



University Health Ending the HIV Epidemic Operation BRAVE Program Administrative Monitoring Standards

*The purpose of these **Administrative Monitoring Standards** are to ensure that all **Program, Fiscal, Universal, & Eligibility** requirements for the Ending the HIV Epidemic Operation BRAVE Program are met and that quality care and services are being provided to all persons living with HIV/AIDS in San Antonio Service Delivery Area.*

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Contents

Introduction	6
Program Standards.....	9
HRSA Program Standards	10
Section A: Allowable Uses of Operation BRAVE Service Funds.....	10
Indicator A.1. Use of Operation BRAVE funds.....	10
Section B: Core Medical Services	11
Indicator B.3. Early Intervention Services (EIS)	11
Indicator B.8. Medical Case Management (MCM), Including Treatment Adherence Services	13
Indicator B.10. Mental Health (MH) Services.....	15
Indicator B.11. Oral Healthcare (OH) Services	16
Indicator B.12. Outpatient/Ambulatory Health Services (OAHS).....	18
Indicator B.13. Substance Abuse Outpatient (SA-O) Care.....	20
Section C: Support Services	22
Indicator C.2. Emergency Financial Assistance (EFA)	22
Indicator C.3. Food Bank (FB) /Home-Delivered Meals.....	24
Indicator C.5. Housing Services	25
Indicator C.7. Medical Transportation (MT).....	27
Indicator C.8. Non-Medical Case Management (NMCM) Services.....	29
Indicator C.10. Outreach Services	31
Indicator C.12. Referral for Healthcare and Support Services (RHSS).....	33
Section D: Quality Management.....	34
Indicator D.1. Implementation of a CQM Program	35
Section E: Administration	36
Indicator E.1. Administration	36
Section F: Other Service Requirements	38
Indicator F.2. Referral Relationships with Key Points of Entry.....	38
Section G: Prohibition on Certain Activities and Additional Requirements.....	39
Indicator G.1. Drug Use and Sexual Activity.....	39
Indicator G.2. Purchase of Vehicles.....	40
Indicator G.3. Broad Scope Awareness Activities.....	41
Indicator G.4. Lobbying Activities.....	42
Indicator G.5. Direct Cash Payments.....	43
Indicator G.7. Maintenance of Privately-Owned Vehicle.....	45
Indicator G.9. Additional Prohibitions.....	46

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Section J: Data Reporting Requirements	48
Indicator J.1. Submission of the RSR	48
Statewide Program Standards.....	50
Section A: Operation BRAVE Core Medical Services - Additional Policies and Procedures	50
Indicator A.3. Medical Case Management (MCM), Including Treatment Adherence Services	50
Indicator A.5. Mental Health (MH) Services.....	52
Indicator A.6. Outpatient/Ambulatory Health Services (OAHS).....	54
Indicator A.7. Substance Abuse Outpatient (SA-O) Care.....	57
Section B: Operation BRAVE Support Medical Services - Additional Policies and Procedures.....	60
Indicator B.2. Emergency Financial Assistance (EFA).....	60
Indicator B.3. Food Bank (FB)/Home-Delivered Meals	61
Indicator B.6. Medical Transportation (MT).....	63
Indicator B.7. Non-Medical Case Management (NMCM) Services.....	65
Indicator B.9. Referral for Healthcare and Support Services (RHSS).....	67
Fiscal Standards.....	69
HRSA Fiscal Standards	70
Section A: Limitation on Uses of Operation BRAVE Funding	70
Indicator A.4. Subrecipient Administrative Expenses	70
Indicator A.5. Appropriate Subrecipient Assignment of Operation BRAVE Administrative Expenses	71
Section B: Unallowable Costs	72
Indicator B.1. The Recipient shall Provide to all Operation BRAVE Subrecipients Definitions of Unallowable Costs .	72
Indicator B.2. No Use of Operation BRAVE Funds to Purchase or Improve Land or to Purchase, Construct, or Permanently Improve any Building or Other Facility	74
Indicator B.3. No Cash Payments to Intended Recipients of Services.....	75
Indicator B.4. No Use of Operation BRAVE Funds to Develop Materials Designed to Promote or Encourage Intravenous Drug Use or Sexual Activity	76
Indicator B.5. No Use of Operation BRAVE Funds for the Purchase of Equipment Costing more than \$5,000 without Prior Written Approval.....	77
Indicator B.6. No Use of Operation BRAVE Funds for Non-focused Marketing Promotions or Advertising and Broad-Scope Awareness Activities.....	79
Indicator B.7. No Use of Operation BRAVE Funds for Outreach Activities that have HIV Prevention Education as their Exclusive Purpose.....	80
Indicator B.8. No Use of Operation BRAVE Funds for Influencing or Attempting to Influence Members of Congress and Other Federal Personnel	81
Section C: Program Income	83
Indicator C.1. Ensuring Use of Operation BRAVE Funding	83
C.2. Ensure Billing and Collection from Third-Party Payers.....	85

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

C.3. Subrecipient Participation in Medicaid and Certification to Receive Medicaid Payments	86
C.4. Ensure Appropriate Billing, Tracking, Reporting, and Use of Program Income.....	87
C.5. Ensure Service Provider Retention of Program Income Derived from Operation BRAVE-Funded Services and Used Appropriately	88
C.6. Subrecipient Policies and Procedures in Place for Tracking and Ensuring the Proper Use of Program Income ..	90
Section E: Financial Management.....	92
E.1. Compliance by recipient and subrecipients with all regulations outlined in 45 CFR Part 75	92
E.2. Recipient and subrecipient financial systems are able to track source and use of funds	94
E.3. Line-item recipient and subrecipient budgets	96
E.4. Revisions to the approved budget	97
E.6. Recipients follow their documented procurement procedures.....	99
Section F: Property Standards – Equipment.....	100
F.1. Recipient and subrecipient proper use, tracking, and reporting of equipment purchased	100
F.2. Implementation of a control system to ensure adequate safeguards to prevent loss, damage, or theft of equipment.....	101
F.3. Equipment acquired with Operation BRAVE funds	102
Section G: Cost Principles	103
G.1. Recipients and subrecipients must comply with the cost principles	103
G.2. Payments made for services to be reasonable	105
G.3. Written recipient and subrecipient procedures for determining the reasonableness and allocability of costs	106
G.4. Calculate unit costs by recipients and subrecipients based on an evaluation of the reasonable cost of services	107
G.5. Requirements to be met in determining the unit cost of a service	109
Section H: Auditing Requirements.....	110
H.1. Recipients and subrecipients of Operation BRAVE funds are subject to the audit requirements.....	110
H.2. Selection of auditor per written procurement standards.....	111
H.3. Review of audited financial statements to verify the financial stability of the organization	112
H.4. Single Audits to include statements of conformance with financial requirements and other federal expectations.....	113
H.5. Recipients and subrecipients are expected to note reportable conditions from the audit and provide a resolution	114
Section K: Fiscal Procedures	114
K.1. Recipients and subrecipients must be payments.....	114
K.2. Subrecipients must permit the recipient and auditors to have access to the subrecipient’s records and financial statements as necessary	116
K.3. Awarding agency not to withhold payments for proper charges incurred	117
K.4. Employee time and effort documentation with charges	118

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

K.6. Recipient and subrecipient fiscal staff responsibilities	119
Universal Standards	121
HRSA Universal Standards	122
Section A: Access to Care.....	122
Indicator A.2. Provision of services regardless of an individual’s ability to pay for the service.....	122
Indicator A.3. Provision of services regardless of the current or past health condition of the individual to be served	123
Indicator A.4. Provision of services in a setting accessible to individuals with HIV who are low-income and comply with the Americans with Disabilities Act (ADA) Barrier-Free Health Care Initiative	124
Indicator A.5. Dissemination of information to low-income individuals regarding the availability of HIV-related services and how to access them.....	125
Section C: Use of Funds	126
Indicator C.1. Use of Funds	126
Indicator C.2. Ensure military veterans with Department of Veterans Affairs (VA) benefits are deemed eligible for Operation BRAVE services.....	127
Indicator C.3. Ensure American Indians (AI) and Alaska Natives (AN) are provided access to Operation BRAVE services.....	128
Section D: Anti-Kickback Statute (AKS)	129
Indicator D.1. Anti-Kickback Statute (AKS)	129
Section E: Recipient Accountability	131
Indicator E.1. Proper stewardship of all grant funds, including compliance with programmatic requirements	131
Indicator E.2. Accountability for the expenditure of funds shared with subrecipients	132
Indicator E.3. Demonstrate structured and ongoing efforts to avoid fraud, waste, and abuse (mismanagement) .	134
Indicator E.4. Business management systems that meet the requirements of 45 CFR Part 75.....	135
Section F: Reporting.....	136
Indicator F.1. Submission of standard reports as required	136
Section G: Monitoring.....	137
Indicator G.1. Monitoring Requirements	137
Indicator G.2. Monitoring activities	138
Indicator G.3. Fiscal monitoring activities	139
Indicator G.4. Salary Rate Limitation.....	140
Indicator G.5. Fringe Benefits Limitation	141
Indicator G.6. Corrective actions taken when subrecipient outcomes do not meet program objectives and recipient expectations.....	142
Statewide Universal Standards.....	144
Section A: General HIV Policies and Procedures.....	144
Indicator A.1. Grievance Policies.....	144

