|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Database Section | QM/fiscal/AA | (R)evision/(A)ddition/(D)eletion | Change | citation | change-makerAA/TriYoung |
| ADD “ADMIN DOCUMENTS”SECTION | AA | A | TriYoung to add section that will allow Admin team to enter Y/N/NA for obtaining policy and other documents for review. This section should allow AA to enter the documents needed as well as the citation from policies, Act, etc. These documents may be obtained from the provider before or during the site visit. Other Q/A sections of the database will contain questions related to the review and testing of these documents. This is not a compliance rated section, as the compliance will be determined in the review sections. | N/A | TriYoung |
| ADD “FISCAL DOCUMENTS” SECTION | AA | A | TriYoung to add section that will allow Fiscal team to enter Y/N/NA for obtaining policy and other documents for review. This section should allow AA to enter the documents needed as well as the citation from policies, Act, etc. These documents may be obtained from the provider before or during the site visit. Other Q/A sections of the database will contain questions related to the review and testing of these documents. This is not a compliance rated section, as the compliance will be determined in the review sections. | N/A | TriYoung |
| ADD NEW AA Q/A SECTION “Anti-kickback Regulations” | AA | A | Add new AA Q/A section “Anti-kickback Regulations” | N/A | TriYoung |
| ADD NEW AA Q/A SECTION “EMPLOYEE POLICIES AND PROCEDURES” | AA | A | Add a new Admin Q/A section called “Employee policies and procedures” for related questions and review | N/A | TriYoung |
| ADD NEW AA Q/A SECTION “Licensing and Insurance” | AA | A | Add new AA Q/A section called “Licensing and Insurance” | N/A | TriYoung |
| Admin Documents | AA | A | Add all AA policies and documents needed for site visit to the new “AA Documents Section” |  | AA |
| Agency Level Standards: no cash payments | QM | A | Add question regarding no cash payments | HRSA Program Monitoring Standards CITE | QM Team |
| Agency Level Standards: suggestion box/client input | QM | A | Add question regarding suggestion box and client/input | HRSA Program Monitoring Standards CITE | QM Team |
| Anti-kickback Regulations | AA | A | Verify provider’s compliance with anti-kickback conditions by reviewing policies, procedures, & violations. Provider required to maintain:Corporate Compliance Plan (Medicare/Medicaid providers only), Personnel Policies, Code of ethics or Standards of Conduct, Bylaws and Board policies, documentation of any employee or Board member violations of Code of Ethics/Standards of Conduct and complaints of violations and resolution. Code of Ethics/Standards of Conduct must include: Conflict of interest, prohibition on use of provider property, info or position without approval or advance personal interest, fair dealing- engages in fair and open competition, confidentiality, protection and use of company assets, compliance with laws, rules, regulations, timely and truthful disclosure of significant accounting deficiencies and non-compliance.  | COUNTY CONTRACT:ANTI-KICKBACK HRSA Universal StandardsC.1 | AA |
| Anti-kickback Regulations | AA | A | Review and verify file and policy documentation that covers:Contracts, MOUs, agreementsRecruitment policies and procedures that discourage signing bonuses, conflict of interest, prohibition of exorbitant signing packages, policies that discourage use of charge masters, one for self pay clients and a higher one for insurance companies, proof of employee background checks, purchasing policies that discourage kickbacks and referral bonuses | COUNTY CONTRACT:ANTI-KICKBACK HRSA Universal StandardsC.2 | AA |
| Billing & Records | AA | A | Obtain assurances as defined by Standards for all service categories (i.e. Legal providers that services are directly necessitated by client’s HIV status) | HRSA Program Monitoring Standards | AA |
