]:

Enclosed please find a copy of the [DATE OF SITE VISIT] Ryan White HIV/AIDS Program (RWHAP) Part B annual site visit report. The report summarizes the findings and recommendations of the review of your RWHAP Part B-funded program. The visit focused on the following components of your program: fiscal, administrative/programmatic, quality management and service standards. A meeting with persons living with HIV (PLWH) was also conducted as a part of this visit.

The legislative requirements of the Ryan White HIV/AIDS Treatment Modernization Act of 2009, as well as program and policy expectations are addressed through a site visit review. This review is intended to identify program challenges and best practices, to establish a technical assistance plan as appropriate, and to provide the opportunity to exchange information.

I hope this report is helpful for your program. Thank you to your staff for their pre-site visit engagement in the planning process; their preparedness both prior to and during the site visit; their active engagement; their dedication and their hard work to create a comprehensive site visit.

Please respond within ten (10) working days of this letter to the findings and recommendations noted in your report. I look forward to our continued collaboration to ensure that a comprehensive continuum of HIV care system is available to individuals and families living with HIV/AIDS in Indiana.

If you have any questions or concerns, please do not hesitate to contact me at (XXX) XXX-XXXX or by e-mail at XXXXXX@isdh.IN.gov.

Sincerely,

[NAME OF SUPERVISOR OR REVIEWER]

cc: Deputy Director and Ryan White service Director

Enclosure: Site Visit Report and Agenda

ATTACHMENT F: SITE VISIT REPORT TEMPLATE

**INDIANA STATE DEPARTMENT OF
HEALTH (ISDH)
HIV SERVICES PROGRAM (HSP)**

2018

Site Visit Report

Contract Number:	
Subrecipient Name:	
Subrecipient Address:	
Subrecipient Contact Name:	
Budget Period:	
Program Type/Name:	Ryan White HIV/AIDS Program Part B
Type of Visit:	Annual Site Visit
Dates of Visit:	
Contract Monitor:	
Purpose of Visit:	The purpose of this Site Visit was to assess [SUBRECIPIENT NAME]'s compliance with the legislative and programmatic requirements of the Ryan White HIV/AIDS Program (RWHAP) Part B. The Site Visit Team reviewed the administrative, fiscal, quality management services, and service standards compliance of the Part B-funded operations.

I. ISDH HSP Representatives:

Joe Smith, Contract Monitor
Jane Smith, Administrative Reviewer
Jack Smith, Fiscal Reviewer

II. Recipient Representatives:

Mary Jones, Executive Director
Marvin Jones, HIV Services Manager
Minerva Jones, Case Manager

ATTACHMENT F: SITE VISIT REPORT TEMPLATE

III. Site Visit Overview:

[OVERALL DESCRIPTION OF THE PROGRAM, INCLUDING STAFFING STRUCTURE THAT MANAGES AND PROVIDES SERVICES UNDER THE PART B-FUNDED PROGRAM]

[OVERALL DESCRIPTION OF WHAT SERVICES ARE FUNDED THROUGH RYAN WHITE PART B, HOW DATA IS MANAGED, HOW FISCAL OPERATIONS AND OVERSIGHT ARE PROVIDED, AND HOW THE QUALITY MANAGEMENT PROGRAM IS STRUCTURED]

[OVERALL DESCRIPTION OF WHAT OCCURRED DURING THE ON-SITE VISIT, INCLUDING THE FACT THAT STAFF WERE INTERVIEWED, DOCUMENTS WERE REVIEWED, CLIENT RECORDS WERE REVIEWED, AND WHETHER A CONSUMER MEETING WAS HELD]

IV. Findings & Recommendations: (Indicate as many Legislative and Programmatic Findings, Improvement Options, and Strengths as necessary)

A. Administrative/Programmatic:

1. Finding (Legislative):

Finding and Legislative Citation(s)

(Example: If client eligibility is not documented for clients receiving services then it could appear as follows: **Eligibility Determination.** Ryan White Legislation, SEC. 2617. [300ff-27] (b) (7) (B)”)

Brief explanation of Finding

(Example: Related to Eligibility Finding above, it would appear as follows: “The subrecipient is providing services to clients who do not have current eligibility determination documented in the client record.”)

Recommendations:

Recommended actions that subrecipient can or must make to address Finding

(Example: “The subrecipient must immediately establish a procedure that indicates the method for confirming client eligibility, and maintaining updated eligibility documentation in records of clients who receive Part B services.”)

ATTACHMENT F: SITE VISIT REPORT TEMPLATE

2. Finding (Programmatic):

Finding and Policy/Procedure Citation(s)

(Example: If services provided are not correctly aligned to HRSA Service Categories, then it could appear as follows: “**HRSA HAB Service Category Definitions.** Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Policy Clarification Notice #16-02, “Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds.” ; HIV/AIDS Bureau, Division of State HIV/AIDS Programs National Monitoring Standards for Ryan White Part B Grantees: Program – Part B National Monitoring Standards.”

Brief explanation of Finding

(Example: “Services are not correctly aligned to HRSA/HAB Service Category Definitions.”)

Recommendations:

Recommended actions that subrecipient can or must make to address Finding

(Example: “The subrecipient should review all Part B-funded service categories to ensure correct categorization. It was noted that some “Medical Case Management” services would be more appropriately classified as “Non-Medical Case Management” services, and funded “Early Intervention Services” are actually “Outreach” services. Corrected scopes of work and budgets should be submitted to ISDH, and previously collected data under the incorrect service categories should be corrected in CAREWare.”)

3. Finding (Improvement Option):

Brief explanation of issue that could be improved

(Example: “The subrecipient lacks formal plans to support orientation and transfer of duties during staff transitions.”)

Recommendations:

Recommended actions that subrecipient can take to address improvement

(Example: “The subrecipient should develop succession plans for key roles with detailed and program-specific orientation plans for newly hired staff. Succession planning helps provide continuity of critical services and transfer of institutional memory during periods of staff changes. A formalized orientation and training process ensures consistent onboarding for new staff. A training plan over several months provides new employees opportunities to meet with other staff in related program areas to understand their relationship within the context of the whole Ryan White HIV/AIDS Part B Program.”)

ATTACHMENT F: SITE VISIT REPORT TEMPLATE

4. Finding (Strength):

Note program areas or operations that are particularly strong

(Example: The subrecipient recognizes the need for increased staff, and has obtained approval to expand the case management team by 4 positions.”)

B. Fiscal:

1. Finding (Legislative):

Finding and Legislative Citation(s)

Brief explanation of Finding

Recommendations:

Recommended actions that subrecipient can or must make to address Finding

2. Finding (Programmatic):

Finding and Policy/Procedure Citation(s)

Brief explanation of Finding

Recommendations:

Recommended actions that subrecipient can or must make to address Finding

3. Finding (Improvement Option):

Brief explanation of issue that could be improved

Recommendations:

Recommended actions that subrecipient can take to address improvement

4. Finding (Strength):

Note program areas or operations that are particularly strong

ATTACHMENT F: SITE VISIT REPORT TEMPLATE

V. Technical Assistance (TA) Recommendations:

Additional TA is recommended in the following areas:

VI. Next Steps:

This report details the outcomes of the ISDH HSP Ryan White HIV/AIDS Program Part B Site Visit conducted [DATE]. All Legislative and Programmatic findings must be addressed in a Corrective Action Plan submitted to ISDH HSP. Improvement Options are recommendations that are intended to strengthen program compliance and performance and may be addressed in the Corrective Action Plan.

This site visit report should be reviewed in its entirety. Within ten (10) business days of receiving this site visit report, [SUBRECIPIENT AGENCY] must submit written acknowledgement of having received the report and a Corrective Action Plan detailing tasks, the individuals responsible and a timeline addressing Legislative and Programmatic Findings. ISDH HSP will work with [SUBRECIPIENT AGENCY] to provide or arrange provision of TA as needed.

ATTACHMENT G: **Corrective Action Plan**

Recommendations	Corrective Action	Responsible Party	Completion Date

X _____
Subrecipient Signature

Review Date(s):			
Contract Number(s):			
Agency Representatives		Name	Title
	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		
ISDH Representatives		Name	Title
	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		

Section I: Services Provided by Sub-Recipient											
AIDS Pharmaceutical Assistance	<input type="checkbox"/>	<input type="checkbox"/>	Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	Housing	<input type="checkbox"/>	<input type="checkbox"/>	Psychosocial Support Services	<input type="checkbox"/>	<input type="checkbox"/>
	Direct	3rd Party		Direct	3rd Party		Direct	3rd Party		Direct	3rd Party
Early Intervention Services (EIS)	<input type="checkbox"/>	<input type="checkbox"/>	Oral Health Care	<input type="checkbox"/>	<input type="checkbox"/>	Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	Referral for Health Care and Supportive Services	<input type="checkbox"/>	<input type="checkbox"/>
	Direct	3rd Party		Direct	3rd Party		Direct	3rd Party		Direct	3rd Party
Health Insurance Premium & Cost Sharing Assistance for Low-Income Individuals	<input type="checkbox"/>	<input type="checkbox"/>	Outpt. /Ambulatory Health Services	<input type="checkbox"/>	<input type="checkbox"/>	Linguistic Services	<input type="checkbox"/>	<input type="checkbox"/>	Rehabilitation Services	<input type="checkbox"/>	<input type="checkbox"/>
	Direct	3rd Party		Direct	3rd Party		Direct	3rd Party		Direct	3rd Party
Home and Community Based Health Services	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Outpatient Care	<input type="checkbox"/>	<input type="checkbox"/>	Medical Transportation	<input type="checkbox"/>	<input type="checkbox"/>	Respite Care	<input type="checkbox"/>	<input type="checkbox"/>
	Direct	3rd Party		Direct	3rd Party		Direct	3rd Party		Direct	3rd Party
Home Health Care	<input type="checkbox"/>	<input type="checkbox"/>	Child Care Services	<input type="checkbox"/>	<input type="checkbox"/>	Non-Medical Case Management Services	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Services (Residential)	<input type="checkbox"/>	<input type="checkbox"/>
	Direct	3rd Party		Direct	3rd Party		Direct	3rd Party		Direct	3rd Party
Hospice	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Financial Assistance (EFA)	<input type="checkbox"/>	<input type="checkbox"/>	Other Professional Services	<input type="checkbox"/>	<input type="checkbox"/>			
	Direct	3rd Party		Direct	3rd Party		Direct	3rd Party			
Medical Case Management, including Treatment Adherence Services	<input type="checkbox"/>	<input type="checkbox"/>	Food Bank/Home Delivered Meals	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>			
	Direct	3rd Party		Direct	3rd Party		Direct	3rd Party			
Medical Nutrition Therapy	<input type="checkbox"/>	<input type="checkbox"/>	Health Education/Risk Reduction	<input type="checkbox"/>	<input type="checkbox"/>	Permancy Planning	<input type="checkbox"/>	<input type="checkbox"/>			
	Direct	3rd Party		Direct	3rd Party		Direct	3rd Party			

SECTION II: FISCAL PROCEDURES AND AUDITING REQUIREMENTS

Monitoring Standard: Fiscal Standards K. Universal Standards Section

Fiscal Procedures Section Compliance Requirement: *Recipient has fiscal policies, procedures, and systems to handle revenue and expenses according to Federal regulations as stated in Code of Federal Regulation, Ryan White legislation, HRSA/HAB policies notices, letters, guidance and manuals. Salary Limitation—Verify that the salary charge to a federal grant does not exceed Executive Level II. This limitation is the result of the 2014 Appropriations Act and applies to recipients as well as subrecipients. The amount reflects an individual’s base salary, exclusive of fringe benefits and income earned outside the applicant organization.*

