

RI UNIVERSAL SITE VISIT MONITORING TOOL 04/2014

Introduction

A. General Instructions

On-site contract monitoring visits are a required component of receiving Ryan White CARE Act funding. The purpose of the visit is to verify contractual compliance and to provide any needed technical assistance. The responsibilities of the contracted agency must comply with the HRSA requirements associated with Monitoring Standards. In addition the State of Rhode Island must also be responsible for overseeing the components related to contractual compliance and the adherence to these monitoring standards. If agency deficiencies are identified, a corrective plan will be required.

This universal monitoring tool is broken down into six (6) different modules:

Section A: Access to Care
Section B: Eligibility
Section C: Anti-Kickback Statue
Section D: Grantee Accountability
Section E: Reporting
Section F: Monitoring

In addition, the State shall require phases of analysis associated with monitoring. Those phases of monitoring include:

- Ongoing monthly monitoring via invoices, required HRSA/State reporting requirements (e.g., quality standards of care performance measures) and associated State review of agency spending patterns regarding contractual responsibilities; specifically State evaluation of payer of last resort
- *Pre-site visit analysis including a) Agency required homework, b) State review of monitoring standards and reporting (e.g., data and contractual obligations)
- On site analysis visit that includes chart and record review (these may be performed at separate times from the actual site visit), procedural/policy review, evaluation/review of all monitoring standards applicable to the agency (e.g., some agencies may have more standards to review than others)
- Post analysis of site visit, including a formal written report to be shared with the HRSA Project Officer and the agency
- If necessary, corrective action plans regarding non-compliance conveyed by the State to the agency and a clear, concise corrective action plan approved and implemented by agency

**** Pre-site visit analysis: Prior to the site visit, the funded agency must:***

- Designate funded agency staff so they can respond to any pre-site visit inquiries from the State
- Have staff designated to attend the site visit and agency staff must be available and commit to the on-site review
- Work with the State regarding the requested/required documents listed in the RI Universal Site Visit Monitoring Tool and have all the documents ready and assembled for State review
- The funded agency must designate ample workspace in advance, for agency and State staff to meet and conduct their monitoring visit

RI UNIVERSAL SITE VISIT MONITORING TOOL 04/2014 (Revised 12/2014)

Ryan White Part B Provider: _____

Ryan White Part B Services: _____

Total Employees assigned to Ryan White Part B Contract: _____

Total Clients served during review period: _____

General Information

Requirement	Comments (Completed by RI Ryan White Program Staff)	Corrective Action (Submitted by Funded Agency)	I= Interview O= Observation D=Documentation	Date Implemented
1.1 Has the agency sent in all required pre-site visit documentation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	
1.2 Has the agency contract/Scope of Work been reviewed with funded provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	

RI UNIVERSAL SITE VISIT MONITORING TOOL 04/2014 (Revised 12/2014)

Universal Site Visit Monitoring Tool - Section A: Access to Care				
Requirement	Comments (Completed by RI Ryan White Program Staff)	Corrective Action (Submitted by Funded Agency)	I= Interview O= Observation D=Documentation	Date Implemented
1. Has the agency provided documentation of structured and ongoing efforts to obtain input from clients in the design and delivery of services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	
2. Has the agency provided documented provisions of services regardless of an individual's ability to pay for the service?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	
3. Has the agency provided provisions of services regardless of the current or past health condition of the individual to be served?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	
4. Does the agency provide provisions of services in a setting accessible to low-income individuals with HIV disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	

RI UNIVERSAL SITE VISIT MONITORING TOOL 04/2014 (Revised 12/2014)

Universal Site Visit Monitoring Tool - Section A: Access to Care (Continued)				
Requirement	Comments (Completed by RI Ryan White Program Staff)	Corrective Action (Submitted by Funded Agency)	I= Interview O= Observation D=Documentation	Date Implemented
5. Are there efforts to inform low-income individuals of the availability of HIV-related services and how to access them?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	

RI UNIVERSAL SITE VISIT MONITORING TOOL 04/2014 (Revised 12/2014)