| Billing and Records | AA | A | Review sliding fee eligibility application | CONTRACT SECTION: CERTIFICATION OF CLIENT ELIGIBILITYHRSA Program Fiscal Monitoring StandardsD.1 | AA |
| Billing and Records | AA | A | Review evidence that employees understand fees and caps on client charges | CONTRACT SECTION: CERTIFICATION OF CLIENT ELIGIBILITYHRSA Program Fiscal Monitoring StandardsD.3 | AA |
| Billing and Records | AA | A | Review fee discount policiesthat includes client fee caps, including: Clear responsibility for annually evaluating clients to establish individual fees and capsTracking of Part A charges or medical expenses inclusive of enrollment fees, deductibles, co-payments, etc., process for alerting billing system that client reached cap and no further charges to be charged remainder of year, and documentation of policies, fees, and implementation, including evidence that staff understand p/p | CONTRACT SECTION: CERTIFICATION OF CLIENT ELIGIBILITYHRSA Program Fiscal Monitoring StandardsD.3 | AA |
| Billing and Records  | AA | A | Review provider’s file of contracted Medicaid insurance providers | COUNTY CONTRACT: OTHE REQUIREMENTSHRSA Program Fiscal Monitoring StandardsC.3 | AA |
| Billing and Records | AA | A | Provider required to have billing, collection, co-pay and sliding fee policies and procedures that do not deny clients services for non-payment, inability to produce income documentation, or require full payment prior to service, or include any other barriers to service based on ability to pay | COUNTY CONTRACT:METHOD OF PAYMENTHRSA Universal StandardsA.2 | AA |
| Billing and Records  | AA | R | Move records retention question out of “Marketing” section. Move to “Billing and Records” |  | AA |
| Billing and Records | AA | A | Review policies that forbid use of Ryan White funds for cash payments to service recipients | HRSA Program Fiscal Monitoring StandardsB.3P/P Section 1 Contract Policies | AA |
| Billing and Records | AA | A | Review provider’s staff training on payer of last resort requirement and their internal policy on meeting the requirement | HRSA Program Fiscal Monitoring StandardsC.2 | AA |
| Billing and Records | AA | A | Review policy that states grantee will have full access to financial, program and management records and documents as needed for program and fiscal monitoring and oversight | COUNTY CONTRACT:CONTRACT COMPLIANCE MONITORINGHRSA Program Fiscal Monitoring StandardsK.3 | AA |
| CHANGE NAME OF “Marketing, Cultural Competency, Confidentiality and Records” SECTION | AA | A | Change the name of this section to “ “Client Marketing, Culture & Privacy”” | N/A | TriYoung |
| CHANGE NAME OF “BILLING AND REPORTING” SECTION | AA | R | Change name of this section to “Billing and Records” | N/A | TriYoung |
| CHANGE NAME OF “SUBCONTRACTING, LICENSING AND INSURANCE”  | AA | A | Change the name of this section to “Subcontracts and Agreements” | N/A | TriYoung |
| Client Level Standards: HAB | QM | A | Add the HAB measures and ensure that questions are reporting. | QM Site Visit Team Planning Meeting  | QM Team |
| Client Level Standards: Pending Approval PC SoC | QM | A/D | Review and integrate any new questions per Planning Council revised Standards of Care  | HRSA Program Monitoring Standards Sections B.11, B.12, B.14  | QM Team |
| Client Marketing, Culture & Privacy | AA | A | Verify if provider site(s) is accessible by public access; if not, provider must have p/p in place describing how it will provide transportation assistance | COUNTY CONTRACT:OTHER REQUIREMENTSHRSA Universal StandardsA.4 | AA |
| Client Marketing, Culture & Privacy | AA | A | Review provider marketing file documenting promotion activities for HIV services to low-income individuals, including copies of program materials promoting services and explaining eligibility requirements | COUNTY CONTRACT:PROGRAM MARKETING INITIATIVES:HRSA Universal StandardsA.5 | AA |
| CORRECTIVE ACTION REPORT | ALL | R | Change corrective action report in the following ways: 1. Remove signature and date spaces for AA and provider