REQUIREMENT	REVIEW	OPEN-ENDED QUESTIONS	COMPLIANCE VALIDATION	GUIDANCE	COMMENTS
<p>The subrecipient organization has sufficient qualified staff responsible for the financial management of the subrecipient organization and the HIV Program.</p>	<p>Financial Org. Chart. Training on HIV financial expectations. Process for recruiting and retaining qualified financial staff. Interview staff.</p>	<p>Does the subrecipient organization/hospital/university’s financial staff provide support to the HIV clinic or HIV Program? Do staff have knowledge of Federal and Ryan White Program requirements? How are Ryan White Program allocation decisions made? Can you describe your grant management functions? Does the agency have an annual operating budget for the Center? Are management decisions designed to ensure financial viability?</p>	<p>In a large subrecipient organization, the program has its own accountant. Subrecipient staff have received training in Ryan White legislative and programmatic requirements. Finance staff understand both fiduciary and grants management responsibilities.</p>	<p>45 CFR 75.302</p>	<p><input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> NOT APPLICABLE</p>

SECTION II: FISCAL PROCEDURES

REQUIREMENT	REVIEW	OPEN-ENDED QUESTIONS	COMPLIANCE VALIDATION	GUIDANCE	COMMENTS
<p>The recipient has policies and procedures in place to allocate personnel costs according to federal cost principles.</p>	<p>Financial policies and procedures on the allocation of staff compensation.</p> <p>Sample the payroll register.</p> <p>Policy on the federal salary limitation.</p>	<p>Is there policy for the allocation of staff compensation to the federal award based on the distribution of each employee activity to the award? Is it implemented?</p> <p>Do salaries paid by federal funds exceed Executive Level II?</p>	<p>Employee time and effort documentation with charges for the salaries/wages must:</p> <ul style="list-style-type: none"> —Be supported by documented payrolls —Certify the distribution of activity of each employee; ---Salary charged to grant not to exceed Executive Level II level. 	<p>45 CFR 75.361-365</p> <p>Annual Appropriations Act</p> <p>HHS Grants Policy</p>	<p><input type="checkbox"/> MET</p> <p><input type="checkbox"/> NOT MET</p> <p><input type="checkbox"/> NOT APPLICABLE</p>

SECTION II: FISCAL PROCEDURES

REQUIREMENT	REVIEW	OPEN-ENDED QUESTIONS	COMPLIANCE VALIDATION	GUIDANCE	COMMENTS
<p>Recipient and Subrecipient fiscal staff are responsible for: ensuring adequate reporting, reconciliation, and tracking of program expenditures.</p>	<p>Resumes and job descriptions of program and fiscal staff.</p> <p>Staffing Plan, budget and budget justification.</p> <p>Organizational chart.</p> <p>Recipient monitoring procedures or tool require similar information for sub-recipient program and fiscal staff.</p> <p>Minutes from staff meetings.</p>	<p>Does the fiscal and program staff coordinate during the budget process (budget/scope)?</p> <p>How does program staff share information with finance?</p> <p>Do the minutes reflect that fiscal staff takes part in program meetings?</p>	<p>The management team (program and fiscal) is appropriate for the size and needs of the RWHAP Part B Program.</p> <p>Recipient organizational chart for the program and the jurisdiction.</p> <p>There is documented evidence of how fiscal staff share information with program staff.</p>	<p>45 CFR 75.302(a)</p>	<p><input type="checkbox"/> MET</p> <p><input type="checkbox"/> NOT MET</p> <p><input type="checkbox"/> NOT APPLICABLE</p> <p>Notes:</p>

SECTION II: FISCAL AUDITING REQUIREMENTS

REQUIREMENT	REVIEW	OPEN-ENDED QUESTIONS	COMPLIANCE VALIDATION	GUIDANCE	COMMENTS
<p>Recipients has policies that clearly permit the grantor and auditors to have access to the sub-recipients' financial records.</p>	<p>Policies and procedures on record retention and accessibility.</p>	<p>Do subrecipients' agreements include language for the retention and access of records and documents?</p>	<p>Subrecipients' agreements include language that permits the grantor or recipient and auditors to have access to the subrecipients' records.</p>	<p>45 CFR 75.342 45 CFR 75.352 and 361 - 365</p>	<p><input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> NOT APPLICABLE</p>
<p>The subrecipient commissions annual independent audits following auditing requirements of the Single Audit Act Amendments of 1006 revised OMB Circular A-133 and in 2014 revised under 2 CFR Chapter 1 @ 2 section 200 et al</p>	<p>Single Audit (3 years) 3 years of management letters. Not-for-profit or government jurisdiction documentation on who commissioned the Single audit. Management letter</p>	<p>Does the agency receive \$750,00 or more of federal funding? Who select the auditor? How often is the auditor contract bidded? Does the subrecipient organization have a current Single Audit or is it late? Does the subrecipient organization have a stable financial position? Does the audit have findings of material weakness, reportable conditions, or questionable costs on federal programs?</p>	<p>The subrecipient organization has a stable financial position. A recovery plan is in place for subrecipients that have a less than optimal financial condition. Proof of independence of auditor has been provided.</p>	<p>45 CFR 75, Sub Part F— Audit Requirements 45 CFR 75.352</p>	<p><input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> NOT APPLICABLE</p>

Section for Notes or Comments:

SECTION III: FINANCIAL MANAGEMENT

Monitoring standard: Section E

Section Compliance Requirement: *Review the subrecipient Financial Management system to verify compliance by subrecipient with all regulations set forth in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards (45 CFR 75) Requirements include: standards for Financial and Program Management; standards for financial (grants) management systems; payment; program income; revision of budget and program plans; property standards, including insurance coverage; equipment, supplies, and other expendable property. HAB Policy Clarification Notice 15-03 -HHS Grants Policy Statement-45 CFR 75.307.*

REQUIREMENT	REVIEW	OPEN-ENDED QUESTIONS	COMPLIANCE VALIDATION	GUIDANCE	COMMENTS
Business management systems meet Federal requirements	Fiscal Policies and Procures Accounting application.	Can you explain the following processes? a. Payroll b. Payables c. Invoicing Part B d. Accounting c. Reporting	Systems are in place to safeguard the Federal assets.	45 CFR 75.302	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> NOT APPLICABLE
Fiscal controls are in place including documentation to support all transactions and segregation of duties, and appropriate separation of responsibilities.	Sample of payroll transactions and documentation. Sample of other expenses transactions and documentation	Accounting entries are documented? Are functions clearly separated?? Are there adequate and reasonable travel policies? Credit card policies?	Properly documented expenses. with approval signatures. Adequate segregation of duties. Travel policies included in Policies and Procedures manual.	45 CFR 75.300 45 CFR 75.302 45 CFR 75.474	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> NOT APPLICABLE

SECTION III: FINANCIAL MANAGEMENT *CONTINUED*

REQUIREMENT	REVIEW	OPEN-ENDED QUESTIONS	COMPLIANCE VALIDATION	GUIDANCE	COMMENTS
<p>The subrecipient organization has approved current financial policies and procedures that are properly disseminated and consistently followed according to legislation and Federal and generally accepted accounting principles.</p>	<p>Financial policies and procedures. Program policies (if any).</p>	<p>Are policies in place to preclude charging non-allowable costs to Federal grants?</p>	<p>There are policies and procedure that address: --Bad debt expenses; --Contingencies; --Fine penalties.</p>	<p>45 CFR 75, Sub Part D--Standards for Financial and Program Management</p>	<p><input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> NOT APPLICABLE</p>
<p>Compliance by recipient with all regulations set forth in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards (45 CFR 75).</p> <p>Requirements include:</p> <ul style="list-style-type: none"> • Standards for financial management systems • Payment • Program income <p>Sub-recipient financial systems are able to track RWHAP, program income, and use of funds for: core support, administration, services.</p>	<p>Accounting system. Chart of accounts Reports by service categories</p>	<p>Describe the accounting system? Does the agency have an approved annual operating budget? Is the Part B budget part of the operating budget? Does the Part B budget allocates expenses by service categories? Do actual reports provide information in a way that support the tracking expenses by service category .</p>	<p>A recipient accounting system flexible enough, and with the capacity to, meet requirements regarding:</p> <ol style="list-style-type: none"> 1. Tracking and use of funds by RW categories; 2. Payment of sub-recipient invoices; 3. Allocation of expenses of subrecipients among multiple funding sources. 	<p>45 CFR 75.501, .503, .519 45 CFR 75, Subpart D and Subpart E HHS Grants Policy Statement</p>	<p><input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> NOT APPLICABLE</p>

SECTION III: FINANCIAL MANAGEMENT *CONTINUED*

REQUIREMENT	REVIEW	OPEN-ENDED QUESTIONS	COMPLIANCE VALIDATION	GUIDANCE	COMMENTS
<p>The use of a flexible chart of accounts allows the accounting system to appropriately categorize expenses and support Ryan White Program reporting.</p>	<p>Chart of Accounts. Program financial spreadsheets that track and allocate expenses in the by funding source and Ryan White service categories.</p>	<p>How is the limitation on administration cost tracked? Does the subrecipient’s internal accounting system or spreadsheet reconcile to general ledger periodically</p>	<p>Variance reports that can be used to track: --Support service expenses; --Unobligated balance by service category</p>	<p>45 CFR 75.302</p>	<p><input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> NOT APPLICABLE Notes:</p>
<p>Recipient Part B budget reflects the RW Program activities.</p>	<p>Ryan White Part B budgets-contract Documentation of subrecipients’ Single Audit</p>	<p>Can you explain the budget process? Is the RW Program budget process documented? Are the uses of the organization’s Ryan White budget as a management tool documented? Other funded programs (example: prevention)?</p>	<p>A budget process that is inclusive of the Ryan White Program and financial staff.</p>	<p>PHS Act 2612 45 CFR 75.300</p>	<p><input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> NOT APPLICABLE</p>
<p>Subrecipients’ budgets provide reasonable funding for the provision of the proposed services.</p>	<p>Sub-recipient Part B budgets. Variance reports - budget reports vs. expenses for each sub-recipient of Part B.</p>	<p>Does the sub-recipient contract provide instruction on the budget revision process? Does it allow for the reallocation of unspent funds? Do budgets contain sufficient detail for detail for a tracking administration/indirect expenses?</p>	<p>Recipient has and enforces the recipient budget approval requirements. Contract amendments reflect changes in contract amounts as a result of underspending.</p>	<p>PHS Act 2612 45 CFR 75.300 45 CFR 75.302</p>	<p><input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> NOT APPLICABLE</p>

SECTION III: FINANCIAL MANAGEMENT *CONTINUED*

REQUIREMENTS	REVIEW	OPEN-ENDED QUESTIONS	COMPLIANCE VALIDATION	GUIDANCE	COMMENTS
<p>The subrecipient’s organizational budget reflects the HIV Program activities.</p>	<p>Organization Budget. HIV Program budget.</p>	<p>Can you explain the budget process? Is the HIV Program budget process documented? Are the uses of the organizational or Ryan White budget as a management tool documented? Is approval for the resources among Ryan White budget categories and among different funded budgets documented?</p>	<p>A budget process that is inclusive of the Ryan White Program and financial staff. An annual budget for the HIV program that encompasses all revenue sources including program income, properly approved expenses, and with sufficient detail to be used as a management tool.</p>	<p>45 CFR 75.300</p>	<p><input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> NOT APPLICABLE</p>
<p>Section for Notes or Comments:</p>					

SECTION IV: IMPOSITION AND ASSESSMENT OF CLIENT CHARGES AND INCOME FROM FEES FOR SERVICES PERFORMED *(only applicable for providers funded for billable services)*