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Indicator A.2. Delivery of Client Services	144
Indicator A.3. Non-Discrimination Policy	145
Indicator A.4. Confidentiality Regarding Patient Information.....	145
Indicator A.5. Breach of Confidentiality	146
Indicator A.6. Child Abuse Reporting	147
Indicator A.7. Incarcerated Persons in Community Facilities.....	147
Indicator A.8. Conflict of Interest.....	148
Indicator A.9. Personnel Policies and Procedures.....	148
Indicator A.10. Required Training	149
Section B: Ryan White Data System	150
Indicator B.1. Security Policy.....	150
Indicator B.2. Data Managers Core Competencies	150
Administrative Agency (AA) Universal Standards.....	151
Section A: Staff Requirements	151
Indicator A.1. Staff Screening (Pre-Employment)	151
Indicator A.2. Criminal background checks	151
Indicator A.3. Staff Performance Evaluation.....	152
Section B: Effective Management Practices	152
Indicator B.1. Subcontractor Monitoring	152
Indicator B.2. Staff Guidelines.....	153
Indicator B.3. Work Conditions	153
Indicator B.4. Professional Behavior	154
Indicator B.5. Communication	154
Indicator B.6. Accountability.....	155
Indicator B.7. Staff Availability.....	155
Eligibility Standards.....	157
Operation BRAVE Eligibility Standards	158

Introduction

The Administrative Monitoring Standards are the Program, Fiscal, Universal, and Eligibility requirements that Subrecipients (also referred to as Service Providers) are contractually obligated to meet when providing HIV/AIDS Core Medical and Supportive Health Services funded by University Health (UH) Ending the HIV Epidemic (EHE) (Operation BRAVE) Program.

Establishing the Administrative Monitoring Standards ensure the Operation BRAVE Program:

- Provides services that improve health outcomes for people living with HIV along the HIV Care Continuum, with the ultimate goal being viral suppression;
- Provides clients with high quality care through experienced, trained, and qualified staff
- Has policies and procedures to protect clients' rights;
- Guarantees client confidentiality;
- Protects client autonomy and ensure a fair process of client grievance review and advocacy;
- Provides services that are client centered, trauma informed, and culturally and linguistically appropriate;
- Comprehensively informs clients of services, establish client eligibility and provide equitable access to services;
- Provides services to historically underserved populations, including but not limited to women, children, youth, transgender and gender non-conforming individuals, and people of color; and
- Ensures clients apply and receive services that are free of discrimination based on race, color, sex, gender, ethnicity, national origin, religion, age, class, sexual orientation, housing status, and physical or mental ability.

The Administrative Monitoring Standards are designed for Ending the HIV Epidemic Operation BRAVE Program in the following jurisdictions:

- Service Delivery Area (SDA)
 - Include Health Resources and Services Administration (HRSA) funded grant programs
 - Ending the HIV Epidemic (Operation BRAVE) Program
 - Comprises of the following counties for services:
 - Bexar

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

The Administrative Monitoring Standards are designed to monitor and enhance the quality of care provided in the service delivery areas by setting goal-specific measurable outcomes. Each category includes, as applicable:

- Standard Requirements
- Guidance
- Documentation
- Monitoring Indicators
- Specific Indicator References

It is important to note that the Administrative Monitoring Standards are a living document and will evolve based on:

- Ryan White Legislation Updates, Changes, and/or Modifications,
- HRSA Regulations Updates, Changes, and/or Modifications,
- HRSA Policy Updates, Changes, and/or Modifications,
- The changing needs and realities of the persons living with HIV (PLWH) within the service delivery areas,
- The capacity of the service delivery areas.

The University Health Operation BRAVE Program Administration Staff continually monitor, propose revisions and update the Administrative Monitoring Standards as needed.

Comments regarding this document or considerations for future revisions should be directed in writing to the following University Health Operation BRAVE Program Administration.

Name	Title	Email
Leah Meraz, MPA	Senior Director Ryan White Program Administration	Leah.Meraz@uhs-sa.com
Tanya Khalfan Mendez, MPH, CHES	Director Program	Tanya.KhalfanMendez@uhs-sa.com
Annie Johnson	Director Operations	Annie.Johnson@uhs-sa.com
Mary Kay Mitchell, M.Jur.	Director Quality and Compliance	Mary.Mitchell@uhs-sa.com
Lisa Garces	Administrative Assistant Ryan White Program Administration	Lisa.Garces@uhs-sa.com

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

References

The following references apply to all of the following Program, Fiscal, Universal, Eligibility Standards Indicators.

- Ending the HIV Epidemic HRSA Notice of Grant Award
- HRSA/HAB Ryan White HIV/AIDS Program (RWHAP) [National Monitoring Standards for RWHAP Part A Recipients](#) Revised June 2022 (PDF)
- Ryan White & Operation BRAVE Program Administration Subrecipient Program Manual
- Ryan White & Operation BRAVE Program Administration Monitoring Manual
- University Health Ryan White Program Administration Policy: 6.02 Monitoring Policy for the Operation BRAVE Program
- University Health Ryan White Program Administration Policy: 6.07 Contract Compliance Policy for the Operation BRAVE Program

Most Program, Fiscal, Universal, Eligibility Standards Indicators will have specific references that are listed under the “*Specific Indicator References*” section under each individual Indicator.

Program Standards

HRSA Program Standards

Section A: Allowable Uses of Operation BRAVE Service Funds

Indicator A.1. Use of Operation BRAVE funds

Standard Requirements

Use of Operation BRAVE funds to support only:

- Core medical services.
- Support services that are needed by people with HIV to achieve medical outcomes related to their HIV-related clinical status.
- Clinical quality management (CQM) activities.
- Administrative expenses.
- Planning and Evaluation expenses.

Guidance

Does the Subrecipient:

1. Provide the services described in the RFPs, RFAs, contracts, provider agreements, MOUs/LOAs, and/or statements of work?
2. Bill only for allowable activities/services for eligible people with HIV?
3. Maintain files and share them with the recipient and other U.S. Department of Health and Human Services (DHHS) audit and site visit teams upon request, documentation that only allowable activities are billed to the Operation BRAVE grant?

Documentation

Agreements

- Subrecipient Contracts with Recipient.
- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient RFPs.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator A.1. Use of Operation BRAVE funds
Monitoring Indicators
1. Request for Proposal (RFP), Request for Application (RFA), contract, provider agreement, Memorandum of Understanding (MOU)/Letter of Agreement (LOA), and/or statement of work language that describes and defines Operation BRAVE services within the range of activities, and the uses of funds allowed under the legislation and defined in Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB)

Policy Notices, including core medical and support services, clinical quality management (CQM) activities, administration, and planning and evaluation.

Specific Indicator References

[Public Health Service \(PHS\) Act § 2604\(a\)\(2\)](#)

[PHS Act § 2604\(h\)](#)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#) Revised 10/22/2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds [Frequently Asked Questions](#) 01/22/2016 (PDF)

HRSA/HAB Ryan White HIV/AIDS Program [Part A Manual](#) Revised 2013 (PDF)

University Health Ryan White Program Administration Policy: 2.54 Competitive Procurement Process Policy for the Operation BRAVE Program

Section B: Core Medical Services

Indicator B.3. Early Intervention Services (EIS)

Standard Requirements

The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service. HRSA Operation BRAVE recipients should be aware of programmatic expectations that stipulate the allocation of funds into specific service categories.

Support of Early Intervention Services (EIS) that include identification of individuals at points of entry and access to services and must include the following four components:

- Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be HIV-infected;
 - Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts;
 - HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources;
- Referral services to improve HIV care and treatment services at key points of entry;
- Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care; and
- Outreach Services and Health Education/Risk Reduction related to HIV diagnosis.

Note: All four components must be present in the EIS program.

Guidance

Does the Subrecipient:

1. Establish MOUs with key points of entry into care to facilitate access to care for those who test positive?
2. Document provision of all four required EIS components with Operation BRAVE or other funding?
3. Document and report on numbers of HIV tests and positives, as well as where and when Part A-funded HIV testing occurs?
4. Document that HIV testing activities and methods meet the Centers for Disease Control and Prevention (CDC) and state requirements?
5. Document the number of referrals for healthcare and supportive services?
6. Document referrals from key points of entry to EIS programs?
7. Document training and education sessions designed to help individuals navigate and understand the HIV system of care?
8. Establish linkage agreements with testing sites where Part A is not funding testing but is funding referral and access to care, education, and system navigation services?
9. Obtain written approval from the recipient to provide EIS in points of entry not included in the original scope of work?

Documentation

Agreements

- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Operation BRAVE Services Monitoring Tool.
- Proof EIS is provided at or in coordination with documented key points of entry.
- Proof EIS is coordinated with HIV prevention efforts and programs.
- Document and report on numbers of HIV tests and positives, as well as where and when Operation BRAVE-funded HIV testing occurs.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator B.3. Early Intervention Services (EIS)
Monitoring Indicators
1. Documentation that: <ul style="list-style-type: none">• Operation BRAVE funds are used for HIV testing only where existing federal, state, and local funds are not adequate, and Operation BRAVE funds will supplement and not supplant existing funds for testing.• Individuals who test positive are referred and linked to healthcare and supportive services.• Health education and literacy training are provided, enabling clients to navigate the HIV system.

- EIS is provided at or in coordination with documented key points of entry.
- EIS is coordinated with HIV prevention efforts and programs.