Universal Site Visit Monitoring Tool - Section B: Eligibility Determination				
Requirement	Comments (Completed by RI Ryan White Program Staff)	Corrective Action (Submitted by Funded Agency)	I= Interview O= Observation D= Documentation	Date Implemented
1. Does the agency provide documentation that eligible patients in need of medications are referred to the AIDS Drug Assistance Program (ADAP) for access to medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	
<ul style="list-style-type: none"> Does the agency provide documentation that the RI ADAP enrollment process takes place within 2 weeks of the point of identified need? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	
<ul style="list-style-type: none"> Does the agency provide documentation that the RI ADAP recertification process takes place every 6 months? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	
<ul style="list-style-type: none"> Does the agency's policies and procedures address "Vigorous Pursuit" of all available comprehensive health insurance for qualified clients? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	

RI UNIVERSAL SITE VISIT MONITORING TOOL 04/2014 (Revised 12/2014)

Universal Site Visit Monitoring Tool - Section B: Eligibility Determination (Continued)				
Requirement	Comments (Completed by RI Ryan White Program Staff)	Corrective Action (Submitted by Funded Agency)	I= Interview O= Observation D= Documentation	Date Implemented
<ul style="list-style-type: none"> Has the staff been trained on the payer of last resort and vigorously pursue? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	
<ul style="list-style-type: none"> Does the agency provide documentation that EOHHS (Ryan White) Health Insurance Premium Assistance is available for qualified clients? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	
2. Does the agency provide documentation that eligibility determination policies and procedures do not consider VA health benefits reason to deny Ryan White services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	

RI UNIVERSAL SITE VISIT MONITORING TOOL 04/2014 (Revised 12/2014)

Universal Site Visit Monitoring Tool - Section C: Anti-Kickback Statute				
Requirement	Comments (Completed by RI Ryan White Program Staff)	Corrective Action (Submitted by Funded Agency)	I=Interview O=Observation D=Documentation	Date Implemented
1. Has the agency provided documentation of a:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	
• Code of Ethics or Standards of Conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	
• Corporate Compliance Plan (Required by CMS if providing Medicare or Medicaid reimbursable services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	
• Confidentiality Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	
2. Has the agency provided documentation of MOU?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	

RI UNIVERSAL SITE VISIT MONITORING TOOL 04/2014 (Revised 12/2014)

Universal Site Visit Monitoring Tool - Section C: Anti-Kickback Statue (Continued)				
Requirement	Comments (Completed by RI Ryan White Program Staff)	Corrective Action (Submitted by Funded Agency)	I= Interview O=Observation D= Documentation	Date Implemented
<ul style="list-style-type: none"> Does the agency provide adequate policies and procedures to discourage soliciting cash or in-kind payments for the purchase, lease, or ordering of any goods, facility services, or items? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	

RI UNIVERSAL SITE VISIT MONITORING TOOL 04/2014 (Revised 12/2014)

Universal Site Visit Monitoring Tool - Section D: Grantee Accountability				
Requirement	Comments (Completed by RI Ryan White Program Staff)	Corrective Action (Submitted by Funded Agency)	I=Interview O=Observation D= Documentation	Date Implemented
1. Has the agency provided: <ul style="list-style-type: none"> • Financial reports that specify expenditures by service category and use of Ryan White Funds as specified by the grantee? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	
<ul style="list-style-type: none"> • Financial and sub-grantee policies and procedures that meet federal and Ryan White Part B Program requirements? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	
<ul style="list-style-type: none"> • Part B Programmatic/Quality reports submitted correctly, completely, and on time? ○ 1st Quarter (Apr-Jun) ○ 2nd Quarter (Jul-Sept) ○ 3rd Quarter (Oct-Dec) ○ 4th Quarter (Jan-Mar) 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	

RI UNIVERSAL SITE VISIT MONITORING TOOL 04/2014 (Revised 12/2014)

Universal Site Visit Monitoring Tool - Section E: Reporting				
Requirement	Comments (Completed by RI Ryan White Program Staff)	Corrective Action (Submitted by Funded Agency)	I=Interview O= Observation D=Documentation	Date Implemented
1. Has the agency provided documentation that patients are assessed for transportation assistance needs to facilitate patient engagement in care and prevent treatment interruptions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	
2. Has the agency provided documentation showing need from a landlord or utility company in order to provide patients' Emergency Financial Assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	
3. Has the agency provided documentation that patients are assessed for nutrition and food assistance needs by case manager at the initial assessment as well as twice annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	