Monitoring Standards: Section D and E

Section Compliance Requirement: *Verify that the recipient has language in provider billable services agreements that requires a discount (sliding fee scale) on charges for the uninsured based upon the Federal Poverty Level (FPL). In the case of individuals with an income less than or equal to 100 percent of the official poverty line, the provider will not impose charges on any such individual for the provision of services under the grant (2605 (e) (1) (A). In the case of individuals with an income greater than 100 percent of the official poverty line, the provider— (i) will impose a charge on each such individual for the provision of such services; and (ii) will impose the charge according to a schedule of charges that is made available to the public (2605(e) (1) (B). In addition, a policy must be implemented that limits the charges that can be imposed on a client in a given year for Ryan White services based on the client’s income level in relation to the Federal Poverty Level (income less than or equal to 100% FPL, no charge, 101-200% FPL, 5%; 201-300% FPL, 7%; and above 300% of FPL, 10%). (2605(e) (1) (C-E).*

REQUIREMENT	REVIEW	OPEN ENDED QUESTIONS	COMPLIANCE VALIDATION	GUIDANCE	COMMENTS
<p>There is a system in place for delivering insured services, capturing charges, billing appropriate parties (insurance or patient) and collecting payments.</p>	<p>Charge Master. Billing and Collection Policies. Interview billing supervisor. Twelve month report on charges, payments and adjustment. Aging Report.</p>	<p>Can you explain the billing process? Is your charges cost or prevailing rate based? Are there written/dated procedures for billing and collection? Is there an instrument to capture charges? Are charges and payments reconciled?</p>	<p>Provider charge master Billing system electronic or manual Ability to provide a report on charges, payment and adjustments per client.</p>	<p>45 CFR 75.30 HAB PCNs 15-03, 14-01, 13-04, 13-01 HAB Program Letter – Medicaid Coordination 8/10/2000</p>	<p>MET <input type="checkbox"/> NOT MET <input type="checkbox"/> NOT APPLICABLE</p>

SECTION IV: IMPOSITION AND ASSESSMENT OF CLIENT CHARGES AND INCOME FROM FEES FOR SERVICES PERFORMED
CONTINUED

Monitoring Standards: Section C and D

REQUIREMENT	REVIEW	OPEN ENDED QUESTIONS	COMPLIANCE VALIDATION	GUIDANCE	COMMENTS
<p>A system to determine eligibility for discounts and limitation on charges.</p> <p>Note: Not the same as eligibility policies and procedures for Part B services and ADAP (see program tool).</p>	<p>Interview benefit managers, or case managers, or social workers.</p> <p>Eligibility policy for discount is based on individual income and agency discount or nominal fee on charges.</p> <p>Eligibility based on individual Income.</p>	<p>Are there written policies and procedures in place?</p> <p>Are they being followed? Are they approved? By whom?</p> <p>Does recipient screen and assist clients in seeking financial assistance for payments of its charges (Medicare-Medicaid, other applicable third-party coverage?)</p>	<p>There is an eligibility policy for the discount on charges (sliding fee scale).</p> <p>There is a policy for the cap on charges.</p>		<p><input type="checkbox"/> MET</p> <p><input type="checkbox"/> NOT MET</p> <p><input type="checkbox"/> NOT APPLICABLE</p>

SECTION IV: IMPOSITION AND ASSESSMENT OF CLIENT CHARGES AND INCOME FROM FEE FOR SERVICES PERFORMED *CONTINUED*

Monitoring Standards: Section C and D

REQUIREMENT	REVIEW	OPEN ENDED QUESTIONS	COMPLIANCE VALIDATION	GUIDANCE	COMMENTS
<p>Subrecipients must have a policy of discount on billable charges for the uninsured and underinsured.</p>	<p>Interview front desk staff. Sliding fee policy. Sliding fee guidance, if any.</p>	<p>Is the discount based on self-declaration or is documentation required? Does the discount charges policy (sliding fee scale) meet current Federal Poverty Guidelines? Does the organization have a written policy in place? Implemented? Are there no charges for those under 100% federal poverty guidelines? Are there Charges for those above 100% federal poverty guidelines? Can they cite/demonstrate where to find the latest Federal Poverty Guidelines?</p>	<p>The subrecipient organization discounts all charges for IV services for those with income under 100% of the Federal Poverty Guidelines. The subrecipient organization must charge for services for individuals with income those over 100% Federal Poverty Guidelines, and provide a discount or a nominal fee. An implemented Sliding Fee Policy for the uninsured updated annually.</p>	<p>PHS 2617 2 A-B An implemented Sliding Fee Policy for the uninsured.</p>	<p><input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> NOT APPLICABLE</p>

SECTION IX: IMPOSITION AND ASSESSMENT OF CLIENT CHARGES AND INCOME FROM FEES FOR SERVICES PERFORMED *CONTINUED*

REQUIREMENT	REVIEW	OPEN ENDED QUESTIONS	COMPLIANCE VALIDATION	GUIDANCE	COMMENTS
<p>There is a maximum amount a client can be charged according to their annual incomes.</p>	<ul style="list-style-type: none"> • Cap on Charges Policy; • Charges, payment collection report by client name; • Tracking the clients that have met the cap on the charge report to make sure the full charge has been adjusted . 	<p>Are there written policies and procedures in place for the cap on charges? Is it implemented?</p> <p>Is there evidence of screening for the cap on charges?</p> <p>Does the policy establish the limitation on charges based on a percentage of income as stated in the RW legislation (5%-7% 10%)?</p> <p>Are Ryan White services free after eligible clients reach the income limitation?</p>	<p>Clients that have met the charge caps are not being charged for the remaining of the year for Ryan White services.</p>	<p>PHS 2612 2 A-B</p>	<p><input type="checkbox"/> MET</p> <p><input type="checkbox"/> NOT MET</p> <p><input type="checkbox"/> NOT APPLICABLE</p>

SECTION IX: SECTION IX: IMPOSITION AND ASSESSMENT OF CLIENT CHARGES AND INCOME FROM FEES FOR SERVICES PERFORMED *CONTINUED*

REQUIREMENT	REVIEW	OPEN ENDED QUESTIONS	COMPLIANCE VALIDATION	GUIDANCE	COMMENTS
<p>The subrecipient medical organizations are Medicaid providers.</p>	<p>Documentation of Medicaid provider approval.</p>	<p>Does the subrecipient organization have a Medicaid group number?</p> <p>Is it current?</p> <p>Are all the providers part of the group?</p>	<p>Current certification as Medicaid Provider is documented.</p>	<p>2652 (b)(1)(A-B)</p>	<p><input type="checkbox"/> MET</p> <p><input type="checkbox"/> NOT MET</p> <p><input type="checkbox"/> NOT APPLICABLE</p>
<p>Subrecipient policies and procedures in place for tracking and ensuring the proper use of program income inclusive of pharmacy program income directly generated by the RWHAP Part B award.</p> <p><i>Note:</i> Program income is the difference of that which the insurance company is willing to pay and the cost of the service.</p>	<p>Written policies and procedures related to the treatment of RWHAP Part B Program.</p> <p>Revenue expense report on RWHAP Part B Program income.</p> <p>Last RWHAP Part B Federal Financial Report.</p>	<p>How is the program income tracked, used and report?</p> <p>Does RWHAP Part B have any program income from fee or services (medical and/or medications), rental from real or personal property acquired under Federal awards?</p> <p>Do the program income reports include rebates, credits, discounts, and interest earned on any of them?</p> <p>Is the recipient utilizing the “addition” alternative for the use of program income?</p>	<p>Billing policies and procedures for handling program income directly generated by the RWHAP Part B award.</p> <p>Subrecipient monitoring policies that test for the tracking, and uses of program income directly generated by the award.</p> <p>A program income variance report budget vs. actual program income revenue ad expenses.</p>	<p>45 CFR 75.307 PCN 15-03</p>	<p><input type="checkbox"/> MET</p> <p><input type="checkbox"/> NOT MET</p> <p><input type="checkbox"/> NOT APPLICABLE</p>

Section for Notes or Comments:

SECTION V: REPORTING REQUIREMENTS

Standard: Internals and HRSA required reports

REQUIREMENT	REVIEW	OPEN-ENDED QUESTIONS	COMPLIANCE VALIDATION	GUIDANCE	COMMENTS
The subrecipient is capable of producing timely financial reports.	Monthly financial reports. Encounter activity reports.	Can the subrecipient generate the following: Cash flow statements? <ul style="list-style-type: none"> • Variance reports; • Balance sheets; • Income and Expense Statements. Can the subrecipient produce encounter activity reports? If performing billable services, can it submit program income reports?	The recipient receives from its subrecipients financial reports that facilitate the recipient-monitoring activities and its reporting requirements to HRSA/HAB.	45 CFR 75.302	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> NOT APPLICABLE
Timely submissionPart B financial reports to the recipient.	Contractual required reports.	Is there timely submission of required reports?	Documented evidence of submission of timely reports to the recipient/contractor.	Contractual obligations	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> NOT APPLICABLE
<u>Section for Comments or Notes</u>					

SECTION VI: PROPERTY STANDARDS

Monitoring Standard: Section F

Section Compliance Requirement: *Verify that tangible nonexpendable personal property with a useful life of more than 1 year and acquisition cost of \$5,000 or more per unit purchased directly with Ryan White funds. The AGENCY will prepare and have approved by the Board of Directors, an annual operating budget for the Center. The budget will be so detailed as Part B funds follows the Federal property standards. (DHHS Grants Policy Manual). Equipment acquired with RWHAP Part B funds must be held in trust by recipient and subrecipients (reversionary interest), used for authorized purposes only, and disposed only after HRSA approval. (45 CFR 75.319*

REQUIREMENT	REVIEW	OPEN-ENDED QUESTIONS	COMPLIANCE VALIDATION	GUIDANCE	COMMENTS
<p>Subrecipient proper use, tracking, and reporting of equipment purchased with RWHAP. The agency will prepare and have approved by the Board of Directors, an annual operating budget for the Center. The budget will be so detailed as Part B fund.</p>	<p>Property records.</p> <p>Policy in the disposition of federal property.</p> <p>Depreciation ledger.</p> <p>Policy on monitoring subrecipient.</p>	<p>How often is the equipment, technology systems; or personal property inventoried?</p> <p>Is there a list of non-capitalized equipment?</p> <p>Is the acquisition cost \$5,000 or more per unit?</p> <p>Is the acquisition cost lower?</p>	<p>Property records that include:</p> <ul style="list-style-type: none"> • Description of the property, serial number; • Source of funding; • Federal Award Identification Number; • Title holder; • Federal participation; • Acquisition date; • Cost of property; • Use and condition of the property; • Location; • Date of Disposition, reason and sale price. <p>Subrecipients conduct a physical inventory every 2 yrs.</p> <p>Maintains a depreciation ledger to determine expiration of reversionary interest.</p>	<p>45 CFR 75.302(b)(4)</p> <p>45 CFR 75.320</p>	<p><input type="checkbox"/> MET</p> <p><input type="checkbox"/> NOT MET</p> <p><input type="checkbox"/> NOT APPLICABLE</p>

SECTION VI: PROPERTY STANDARDS *CONTINUED*

REQUIREMENTS	REVIEW	OPEN ENDED QUESTIONS	COMPLIANCE VALIDATION	GUIDANCE	COMMENTS
<p>A control system for equipment purchased under the award that allows for the maintenance of the equipment, prevent its loss, damage, or theft.</p>	<p>Equipment management policies and procedures. Insurance policies.</p>	<p>Do insurance policies address theft of equipment? Does equipment have maintenance logs?</p>	<p>Subrecipient has proper accounting controls such as a centralized inventory system, oversight of equipment by appropriate staff, tagging of each piece, performing periodic inventories and other control that address equipment security, and schedule periodic maintenance.</p>	<p>45 CFR 75.302(b)(4) 45 CFR 75.320</p>	<p><input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> NOT APPLICABLE</p>
<p>Equipment acquired with Part B funds must be held in trust by recipient and subrecipients (reversionary interest, used for authorized purposes only, and disposed only after HRSA approval).</p>	<p>Equipment and Property Management policies and procedures.</p>	<p>How the treatment of equipment bought with federal dollars varies from those bought with other sources? Is staff aware how to submit a request for the disposition of equipment to HRSA?</p>	<p>Policy and procedures that address the reversionary interest the federal government keeps on equipment and tangible property bought with award funding. Procedures that prohibit the disposition of equipment bought with federal dollars without HRSA approval.</p>	<p>45 CFR 75.320 45 CFR 75.323</p>	<p><input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> NOT APPLICABLE</p>

