Ryan White Part A
Cleveland TGA

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 Ryan White Recipient conduct an annual site visits with each Sub-Recipient to ensure compliance on proper use of federal grant funds and adherence to fiscal, clinical, programmatic, and professional guidelines put in place.

Sub-Recipient 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 and available at the start of the monitoring visit.
- 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 Recipient.
- Have knowledgeable staff available to answer questions that may arise.
- Make available to the Recipient all materials listed in Attachment A and Attachment B.
- Submit to the Recipient Fiscal Policies within one week of receipt of electronic notification of site visit.
- Provide timely follow-up when identified from the Recipient.

Ryan White Recipient 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 and Site Visit Checklist.**
- The Recipient 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 Recipient shall provide **Attachment C, Monitoring Site Visit Random Sample Form,** or the final list of records to be reviewed.

Ryan White Recipient Responsibility during the Site Visit

Conduct Opening Conference

- Upon arrival at the monitoring location, Recipient 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

- Recipient 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 Recipient staff when needed throughout the monitoring process.

Ryan White Recipient Responsibility Following the Site Visit

Recipient 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.

Provide Technical Assistance

- Recipient staff will offer to provide technical assistance training on areas where deficiencies were noted.

Conduct additional site visits as necessary

- Recipient office reserves the right to conduct additional site visits as necessary to verify the implementation of any recommended quality improvement activities.
- Recipient staff will conduct a Follow-Up Site Visit when a provider receives a score of less than 69% on qualifying standards of the site visit report.
- Recipient 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 Corrective Action 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 and Corrective Action Plans

- 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, Recipient staff will meet with the provider. The Recipient 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 and Corrective Action Plans are necessary. Both plans address areas of deficiency, discuss changes that will be made to address deficiencies, and include a timeframe for implementation. Recipient 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 a qualifying standard will be required to submit a written Corrective Action Plan (CAP) to address the deficient areas within 30 days from the date of receipt of the monitoring report. The CAP must be implemented by the provider within 30 days of submission. The CAP 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. (see Page 4 for Sample Corrective Action Plan)
- Any provider receiving a quality score of 69% or below on a qualifying standard will require immediate follow-up. A written Quality Improvement Plan (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. The services will be re-monitored. Further action may be required if sub-recipient continues to have challenges.
- The "Plan-Do-Study-Act" (PDSA) quality improvement model will be used to initiate all quality improvement activities.

Random Sampling

The sample population is randomly selected from a pool of unduplicated Ryan White Part A clients who received services during the designated audit period. Please note that the random selection of unduplicated clients may change at the discretion of the Recipient staff. An **estimate** of sample sizes is listed below:

- 50-100% of files/charts for agencies with **20 Ryan White Part A clients or fewer**
- 25-50% of files/charts for agencies with **21 to 100 Ryan White Part A clients**
- 10-25% of files/charts for agencies with **101 to 500 Ryan White Part A clients**
- 3-10% of files/charts for agencies with **501 clients Ryan White Part A 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 Sub-Recipients

- For newly funded Sub-Recipients in a grant year, the Recipient will conduct an orientation site visit within four months of commencement of services. This site visit is an opportunity for the Recipient staff to give an overview of the roles and responsibilities of the Recipient and Sub-Recipient.
- 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 Sub-Recipients

- 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.

Sample Corrective Action Plan:

A Corrective Action Plan sample is listed below, the full version of the document in Word format is available on the CCBH website at: ***www.ccbh.net/ryan-white-provider-resources***

This form should be seen as only a sample; Sub-Recipients may choose to alter the form in any way to meet their own agency needs.

Finding: (Please include detailed description of audit finding)		
Corrective Action Plan: (Please detail the corrective action that will take place to fix the finding, including objectives, goals, and activities)		
Anticipated Completion Date:		
Person/Department Responsible:		
Position:	**Phone:**	**Email:**