Specific Indicator References

[PHS Act § 2604\(c\)\(3\)\(E\)](#) and (e)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#) Revised 10/22/2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds [Frequently Asked Questions](#) 01/22/2016 (PDF)

Indicator B.8. Medical Case Management (MCM), Including Treatment Adherence Services

Standard Requirements

Medical Case Management (MCM) is the provision of a range of client-centered activities focused on **improving health outcomes** in support of the HIV care continuum.

Activities provided under this service category may be provided by an interdisciplinary team that include other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).

Key activities include:

- Initial assessment of case management service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every six (6) months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

Activities provided under the **MCM** service category have as their objective **improving health care outcomes**, whereas those provided under the *Non-Medical Case Management (NMCM)* service category have as their objective providing guidance and assistance in *improving access to needed services*.

Guidance

Does the Subrecipient:

1. Provide written assurances and maintain documentation showing that medical case management services are provided by trained professionals who are either medically credentialed or trained healthcare staff and operate as part of the clinical care team?
2. Maintain client records that include the required elements for compliance with contractual and Operation BRAVE programmatic requirements, including required case management activities, such as services and activities, the type of contact, and the duration and frequency of the encounter?

Documentation

Agreements

- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Operation BRAVE Services Monitoring Tool.
- Documentation that MCM are trained professionals, either medically credentialed persons or other healthcare staff who are part of the clinical care team

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator B.8. Medical Case Management (MCM), Including Treatment Adherence Services	
Monitoring Indicators	
1.	Documentation that subrecipients are trained professionals, either medically credentialed persons or other healthcare staff who are part of the clinical care team.
2.	Documentation that the following activities are being carried out for clients as necessary: <ul style="list-style-type: none">• Initial assessment of service needs.• Development of a comprehensive, individualized care plan.• Coordination of services required to implement the plan.• Continuous client monitoring to assess the efficacy of the plan.• Periodic re-evaluation and adaptation of the plan at least every six months during the enrollment of the client.
3.	Documentation in program and client records of case management services and encounters, including: <ul style="list-style-type: none">• Types of services provided.• Types of encounters/communication.• Duration and frequency of the encounters.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

4. Documentation in client records of services provided, such as:
 - Client-centered services that link clients with healthcare, psychosocial, and other services and assist them in accessing other public and private programs for which they may be eligible.
 - Coordination and follow up of medical treatments.
 - Ongoing assessment of the client's and other key family members' needs and personal support systems.
 - Treatment adherence counseling.
 - Client-specific advocacy.

Specific Indicator References

[PHS Act § 2604\(c\)\(3\)\(M\)](#)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 18-02: The Use of Ryan White HIV/AIDS Program Funds for Core Medical Services and Support Services for People Living with HIV Who Are Incarcerated and Justice Involved](#) 2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#) Revised 10/22/2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds [Frequently Asked Questions](#) 01/22/2016 (PDF)

Indicator B.10. Mental Health (MH) Services

Standard Requirements

Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Guidance

Does the Subrecipient:

1. Obtain and have on file and available for recipient review, appropriate and valid licensure, and certification of mental health professionals?
2. Maintain client records that include:
 - a. A detailed treatment plan for each eligible client that includes the required components and signature, and
 - b. Documentation of services provided, dates, and consistency with Operation BRAVE requirements and with individual client treatment plans?

Documentation

Agreements

- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Evidence

- Subrecipient Scope of Work.
- Subrecipient Operation BRAVE Services Monitoring Tool.
- Documentation of appropriate and valid licensure and certification of mental health professionals as required by the state.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator B.10. Mental Health (MH) Services	
Monitoring Indicators	
1.	Documentation of appropriate and valid licensure and certification of mental health professionals as required by the state.
2.	Documentation of the existence of a detailed treatment plan for each eligible client that includes: <ul style="list-style-type: none">• The diagnosed mental illness or condition.• The treatment modality (group or individual).• Start date for mental health services.• Recommended number of sessions.• Date for reassessment.• Projected treatment end date.• Any recommendations for follow up.• The signature of the mental health professional rendering service.
3.	Documentation of service provided to ensure that: <ul style="list-style-type: none">• Services provided are allowable under Operation BRAVE guidelines and contract requirements.• Services provided are consistent with the treatment plan.

Specific Indicator References

[PHS Act § 2604\(c\)\(3\)\(K\)](#)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#) Revised 10/22/2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds [Frequently Asked Questions](#) 01/22/2016 (PDF)

Indicator B.11. Oral Healthcare (OH) Services

Standard Requirements

Oral Health Care activities include outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Guidance

Does the Subrecipient:

1. Maintain a dental record for each client that is signed by the licensed provider and includes a treatment plan, services provided, and any referrals made?
2. Maintain and provide to the recipient on request, copies of professional licensure and certification?

Documentation

Agreements

- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Operation BRAVE Services Monitoring Tool.
- Documentation that oral healthcare services, which meet current dental care guidelines, are provided by dental professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.
- Documentation that oral healthcare professionals providing services have appropriate and valid licensure and certification based on state and local laws.
- Documentation that clinical decisions are supported by the American Dental Association Dental Practice Parameters.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator B.11. Oral Healthcare (OH) Services
Monitoring Indicators
<ol style="list-style-type: none">1. Documentation that:<ul style="list-style-type: none">• Oral healthcare services, which meet current dental care guidelines, are provided by dental professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.• Oral healthcare professionals providing services have appropriate and valid licensure and certification based on state and local laws.• Clinical decisions are supported by the American Dental Association Dental Practice Parameters.• An oral healthcare treatment plan is developed for each eligible client and signed by the oral health professional rendering the services.• Services fall within specified service caps, expressed by dollar amount, type of procedure, the limitations on the number of procedures, or a combination of any of the above, as determined by the Planning Council or recipient under Operation BRAVE.

Specific Indicator References

[PHS Act § 2604\(c\)\(3\)\(D\)](#)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#) Revised 10/22/2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds [Frequently Asked Questions](#) 01/22/2016 (PDF)

Indicator B.12. Outpatient/Ambulatory Health Services (OAHS)

Standard Requirements

Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include: clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits.

Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology

Guidance

Does the Subrecipient:

1. Ensure that client medical records document services provided, the dates and frequency of services provided, and that services are for the treatment of HIV?
2. Include clinical notes signed by the licensed service provider in patient records?
3. Maintain professional certifications and licensure documents, and make them available to the recipient upon request?
4. For diagnostic and laboratory tests:
 - a. Document and include in client medical records when appropriate, and make available to the recipient upon request:
 - i. The number of diagnostic and laboratory tests performed,
 - ii. The certification, licenses, or FDA approval of the laboratory from which tests were ordered, and

iii. The credentials of the individuals ordering the tests?

Documentation

Agreements

- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Operation BRAVE Services Monitoring Tool.
- Documentation that care is provided by a healthcare provider, certified in their jurisdictions to prescribe medications, in an outpatient setting, such as clinics, medical offices, or mobile vans.
- Documentation that diagnostic and laboratory tests are approved by the FDA and/or certified under the Clinical Laboratory Improvement Amendments (CLIA) Program.
- Documentation that services are provided by or under the supervision of a physician or by other qualified personnel with appropriate and valid licensure and certification, as required by the state in which services are provided.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator B.12. Outpatient/Ambulatory Health Services (OAHS)	
Monitoring Indicators	
1.	Documentation of the following: <ul style="list-style-type: none">• Care is provided by a healthcare provider, certified in their jurisdictions to prescribe medications, in an outpatient setting, such as clinics, medical offices, or mobile vans.• Only allowable services are provided to eligible people with HIV.• Services are provided as part of the treatment of HIV infection.• Specialty medical care relates to HIV infection and/or conditions arising from the use of HIV medications resulting in side effects.• Services are consistent with HHS Clinical Guidelines for the Treatment of HIV.• Services are not being provided in an emergency room, hospital, or any other type of inpatient treatment setting.

Specific Indicator References

[PHS Act § 2604\(c\)\(3\)\(A\)](#)

[Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents](#), June 3, 2021

[Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States](#), October 26, 2016

HRSA/HAB [Clinical Care Guidelines and Resources](#) (website)

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

HRSA/HAB [Guide for HIV/AIDS Clinical Care April](#) 2014 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 18-02: The Use of Ryan White HIV/AIDS Program Funds for Core Medical Services and Support Services for People Living with HIV Who Are Incarcerated and Justice Involved](#) 2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#) Revised 10/22/2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds [Frequently Asked Questions](#) 01/22/2016 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 07-02: Use of Ryan White HIV/AIDS Program Funds for HIV Diagnostics and Laboratory Tests Policy](#) 2002 (PDF)

Indicator B.13. Substance Abuse Outpatient (SA-O) Care

Standard Requirements

Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Activities under Substance Abuse Outpatient Care service category include:

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
 - Pretreatment/recovery readiness programs
 - Harm reduction
 - Behavioral health counseling associated with substance use disorder
 - Outpatient drug-free treatment and counseling
 - Medication assisted therapy
 - Neuro-psychiatric pharmaceuticals
 - Relapse prevention

Guidance

Does the Subrecipient:

1. Maintain and provide to the recipient, upon request, documentation of:
 - a. Provider licensure or certifications as required by the state in which the service is provided; this includes licensures and certifications for a provider of acupuncture services, and
 - b. A staffing structure that shows supervision by a physician or other qualified personnel?
2. Provide assurance that all services are provided on an outpatient basis?
3. Maintain program files and client records that include treatment plans with all required elements and that document:

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

- a. That all services provided are allowable under Operation BRAVE,
- b. The quantity, frequency, and modality of treatment services,
- c. The date treatment begins and ends,
- d. Regular monitoring and assessment of client progress,
- e. The signature of the individual providing the service or the supervisor, as applicable, and
- f. In cases where acupuncture therapy services are provided, documentation should be in the client's service plan?