SECTION VI: PROPERTY STANDARDS

REQUIREMENT	REVIEW	OPEN-ENDED QUESTIONS	COMPLIANCE VALIDATION	GUIDANCE	COMMENTS
<p>Title to supplies including medications are vested in the recipient. Any residual inventory of unused supplies exceeding in the aggregate \$5,000 upon termination of the program if they cannot be used by another Federal program can be used for non-federal purposes or sold.</p> <p>Federal government should be compensated for the share contributed to the purchase of said supplies.</p>	<p>Medication inventory.</p> <p>Other supplies inventory, if necessary, interview warehouse manager.</p>	<p>Does the pharmacy medication inventory identify medication bought with federal funds by the award number?</p>	<p>A supply and medication inventory is maintained.</p> <p>Review to ensure that there is an inventory of supplies, including medications purchased with local The agency will prepare and have approved by the Board of Directors, an annual operating budget for the Center. The budget will be so detailed as Part B drug assistance funds.</p>	<p>45 CFR 75.321</p>	<p><input type="checkbox"/> MET</p> <p><input type="checkbox"/> NOT MET</p> <p><input type="checkbox"/> NOT APPLICABLE</p>
<p><u>Section for notes or comments</u></p>					

SECTION VII: COST PRINCIPLES

Monitoring Standard: Section G

Section Compliance Requirement: *Review recipient and subrecipient budgets and expenditures reports to determine whether the use of funds is consistent with code of Federal regulations (45 CFR 75, Sub Part E). If the recipient pays for services by unit, verify that the payment meets cost principles.*

REQUIREMENT	REVIEW	OPEN-ENDED QUESTIONS	COMPLIANCE VALIDATION	GUIDANCE	COMMENTS
<p>Payments made to subrecipients for services must be cost based, reasonable, not exceeding costs that would be incurred by a prudent person under the circumstances prevailing at the time the decision was made.</p>	<p>Subrecipients' agreements. Budgets expenditure reports. Unit cost reconciliation, if applicable. Accounting Policies and Procedures.</p>	<p>Are subrecipients' costs reasonable? Are the charges to the Part B Program reasonable? Is there an annual reconciliation of the unit cost paid and the subrecipient's actual expenses? What is the sub-recipient's methodology for determining a unit cost? Does the unit cost exceed the actual cost of providing the service? Does the unit cost include expenses that are unallowable under Ryan White? Are administrative costs included in the unit cost</p>	<p>Recipient unit payment is reconciled and reflects subrecipient costs. Sub-recipient line item budgets and expenses reflect their costs. The unit payment reflects sub-recipient reasonable costs. Subrecipient line item budgets and expenses should reflect their costs. Administrative and quality activities are reasonable and allowable.</p>	<p>45 CFR 75 – Subpart E Cost Principles 45 CFR 75.404</p>	<p><input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> NOT APPLICABLE</p>

REQUIREMENTS	REVIEW	OPEN ENDED QUESTIONS	COMPLIANCE VALIDATION	GUIDANCE	COMMENTS
<p>Recipient and subrecipient procedures for determining the reasonableness and allocability of costs, the process for allocations, and the policies for allowable costs, in accordance with 45 CFR 75. Subpart E</p>	<p>Policies on the allowability of costs to be charge to federal awards.</p> <p>Policy that specifies the allocability of charges to federal programs.</p>	<p>How does the recipient or subrecipient determine the cost allocated or charged to the program are reasonable?</p> <p>Is staff familiar with the unallowable cost in the legislation, 45 CFR 75 and PCN 16-02?</p>	<p>The recipient and subrecipients have policies for determining the allowability of charges to the federal award.</p> <p>Policies on the determination of the reasonableness of federal expenses are auditable.</p>	<p>45 CFR 75 Subpart E</p>	<p><input type="checkbox"/> MET</p> <p><input type="checkbox"/> NOT MET</p> <p><input type="checkbox"/> NOT APPLICABLE</p>
<p>When paying by unit or fee, the cost of the unit cannot exceed the actual cost of providing the service.</p> <p>Unit cost to include only expenses that are allowable under RWHAP requirements.</p> <p>Calculation of unit cost to use a formula of allowable administrative costs plus allowable program costs divided by number of units to be provided.</p>	<p>Methodology used for calculating unit costs of services provided.</p> <p>Budgets that calculate allowable administrative and program costs for each service.</p>	<p>Does the recipient reimburse (pay) sub-recipients by effort/categories or unit/fee?</p>	<p>Systems in place that can provide expenses and client utilization data in sufficient detail to calculate unit cost.</p> <p>Unit cost calculations available for recipient review.</p>	<p><i>Determining the Unit Cost of Services (HRSA publication)</i> https://careacttarget.org/library/determining-unit-cost-services-guide-estimating-cost-services-funded-ryan-white-care-act</p>	

Section for Notes or Comments

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SECTION VII: COST PRINCIPLES

Monitoring Standard: Section

Section Compliance Requirement: *Review of recipient budgets and expenditures to ensure there is no inclusion of any unallowable costs 2604 (i), 2684, DHHS Grants Policy Manual, Part A Manual. Grant funds—Must be used only for the purposes of the grant (2604)(a 1,2) (PCN16-02).*

REQUIREMENTS	REVIEW	OPEN ENDED QUESTIONS	COMPLIANCE VALIDATION	GUIDANCE	COMMENTS
<p>The recipient systems preclude the payment of non-allowable expenses.</p>	<p>Sample sub-recipients' contracts.</p> <p>Sample of sub-recipients' paid invoices.</p> <p>Recipient Fiscal Policies and Procedures.</p> <p>Payroll Journal that reflect the non-allowable history.</p>	<p>Are invoiced expenses properly documented?</p> <p>What is the process for paying sub-recipients invoices?</p> <p>Desk audits?</p> <p>How does recipient monitor salaries to determine whether the salary limit of Executive Level II is being exceeded?</p>	<p>Prevent payments for:</p> <ul style="list-style-type: none"> • Non-eligible clients or other recipients of services; • Purchase of real property; • Services that have been reimbursed by third-party payer; • Administrative costs in excess of 10%; • Salaries above Executive Level II; • Indirect costs without a HRSA approved rate; • Rent as direct cost, except as allowable for certain services; • Lobbying activities; • Non-targeted outreach; • Foreign travel. 	<p>PHS Act 2684 General PHS Act 2604(i)</p> <p>PHS Act 2604 (j)</p> <p>HAB Policy Clarification Notice 16-02</p> <p>HAB Policy Clarification Notice 15-01</p> <p>HAB Policy Clarification Notice 07-01</p> <p>45 CFR 75, Sub Part E—Cost Principles</p> <p>Annual Appropriations Act</p>	<p><input type="checkbox"/> MET</p> <p><input type="checkbox"/> NOT MET</p> <p><input type="checkbox"/> NOT APPLICABLE</p>

Section for Notes or Comments

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SECTION VIII: LIMITATION ON USES OF PART A FUNDING

Section Compliance Requirement: *The subrecipient is responsible for the proper allocation on administration cost and adherence to the percentage allowed according to the agreement. Does not have to be 10% the limitation of subrecipients is 10 percent in the aggregate for administration cost for sub-recipients (2604(h)(2); 45 CFR 75.302, 352, 361, and Subpart E; HAB Policy Notice 15-01 and FAQ.*

<p>Appropriate subrecipient assignment of Ryan White Part B administrative expenses, with administrative costs to include: usual and recognized overhead activities, including established indirect rates for agencies; management oversight of specific programs funded under the RWHAP; and other types of program support such as quality assurance, quality control, and related activities (exclusive of RWHAP CQM).</p>	<p>Current subrecipient subaward/contract; Budget(s) for the same award period. Expenses report for the same budget period. Sub-recipient Aggregate sub-recipient report.</p>	<p>How do subrecipients allocate administration cost direct or indirectly? Are subrecipients taking advantage of the 10% administration treatment PCN 15-02? Is the 10% subrecipient report properly documented in sufficient detail to assure expenses are allowable? If subrecipients are reimbursed by unit cost, is the unit(s) reconciled to cost?</p>	<p>Review of sub-recipient administrative budgets and expense documentation to ensure that all expenses meet the legislative definition and are reasonable, allowable, and allocable.</p>	<p>PHS ACT 2604(h)(1-4) 45 CFR §§75.302, 352, 361, and Subpart E HAB Policy Notice 15-01 and FAQs</p>	<p>.</p>
<p><u>Section for Notes or Comments</u></p>					

ANNUAL ADMINISTRATIVE/PROGRAMMATIC SITE VISIT REVIEW TOOL

Review Date(s):			
Contract Number(s):			
Agency Representatives		Name	Title
	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
10			
ISDH Representatives		Name	Title
	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
10			

Section I: SERVICES PROVIDED BY SUBRECEIPIENT											
AIDS Pharmaceutical Assistance	<input type="checkbox"/>	<input type="checkbox"/>	Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	Housing	<input type="checkbox"/>	<input type="checkbox"/>	Psychosocial Support Services	<input type="checkbox"/>	<input type="checkbox"/>
	Direct	3rd Party		Direct	3rd Party		Direct	3rd Party		Direct	3rd Party
Early Intervention Services (EIS)	<input type="checkbox"/>	<input type="checkbox"/>	Oral Health Care	<input type="checkbox"/>	<input type="checkbox"/>	Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	Referral for Health Care and Supportive Services	<input type="checkbox"/>	<input type="checkbox"/>
	Direct	3rd Party		Direct	3rd Party		Direct	3rd Party		Direct	3rd Party
Health Insurance Premium & Cost Sharing Assistance for Low-Income Individuals	<input type="checkbox"/>	<input type="checkbox"/>	Outpt./Ambulatory Health Services	<input type="checkbox"/>	<input type="checkbox"/>	Linguistic Services	<input type="checkbox"/>	<input type="checkbox"/>	Rehabilitation Services	<input type="checkbox"/>	<input type="checkbox"/>
	Direct	3rd Party		Direct	3rd Party		Direct	3rd Party		Direct	3rd Party
Home and Community Based Health Services	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Outpatient Care	<input type="checkbox"/>	<input type="checkbox"/>	Medical Transportation	<input type="checkbox"/>	<input type="checkbox"/>	Respite Care	<input type="checkbox"/>	<input type="checkbox"/>
	Direct	3rd Party		Direct	3rd Party		Direct	3rd Party		Direct	3rd Party
Home Health Care	<input type="checkbox"/>	<input type="checkbox"/>	Child Care Services	<input type="checkbox"/>	<input type="checkbox"/>	Non-Medical Case Management Services	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Services (Residential)	<input type="checkbox"/>	<input type="checkbox"/>
	Direct	3rd Party		Direct	3rd Party		Direct	3rd Party		Direct	3rd Party
Hospice	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Financial Assistance (EFA)	<input type="checkbox"/>	<input type="checkbox"/>	Other Professional Services	<input type="checkbox"/>	<input type="checkbox"/>			
	Direct	3rd Party		Direct	3rd Party		Direct	3rd Party			
Medical Case Management, including Treatment Adherence Services	<input type="checkbox"/>	<input type="checkbox"/>	Food Bank/Home Delivered Meals	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>			
	Direct	3rd Party		Direct	3rd Party		Direct	3rd Party			
Medical Nutrition Therapy	<input type="checkbox"/>	<input type="checkbox"/>	Health Education/Risk Reduction	<input type="checkbox"/>	<input type="checkbox"/>	Permanency Planning	<input type="checkbox"/>	<input type="checkbox"/>			
	Direct	3rd Party		Direct	3rd Party		Direct	3rd Party			

