

Annual Monitoring Site Visit Process - Ryan White Part A

Purpose of the Site Visit

The HRSA/HAB Division of Metropolitan HIV/AIDS Program National Monitoring Standards require that the grantee conduct an annual site visits with each subgrantee to ensure compliance on proper use of federal grant funds and adherence to fiscal, clinical, programmatic, and professional guidelines put in place.

Provider Responsibility

- Providers are required to maintain an individual case record or medical record for each client served.
- All billed services match services documented in client records.
- All records are kept in a secure place and in an organized fashion.
- Providers review and are familiar with service monitoring tools.
- Assembling and preparing all necessary records and materials for completion of the service monitoring tools by the grantee.
- Have knowledgeable staff available to answer questions that may arise.
- Make available to grantee all materials listed in Attachment A and Attachment B.
- Submit to grantee a completed Sub-Recipient Internal Fiscal Controls form within one week of receipt of electronic notification of site visit.

Grantee Responsibility Prior to the Visit

- Providers will be notified electronically no later than ten days prior to an on-site visit of the date(s) and time(s) of visit.
- The electronic notification will include **Attachment A – Fiscal Monitoring Site Visit Checklist, Attachment B – Program Monitoring Site Visit Checklist and a Sub-Recipient Internal Fiscal Controls form.**
- Grantee will review the previous year's fiscal, program and quality monitoring report and corrective action if applicable.
- No later than two (2) days before the monitoring site visit the grantee shall provide **Attachment C, Monitoring Site Visit Random Sample Form**, or the final list of records to be reviewed.

Grantee Responsibility during the Site Visit

Conduct Opening Conference

- Upon arrival at the monitoring location, grantee staff will meet with appropriate provider staff to discuss the purpose of the visit, review prior year monitoring outcomes, and address any questions the provider staff may have. The provider staff will be asked to explain how their charts or electronic medical records are organized so that data is accurately collected.

Perform Monitoring

- Grantee staff will review the requested charts and documents as outlined in the notification, using the monitoring tools. A random sample of client records is chosen for review as a means of verifying that services are being provided in accordance with established standards and recorded accurately. In order to ensure efficiency and accuracy of the monitoring process, appropriate provider staff must be available to grantee staff when needed throughout the monitoring process.

Conduct Closing Conference

- At the completion of the monitoring site visit grantee staff will summarize initial findings, highlighting strengths and areas in which there is opportunity for growth, and also providing direction and offering technical assistance on interim action steps (if necessary). Finally, the provider will be notified that a formal written report of the visit will be sent within 30 days.

Grantee Responsibility Following the Site Visit

Grantee will send a formal written report of the site visit findings

- A formal written report summarizing the monitoring site visit, including findings and recommendations, will be sent to each provider within 30 days of the site visit.

Conduct additional site visits as necessary

- Grantee office reserves the right to conduct additional site visits as necessary to verify the implementation of any recommended quality improvement activities.
- Grantee staff will conduct a Follow-Up Site Visit when a provider receives a score of less than 69% on the site visit report.
- Grantee staff will conduct a focused audit during any Follow-Up Site Visit within (6) six months following the adoption of a recommended Quality Improvement Plan.

Monitoring Performance Scale

QUALITY SCORE	QUALITY RATING	FOLLOW-UP ACTION
90 – 100%	Excellent Findings exceed quality expectations	No Action Required.
80 - 89%	Effective Findings meet quality expectations	No Action Required.
70 - 79%	Moderate Deficiencies Findings are below quality expectations	Written Quality Improvement Plan required within 30 days of receipt of report.
69% and below	Significant Deficiencies	Probationary Period put in effect; Written Quality Improvement Plan required within 30 days; Services will be re-monitored until provider has addressed the finding and becomes compliant.

Significant Deficiencies Found during Visit

Quality Improvement Plan(QIP)

- When a programmatic site visit leads to the discovery of serious concerns about the quality of services that might negatively impact the health and safety of clients, the quality management grantee staff will meet with the provider. The grantee staff will provide a detailed overview of the concerns. This meeting will determine the appropriate manner in which the findings should be addressed and the appropriate sanction, if any, which should be imposed until the findings have been corrected.

- A Monitoring Performance Scale is used to determine when Quality Improvement Plans are necessary. A Quality Improvement Plan (QIP) addresses areas of deficiency, discusses changes that will be made to address deficiencies, and includes a timeframe for implementation. Grantee staff will evaluate the provider's written response and notify the provider in writing of any findings to which the provider's response is not adequate. Depending on the severity of the deficiency, more than one monitoring visit during the grant cycle may be required.
- Any provider scoring between 70% and 79% on any standard will be required to submit a written quality improvement plan (QIP) to address the deficient areas within 30 days from the date of receipt of the monitoring report. The QIP must be implemented by the provider within 30 days of submission. The QIP will then be monitored during targeted trainings and technical assistance, as well as routine site visits. Any agency that does not achieve a satisfactory score of 80% on any standard will be subject to a re-monitoring site visit after 6 months.
- Any provider receiving a quality score of 69% or below will be put on probation. A written QIP will be required within 30 days of receipt of the monitoring report. The provider will have 30 days to implement the QIP from date of submission. During the probationary period, services will be re-monitored.

Quality Improvement Activities

- The "Plan-Do-Study-Act" (PDSA) quality improvement model will be used to initiate all quality improvement activities. A sample PDSA can be provided upon request.

Random Sampling

The sample population is randomly selected from a pool of unduplicated Ryan White clients who received services during the designated audit period. The number of charts selected for review is based on suggested sample size methodology provided through a National Monitoring Standards technical assistance webinar. Please note that the random selection of unduplicated clients may change at the discretion of the grantee. An estimate of sample sizes is listed below:

- 51-100% of files/charts for service categories with **50 clients or fewer**
- 25-50% of files/charts for service categories with **51 to 100 clients**
- 10% of files/charts for service categories with **101 to 999 clients**
- 3-5% of files/charts for service categories with **1,000 clients or more**

Please note, prior monitoring report outcomes may be considered and used to reduce the outlined sample size configurations listed above.

Additional Considerations

Newly Funded Providers

- For newly funded providers in a grant year, the grantee will conduct an orientation site visit within four months of commencement of services. This site visit is an opportunity for the grantee staff to give an overview of the roles and responsibilities of the grantee and the provider.
- The orientation site visit will consist of a review of the monitoring tools, a review of the program, fiscal, and service delivery requirements.

Previously Funded Providers

- Because services are monitored in the year following the service delivery, an agency may no longer be under contract but may be required to participate in an on-site monitoring visit. The process outlined above will still be in effect for those agencies, however, corrective action plans will only need to be submitted for agencies wishing to apply for funding in the future.