2. Change “Summary of deficiency” column heading to “Corrective Action Needed”.
 | N/A | TriYoung  |
| eligibility policy documents | AA | R | Revise HIV Documentation Review: “Lab Report on File Recv date (no more than 60 days from receipt of medical statement)” | P/P Eligibility | TriYoung |
| eligibility policy documents | AA | R | Update Residency and Income drop-down boxes to include acceptable documents per current policy (see documents list attached) | P/P Eligibility | TriYoung |
| eligibility policy documents | AA | R | Update Grievance Policy check to include date that new 2010 standards went in to effect (need this info from Ken) | P/PContract Policies& Universal Standards | TriYoung |
| eligibility policy documents | AA | R | Add additional Release of Information effective and expiration date fields to account for overlapping ROIs | P/P Contract Policies | TriYoung |
| eligibility policy documents | AA | R | Revise ROI, Grievance and R/R language to account for clients new to agency: these clients get 30-day grace period from first day of intake/service to get these docs in to provider | P/P Contract Policies | TriYoung |
| eligibility policy documents | AA | D | Remove “form type” field from ROI section.  | N/A | TriYoung |
| eligibility policy documents | AA | R | For Case Management, maximum 2 units to be provided (allowed) to non-current clients before obtaining ROI, Grievance and Rights/Responsibilities signatures. | P/PService Specific PoliciesMedical and Non-MedicalCase Management | TriYoung(see Rose- policy not yet decided) |
| Employee Policies and Procedures | AA | A | Verify that Employment Eligibility Verification (I-9) forms are on file for employees under the contract(s)  | County Contract: Verification Re Compliance with ARS 41-4401 and Fed Immigration Laws | AA |
| Employee Policies and Procedures | AA | A | Review personnel policies and employee orientation manual that includes regulations that forbid using federal funds to lobby Congress or other Federal personnel | COUNTY CONTRACT: RESTRICTIONS ON USE OF FUNDSHRSA Program Fiscal Monitoring StandardsB.8 | AA |
| Fiscal | F | A | Review financial policy that describes selection of auditor | COUNTY CONTRACT: AUDIT REQUIREMENTSHRSA Program Fiscal Monitoring StandardsH.2 | AA |
| Fiscal | F | A | Review copy of audited financial statements and notes to determine the organization’s financial status and stability.  |  HRSA Program Fiscal Monitoring Standards H.3. |  |
| fiscal review | F | A | Review COA: Unallowable Expenses Certification | HRSA Program Fiscal Monitoring StandardsB.1 | AA |
| Fiscal review | F | A | Review medical information, manual or electronic system that tracks patient charges, payments and adjustments | CONTRACT SECTION: CERTIFICATION OF CLIENT ELIGIBILITYHRSA Program Fiscal Monitoring StandardsD.1 | AA |
| Fiscal | F | A | Review how providers track their administrative costs and verify appropriate categorization of costs  |  HRSA Program Fiscal Monitoring Standards A4.  | AA |
| Fiscal | F | A | Review equipment policy and ensure that provider maintains a current complete and accurate asset inventory list and depreciation schedule and that they identify assets purchased with Ryan White funds.  |  HRSA Program Fiscal Monitoring Standards F.  | AA |
| General Changes | QM | R | * Standardize the views on the laptops and desktops (critically needed for Ken and Edd).
* Final Detail Report: QM Client Level & QM Outcomes Questions- Need a list of questions, with grouping of deficient URNs underneath.
* Report: Remove the secondary questions from the Outcome section in the Final Summary Report
* Provider Tool Report: Add client level standards, individualized to provider. I.E. Shanti’s Provider tool would also include substance abuse and mental health client level standards.
 | QM Site Visit Planning Meeting | TriYoung |
| Licensing & Insurance | AA | R | Move all Licensing and Insurance questions to the new “Licensing and Insurance” Section |  | AA |
| QM | QM | A | Review file of refused clients complaints |  |  |
| QM agency level standards | QM | A | Addition of mechanism to add QM Agency level questions that will not divided by service category. | Universal Standards A.2 | TriYoung |
| QM outcomes | QM | R | Review all outcomes linkages and revise as needed. | QM Site Visit Planning Team Meeting | QM Team |
| service entry review | AA | A | Add checkpoint for FAP applications that provider verified insurance policy provides comprehensive primary care and formulary with a full range of HIV medications to clients | P/PService Specific PoliciesHRSA Program Monitoring StandardsB.7 | AA |
| Service entry review | AA | A | Add checkpoint in Legal Services to check for documentation in client chart that services are necessitated by client’s HIV status | HRSA Program Monitoring StandardsC.8 | AA |
| Service entry review | AA | A | Checkpoint for Legal Services that RW is payer of last resort | HRSA Program Monitoring StandardsC.8 | AA |