Section II. COMPLIANCE FEDERAL REQUIREMENTS					
ADMINISTRATION/PROGRAM					
Standard	Performance Measure	Testing	Source	Compliance	Comments
Structured and ongoing efforts to obtain input from clients in the design and delivery of services.	Documentation of Consumer Advisory Board and public meetings - minutes and/or documentation of existence or appropriateness of a suggestion box or other client input mechanism and/or satisfaction survey or focus groups conducted at least annually.	<p>Is there a Consumer Advisory Board (CAB) and documentation of membership, meetings and minutes? or</p> <p>Are there regularly implemented client satisfaction survey tools, focus groups, and/or public meetings with documented analysis and use of results? or</p> <p>Is there a visible suggestion box or client input mechanism that allows clients to provide immediate feedback on services?</p>	<p>PHS ACT 2602(b)(6)</p> <p>PHS ACT 2605(a)(7)(B)</p> <p>PHS Act 2616 (c)(4)</p> <p>PHS Act 2617(b)(7)(A)</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Met Not Met N/A</p>	
Provision of services regardless of an individual's ability to pay for the service.	<p>Policies and procedures do not</p> <ul style="list-style-type: none"> Deny services for non-payment Require full payment prior to service or include any other procedure that denies services for non-payment. 	<p>Are there billing, collection, co-pay, and sliding fee policies that act as a barrier to providing services regardless of the client's ability to pay?</p> <p>Is there a refusal of services policy/procedure or documentation of people refused services with reasons for refusal; including complaints from clients, review, and decision reached?</p>	<p>PHS Act 2617(b)(7)(B)(i)</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Met Not Met N/A</p>	
Provision of services regardless of the current or past health condition of the individual to be served	<p>Documentation of eligibility determination and provider 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) 	<p>Are there eligibility determination and/or clinical Policies related to denial of services</p> <p>Are there files of individuals refused services</p>	<p>PHS ACT 2605(a)(7)(A)</p> <p>PHS ACT 2617(b)(7)(B)(i)</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Met Not Met N/A</p>	

	<ul style="list-style-type: none"> • Provide any other barrier to care due to a person's ast or present health condition 				
Outreach to inform low-income individuals of the availability of HIV-related services and how to access them	<p>Availability of informational materials about service and eligibility requirements such as:</p> <ul style="list-style-type: none"> • Newsletters • Brochures • Posters • Community Bulletin 	Is subrecipient able to demonstrate activities taken for the promotion of HIV services to low- income individuals, including copies of HIV program materials promoting services and explaining eligibility requirements?	<p>PHS ACT 2605 (a)(7)(C)</p> <p>PHS ACT 2617 (b)(7)(B)(iii)</p> <p>PHS ACT 2616(c)(5)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Met Not Met N/A	
The organization provides services In a facility that is accessible by public transportation, secure, clean, handicap accessible, and properly licensed.	<p>Is it clean and in good condition?</p> <p>Have appropriate steps been taken to assure the safety of property, staff, and patients? Does the agency have a current fire safety certification on file? Does the registration/intake cashier, treatment rooms, laboratory, and pharmacy areas afford the clients privacy? Are facilities and services properly licensed or certified by the state or local entity? Is the clinic in an accessible area to the public?</p> <p>Is the facility ADA compliant? If not, state why? Does it have adequate parking?</p>	WALK THROUGH FACILITY	<p>Section 504 (Rehabilitation Act of 1973) provisions</p> <p>HHS HIPAA</p> <p>45 CFR Part 160-163</p> <p>42CRF 493 Clinical Laboratory Improvement Amendments CLIA</p> <p>Labor Dept. Occupational Safety and Health Adm</p> <p>29 CFR 1910; 1910.134; 1030; 132</p> <p>42 USC 12101</p> <p>Americans with Disabilities Act of 1990</p> <p>PHS Act 2617(b) (7)(B)(ii)</p> <p>PHS Act 2616(c)(</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Met Not Met N/A	
Agency offers culturally and linguistically competent services for the population it serves	<p>Staff participates at least annually in culturally sensitivity trainings. Provision of translation services to clients with limited English proficiency.</p>	During walk-though check for culturally appropriate signage, or materials in other languages.	Compliance with Title VI of the Civil Rights Act of 1964	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Met Not Met N/A	

<p>Demonstrated structured and ongoing efforts to avoid fraud, waste and abuse (mismanagement) in any federally funded program</p>	<p>Employee Code of Ethics including:</p> <ul style="list-style-type: none"> • Conflict of Interest; • Prohibition on use of contractor property, information or position without approval or to advance personal interest • Fair dealing - engaged in fair and open competition; • Confidentiality: Compliance with laws, rules, and regulation; • Timely and truthful disclosure of significant accounting deficiencies; • Timely and truthful disclosure of non-compliance 	<p>Files or documentation of any employee or board Member violation of the Code of Ethics or Standards of Conduct; Documentation of any complaint of violation of Code of Ethics or Standards of Conduct and its resolution.</p>	<p>42 USC 13207b(b)</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Met Not Met N/A</p>	
<p>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 item</p>	<p>Compliance Plan or employee conduct standards that prohibit employees from receiving payments in kind or cash from suppliers and contractors of goods or services</p>	<p>Policies and procedures to discourage soliciting cash or in-kind payments for: Awarding contracts, referring clients, purchasing goods or services and/or submitting fraudulent billings and large signing bonuses?</p>	<p>42 USC 1320 7b(b)</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Met Not Met N/A</p>	
<p>The subrecipient must maintain appropriate referral relationships with entities that constitute key points of entry</p>	<p>Does the subrecipient have referral relationships with:</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 	<p>Documentation of referral relationship, and documentation of referrals made from those referral points</p>	<p>PHS ACT 2617 (b)(7)(G)</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Met Not Met N/A</p>	

	<ul style="list-style-type: none"> • HIV disease clinics • Public health departments • Health care points of entry specified by eligible areas • Federally Qualified Health Centers • Entities such as Ryan White Part A, B, C, D, E, F grant recipients and/or subrecipients 				
<p>The organization has detailed written personnel policies and procedures that protect the organization and are in compliance with federal and local labor laws</p>	<p>Is there an up to date Personnel Policy and Procedure Manual? Is it approved by Board or appropriate official? Do employees know policies and processes? Are there policies for volunteers? Do employee health policies adequately address TB testing, Hepatitis B vaccination, and HIV testing? Are the job descriptions reflective of the work being done for Part A? Can employees verbalize tasks consistent with those in the job descriptions? Is there regular evaluation of employee performance based on the position description and required qualifications? Is there a process for credentialing or verification of licensing?</p>	<p>Written Manual with at least the following elements: -Standards of conduct -Sexual harassment -Conflict of interest/Confidentiality -Staff development/trainings -ADA -EEO/Non-Discrimination/Affirmative Action - Annual Evaluations -Employment and Overtime rules -Fringes and annual leave Compensation schedules -Recruitment and Retention -Proof of credentialing/licensure for health professionals</p>	<p>Sexual harassment EEO 42 USC 1320a 7b(b) avoid mismanagement 42 USC 1320 7b(b) kick back Medicare or Medicaid</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Met Not Met N/A</p>	
<p>Compliance with legislative requirements regarding the Medicaid status of providers: funded providers of Medicaid-reimbursable services must be</p>	<p>Funded providers providing Medicaid- reimbursable services: <ul style="list-style-type: none"> • Are participating in Medicaid, certified to </p>	<p>Is there documentation of Medicaid status and that the provider is able to receive Medicaid payments, <u>or</u> Is there documentation of efforts and timeline for certification if in</p>	<p>FOA</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Met Not Met N/A</p>	

participating in Medicaid and certified to receive Medicaid payments or able to document efforts under way to obtain such certification	receive Medicaid payments, and using Medicaid funds whenever possible to cover services to people living with HIV disease <u>or</u> • Are actively working to obtain such certification	process of obtaining Medicaid certification?			
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Section II. COMPLIANCE FEDERAL REQUIREMENTS					
QUALITY MANAGEMENT					
Standard	Performance Measure	Testing	Source	Compliance	Comments
<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 in care by this contractor 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 providers and services A method to report and track expected outcomes Monitoring of provider compliance with HHS treatment guidelines and the 	<p>Documentation that the Part B Program has in place a Clinical Quality Management Program that includes, at a minimum:</p> <ul style="list-style-type: none"> A Quality Management Plan Quality expectations for providers and services A method to report and track expected outcomes Monitoring of provider compliance with HHS treatment guidelines and the Part B Program's approved service category definition for each funded service Review of CQM program to ensure that both the grantee and providers are carrying out necessary CQM activities and reporting CQM performance data Develop and monitor own Standards of Care as part of CQM Program 	Has the subrecipient developed a QM infrastructure at the agency and participating in statewide QM meeting?	PHS ACT 2618 (b)(3)(C&E)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Met Not Met N/A	FOR FUTURE USE
		Does subrecipient have a written QM Plan?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Met Not Met N/A	FOR FUTURE USE
		Does subrecipient have a documented Quality Improvement Project?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Met Not Met N/A	FOR FUTURE USE
		Is there documentation of collection and reporting of data for use in measuring performance?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Met Not Met N/A	FOR FUTURE USE
		Is there documentation of review of QM report indicators?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Met Not Met N/A	FOR FUTURE USE
		Has the subrecipient submitted QM reports to ISDH HSP as required?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Met Not Met N/A	FOR FUTURE USE
		Has the subrecipient participated in statewide QM meetings and trainings as required		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Met Not Met N/A	FOR FUTURE USE

Part B Program's approved Standards of Care					
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Section II: COMPLIANCE FEDERAL REQUIREMENTS			
POLICIES, PROCEDURES AND OTHER DOCUMENTS			
Standard	Compliance		Comments
DESCRIPTION/NOTIFICATION OF RYAN WHITE PART B SERVICES AVAILABLE AT AGENCY	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	
PROCESS FOR RECEIVING REFERRALS	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	
PROCEDURES FOR INTAKE, TRANSFER, AND DISCHARGE OF CLIENTS	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	
PROCEDURES FOR MANAGING WAITING LISTS	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	
CONFIDENTIALITY/HIPAA POLICIES	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	
SECURITY OF CLIENT RECORDS POLICIES AND PROCEDURES	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	
CLIENT CONSENT FOR REQUESTING OR RELEASING INFORMATION	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	
DATA SECURITY AND CONFIDENTIALITY RELATED TO DATA SYSTEM ACCESS AND MANAGEMENT	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	
HOURS OF OPERATION	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	
PROCEDURES FOR NOTIFYING CLIENTS OF UNSCHEDULED CLOSINGS	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	

PROCEDURES FOR AFTER HOUR EMERGENCIES	<input type="checkbox"/>	<input type="checkbox"/>	
	Met	Not Met	
GRIEVANCE PROCEDURES/POLICIES	<input type="checkbox"/>	<input type="checkbox"/>	
	Met	Not Met	
AGENCY EXPECTATION OF CLIENTS (I.E. RIGHTS AND RESPONSIBILITIES), INCLUDING TERMINATION OF SERVICES	<input type="checkbox"/>	<input type="checkbox"/>	
	Met	Not Met	