Documentation

Agreements

- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Operation BRAVE Services Monitoring Tool.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator B.13. Substance Abuse Outpatient (SA-O) Care	
Monitoring Indicators	
1.	Documentation that services are provided by or under the supervision of a physician or by other qualified personnel with appropriate and valid licensure and certification, as required by the state in which services are provided.
2.	Documentation through program files and client records that: <ul style="list-style-type: none">• Services provided meet the service category definition.• All services provided with Operation BRAVE funds are allowable under Operation BRAVE.
3.	Assurance that services are provided only in an outpatient setting.
4.	Assurance that Operation BRAVE funds are used to expand the HIV-specific capacity of programs only if timely access would not otherwise be available to treatment and counseling.
5.	Assurance that services provided include a treatment plan that calls for only allowable activities and includes: <ul style="list-style-type: none">• The quantity, frequency, and modality of treatment provided.• The date treatment begins and ends.• Regular monitoring and assessment of client progress.• The signature of the individual providing the service and/or the supervisor, as applicable.
6.	Documentation that: <ul style="list-style-type: none">• The use of funds for acupuncture services is limited through some form of a defined cap.

- Acupuncture is not the dominant treatment modality.
- The acupuncture provider has the appropriate state license and certification.

Specific Indicator References

[PHS Act § 2604\(c\)\(3\)\(L\)](#)

[45 CFR § 75.364](#)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#) Revised 10/22/2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds [Frequently Asked Questions](#) 01/22/2016 (PDF)

Section C: Support Services

Indicator C.2. Emergency Financial Assistance (EFA)

Standard Requirements

Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA Operation BRAVE client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA Operation BRAVE-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.

Emergency Financial Assistance funds used to pay for otherwise allowable HRSA Operation BRAVE services must be accounted for under the Emergency Financial Assistance category. Direct cash payments to clients are not permitted.

Continuous provision of an allowable service to a client must not be funded through Emergency Financial Assistance.

Guidance

Does the Subrecipient:

1. Maintain client records that document for each client:
 - a. Client eligibility and need for EFA,
 - b. Types of EFA provided,
 - c. Date(s) EFA was provided, and
 - d. Method of providing EFA?
2. Maintain and make available to the recipient program documentation of assistance provided, including:
 - a. Number of clients and amount expended for each type of EFA,

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

- b. Summary of the number of EFA services received by the client, and
 - c. Methods used to provide EFA (e.g., payments to agencies, vouchers)?
3. Provide assurance to the recipient that all EFA:
- a. Was for allowable types of assistance,
 - b. Met recipient-specified limitations on amount, frequency, and duration of assistance to an individual client, and
 - c. Was provided through allowable payment methods?

Documentation

Agreements

- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Operation BRAVE Monitoring Tool.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator C.2. Emergency Financial Assistance (EFA)
Monitoring Indicators
<p>1. Documentation of services and payments to verify that:</p> <ul style="list-style-type: none">• EFA to individual clients is provided with limited frequency and for limited periods of time, with frequency and duration of assistance specified by the recipient.• Assistance is provided only for the following essential services: utilities, housing, food (including groceries and food vouchers), transportation, and medication.• Payments are made either through a voucher program or short-term payments to the service entity, with no direct payments to clients.• Emergency funds are allocated, tracked, and reported by type of assistance.

Specific Indicator References

[PHS Act § 2604\(d\)](#)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#) Revised 10/22/2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds [Frequently Asked Questions](#) 01/22/2016 (PDF)

Indicator C.3. Food Bank (FB) /Home-Delivered Meals

Standard Requirements

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:

- Personal hygiene products.
- Household cleaning supplies.
- Water filtration/purification systems in communities where issues of water safety exist.

Unallowable costs include household appliances, pet foods, and other non-essential products.

Guidance

Does the Subrecipient:

1. Maintain and make available to the recipient documentation of:
 - a. Services provided by type of service, number of clients served, and levels of service,
 - b. The amount and use of funds for the purchase of non-food items, including the use of funds only for allowable non-food items, and
 - c. Compliance with all federal, state, and local laws regarding the provision of food banks, home-delivered meals, and food voucher programs, including any required licensure and/or certifications?
2. Provide assurance that Operation BRAVE funds were used only for allowable purposes?

Documentation

Agreements

- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Operation BRAVE Services Monitoring Tool.
- Documentation that if water filtration/purification systems are provided, the community has water purity issues.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator C.3. Food Bank (FB) /Home-Delivered Meals
Monitoring Indicators
1. Documentation that: <ul style="list-style-type: none">• Services supported are limited to food banks, home-delivered meals, and/or food voucher programs.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

- Types of non-food items provided are allowable.
 - If water filtration/purification systems are provided, the community has water purity issues.
2. Assurance of:
- Compliance with federal, state, and local regulations, including any required licensure or certification for the provision of food banks and/or home-delivered meals.
 - Use of funds only for allowable essential non-food items.
 - Monitoring of providers to document actual services provided, client eligibility, number of clients served, and level of services to these clients.

Specific Indicator References

[PHS Act § 2604\(d\)](#)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#) Revised 10/22/2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds [Frequently Asked Questions](#) 01/22/2016 (PDF)

Indicator C.5. Housing Services

Standard Requirements

Housing provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services).

Housing activities also include housing referral services, including assessment, search, placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.

Guidance

Does the Subrecipient:

1. Document:
 - a. Services provided, including the number of clients served, duration of housing services, types of housing provided, and housing referral services?
 - b. To ensure that the staff providing housing services are case managers or other professional(s) who possess a comprehensive knowledge of local, state, and federal housing programs and how to access those programs?
2. Maintain client records that document:
 - c. Client eligibility?
 - d. Housing services, including referral services provided?

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

- i. Mechanisms are in place to allow newly identified clients access to housing services.
 - ii. Individualized written housing plans that are updated at least annually for each client who receives housing services.
- e. Assistance provided to clients to help them maintain or obtain permanent housing?
- f. Provide documentation and assurance that no Operation BRAVE funds are used to provide direct payments to clients for rent or mortgages?

Documentation

Agreements

- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Operation BRAVE Services Monitoring Tool.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator C.5. Housing Services	
Monitoring Indicators	
1.	Documentation that funds are used only for allowable purposes: <ul style="list-style-type: none">• The provision of short-term assistance to support emergency, temporary, or transitional housing to enable an individual or family to gain or maintain medical care.
2.	Housing-related individualized plans developed and updated at least annually.
3.	Housing-related referral services include housing assessment, search, placement, advocacy, and the fees associated with them.
4.	Housing-related referrals are provided by case managers or other professional(s) who possess a comprehensive knowledge of local, state, and federal housing programs and how to access these programs.
5.	For all housing, regardless of whether the service includes some type of medical or supportive services: <ul style="list-style-type: none">• Each client receives assistance designed to help them obtain permanent housing through a strategy to identify, relocate, and/or ensure the individual or family is moved to or capable of maintaining a stable long-term living situation.
6.	Housing services are essential for an individual or family to gain or maintain access and compliance with outpatient/ambulatory services and treatment. <ul style="list-style-type: none">• Mechanisms are in place to allow newly identified clients access to housing services.

- Ensure that policies and procedures provide an individualized written housing plan, are consistent with this housing policy, and are updated annually, covering each client receiving short-term, transitional, and emergency housing services.

Specific Indicator References

[PHS Act § 2604\(d\)](#)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#) Revised 10/22/2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds [Frequently Asked Questions](#) 01/22/2016 (PDF)

Indicator C.7. Medical Transportation (MT)

Standard Requirements

Medical Transportation is the provision of nonemergency transportation that enables an eligible client to access or be retained in core medical and support services.

Medical transportation may be provided through:

Contracts with providers of transportation services

- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject).
- Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle.
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed).
- Voucher or token systems.

Costs for transportation for medical providers to provide care should be categorized under the service category for the service being provided.

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients.
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle.
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees.

Guidance

Does the Subrecipient:

1. Maintain program files that document:
 - a. The level of services/number of trips provided,

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

- b. The reason for each trip and its relation to accessing health and support services,
 - c. Trip origin and destination,
 - d. Client eligibility,
 - e. The cost per trip, and
 - f. The method used to meet the transportation need?
2. Maintain documentation showing that the provider is meeting stated contract requirements with regard to methods of providing transportation:
 - a. Reimbursement methods that do not involve cash payments to service recipients,
 - b. Mileage reimbursement that does not exceed the federal reimbursement rate, and
 - c. Use of volunteer drivers that appropriately addresses insurance and other liability issues?
 3. Collect and maintain data documenting that funds are used only for transportation designed to help eligible individuals remain in medical care by enabling them to access medical and support services?
 4. Obtain recipient approval prior to purchasing or leasing a vehicle(s)?