| Subcontracts and Agreements | AA | A | If provider has subcontracts, verify that provider checked EPLS (Excluded Parties List) for debarment/suspension.  | County Contract:CERTIFICATION REGARDING DEBARMENT AND SUSPENSIONOMB A-133 | AA |
| Subcontracts and Agreements | AA | A | If provider has subcontracts, verify that subcontracts include an Indemnification clause | County Contract: INDEMNIFICATION | AA |
| Subcontracts and Agreements | AA | A | If provider has subcontracts, verify that detailed scope of work is included | County Contract: Use of Subcontractors | AA |
| Subcontracts and Agreements | AA | A | If provider has subcontractors, verify that a provision is included that explains County will have access to the subcontractor’s facilities and right to examine books, documents and records related to the subcontract activities and services.  | County Contract:Use of Subcontractors | AA |
| Subcontracts and Agreements | AA | A | If provider has subcontracts, verify that it includes the qualifications and ability required to carry out the scope of work | County Contract: Use of Subcontractors | AA |
| Subcontracts and Agreements | AA | A | Review letters of agreement and MOUs for required referral relationships | COUNTY CONTRACT: REFERRAL RELATIONSHIPSHRSA Universal StandardsC.2 | AA |
| Subcontracts and Agreements | AA | A | Review written proof of referral relationships with key points of entry | COUNTY CONTRACT: REFERRAL RELATIONSHIPSHRSA Program Monitoring StandardsF.2 | AA |
| Subcontracts and Agreements | AA | A | If provider has subcontracts, verify that subcontract includes client non-discrimination clause | County Contract:Non-discrimination | AA |
| SUMMARY REPORT | ALL | R | Revise Summary Report in the following ways: 1. 1-page report
2. Remove all sections of the summary report with the exception of:
* First page data about provider (date of review, review dates, staffing information, etc.).
* Omit compliance percentages per section and instead, include: “Compliant” or “See Corrective Action Plan”
* Leave space for overall comments
 | N/A | TriYoung |

Eligibility Documents

|  |  |  |
| --- | --- | --- |
| **Residency Document** | **Examples/ Rules** | **Dated within** |
| **Annual Award Letter** | SSI Disability Annuities Pension Tribal VA | Awarded coverage within current eligibility period |
| **Variable Public Assistance Programs** | Food stamps TANF Unemployment | Assistance coverage within current eligibility period |
| **Mortgage or Lease Agreement** | Mortgage billing statement or Rental contract | Most current month |
| **Property Tax Statement** | Maricopa or Pinal County property | Within current eligibility period |
| **Home Owner's Association (HOA) Statement** | Maricopa or Pinal County property | Within current eligibility period |
| **Driver's License** | Arizona | Must have most recent address |
| **State Issued ID Card** | Arizona | Must have most recent address |
| **Immigration Identification Card** | Must have address on it | Must have most recent address |
| **Official Mail** | Must include client's name and postmark | Must have most recent address |
| **Most recent Paycheck stubs** | Must show client or spouse name | Most current month |
| **Most recent Bank Statement** | Must show client or spouse name | Most current month |
| **Most recent Utility Bills** | Electric Water Gas Phone Cable, Etc | Most current month |
| **Non-property Tax Bill or Tax Assessment Statement** | Must show client or spouse name | Most recent tax year |
| **Most recent W-2 Form** | Must show client or spouse name | Most recent tax year |
| **Billing Statements** | Doctor's Office Department Store Cell Phone Credit Card, Etc | Most current month |
| **Homeless service provider or Case manager Statement** | Signed and dated on Agency's letterhead | Most current month |
| **Other** | Must mention the client by name with the address where they live | Most current month |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Source of income** | **Types of Examples** | **Dated within** | **Income Worksheet Required?** | **Non-Traditional Income Form?** |
| **Annual Award Letter** | SSI Disability Annuities Pension Tribal VA | Awarded coverage within current eligibility period | No | No |
| **Variable Public Assistance Programs** |  Unemployment | Assistance coverage within current eligibility period | Yes | No |
| **Monthly Income** | Paystubs Child Support Alimony/ Palimony Dividends | Most current month's receipt of deposit or proof | Yes | No |
| **Non-Traditional** | Cash No Income Family Support | See Non-Traditional Income form | No | Yes |
| **Other** | Self Employment/ Tax Record W2 | Last 3 months (self employment)/ Most recent tax year (W2s) | Yes | No |
| **Multiple Sources** | Any combination (1 or more of the above)  | See requirements for specific income source | Yes | Yes if one or more income source is Non-Traditional |