Section III: COMPLIANCE WITH ISDH CONTRACTUAL REQUIREMENTS				
Standard/Contractual Term	Performance Measure	Testing	Compliance	Comments
Current contract	Subrecipient should be operating under a current contract, executed by ISDH	Executed contract, in effect during current year	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Met Not Met N/A	
Drug-Free Workplace (if agreement exceeds \$25,000)	Publishing and providing to all of its employees a statement notifying them that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Grantee's workplace and specifying the actions that will be taken against employees for violations of such prohibition	Documentation of statement issued to employees	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Met Not Met N/A	
	If a criminal drug statute conviction for a violation occurring in the workplace was reported, written notification was made to the state within ten (10) days after receiving notice from an employee or otherwise receiving actual notice ³ of such conviction, AND Within thirty (30) days after receiving notice of a conviction, imposing the following sanctions or remedial measures on any employee who is convicted of drug abuse violations occurring in the workplace: (1) take appropriate personnel action against the employee, up to and including termination; or (2) require such employee to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State or local health, law enforcement, or other appropriate agency	Documentation of reporting to state, and employee actions taken	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Met Not Met N/A	
Employment Eligibility Verification	Subrecipients must enroll and participate in the E-Verify program	Documentation of enrollment in the E-Verify program	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Met Not Met N/A	

	If the subrecipient contracts out services, contractors must certify that the contractor does not knowingly employ or contract with an unauthorized alien and must enroll and participate in the E-Verify program.	Subcontractor certification	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Met Not Met N/A	
		Documentation of subcontractor's enrollment in E-Verify program	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Met Not Met N/A	
Statewide Meeting Participation	Subrecipients must attend required statewide subrecipient meetings	Has the subrecipient attended every required statewide subrecipient meeting?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Met Not Met N/A	
Continuity of Operations Plan	Each subrecipient must establish a Continuity of Operations Plan (COOP) to ensure continued access to essential services and care for all clients, including their Ryan White-funded clients, in case normal operations cannot continue (in case of a disaster or emergency).	Does the contractor have a Continuity of Operations Plan (COOP)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Met Not Met N/A	
	This plan should be reviewed and updated annually.	Is the Plan is reviewed and updated annually.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Met Not Met N/A	
Policies and Procedures Manuals	The subrecipient should maintain current Policies and Procedures Manuals guiding the provision of Ryan White Part B-funded services	Are there Policy/Procedure Manuals?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Met Not Met N/A	
		Are the Manuals current?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Met Not Met N/A	
Workplan				
Maintaining appropriate pace	The subrecipient should be meeting projected client and service unit goals that is reasonable considering time elapsed in contract year	Clients served	<input type="checkbox"/> <input type="checkbox"/> Met Not Met <input type="checkbox"/> Exceeded	
		Service Units provided	<input type="checkbox"/> <input type="checkbox"/> Met Not Met <input type="checkbox"/> Exceeded	
Reporting Requirements				
Monthly Progress Reports	Monthly reports must be submitted by the 30 th of every month	Greater than 80% submitted on time?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Met Not Met N/A	

Monthly Data Reporting	Client level data must be entered by the 15 th of every month	Data entered by the 15 th of the month at least 80% of the time?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Met Not Met N/A	FOR FUTURE USE
	Data must be accurate and complete	Missing data report yields >80% completeness	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Met Not Met N/A	FOR FUTURE USE: Refer to Missing Data Report from CAREWare
“Sub”-Subrecipient Monitoring				
Does subrecipient contract out any Ryan White services			<input type="checkbox"/> <input type="checkbox"/> Yes No	
If “yes”, please proceed with next questions. If “no”, please proceed to next section.				
Any grantee or subgrantee or individual receiving federal funding is required to monitor for compliance with federal requirements and programmatic expectations. Monitoring activities expected to include annual site visits of all Provider/Sub grantee. Corrective actions taken when subgrantee outcomes do not meet program objectives and grantee expectations, which may include: • Improved oversight • Redistribution of funds • A "corrective action" letter • Sponsored technical assistance	No portion of the work shall be subcontracted without prior written consent of ISDH through notification to the contract monitor and signature authority.	Documentation of ISDH written consent to subcontract services or work	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Met Not Met N/A	
	Development and consistent implementation of policies and procedures that establish uniform administrative requirements governing the monitoring of awards	Does the subrecipient have policies and procedures for conducting annual site visits to sub-subrecipients	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Met Not Met N/A	
	Review of the following program monitoring documents and actions: o Policies and procedures o Tools, protocols, or methodologies o Reports o Corrective site action plans o Progress on meeting goals of corrective action plans	Has the subrecipient conducted annual site visits for every funded sub-subrecipients?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Met Not Met N/A	

	Review corrective action plans <ul style="list-style-type: none"> • 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 	Does the subrecipient have a process for monitoring corrective actions plans resulting from annual site visits?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Met Not Met N/A	
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SECTION IV: ALLOWABILITY OF CHARGES TO FEDERAL PROGRAMS (CHART REVIEWS)

ELIGIBILITY												
Standard	Documentation	Testing	Chart ID									
Ryan White Part B Eligibility must be documented and current.												
If Eligibility is performed by Agency	HIV Status	Is client HIV-positive	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	Residence	Does client reside within state or EC	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	Income	Is income at or below 300% FPL	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	Medicaid	Has client been referred to Medicaid if eligible	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	Other insurance	Has other insurance coverage been assessed?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

		Has sub-recipient made every effort to ensure eligible individuals are expeditiously enrolled in other health care coverage programs, consistent with HAB PCN #13-04 and ISDH HSP Policy #18-03 (“Vigorously Pursue”)?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	6 month recertification	Has eligibility been reassessed every 6 months	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		Do dates of eligibility correlate to dates of services provided?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
If Eligibility is determined by another Agency or State	Documentation of current eligibility, effective for 6-month time periods	Is current eligibility documented in client record?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		Do dates of eligibility correlate to dates of services provided?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Section IV: ALLOWABILITY OF CHARGES TO FEDERAL PROGRAMS (CHART REVIEWS)												
2. EARLY INTERVENTION SERVICES (EIS)												
Standard	Documentation	Testing	Chart ID									

<p>Support of Early Intervention Services (EIS) that include identification of individuals at points of entry and access to services and provision of:</p> <ul style="list-style-type: none"> • HIV Testing and Targeted counseling • Referral services • Access and Linkage to care • Outreach and Health education related to HIV diagnosis <p>Note: All four components must be present, but Part B funds to be used for HIV testing only as necessary</p>	<p>Documentation that:</p> <ul style="list-style-type: none"> • Part B funds are used for HIV testing only where existing federal, state, and local funds are not adequate, and Ryan White funds will supplement and not supplant existing funds for testing • Individuals who test positive are referred for and linked to health care and supportive services • Health education and literacy training is provided that enables clients to navigate the HIV system • EIS is provided at or in coordination with documented key points of entry • EIS services are coordinated with HIV prevention efforts and programs 	<p>Are there memoranda of understanding (MOUs) with key points of entry into care to facilitate access to care for those who test positive</p>	<p style="text-align: center;"><input type="checkbox"/> Y <input type="checkbox"/> N</p> <p><u>Comments, if applicable:</u></p>
		<p>Is there a protocol or flow chart that documents provision of all four required EIS service components, with Part B or other funding</p>	<p style="text-align: center;"><input type="checkbox"/> Y <input type="checkbox"/> N</p> <p><u>Comments, if applicable:</u></p>
		<p>Is there documentation of numbers of HIV tests and positives, as well as where and when Part B-funded HIV testing occurs</p>	<p style="text-align: center;"><input type="checkbox"/> Y <input type="checkbox"/> N</p> <p><u>Comments, if applicable:</u></p>
		<p>Is there an HIV testing protocol that documents HIV testing activities and methods meet CDC and state requirements</p>	<p style="text-align: center;"><input type="checkbox"/> Y <input type="checkbox"/> N</p> <p><u>Comments, if applicable:</u></p>

to supplement, not supplant, existing funding	Is the number of referrals for health care and supportive services documented in CAREWare or another system?	<input type="checkbox"/> Y <input type="checkbox"/> N
	<u>Comments, if applicable:</u>	
	Is there documentation of referrals from key points of entry to EIS programs	<input type="checkbox"/> Y <input type="checkbox"/> N
	<u>Comments, if applicable:</u>	
Is there documentation of training and education sessions designed to help individuals navigate and understand the HIV system of care	<input type="checkbox"/> Y <input type="checkbox"/> N	
	<u>Comments, if applicable:</u>	

		Are there linkage agreements with testing sites where Part B is not funding testing but is funding referral and access to care, education, and system navigation services	<input type="checkbox"/> Y <input type="checkbox"/> N										
			<u>Comments, if applicable:</u>										
		Does client record reflect date of service?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		Is client progress note signed?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
SERVICE STANDARDS													

Section IV: ALLOWABILITY OF CHARGES TO FEDERAL PROGRAMS (CHART REVIEWS)												
3. MEDICAL CASE MANAGEMENT												
Standard	Documentation	Testing	Chart ID									

<p>Medical Case Management 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).</p>	<p>Documentation that service providers are trained professionals, either medically credentialed persons or other health care staff who are part of the clinical care team</p>	<p>Are medical case management services provided by trained professionals who are either medically credentialed or trained health care staff and operate as part of the clinical care team</p>	<p style="text-align: center;"><input type="checkbox"/> Y <input type="checkbox"/> N</p> <p><u>Comments, if applicable:</u></p>									
<p>Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).</p> <p>Activities include at least the following:</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 • Re-evaluation of the plan at least every 6 months <p>Ongoing assessment of the client’s and other key family members’ needs and personal support systems</p> <ul style="list-style-type: none"> • Treatment adherence counseling to ensure readiness for and 	<p>Documentation that all the following activities are being carried out for all clients:</p> <ul style="list-style-type: none"> o Initial assessment of service needs o Development of a comprehensive, individualized care plan o Coordination of services required to implement the plan o Continuous client monitoring to assess the efficacy of the plan o Periodic re-evaluation and adaptation of the plan at least every 6 months, during the enrollment of the client 	<p>Is there an initial client assessment of service needs?</p>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		<p>Is there a comprehensive, individualized care plan</p>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		<p>Do chart notes reflect coordination of services required to implement the plan</p>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		<p>Does chart reflect continuous client monitoring to assess the efficacy of the plan</p>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		<p>Is there periodic re-evaluation and adaptation of the plan at least every 6 months, during the enrollment of the client</p>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

<p>adherence to complex HIV treatments •Client-specific advocacy and/or review of utilization of services</p> <p>In addition to providing the medically oriented services above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining 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 improving health care outcomes.</p>												
SERVICE STANDARDS												

Section IV: ALLOWABILITY OF CHARGES TO FEDERAL PROGRAMS (CHART REVIEWS)												
4. MEDICAL NUTRITION THERAPY												
Standard	Documentation	Testing	Chart ID									

<p>Medical Nutrition Therapy includes:</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>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>Licensure and registration of the dietitian as required by the State in which the service is provided</p>	<p>If a dietitian is funded, are there copies of the dietitian's license and registration</p>	<p style="text-align: right;"><input type="checkbox"/> Y <input type="checkbox"/> N</p> <p><u>Comments, if applicable:</u></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</p>	<p>Is there a medical provider's referral?</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	
	<p>Required content of the nutritional plan, including:</p>	<p>Does plan include recommended services and course of medical nutrition</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	

o Recommended services and course of medical nutrition therapy to be provided, including types and amounts of nutritional supplements and food o Date service is to be initiated o Planned number and frequency of sessions o The signature of the registered dietitian who developed the plan Services provided, including: o Nutritional supplements and food, quantity, and dates o The signature of each registered dietitian who rendered service, the date of service o Date of reassessment o Termination date of medical nutrition therapy o Any recommendations for follow up	therapy to be provided											
	Date service is to be initiated	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	Planned number and frequency of sessions	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	Signature of dietitian	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	Document in each client file: o Services provided and dates o Progress with nutritional plan	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	Signature of person rendering service	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
SERVICE STANDARDS												

Section IV: ALLOWABILITY OF CHARGES TO FEDERAL PROGRAMS (CHART REVIEWS)												
5. MENTAL HEALTH												
Standard	Documentation	Testing	Chart ID									