Documentation

Agreements

- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Operation BRAVE Services Monitoring Tool.
- Documentation that purchase or lease of organizational vehicles for client transportation, with prior approval from HRSA HAB for the purchase.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator C.7. Medical Transportation (MT)	
Monitoring Indicators	
1.	Documentation that medical transportation services are used only to enable an eligible individual to access HIV-related health and support services.
2.	Documentation that services are provided through one of the following methods: <ul style="list-style-type: none">• A contract or some other local procurement mechanism with a provider of transportation services.• A voucher or token system that allows for tracking the distribution of vouchers or tokens.• A system of mileage reimbursement that does not exceed the federal per mile reimbursement rates.• A system of volunteer drivers, where insurance and other liability issues are addressed.

- Purchase or lease of organizational vehicles for client transportation, with prior approval from HRSA HAB for the purchase.

Specific Indicator References

[PHS Act § 2604\(d\)](#)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#) Revised 10/22/2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds [Frequently Asked Questions](#) 01/22/2016 (PDF)

Indicator C.8. Non-Medical Case Management (NMCM) Services

Standard Requirements

Non-Medical Case Management Services (NMCM) is the provision of a range of client-centered activities focused on **improving access to and retention in needed core medical and support services**. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM Services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Children’s Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer’s Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication). Key activities include:

- Initial assessment of service needs.
- Development of a comprehensive, individualized care plan.
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care.
- Client-specific advocacy and/or review of utilization of services.
- Continuous client monitoring to assess the efficacy of the care plan.
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary.
- Ongoing assessment of the client’s and other key family members’ needs and personal support systems.

NMCM Services has as its objective to provide coordination, guidance and assistance in **improving access** to and retention in needed medical and support services to mitigate and eliminate barriers to HIV care services, whereas *Medical Case Management Services* have as their objective *improving health care outcomes*.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Guidance

Does the Subrecipient:

1. Maintain client records that include the required elements, as detailed by the recipient, including:
 - a. Date of encounter,
 - b. Type of encounter,
 - c. Duration of encounter, and
 - d. Key activities, including benefits/entitlement counseling and referral services?

Documentation

Agreements

- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Operation BRAVE Services Monitoring Tool.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator C.8. Non-Medical Case Management (NMCM) Services	
Monitoring Indicators	
1.	Documentation that: <ul style="list-style-type: none">• The scope of activity includes guidance and assistance to clients in obtaining medical, social, community, legal, financial, and other needed services.• Where benefits/entitlement counseling and referral services are provided, they assist clients in obtaining access to both public and private programs, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturers' Patient Assistance Programs, and other state or local healthcare and supportive services.• Services cover all types of encounters and communications (e.g., face-to-face, telephone contact, etc.).
2.	Where transitional case management for justice-involved persons is provided, assurance that such services are provided either as part of discharge planning or for individuals who are in the correctional system for a brief period.

Specific Indicator References

[PHS Act § 2604\(d\)](#)

[Recommendations for Case Management Collaboration and Coordination](#) in Federally Funded HIV/AIDS Programs

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#) Revised 10/22/2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds [Frequently Asked Questions](#) 01/22/2016 (PDF)

Indicator C.10. Outreach Services

Standard Requirements

The Outreach Services category has as its principal purpose identifying PLWH who either do not know their HIV status, or who know their status but are not currently in care. As such, Outreach Services provide the following activities: 1) identification of people who do not know their HIV status and/or 2) linkage or re-engagement of PLWH who know their status into Operation BRAVE services, including provision of information about health care coverage options.

Because Outreach Services are often provided to people who do not know their HIV status, some activities within this service category will likely reach people who are HIV negative. When these activities identify someone living with HIV, eligible clients should be linked to Operation BRAVE services.

Outreach Services must:

1. use data to target populations and places that have a high probability of reaching PLWH who
 - a. have never been tested and are undiagnosed,
 - b. have been tested, diagnosed as HIV positive, but have not received their test results, or
 - c. have been tested, know their HIV positive status, but are not in medical care;
2. be conducted at times and in places where there is a high probability that PLWH will be identified; and
3. be delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.

Outreach Services may be provided through community and public awareness activities (e.g., posters, flyers, billboards, social media, TV or radio announcements) that meet the requirements above and include explicit and clear links to and information about available Operation BRAVE services. Ultimately, HIV-negative people may receive Outreach Services and should be referred to risk reduction activities. When these activities identify someone living with HIV, eligible clients should be linked to Operation BRAVE services.

Guidance

Does the Subrecipient:

1. Document and be prepared to share with the recipient:
 - d. The design, implementation, target areas, times, populations, and outcomes of outreach activities, including the number of individuals reached, referred for testing, found to be positive, referred to care, and entering care.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

- e. Data showing that all RFPs, RFAs, contracts, provider agreements, MOUs/LOAs, and/or statements of work requirements are being met for program design, targeting, activities, and use of funds.
2. Provide financial and program data demonstrating that no outreach funds are being used:
 - a. For HIV testing that supplants existing funding.
 - b. To support broad-scope awareness activities that target the general public rather than specific populations and/or communities with high rates of HIV infection.
 - c. To duplicate HIV prevention outreach efforts.

Documentation

Agreements

- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Operation BRAVE Services Monitoring Tool.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator C.10. Outreach Services	
Monitoring Indicators	
1.	Documentation that outreach services are designed to identify: <ul style="list-style-type: none">• Individuals who do not know their HIV status and link them to Outpatient/Ambulatory Health Services.• Individuals who know their status and are not in care, help them enter or re-engage in Outpatient/Ambulatory Health Services.• Individuals needing additional information and education on health care coverage options.
2.	Documentation that outreach services: <ul style="list-style-type: none">• Are planned and delivered in coordination with local HIV prevention outreach programs and avoid duplication of effort.• Take place at times when there is a high probability that people with HIV and/or exhibiting high-risk behavior will be reached.• Target populations known to be at disproportionate risk for HIV and/or exhibiting high-risk behavior.• Target communities whose residents have disproportionate risk or establishments frequented by individuals exhibiting high-risk behaviors.• Are designed so that activities and results can be quantified for program reporting and evaluation of effectiveness.
3.	Documentation and assurance that outreach funds are not being used: <ul style="list-style-type: none">• For HIV testing that supplants existing funding.• To support broad-scope awareness that targets the general public rather than specific populations and/or communities with high rates of HIV infection.• To duplicate HIV prevention outreach efforts.

Specific Indicator References

[PHS Act § 2604\(d\)](#)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#) Revised 10/22/2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds [Frequently Asked Questions](#) 01/22/2016 (PDF)

Indicator C.12. Referral for Healthcare and Support Services (RHSS)

Standard Requirements

Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. Activities provided under this service category may include referrals to assist HRSA Operation BRAVE-eligible clients to obtain access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

Referrals for Healthcare and Support Services provided by outpatient/ambulatory healthcare providers should be reported under the Outpatient/Ambulatory Health Services category.

Referrals for Healthcare and Support Services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management).

Guidance

Does the Subrecipient:

1. Maintain program files that document:
 - a. Number and types of referrals provided,
 - b. Benefits counseling and referral activities,
 - c. Number of clients served, and
 - d. Follow up provided?
2. Maintain client records that include required elements, as detailed by the recipient, including:
 - a. Date of service,
 - b. Type of communication,
 - c. Type of referral, and
 - d. Follow up provided?
3. Maintain documentation demonstrating that the services and circumstances of referral services meet contract requirements?

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Documentation

Agreements

- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Operation BRAVE Services Monitoring Tool.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator C.12. Referral for Healthcare and Support Services (RHSS)	
Monitoring Indicators	
1.	Documentation that funds are used only: <ul style="list-style-type: none">• To direct clients to needed Operation BRAVE core medical or support services.• To provide benefits/entitlements counseling and referral consistent with HRSA requirements
2.	Documentation of: <ul style="list-style-type: none">• Method of client contact/communication.• Method of providing referrals (within the Medical and Non-Medical Case Management system, informally, or as part of an outreach program).• Referrals and follow up provided.

Specific Indicator References

[PHS Act § 2604\(d\)](#)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#) Revised 10/22/2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds [Frequently Asked Questions](#) 01/22/2016 (PDF)

Section D: Quality Management

Clinical Quality Management (CQM) is a systematic, structured, and continuous approach to meet or exceed established professional standards and user expectations. CQM is implemented by using tools and techniques to measure performance and improve processes.

Indicator D.1. Implementation of a CQM Program

Standard Requirements

To implement a CQM program, recipients need to have the necessary infrastructure, performance measurement, and quality improvement (QI) components in place. [HAB PCN 15-02](#) clarifies the HRSA expectations for CQM programs.

Guidance

Does the Subrecipient:

1. Participate in CQM activities as contractually required and outlined in the recipient's CQM plan?

Documentation

Training Certificates

- CQM Training Transcripts or Certificates for CQM Staff.

Policies and Procedures

- CQM Program.

Evidence

- Documentation of a process to regularly collect and analyze performance measure data (more frequently than data collection for reporting).
- Documentation that QI activities are based on clinical performance data.
- Documentation that the implementation of QI activities using a defined approach or methodology.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator D.1. Implementation of a CQM Program	
Monitoring Indicators	
1.	A process to regularly collect and analyze performance measure data (more frequently than data collection for reporting).
2.	QI activities based on clinical performance data.
3.	Implement QI activities using a defined approach or methodology.
4.	CQM expectations for subrecipients and funded service categories.
5.	Review of the CQM program to ensure that both the recipient and providers are carrying out necessary CQM activities and reporting CQM performance data.
6.	Monitor subrecipient compliance with guidelines and the Operation BRAVE program's approved service category definition for each funded service category.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

7. Develop and monitor service standards to ensure that services are compliant with HHS treatment guidelines and the Operation BRAVE program's approved service category definition for each funded service.

