

Ryan White Part A - Cleveland TGA					
Universal Program Tool					
General Program - All Subrecipients					
Service Provider:				Review Date:	
Reviewer:				Tool Last Updated: December 2021	
Point of Review:		Met	Unmet	N/A	Comments:
Standard	Performance Measure/Method/Documentation				
Section A. Access to Care					
Structured and ongoing efforts to obtain input from clients in the design and delivery of services.	Consumer Advisory Board and public meeting minutes, and/or suggestion box or other client input mechanism, and/or client satisfaction survey or focus groups conducted at least annually.				
Provision of services regardless of an individual's ability to pay for the service.	Documentation ensures that provider billing and collection policies do not: deny services for non-payment, deny payment for inability to produce income documentation, require full payment prior to service, include any other procedure that denies services for non-payment.				
Provision of services regardless of the current or past health condition of the individual to be served.	Documentation of eligibility and clinical policies to ensure that they do not: permit denial of services due to pre-existing conditions, permit denial of services due to non-HIV-related conditions (primary care), provide any other barrier to care due to a person's past or present health condition.				
Provision of services in a setting accessible to low-income individuals with HIV disease.	Facility that is handicapped accessible, accessible by public transportation. Policies and procedures that provide, by referral or vouchers, transportation if facility is not accessible to public transportation. No policies that may act as a barrier to care for low-income individual.				

Efforts to inform low-income individuals of the availability of HIV-related services and how to access them.	Availability of informational materials about provider services and eligibility requirements such as newsletters, brochures, posters, community bulletins, or any other type of promotional materials.				
Section B: Eligibility Determination / Screening					
Screening and reassessment of clients to determine Cleveland TGA eligibility. Screening of clients to determine eligibility for RW services within a predetermined timeframe.	Documentation of eligibility required in clients records with copies of documents of proof. Eligibility and determination and enrollment forms for other third party payers. Eligibility policy and procedures on file. All staff involved eligibility determination participated in required training. Provider client data reports are consistent with eligibility requirements specified by funder. Training provided by Grantee to ensure understanding of the policy and procedures.				
Eligibility policies that do not deem a veteran living with HIV ineligible for RW services due to ineligibility for VA health care benefits.	Documentation that provider's eligibility policies (written or verbal) do not consider VA health benefits as the veteran's primary insurance and deny access to RW services citing "payer of last resort."				
Section C. Anti- Kickback Statute					
Demonstrated structured and ongoing efforts to avoid fraud, waste, and abuse in any federally funded program.	Employee Code of Ethics, which include the following: conflict of interest, prohibition on use of provider property, information or position without approval or to advance personal interest, fair dealing (fair and open competition), confidentiality, protection and use of company assets, compliance with laws, rules, and regulations, timely and truthful disclosure of significant accounting deficiencies, timely and truthful disclosure of non-compliance.				

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 items.	Documentaion required by Compliance Plan or employee conduct standards that prohibits employees from receiving payments in kind or cash from suppliers and contractors of goods or services.				
Section E. Reporting					
Submission of standard reports as well as program-specific reports as outlined in NOA.	Records that contain and adequately identify the source of info pertaining to: federal award revenue, expenses, obligations, unobligated balances, assets, outlays, program income, interest; client level data; aggregate data on services provided, clients served, client demographics, and selected financial information.				
Section F. Monitoring					
Any provider or individual receiving federal funding required to monitor for compliance with federal requirements and programmatic expectations.	Policies and procedures that establish uniform adminstrative requirements governing the monitoring of awards.				
Monitoring activities expected to include annual site visits of all providers/subgrantees.	Reviewing of the following program monitoring documents and actions: policies and procedures, tools, protocols, or methodologies, reports, corrective site action plans, progress on meeting goals of corrective action plans.				
Performance of fiscal monitoring activities to ensure that RW funding being used for approved purposes.	Review of the following fiscal monitoring documents and actions: fiscal monitoring policy and procedures, fiscal monitoring tool or protocol, fiscal monitoring reports, fiscal monitoring corrective action plans, compliance with goals of corrective action plans.				

Corrective actions taken when provider outcomes do not meet program objectives and grantee expectations.	Review corrective action plans, 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.				
Other Service Requirements					
Obtain written referrals and linkage agreements with key points of entry.	Documentation of referrals and linkage agreements with external partners.				
Maintain system for tracking referrals and linkages to care.	Documentation or evidence that provider is tracking referrals and linkages to care.				
Miscellaneous					
Maintain documentation of policies and procedures for vigorously pursuing client enrollment in health care options.	Documentation of policies and procedures for vigorously pursuing client enrollment in health care options.				

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Monitoring Tool**

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Early Intervention Services (EIS)

Point of Review:		Met	Unmet	N/A	Comments:
Standard:	Measure:				
1	* Early Intervention Services are provided by qualified professionals.	* Documentation that staff have basic knowledge of HIV/AIDS and/or infectious disease and are able to work with vulnerable targeted subpopulations as documented through staff personnel records.			
2	Agencies providing EIS include testing, referral, linkage, and education program components into their project workplans.	Documentation of the provision of all four required service components with Part A funding or other funding partnerships available for review.			
3	Agencies providing EIS have established memoranda of understanding (MOUs) with key points of entry into care and linkage agreements with partnering testing agencies.	Documentation of all executed MOUs and linkage agreements available for review.			
4	Agencies providing EIS coordinate project activities with HIV prevention efforts and programs.	Documentation that agency's work in partnership with prevention services as to not duplicate any service activities.			