<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>Appropriate and valid licensure and certification of mental health professionals as required by the State</p>	<p>Does Agency maintain and have on file appropriate and valid licensure and certification of mental health professionals</p>	<p style="text-align: center;"><input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Comments, if applicable:</p>									
	<p>Documentation of a detailed treatment plan for each eligible client that includes: o The diagnosed mental illness or condition o The treatment modality (group or individual) o Start date for mental health services o Recommended number of sessions o Date for reassessment o Projected treatment end date, o Any recommendations for follow up</p>	<p>Treatment plan documents of diagnosed mental illness or condition</p>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		<p>Documentation of the treatment modality</p>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		<p>Start date for mental health services</p>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		<p>Recommended number of sessions</p>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		<p>Date for reassessment</p>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		<p>Projected treatment end date</p>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		<p>Any recommendations for follow up</p>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		<p>Treatment plan is signed by the mental health professional</p>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	<p>Documentation of service provided ensures that: o Services provided are allowable under Ryan White guidelines and contract requirements o Services provided are consistent with the treatment plan</p>	<p>Progress notes document dates and services provided</p>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<p>Progress notes reflect treatment is consistent with treatment plan</p>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
<p>Progress notes are signed by mental health professional providing treatment</p>		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	

SERVICE STANDARDS

Section IV: ALLOWABILITY OF CHARGES TO FEDERAL PROGRAMS (CHART REVIEWS)													
6. OUTPATIENT/AMBULATORY HEALTH SERVICES (OAHS)													
Standard	Documentation	Testing	Chart ID										
Provision of Outpatient and Ambulatory Medical Care, 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	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	Agency maintains professional certifications and licensure documents for all funded to provide OAHS	<input type="checkbox"/> Y <input type="checkbox"/> N <u>Comments, if applicable:</u>										
	Only allowable services are provided <ul style="list-style-type: none"> • 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 HHS Guidelines 	Client medical records document services provided	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
		Client medical records include the dates and frequency of services provided	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		Notes/record indicate that service are for the treatment of HIV infection	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		Include clinician notes in patient records that are signed by the	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies		licensed provider of services										
If labs are funded, provision of laboratory tests are integral to the treatment of HIV infection and related complications	Documentation that tests are: <ul style="list-style-type: none"> • Integral to the treatment of HIV and related complications, necessary based on established clinical practice, and ordered by a registered, certified, licensed provider • Consistent with medical and laboratory standards • Approved by the Food and Drug Administration (FDA) and/or Certified under the Clinical Laboratory Improvement Amendments (CLIA) Program 	Documentation of the certification, licenses, or FDA approval of the laboratory from which tests were ordered	<input type="checkbox"/> Y <input type="checkbox"/> N <u>Comments, if applicable:</u>									
		Documentation of the number of laboratory tests performed	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		The credentials of the individual	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

		ordering the tests are indicated											
SERVICE STANDARDS													

Section IV: ALLOWABILITY OF CHARGES TO FEDERAL PROGRAMS (CHART REVIEWS)

7. SUBSTANCE ABUSE OUTPATIENT

Standard	Documentation	Testing	Chart ID											
Support for Substance Abuse Treatment Services-Outpatient, provided by or under the supervision of a physician or other qualified/licensed personnel; may include use of funds to expand HIV-specific capacity of programs if timely access to treatment and counseling is not otherwise available Services limited to the following: <ul style="list-style-type: none"> • Pre-treatment/recovery readiness programs • Harm reduction • Mental health counseling to reduce depression, anxiety and other disorders associated with substance abuse • Outpatient drug-free treatment and counseling • Opiate Assisted Therapy • euro-psychiatric pharmaceuticals 	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	Provider licensure or certifications as required by the State in which service is provided; this includes licensures and certifications for a provider of acupuncture services	<input type="checkbox"/> Y <input type="checkbox"/> N <u>Comments, if applicable:</u>											
		Staffing structure showing supervision by a physician or other qualified personnel	<input type="checkbox"/> Y <input type="checkbox"/> N <u>Comments, if applicable:</u>											
	Assurance that services are provided only in an outpatient setting	All services are provided on an outpatient basis	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	Assurance that services provided include a treatment plan that calls for only allowable activities and includes:	Maintain program files and client records that include treatment plans with all	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

<ul style="list-style-type: none"> • Relapse prevention • Limited acupuncture services with a written referral from the client’s primary health care provider, provided by certified or licensed practitioners wherever State certification or licensure exists • Services provided must include a treatment plan that calls only for allowable activities and includes: <ul style="list-style-type: none"> o The quantity, frequency, and modality of treatment provided o The date treatment begins and ends o Regular monitoring and assessment of client progress o The signature of the individual providing the service and or the supervisor as applicable 	<ul style="list-style-type: none"> o The quantity, frequency, and modality of treatment provided o The date treatment begins and ends o Regular monitoring and assessment of client progress o The signature of the individual providing the service and or the supervisor as applicable 	required elements											
		Services provided are reflected in list under “Standard”	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		The quantity, frequency and modality of treatment services	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		The date treatment begins, and ends	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		Regular monitoring and assessment of client progress	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		The signature of the individual providing the service or the supervisor as applicable	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	Documentation that <ul style="list-style-type: none"> o The use of funds for acupuncture services is limited through some form of defined cap o Acupuncture is not the dominant treatment modality o Acupuncture services are provided only with a written referral 	The acupuncture provider has appropriate State license and certification	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
		A written referral from the primary health care provider	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
		The quantity of acupuncture services provided	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	

	from the client's primary care provider o The acupuncture provider has appropriate State license and certification	The cap on such services	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
SERVICE STANDARDS												

Section IV: ALLOWABILITY OF CHARGES TO FEDERAL PROGRAMS (CHART REVIEWS)

8. EMERGENCY FINANCIAL ASSISTANCE												
Standard	Documentation	Testing	Chart ID									
Emergency Financial Assistance provides limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential utilities, housing, food (including groceries, and food vouchers), transportation, and medication. Emergency financial assistance can occur as a direct payment to an agency or through a	Emergency funds are allocated, tracked, and reported by type of assistance	Data in client-level data system is complete	<input type="checkbox"/> Y <input type="checkbox"/> N <u>Comments, if applicable:</u>									
	EFA to individual clients is provided with limited frequency and for limited periods of time, with frequency and duration of assistance specified by the grantee	Chart reflects that client receives EFA on a limited frequency and limited periods of time	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	Assistance is provided only for the following essential services: utilities, housing, food (including groceries, food vouchers, and Food Stamps), or medications	Chart reflects types of allowable EFA Provided (as noted under "Documentation" column	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	Date(s) EFA was provided		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

voucher program. Note: Direct cash payments to clients are not permitted	Payments are made either through a voucher program or short-term payments to the service entity, with no direct payments to clients	Method of providing EFA (assuring that method excludes direct payment to client)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	• Ryan White is the payer of last resort	Does client record indicate other resource options were assessed?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
SERVICE STANDARDS												

Section IV: ALLOWABILITY OF CHARGES TO FEDERAL PROGRAMS (CHART REVIEWS)												
9. FOOD BANK/HOME DELIVERED MEALS												
Standard	Documentation	Testing	Chart ID									
Funding for Food Bank/Home-delivered Meals that may include: • The provision of actual food items • Provision of hot meals • A voucher program to purchase food Program may also include the provision of non-food items that are limited to: • Personal hygiene products • Household cleaning supplies	Compliance with all federal, state, and local laws regarding the provision of food bank, home-delivered meals and food voucher programs, including any required licensure and/or certifications Provide assurance that Ryan White funds were used only for allowable purposes	Agency maintains any required licensure and/or certifications, or documents compliance with state and local laws related to services Chart reflects types of allowable Food Bank/Home Delivered Meals services provided (as noted under "Documentation" column)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A									
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

<ul style="list-style-type: none"> Water filtration/purification systems in communities where issues with water purity 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"> Permanent water filtration systems for water entering the house Household appliances Pet foods Other non-essential products 		Food vouchers (if provided) are administered in a manner which assures that vouchers and store gift cards cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	Provide assurance that Ryan White was the payer of last resort	Does client record indicate other resource options were assessed?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
SERVICE STANDARDS													

Section IV: ALLOWABILITY OF CHARGES TO FEDERAL PROGRAMS (CHART REVIEWS)													
10. HEALTH EDUCATION/RISK REDUCTION (HERR)													
Standard	Documentation	Testing	Chart ID										
Support for Health Education/Risk Reduction services that	Documentation that clients served under this category:	Does client record indicate that provider contact	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

educate clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission Includes: Provision of information about available medical and psychosocial support services • Education on HIV transmission and how to reduce the risk of transmission • Counseling on how to improve their health status and reduce the risk of HIV transmission to others	<ul style="list-style-type: none"> • Are educated about HIV transmission and how to reduce the risk of HIV transmission to others • 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 	included any of the following: o Information on available medical and psychosocial support services o Education about HIV transmission o Counseling on how to improve health status and reduce the risk of HIV transmission										
SERVICE STANDARDS												

Section IV: ALLOWABILITY OF CHARGES TO FEDERAL PROGRAMS (CHART REVIEWS)												
11. HOUSING												
Standard	Documentation	Testing	Chart ID									
Housing services provide transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory	Housing related referrals are provided by case managers or other professional(s) who possess a comprehensive knowledge of local,	Ensure staff providing housing services are case managers or other professionals who possess a comprehensive	<div style="text-align: right;"> <input type="checkbox"/> Y <input type="checkbox"/> N </div> <p><u>Comments, if applicable:</u></p>									

<p>health services and treatment. Housing services include housing referral services and transitional, short-term, or emergency housing assistance.</p>	<p>state, and federal housing programs and how to access these programs</p>	<p>knowledge of local, state, and federal housing programs and how to access those programs.</p>										
<p>Transitional, short-term, or emergency housing provides temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care.</p>	<p>Services provided including number of clients served, duration of housing services, types of housing provided, and housing referral services</p>	<p>Data in client-level data system is complete</p>	<p style="text-align: center;"><input type="checkbox"/> Y <input type="checkbox"/> N</p> <p><u>Comments, if applicable:</u></p>									
<p>Housing services must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing services also can include housing referral services: assessment, search, placement, and advocacy services; as well as fees associated with these services.</p> <p>Eligible housing can include either housing that:</p> <ul style="list-style-type: none"> •Provides some type of core medical or support services (such as residential substance use disorder services or mental 	<p>For all housing, regardless of whether or not the service includes some type of medical or supportive services.</p> <ul style="list-style-type: none"> o 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 o Housing services are essential for an individual or family to gain or maintain access and compliance with HIV-related medical care and treatment. o Mechanisms are in place to allow newly identified clients 	<p>Maintain client records that document:</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	
		<p>Client eligibility</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	
		<p>Housing services, including referral services provided</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	
		<p>Mechanisms are in place to allow newly identified clients access to housing services.</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	

health services, residential foster care, or assisted living residential services); or •Does not provide direct core medical or support 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. The necessity of housing services for the purposes of medical care must be documented.	access to housing services o Policies and procedures to provide individualized written housing plan, consistent with this Housing Policy, covering each client receiving short term, transitional and emergency housing services.												
		Assistance provided to clients to help them obtain stable long-term housing	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	Housing services cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments or security deposits.	Funds have not been used for direct payments to recipients of services, for mortgages, or for security deposits.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