Specific Indicator References

[PHS Act § 2604\(h\)\(5\)](#)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 15-02: Clinical Quality Management Policy](#) Revised 09/01/2020 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 15-02: Clinical Quality Management Policy [Frequently Asked Questions](#) 12/09/2015 (PDF)

University Health Ryan White Program Administration Policy: 7.02 Clinical Quality Management Policy for the Operation BRAVE Program

University Health Ryan White Program Administration Policy: 7.06 Client Satisfaction (Subrecipient) Policy for the Operation BRAVE Program

Section E: Administration

Indicator E.1. Administration

Standard Requirements

Subrecipients are to spend no more than 10 percent of grant funds on administration.

- a) Administrative funds are to be used for routine grant administration and monitoring activities, including:
 - Preparation of routine programmatic and financial reports.
 - Compliance with grant conditions and audit requirements.
- b) Activities associated with the recipient's contract award procedures, including:
 - The development of RFPs, RFAs, provider agreements, contracts, MOUs/LOAs, and/or statements of work.
 - Drafting, negotiation, awarding, and monitoring of contract awards.
 - Conducting comprehensive site visits to funded providers.
 - Reports required for Operation BRAVE funds.
 - The receipt and disbursement of program funds.
 - Development and establishment of reimbursement and accounting systems.

Note: Please see Operation BRAVE Fiscal Monitoring Standards for additional information on the use of funds for administration.

Guidance

Does the Subrecipient:

1. Provide documentation of administrative costs per recipient requirements?

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Documentation

Agreements

- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Operation BRAVE Fiscal Monitoring Tool.
- Subrecipient Reimbursement Requests.
- Subrecipient Budgets.
- Subrecipient Expenditures.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator E.1. Administration
Monitoring Indicators
1. Documentation that recipient administrative costs paid by Operation BRAVE funds do not exceed 10 percent of total grant funds.
2. Review activities to ensure the proper categorization of allowable administrative functions.

Specific Indicator References

[PHS Act § 2604\(h\)](#)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 15-01: Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Parts A, B, C, and D](#) Revised 09/01/2020 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 15-01: Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Parts A, B, C, and D [Frequently Asked Questions](#) 05/15/2015 (PDF)

HRSA/HAB Ryan White HIV/AIDS Program [Part A Manual](#) Revised 2013 (PDF)

University Health Ryan White Program Administration Policy: 2.54 Competitive Procurement Process Policy for the Operation BRAVE Program

University Health Ryan White Program Administration Policy: 8.10 Program & Admin Costs Policy for the Operation BRAVE Program

Section F: Other Service Requirements

Indicator F.2. Referral Relationships with Key Points of Entry

Standard Requirements

The requirement that Operation BRAVE subrecipients maintain appropriate referral relationships with entities that constitute key points of entry.

Key points of entry defined in legislation:

- Emergency rooms.
- Substance use disorder and mental health treatment programs.
- Detoxification centers.
- Detention facilities.
- Clinics regarding sexually transmitted disease.
- Homeless shelters.
- HIV disease counseling and testing sites.
- Healthcare points of entry specified by eligible areas.
- Federally Qualified Health Centers (FQHCs).
- Entities, such as RWHAP Part A, Part B, Part C, Part D, and Part F recipients.

Guidance

Does the Subrecipient:

1. Establish written referral relationships with specified points of entry?
2. Document referrals from these points of entry?

Documentation

Agreements

- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Reimbursement Requests.
- Subrecipient Budgets.
- Subrecipient Expenditures.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator F.2. Referral Relationships with Key Points of Entry
Monitoring Indicators
1. Documentation that written referral relationships exist between Operation BRAVE subrecipients and key points of entry.

Specific Indicator References

[PHS Act § 2605\(a\)\(3\)](#)

Section G: Prohibition on Certain Activities and Additional Requirements

Indicator G.1. Drug Use and Sexual Activity

Standard Requirements

Operation BRAVE funds cannot be used to support HIV programs or materials designed to promote or directly encourage intravenous drug use or sexual activity, whether homosexual or heterosexual.

Guidance

Does the Subrecipient:

1. Maintain a file with the signed subrecipient agreement, assurances, and/or certifications that specify unallowable activities?
2. Ensure that budgets and expenditures do not include unallowable activities?
3. Ensure that expenditures do not include unallowable activities?
4. Provide budgets and financial expense reports to the recipient with sufficient detail to document that they do not include unallowable costs or activities?

Documentation

Agreements

- Subrecipient Contracts with Recipient.
- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Reimbursement Requests.
- Subrecipient Budgets.
- Subrecipient Expenditures.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Indicator G.1. Drug Use and Sexual Activity
Monitoring Indicators
1. Signed contracts, recipient and subrecipient assurances, and/or certifications that define and specifically forbid the use of Operation BRAVE funds for unallowable activities.
2. Recipient review of subrecipient budget and expenditures to ensure that they do not include any unallowable costs or activities.

Specific Indicator References

[PHS Act § 2684](#)

Indicator G.2. Purchase of Vehicles

Standard Requirements

No use of Operation BRAVE funds by recipients or subrecipients for the purchase of vehicles without the written approval of the HRSA Grants Management Officer (GMO).

Guidance

Does the Subrecipient:

1. Maintain a file with the signed subrecipient agreement, assurances, and/or certifications that specify unallowable activities?
2. Ensure that budgets and expenditures do not include unallowable activities?
3. Ensure that expenditures do not include unallowable activities?
4. Provide budgets and financial expense reports to the recipient with sufficient detail to document that they do not include unallowable costs or activities?
5. If vehicle purchase is needed, have GMO approval, and maintain the document in a file?

Documentation

Agreements

- Subrecipient Contracts with Recipient.
- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Reimbursement Requests.
- Subrecipient Budgets.
- Subrecipient Expenditures.
- Documentation that purchase or lease of organizational vehicles for client transportation, with prior approval from HRSA HAB for the purchase.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Indicator G.2. Purchase of Vehicles	
Monitoring Indicators	
1.	Signed contracts, recipient and subrecipient assurances, and/or certifications that define and specifically forbid the use of Operation BRAVE funds for unallowable activities.
2.	Recipient review of subrecipient budget and expenditures to ensure that they do not include any unallowable costs or activities.
3.	Where vehicles were purchased, review of files for written permission from the GMO.

Specific Indicator References

[45 CFR § 75.308](#)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#) Revised 10/22/2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds [Frequently Asked Questions](#) 01/22/2016 (PDF)

Indicator G.3. Broad Scope Awareness Activities

Standard Requirements

No use of Operation BRAVE funds for broad scope awareness activities about HIV services that target the general public, including outreach programs, which have HIV prevention education as their exclusive purpose.

Guidance

Does the Subrecipient:

1. Maintain a file with the signed subrecipient agreement, assurances, and/or certifications that specify unallowable activities?
2. Ensure that budgets and expenditures do not include unallowable activities?
3. Ensure that expenditures do not include unallowable activities?
4. Provide budgets and financial expense reports to the recipient with sufficient detail to document that they do not include unallowable costs or activities?
5. Prepare a detailed program plan and budget narrative that describe the planned use of any advertising or marketing activities?

Documentation

Agreements

- Subrecipient Contracts with Recipient.
- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient Scope of Work.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

- Subrecipient Reimbursement Requests.
- Subrecipient Budgets.
- Subrecipient Expenditures.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator G.3. Broad Scope Awareness Activities
Monitoring Indicators
1. Signed contracts, recipient and subrecipient assurances, and/or certifications that define and specifically forbid the use of Operation BRAVE funds for unallowable activities.
2. Recipient review of subrecipient budget and expenditures to ensure that they do not include any unallowable costs or activities.
3. Review of program plans, budgets, budget narratives for marketing, promotions, and advertising efforts to determine whether they are appropriately targeted to geographic areas and/or disproportionately affected populations rather than targeting the general public.

Specific Indicator References

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#) Revised 10/22/2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds [Frequently Asked Questions](#) 01/22/2016 (PDF)

Indicator G.4. Lobbying Activities

Standard Requirements

Prohibition on the use of Operation BRAVE funds for influencing or attempting to influence members of Congress and other federal personnel.

Note: Additional information can be found at:

<http://www.hhs.gov/grants/grants/grants-policies-regulations/lobbying-restrictions.html#>

Guidance

Does the Subrecipient:

1. Maintain a file with the signed subrecipient agreement, assurances, and/or certifications that specify unallowable activities?
2. Ensure that budgets and expenditures do not include unallowable activities?
3. Ensure that expenditures do not include unallowable activities?
4. Provide budgets and financial expense reports to the recipient with sufficient detail to document that they do not include unallowable costs or activities?

5. Include in the personnel manual and employee orientation information regulations that forbid lobbying with federal funds?