RI UNIVERSAL SITE VISIT MONITORING TOOL 04/2014 (Revised 12/2014)

Universal Site Visit Monitoring Tool - Section E: Reporting (Continued)				
Requirement	Comments (Completed by RI Ryan White Program Staff)	Corrective Action (Submitted by Funded Agency)	I=Interview O= Observation D=Documentation	Date Implemented
4. Has the agency provided documentation that medical case manager received a list of patients who have not utilized ADAP benefits in 60 days (31 day report)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	
5. Has the agency provided documentation that medical case managers assess patients' adherence to HIV medication regimen at least twice annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	
6. Has the agency provided documentation that identifies and communicates as appropriate (with documented consent of patient) with other service providers to support coordination and delivery of high quality care and to prevent duplication of services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	

RI UNIVERSAL SITE VISIT MONITORING TOOL 04/2014 (Revised 12/2014)

Universal Site Visit Monitoring Tool - Section E: Reporting (Continued)				
Requirement	Comments (Completed by RI Ryan White Program Staff)	Corrective Action (Submitted by Funded Agency)	I=Interview O= Observation D=Documentation	Date Implemented
7. Has the agency provided documentation that medical case managers have assessed patients' ongoing need for medical care and documented effort to link patient to appropriate care every 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	
8. Has the agency provided documentation that referrals provided to patient have evident of follow-up documents in patient file?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	
9. Has the agency provided documentation that patient have an annual acuity score developed and participate in care planning based on acuity score at minimal once a year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	

RI UNIVERSAL SITE VISIT MONITORING TOOL 04/2014 (Revised 12/2014)

Universal Site Visit Monitoring Tool - Section E: Reporting (Continued)				
Requirement	Comments (Completed by RI Ryan White Program Staff)	Corrective Action (Submitted by Funded Agency)	I=Interview O= Observation D=Documentation	Date Implemented
10. Has the agency provided documentation that medical case managers have assessed patients' eligibility to other public and private assistance programs (Medicaid, Medicare, Healthcare Marketplace, PAP, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	

RI UNIVERSAL SITE VISIT MONITORING TOOL 04/2014 (Revised 12/2014)

Universal Site Visit Monitoring Tool - Section F: Monitoring				
Requirement	Comments (Completed by RI Ryan White Program Staff)	Corrective Action (Submitted by Funded Agency)	I=Interview O=Observation D= Documentation	Date Implemented
1. Does the agency provide programmatic documentation of reporting expectations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	
2. Does the agency provide policies and procedures to ensure compliance with federal and programmatic requirements pertaining to contractual monitoring?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	
3. Does the agency provide documented evidence that federal funds have been used for allowable services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	

RI UNIVERSAL SITE VISIT MONITORING TOOL 04/2014 (Revised 12/2014)

Universal Site Visit Monitoring Tool - Section F: Monitoring (Continued)				
Requirement	Comments (Completed by RI Ryan White Program Staff)	Corrective Action (Submitted by Funded Agency)	I=Interview O=Observation D= Documentation	Date Implemented
4. Has the agency ensured that staff salaries do not exceed the HRSA salary limit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	
5. Has the agency turned in timely progress reports of corrective action plan? (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	
6. Does the agency submit monthly invoices in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	

RI UNIVERSAL SITE VISIT MONITORING TOOL 04/2014 (Revised 12/2014)

Universal Site Visit Monitoring Tool - Section F: Monitoring (Continued)				
Requirement	Comments (Completed by RI Ryan White Program Staff)	Corrective Action (Submitted by Funded Agency)	I=Interview O=Observation D= Documentation	Date Implemented
7. Does the agency report in a timely manner to the grantee any unspent funds, position vacancies, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments:		<input type="checkbox"/> Interview <input type="checkbox"/> Observation <input type="checkbox"/> Documentation Comments:	