SERVICE STANDARDS

Section IV: ALLOWABILITY OF CHARGES TO FEDERAL PROGRAMS (CHART REVIEWS)			
12. MEDICAL TRANSPORTATION			
Standard	Documentation	Testing	Chart ID
Funding for Medical Transportation Services that enable an eligible individual to access HIV-related health and support services,	Documentation that services are provided through one of the following methods: o A contract or some other local procurement mechanism with a	Policy states reimbursement methods do not involve cash payments to service recipients	<input type="checkbox"/> Y <input type="checkbox"/> N <u>Comments, if applicable:</u>
		Policy states mileage reimbursement	<input type="checkbox"/> Y <input type="checkbox"/> N

including services needed to maintain the client in HIV medical care, through either direct transportation services or vouchers or tokens Medical transportation may be provided through: •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 (Federal Joint Travel Regulations provide further guidance on this subject) •Purchase or lease of organizational vehicles for client	provider of transportation services o A voucher or token system that allows for tracking the distribution of the vouchers or tokens o A system of mileage reimbursement that does not exceed the federal per-mile reimbursement rates o A system of volunteer drivers, where insurance and other liability issues are addressed.	does not exceed the federal reimbursement rate Policy states use of volunteer drivers appropriately addresses insurance and other liability issues Policy states funds are used only for transportation designed to help eligible individuals remain in medical care by enabling them to access medical and support services	Comments, if applicable:										
			<input type="checkbox"/> Y <input type="checkbox"/> N Comments, if applicable:										
			<input type="checkbox"/> Y <input type="checkbox"/> N Comments, if applicable:										
		Purchase or lease of organizational vehicles for client transportation, with prior approval from HRSA/HAB for the purchase	Documentation of ISDH approval prior to purchasing or leasing a vehicle(s)	<input type="checkbox"/> Y <input type="checkbox"/> N Comments, if applicable:									
	Documentation that: medical transportation services are used only to enable an eligible individual to access HIV-related health and support services	Client file or other record documents	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
		The reason for each trip and its relation to accessing health and support services											
		Trip origin and destination	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		Client eligibility	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	

transportation 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		The cost per trip	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		The method used to meet the transportation need	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Unallowable Uses of funds	Unallowable costs include: •Direct cash payments or cash reimbursements to clients •Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle •Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees	Services do not include any unallowable costs	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
SERVICE STANDARDS												

Section IV: ALLOWABILITY OF CHARGES TO FEDERAL PROGRAMS (CHART REVIEWS)													
13. NON-MEDICAL CASE MANAGEMENT													
Standard	Documentation	Testing	Chart ID										
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 May include: • Benefits/entitlement counseling and referral activities to assist eligible clients to obtain access to public and private programs for which they may be eligible • All types of case management encounters and communications (face-to-face, telephone contact, other) • Transitional case management for incarcerated persons as they prepare to exit the correctional system Non-Medical Case Management Services have as	Documentation that: o Scope of activity includes advice and assistance to clients in obtaining medical, social, community, legal, financial, and other needed services o 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 Manufacturers' Patient Assistance Programs, and other State or local health care and supportive services o Services cover all types of encounters and communications (e.g., face-to-face, telephone contact, other)	Date of encounter is documented	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
		Client record reflects type of encounter	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		Initial assessment of service needs	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		Development of a comprehensive, individualized care plan	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		Continuous client monitoring to assess the efficacy of the care plan	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		Re-evaluation of the care plan at least every 6 months with adaptations as necessary	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		Ongoing assessment of the client's and other key family members' needs and personal support systems	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		Progress notes show provision of services that provide advice and assistance to clients in obtaining medical, social, community, legal, financial, and other needed services	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

their objective providing guidance and assistance in improving access to needed services.		Progress notes are signed	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Transitional case management for incarcerated persons as they prepare to exit the correctional system	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	Progress Notes reflect services are provided either as part of discharge planning or for individuals who are in the correctional system for a brief period	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
SERVICE STANDARDS												

Section IV: ALLOWABILITY OF CHARGES TO FEDERAL PROGRAMS (CHART REVIEWS)

14. OUTREACH SERVICES												
Standard	Documentation	Testing	Chart ID									
Outreach Services include the provision of the following three activities: • Identification of people who do not know their HIV status and linkage into Outpatient/Ambulatory Health Services • Provision of additional information and education on health care coverage options • Reengagement of people who know their status into	Documentation that outreach services are designed to identify: o Individuals who do not know their HIV status and refer them for counseling and testing o Individuals who know their status and are not in care and help them enter or re-enter HIV-related medical care	Are activities conducted at times and in places where there is a high probability that individuals with HIV infection and/or exhibiting high-risk behavior	<input type="checkbox"/> Y <input type="checkbox"/> N									
		Are activities reported in a way to support evaluation of effectiveness and outcomes?	<input type="checkbox"/> Y <input type="checkbox"/> N									
		Are activities planned and										
			<u>Comments, if applicable:</u>									
			<u>Comments, if applicable:</u>									

<p>Outpatient/Ambulatory Health Services</p> <p>Outreach programs must be:</p> <ul style="list-style-type: none"> Planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort Targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection Targeted to communities or local establishments that are frequented by individuals exhibiting high-risk behavior Conducted at times and in places where there is a high probability that individuals with HIV infection will be reached Designed to provide quantified program reporting of activities and results to accommodate local evaluation of effectiveness 		<p>delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p> <p><u>Comments, if applicable:</u></p>
		<p>Are activities targeted to populations known, through local epidemiologic data or review of service utilization data or strategic planning processes, to be at disproportionate risk for HIV infection</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p> <p><u>Comments, if applicable:</u></p>
<p>Unallowable Uses of Funds</p>	<p>Funds may not be used to pay for HIV counseling or testing</p>	<p>Does program policy prohibit use of funds for HIV counseling or testing?</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p> <p><u>Comments, if applicable:</u></p>
	<p>Funds may not be used to support broad- scope awareness activities</p>	<p>Does program design exclude all broad-scope awareness activities?</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p> <p><u>Comments, if applicable:</u></p>

Client record documentation	Client record should indicate that clients were referred to care, and that client successfully accessed care	Does client record reflect date of service?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
		Does client record indicate client was referred to care and other services?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		Does client record document whether client entered care?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		Is client progress note signed?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

SERVICE STANDARDS

Section IV: ALLOWABILITY OF CHARGES TO FEDERAL PROGRAMS (CHART REVIEWS)

15. PSYCHOSOCIAL SUPPORT SERVICES												
Standard	Documentation	Testing	Chart ID									
Support for Psychosocial Support Services that may include: • 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	Documentation that psychosocial services funds are used only to support eligible activities, including: o Support and counseling activities o Child abuse and neglect counseling o HIV support groups o Pastoral care/counseling o Caregiver support o Bereavement counseling o Nutrition counseling provided by a non-	Client record reflects date service was provided	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		Client record reflects type of allowable service provided (as noted under "Documentation" column)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

<p>Note: Funds under this service category may not be used to provide nutritional supplements</p>	<p>registered dietitian</p>											
<p>Pastoral care/counseling supported under this service category to be:</p> <ul style="list-style-type: none"> • Provided by an institutional pastoral care program (e.g., components of AIDS interfaith networks, separately incorporated pastoral care and counseling centers, components of services provided by a licensed provider, such as a home care or hospice provider) • Provided by a licensed or accredited provider wherever such licensure or accreditation is either required or available • Available to all individuals eligible to receive Ryan White services, regardless of their religious 	<p>Documentation that pastoral care/counseling services meet all stated requirements:</p> <ul style="list-style-type: none"> o Provided by an institutional pastoral care program o Provided by a licensed or accredited 	<p>Pastoral services are available to all eligible clients regardless of religious denominational affiliation</p>	<p style="text-align: right;"><input type="checkbox"/> Y <input type="checkbox"/> N</p> <p><u>Comments, if applicable:</u></p>									
	<p>provider wherever such licensure or accreditation is either required or available</p> <ul style="list-style-type: none"> o Available to all individuals eligible to receive Ryan White services, regardless of their religious denominational affiliation 	<p>Provider is licensed or accredited when required</p>	<p style="text-align: right;"><input type="checkbox"/> Y <input type="checkbox"/> N</p> <p><u>Comments, if applicable:</u></p>									
		<p>Pastoral services are provided by an institutional pastoral care program</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N</p>

denominational affiliation													
SERVICE STANDARDS													

Section IV: ALLOWABILITY OF CHARGES TO FEDERAL PROGRAMS (CHART REVIEWS)

16. REFERRAL FOR HEALTH CARE/SUPPORTIVE SERVICES

Standard	Documentation	Testing	Chart ID										
Referral for Health Care/Supportive Services direct a client to a service in person or through telephone, written, or other types of communication, including the management of such services where they are not provided as part of Ambulatory/Outpatient Medical Care or Case Management services	Funds are used only: o To direct a client to a service in person or through other types of communication o To provide benefits/entitlements counseling and referral consistent with HRSA requirements o To manage such activities o Where these services are not provided as a part of Ambulatory/Outpatient Medical Care or Case Management services	Program files exist that document: o Number and types of referrals provided o Benefits counseling and referral activities o Number of clients served o Follow up provided	<input type="checkbox"/> Y <input type="checkbox"/> N <u>Comments, if applicable:</u>										
	Client records include required elements , including: o Date of service o Type of communication o Type of referral o Benefits counseling/referral provided	Chart reflects date of service	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		Chart reflects types of communication	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		Chart reflects type of referral or receipt of benefits counseling	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

	o Follow up provided	Chart reflects follow up provided	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
SERVICE STANDARDS												

Section IV: ALLOWABILITY OF CHARGES TO FEDERAL PROGRAMS (CHART REVIEWS)

17. SUBSTANCE ABUSE TREATMENT - RESIDENTIAL												
Standard	Documentation	Testing	Chart ID									
Funding for Substance Abuse Treatment – Residential to address substance abuse problems (including alcohol and/or legal and illegal drugs) in a short-term residential health service setting Requirements: • Services to be provided by or under the supervision of a physician or other qualified personnel with appropriate and valid licensure and certification by the State in which the services are provided • Services to be provided in accordance with a treatment plan • Detoxification to be provided in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of a hospital)	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	Provider licensure or certifications as required by the State in which service is provided; this includes licensures and certifications for a provider of acupuncture services	<input type="checkbox"/> Y <input type="checkbox"/> N <u>Comments, if applicable:</u>									
		Staffing structure showing supervision by a physician or other qualified personnel	<input type="checkbox"/> Y <input type="checkbox"/> N <u>Comments, if applicable:</u>									
	Assurance that services are provided only in a short-term residential setting	All services are provided on an outpatient basis	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	Assurance that services provided include a treatment plan that calls for only allowable activities	Maintain program files and client records that include treatment	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

<ul style="list-style-type: none"> • Limited acupuncture services permitted with a written referral from the client's primary health care provider, provided by certified or licensed practitioners wherever State certification or licensure exists 	<ul style="list-style-type: none"> and includes: <ul style="list-style-type: none"> o The quantity, frequency, and modality of treatment provided o The date treatment begins and ends o Regular monitoring and assessment of client progress o The signature of the individual providing the service and or the supervisor as applicable 	plans with all required elements											
		That all services provided are allowable under Ryan White	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		The quantity, frequency and modality of treatment services	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		The date treatment begins, and ends	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		Regular monitoring and assessment of client progress	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		The signature of the individual providing the service or the supervisor as applicable	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	<ul style="list-style-type: none"> Documentation that <ul style="list-style-type: none"> o The use of funds for acupuncture services is limited through some form of defined cap o Acupuncture is not the dominant treatment modality o Acupuncture services are 	The acupuncture provider has appropriate State license and certification	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
		A written referral from the primary health care provider	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
		The quantity of acupuncture	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	

	provided only with a written referral from the client's primary care provider	services provided										
	o The acupuncture provider has appropriate State license and certification	The cap on such services	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

SERVICE STANDARDS

D. SECTION: SUMMARY OF FINDINGS (Note Section and Subheading)

CORRECTIVE ACTION PLAN REQUIRED?	<input type="checkbox"/> Y <input type="checkbox"/> N	FOLLOW UP VISIT REQUIRED?	<input type="checkbox"/> Y <input type="checkbox"/> N
		IF YES, WHEN?	

SUBMITTED BY:	DATE:
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