Documentation

Agreements

- Subrecipient Contracts with Recipient.
- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Reimbursement Requests.
- Subrecipient Budgets.
- Subrecipient Expenditures.
- Review of lobbying certification and disclosure forms for both the recipient and subrecipients.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator G.4. Lobbying Activities
Monitoring Indicators
1. Signed contracts, recipient and subrecipient assurances, and/or certifications that define and specifically forbid the use of Operation BRAVE funds for unallowable activities.
2. Recipient review of subrecipient budget and expenditures to ensure that they do not include any unallowable costs or activities.
3. Review of lobbying certification and disclosure forms for both the recipient and subrecipients.

Specific Indicator References

Annual Appropriations Act

[45 CFR § 75.450](#)

[45 CFR § 93](#)

Indicator G.5. Direct Cash Payments

Standard Requirements

Operation BRAVE funds may not be used to make cash payments to intended service recipients of Operation BRAVE -funded services. This prohibition includes cash incentives and cash intended as payment for Operation BRAVE core medical and support services. Where a direct provision of the service is not possible or effective, store gift cards, vouchers, coupons, or

tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used.

Guidance

Does the Subrecipient:

1. Maintain a file with the signed subrecipient agreement, assurances, and/or certifications that specify unallowable activities?
2. Ensure that budgets and expenditures do not include unallowable activities?
3. Ensure that expenditures do not include unallowable activities?
4. Provide budgets and financial expense reports to the recipient with sufficient detail to document that they do not include unallowable costs or activities?
5. Service Standards and other policies and procedures prohibit making cash payments to clients of Operation BRAVE -funded services?
6. Maintain documentation that all provider staff have been informed of policies that prohibit the use of Operation BRAVE funds for cash payments to clients of Operation BRAVE -funded services?

Documentation

Agreements

- Subrecipient Contracts with Recipient.
- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Reimbursement Requests.
- Subrecipient Budgets.
- Subrecipient Expenditures.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator G.5. Direct Cash Payments
Monitoring Indicators
1. Signed contracts, recipient and subrecipient assurances, and/or certifications that define and specifically forbid the use of Operation BRAVE funds for unallowable activities.
2. Recipient review of subrecipient budget and expenditures to ensure that they do not include any unallowable costs or activities.
3. Review of Standards of Care and other policies and procedures for service categories involving payments made on behalf of individuals to ensure that no direct payments are made to individuals (e.g., emergency

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

financial assistance, transportation, health insurance premiums, medical or medication copays, deductibles, food, and nutrition).

4. Review of expenditures by subrecipients to ensure that no cash payments were made to clients of Operation BRAVE-funded services.

Specific Indicator References

[PHS Act § 2604\(i\)](#)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#) Revised 10/22/2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds [Frequently Asked Questions](#) 01/22/2016 (PDF)

Indicator G.7. Maintenance of Privately-Owned Vehicle

Standard Requirements

No use of Operation BRAVE funds for direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle or any other costs associated with a vehicle, such as a lease or loan payments, insurance, or license and registration fees.

Note: This restriction does not apply to vehicles operated by organizations for program purposes.

Guidance

Does the Subrecipient:

1. Maintain a file with the signed subrecipient agreement, assurances, and/or certifications that specify unallowable activities?
2. Ensure that budgets and expenditures do not include unallowable activities?
3. Ensure that expenditures do not include unallowable activities?
4. Provide budgets and financial expense reports to the recipient with sufficient detail to document that they do not include unallowable costs or activities?

Documentation

Agreements

- Subrecipient Contracts with Recipient.
- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Reimbursement Requests.
- Subrecipient Budgets.
- Subrecipient Expenditures.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator G.7. Maintenance of Privately-Owned Vehicle	
Monitoring Indicators	
1.	Signed contracts, recipient and subrecipient assurances, and/or certifications that define and specifically forbid the use of Operation BRAVE funds for unallowable activities.
2.	Recipient review of subrecipient budget and expenditures to ensure that they do not include any unallowable costs or activities.
3.	Documentation that Operation BRAVE funds are not being used for direct maintenance expenses or any other costs associated with privately-owned vehicles, such as a lease or loan payments, insurance, or license and registration fees – except for vehicles operated by organizations for program purposes.

Specific Indicator References

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#) Revised 10/22/2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds [Frequently Asked Questions](#) 01/22/2016 (PDF)

Indicator G.9. Additional Prohibitions

Standard Requirements

No use of Operation BRAVE funds for the following activities or to purchase these items:

- Clothing.
- Clinical Research.
- International travel.
- Construction (minor alterations and renovations to an existing facility to make it more suitable for the purposes of the award program are allowable with prior HRSA approval).
- Syringe Services Programs (SSPs). Some aspects of SSPs are allowable with HRSA’s prior approval and in compliance with HHS and HRSA policy.
- Pre Exposure Prophylaxis (PrEP) medications and related medical services or Post-Exposure Prophylaxis (PEP), as the person using PrEP or PEP does not have HIV and therefore not eligible for HRSA HAB initiative funded medication.

Guidance

Does the Subrecipient:

1. Maintain a file with the signed subrecipient agreement, assurances, and/or certifications that specify unallowable activities?
2. Ensure that budgets and expenditures do not include unallowable activities?

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

3. Ensure that expenditures do not include unallowable activities?
4. Provide budgets and financial expense reports to the recipient with sufficient detail to document that they do not include unallowable costs or activities?

Documentation

Agreements

- Subrecipient Contracts with Recipient.
- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Reimbursement Requests.
- Subrecipient Budgets.
- Subrecipient Expenditures.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator G.9. Additional Prohibitions
Monitoring Indicators
1. Signed contracts, recipient and subrecipient assurances, and/or certifications that define and specifically forbid the use of Operation BRAVE funds for unallowable activities.
2. Recipient review of subrecipient budget and expenditures to ensure that they do not include any unallowable costs or activities.
3. Review and monitor recipient and subrecipient activities and expenditures to ensure that Operation BRAVE funds are not being used for any of the prohibited activities.

Specific Indicator References

[PHS Act § 2604\(i\)](#)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#) Revised 10/22/2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds [Frequently Asked Questions](#) 01/22/2016 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Program Letters: The Ryan HIV/AIDS Program and Pre-Exposure Prophylaxis \(PrEP\)](#) revised 06/22/2016 (PDF)

Section J: Data Reporting Requirements

Indicator J.1. Submission of the RSR

Standard Requirements

There are three components to the RSR that Operation BRAVE must successfully submit online:

- a) Recipient Report.
- b) Provider Report.
- c) Client Report.

Note: Eligible Scope is the mechanism used to help HRSA HAB better understand the full scope of services that people seeking care from Operation BRAVE providers receive. To be included in the RSR, the client must:

- Meet the recipient's eligibility requirements for the Operation BRAVE participation (see [HAB PCN 21-02](#) for more information on client eligibility), and
- Have received at least one of the core medical or support services for which the recipient/subrecipient receives Operation BRAVE-related funding.

Guidance

Does the Subrecipient:

1. Report all the Operation BRAVE-funded or Operation BRAVE-related funded services the subrecipient offers to clients during the funding year?
2. Submit both interim and final reports by the specified deadlines?
3. Maintain client-level data on each client served, including in each client record demographic status, HIV clinical information, HIV care medical and support services received, and the client's Unique Client Identifier?
4. Submit this report online as an electronic file upload using the standard format?

Documentation

Evidence

- Documentation that all subrecipients have submitted Provider Reports through the RSR portal by the required due date.
- Documentation that all subrecipients have submitted client-level data within the Provider Report by the required due date unless the provider has an approved exemption from reporting client-level data.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Indicator J.1. Submission of the RSR	
Monitoring Indicators	
1.	Documentation that all subrecipients have submitted Provider Reports through the RSR portal by the required due date.
2.	Documentation that all subrecipients have submitted client-level data within the Provider Report by the required due date unless the provider has an approved exemption from reporting client-level data.

Specific Indicator References

HRSA/HAB Ryan White Program Report Instruction Manual

Statewide Program Standards

Section A: Operation BRAVE Core Medical Services - Additional Policies and Procedures

Indicator A.3. Medical Case Management (MCM), Including Treatment Adherence Services

Standard Requirements

Medical Case Management (MCM) is the provision of a range of client-centered activities focused on **improving health outcomes** in support of the HIV care continuum.

Activities provided under this service category may be provided by an interdisciplinary team that include other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).

Key activities include:

- Initial assessment of case management service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every six (6) months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

Activities provided under the **MCM** service category have as their objective **improving health care outcomes**, whereas those provided under the *Non-Medical Case Management (NMCM)* service category have as their objective providing guidance and assistance in *improving access to needed services*.

Guidance

Does the Subrecipient:

1. Have the minimum qualifications for Medical Case Management supervisors as degreed or licensed in the fields of health, social services, mental health or a related area (preferably Masters' level) and must have 3 years' experience providing case

- management services, or other similar experience in a health or social services related field (preferably with 1 year of supervisory or clinical experience)?
2. Have required MCM trainings documented in personnel files?
 3. Have policies and procedures are in place for conducting MCM services, including data collection procedures and forms, data reporting?
 4. Have policies and procedures that specify MCM Requirements for:
 - a. Initial Comprehensive Assessment,
 - b. MCM Case Management Acuity Level and Client contact,
 - c. Care Planning,
 - d. Viral Suppression/Treatment Adherence,
 - e. Referral and Follow-up,
 - f. Case Closure/Graduation,
 - g. Case Conferencing,
 - h. Caseload Management,
 - i. Case Transfer (internal/external),
 - j. Probationary Period (new hire),
 - k. Staff Supervision, and
 - l. Staff Training, including agency specific training?