5	All EIS HIV testing activities meet CDC and State testing requirements.	If providing EIS services outside of a primary medical care facility, documentation of ODH HIV Prevention Counselor and Tester certification or equivalent for staff from a formal partnering agency is made available for review.				
6	Agencies providing EIS document and report all administrated HIV tests and positive screenings.	Documentation of monthly tracking of administered HIV tests and positives made available for review.				
7	Agencies providing EIS track all referrals to and from the program.	Documentation of the number of referrals from key points of entry to the EIS program and to health care and supportive services from EIS made available for review.				

Emergency Financial Assistance (EFA)

Point of Review:		Met	Unmet	N/A	Comments:
Standard:	Measure:				
1 Service providers dispensing medications adhere to all local, state and federal regulations and maintain current licenses required to operate as a medication dispensary in the State of Ohio.	Documentation of current pharmacy license for the State of Ohio is reviewed.				
2 Service provider is enrolled in the Federal 340B Drug Pricing Program.	Documentation of current 340B certification is reviewed.				

Food Bank / Home Delivered Meals

Point of Review:		Met	Unmet	N/A	Comments:
Standard:	Measure:				
1 Food bank / home delivered meal services are provided by agencies that maintain appropriate required licensure.	Documentation of appropriate food licensure reviewed.				

Home and Community-Based Health Services

Point of Review:			Met	Unmet	N/A	Comments:
Standard:		Measure:				
1	Home Health Care services are provided by trained professionals.	Documentation of current Ohio licensures reviewed.				
2	Home Health Care agency's are appropriately licensed by the state of Ohio and able to bill Medicare, Medicaid, private insurance, and/or other third party payers.	Documentation of agency licensure/s reviewed.				
Home Health Care						
Point of Review:			Met	Unmet	N/A	Comments:
Standard:		Measure:				
1	Home Health Care services are provided by trained professionals.	Documentation of current Ohio licensures reviewed.				
2	Home Health Care agencies are appropriately licensed by the state of Ohio and able to bill Medicare, Medicaid, private insurance, and/or other third party payers.	Documentation of agency licensure/s reviewed.				
Medical Case Management						
Point of Review:			Met	Unmet	N/A	Comments:
Standard:		Measure:				
1	Services are provided by trained professionals.	Documentation of current Ohio licensures reviewed.				
Medical Nutrition Therapy						
Point of Review:			Met	Unmet	N/A	Comments:
Standard:		Measure:				
1	Medical nutrition therapy services are provided by trained professionals.	Documentation of current Ohio licensures reviewed.				
2	* Staff providing services have been trained to work within the population.	* Documentation that staff have basic knowledge of HIV/AIDS and/or infectious disease and are able to work with vulnerable subpopulations as documented through staff personnel records.				

Mental Health Services						
Point of Review:			Met	Unmet	N/A	Comments:
Standard:		Measure:				
1	Mental health services are provided by trained professionals.	Documentation of current Ohio licensures reviewed.				
Non-Medical Case Management						
Point of Review:			Met	Unmet	N/A	Comments:
Standard:		Measure:				
1	* Non-medical case management services are provided by qualified professionals.	* Documentation that staff have basic knowledge of HIV/AIDS and/or infectious disease and are able to work with vulnerable subpopulations as documented through staff personnel records.				
Oral Health Care						
Point of Review:			Met	Unmet	N/A	Comments:
Standard:		Measure:				
1	Services are provided by trained professionals.	Documentation of current Ohio licensures.				
Outpatient Ambulatory Health Services (OAHS)						
Point of Review:			Met	Unmet	N/A	Comments:
Standard:		Measure:				
1	Primary medical care services are provided by trained professionals.	Documentation of current Ohio licensures reviewed.				
2	Laboratory services are provided at professional facilities.	Documentation that includes certifications, licenses, or FDA approval of the laboratory from which tests are ordered is reviewed.				
3	* Clinicians complete a minimum of 20 HIV-related education credits within 24 months preceding the date of review.	* Documentation of CME/CEU/CE, lectures, or educational activities received in the 24 months preceding the date of review.				

4	* Clinicians provide direct, ongoing care to at least 20 HIV positive clients within the 24 months preceding the date of review.	* Documentation of case load summaries reviewed.				
5	Agencies conduct regular quality improvement activities that focus on HIV care and process measures.	Documentation of quality improvement activities reviewed.				
Other Professional Services						
Point of Review:			Met	Unmet	N/A	Comments:
Standard:		Measure:				
1	* Legal services are provided by licensed professionals.	* Documentation of current licensure to practice before a court with jurisdiction in the Cleveland TGA made available for review.				
2	* Paralegal staff or other non-licensed staff must be supervised by an attorney.	* Documentation that paralegal and other non-licensed staff are supervised by an attorney with supervisory records kept on file and				
Psychosocial Support Services						
Point of Review:			Met	Unmet	N/A	Comments:
Standard:		Measure:				
1	* Psychosocial Support services are provided by qualified professionals.	* Documentation that staff have basic knowledge of HIV/AIDS and/or infectious disease and are able to work with vulnerable subpopulations as documented through staff personnel records.				
2	* Documentation is maintained of all topics discussed through support group with correlating sign-in sheets.	* Documentation of agendas/notes, and sign-in sheets reviewed.				