Documentation

Agreements

- Subrecipient Contracts with Recipient.
- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Training Certificates

- MCM Training Transcripts or Certificates for MCM Staff.

Policies and Procedures

- Medical Case Management (MCM), Including Treatment Adherence Services
 - Policies and procedures are in place for conducting MCM services, including data collection procedures and forms, data reporting.

Evidence

- Medical Case Management (MCM), Including Treatment Adherence Services
 - Minimum qualifications for Medical Case Management supervisors: degreed or licensed in the fields of health, social services, mental health or a related area (preferably Masters' level). Additionally, case manager supervisors must have 3 years' experience providing case management services, or other similar experience in a health or social services related field (preferably with 1 year of supervisory or clinical experience).

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator A.3. Medical Case Management (MCM), Including Treatment Adherence Services
Monitoring Indicators
1. Staff Qualifications: Minimum qualifications for Medical Case Management supervisors: degreed or licensed in the fields of health, social services, mental health or a related area (preferably Masters' level). Additionally, case manager supervisors must have 3 years' experience providing case management services, or other similar experience in a health or social services related field (preferably with 1 year of supervisory or clinical experience).
2. Required MCM trainings are documented in personnel files.
3. Policies and procedures are in place for conducting MCM services, including data collection procedures and forms, data reporting.

Specific Indicator References

[PHS Act § 2604\(c\)\(3\)\(M\)](#)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 18-02: The Use of Ryan White HIV/AIDS Program Funds for Core Medical Services and Support Services for People Living with HIV Who Are Incarcerated and Justice Involved](#) 2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#) Revised 10/22/2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds [Frequently Asked Questions](#) 01/22/2016 (PDF)

HRSA/HAB Ryan White HIV/AIDS Program (RWHAP) [National Monitoring Standards for RWHAP Part B Recipients](#) Revised June 2022 (PDF)

Indicator A.5. Mental Health (MH) Services

Standard Requirements

Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Guidance

Does the Subrecipient:

1. Have MOUs are available for referral needs?
2. Have Policies/procedures in place?
3. Have a policy for regular supervision of all licensed staff if mental health services are provided in-house?
4. Have a policy stating agency staff will conduct monthly multidisciplinary discussions of selected clients if mental health services are provided in-house?
5. Have a discharge policy and procedure?

Documentation

Agreements

- Subrecipient Contracts with Recipient.
- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Policies and Procedures

- Mental Health (MH) Services
 - If mental health services are provided in-house, agency has a policy for regular supervision of all licensed staff.
 - If mental health services are provided in-house, agency has a policy stating agency staff will conduct monthly multidisciplinary discussions of selected clients.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator A.5. Mental Health (MH) Services
Monitoring Indicators
1. MOUs are available for referral needs.
2. Policies/procedures in place.
3. If mental health services are provided in-house, agency has a policy for regular supervision of all licensed staff.
4. If mental health services are provided in-house, agency has a policy stating agency staff will conduct monthly multidisciplinary discussions of selected clients.

Specific Indicator References

[PHS Act § 2604\(c\)\(3\)\(K\)](#)

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#) Revised 10/22/2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds [Frequently Asked Questions](#) 01/22/2016 (PDF)

HRSA/HAB Ryan White HIV/AIDS Program (RWHAP) [National Monitoring Standards for RWHAP Part B Recipients](#) Revised June 2022 (PDF)

DSHS Reference: American Psychiatric Association. [The Practice Guideline for Treatment of Patients with HIV/AIDS](#) Washington, DC. 2001 (PDF)

DSHS Reference: American Psychiatric Association. Guideline Watch: [Practice Guideline for the Treatment of Patients with HIV/AIDS](#) Washington, DC. 2006 (PDF)

DSHS Reference: New York State Department of Health, [Mental Health Standards of Care](#), Delivery of Care

Indicator A.6. Outpatient/Ambulatory Health Services (OAHS)

Standard Requirements

Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include: clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits.

Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology

Guidance

Does the Subrecipient:

1. Ensure that client medical records document services provided, the dates and frequency of services provided, that services are for the treatment of HIV infection?

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

2. Include clinician notes in client records that are signed by the licensed provider of services?
3. Maintain professional certifications and licensure documents and make them available to the Recipient on request?
4. Ensure Standing Delegation Orders are available to staff and are reviewed annually, dated and signed?
5. Employ clinical staff who are experienced regarding their area of clinical practice as well as knowledgeable in the area of HIV/AIDS clinical practice. Personnel records/resumes/applications for employment will reflect requisite experience/education?
6. Ensure all staff without experience with HIV/AIDS shall be supervised by an employee with at least one (1) year of experience?
 - a. Reviewers will look for evidence of:
 - i. A policy that states the supervision requirements;
 - ii. Language in contracts/MOUs stating that this will occur; or
 - iii. A verification process of staff and staff supervisors in personnel files.

Documentation

Agreements

- Subrecipient Contracts with Recipient.
- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Outpatient/Ambulatory Health Services (OAHS)
 - Include clinician notes in client records that are signed by the licensed provider of services (OAHS).
 - Maintain professional certifications and licensure documents and make them available to the Recipient on request.
 - Ensure Standing Delegation Orders are available to staff and are reviewed annually, dated and signed.
 - Ensure all staff without experience with HIV/AIDS shall be supervised by an employee with at least one (1) year of experience. Reviewers will look for evidence of: 1) a policy that states the supervision requirements; (2) language in contracts/MOUs stating that this will occur; or (3) A verification process of staff and staff supervisors in personnel files.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Indicator A.6. Outpatient/Ambulatory Health Services (OAHS)	
Monitoring Indicators	
1.	Ensure that client medical records document services provided, the dates and frequency of services provided, that services are for the treatment of HIV infection.
2.	Include clinician notes in client records that are signed by the licensed provider of services.
3.	Maintain professional certifications and licensure documents and make them available to the Recipient on request.
4.	Ensure Standing Delegation Orders are available to staff and are reviewed annually, dated and signed.
5.	Employ clinical staff who are experienced regarding their area of clinical practice as well as knowledgeable in the area of HIV/AIDS clinical practice. Personnel records/resumes/applications for employment will reflect requisite experience/education.
6.	Ensure all staff without experience with HIV/AIDS shall be supervised by an employee with at least one (1) year of experience. Reviewers will look for evidence of: 1) a policy that states the supervision requirements; (2) language in contracts/MOUs stating that this will occur; or (3) A verification process of staff and staff supervisors in personnel files.

Specific Indicator References

[PHS Act § 2604\(c\)\(3\)\(A\)](#)

[Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents](#), June 3, 2021

[Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States](#), October 26, 2016

HRSA/HAB [Clinical Care Guidelines and Resources](#) (website)

HRSA/HAB [Guide for HIV/AIDS Clinical Care April](#) 2014 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 18-02: The Use of Ryan White HIV/AIDS Program Funds for Core Medical Services and Support Services for People Living with HIV Who Are Incarcerated and Justice Involved](#) 2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#) Revised 10/22/2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds [Frequently Asked Questions](#) 01/22/2016 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 07-02: Use of Ryan White HIV/AIDS Program Funds for HIV Diagnostics and Laboratory Tests Policy](#) 2002 (PDF)

HRSA/HAB Ryan White HIV/AIDS Program (RWHAP) [National Monitoring Standards for RWHAP Part B Recipients](#) Revised June 2022 (PDF)

Texas Administrative Code, [Title 22, Part 9, Chapter 193, Rule §193.1](#)

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

DSHS Reference: [American College of Obstetricians and Gynecologists \(ACOG\)](#); 2011 Aug. 11 p. (ACOG practice bulletin; no. 122) Accessed October 15, 2020.

DSHS Reference: MMWR (January 31, 2014 / 63(04); 69-72) [CDC Grand Rounds: Reducing the Burden of HPV-Associated Cancer and Disease](#)

DSHS Reference: New York State Recommendations on [Anal Pap Smears](#)

DSHS Reference: HHS [Preexposure prophylaxis for the prevention of HIV infection in the United States-Update 2017 \(PDF\)](#)

DSHS Reference: [Primary Care Guidelines for Management of HIV](#). CID 2014:58 (1 January)

DSHS Reference: [Recommended Immunization Schedule for Adults Aged 19 Years or Older](#). United States. 2020 Advisory Commission on Immunization Practices (ACIP), Table 1

DSHS Reference: HHS [Guidelines for the prevention and treatment of opportunistic infections in HIV-infected adults and adolescents](#). 2020

Indicator A.7. Substance Abuse Outpatient (SA-O) Care

Standard Requirements

Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Activities under Substance Abuse Outpatient Care service category include:

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
 - Pretreatment/recovery readiness programs
 - Harm reduction
 - Behavioral health counseling associated with substance use disorder
 - Outpatient drug-free treatment and counseling
 - Medication assisted therapy
 - Neuro-psychiatric pharmaceuticals
 - Relapse prevention

Guidance

Does the Subrecipient:

1. Facilities providing substance abuse treatment services have a license by the Texas Department of State Health Services (Department) or registered as a faith-based exempt program?
2. Have documentation on site that license is current for the physical location of the treatment facility?
3. Have documentation of supervision during client interaction with Counselors In Training (CIT) or Interns as required by the State?

4. Have documentation of professional liability for all staff and agency?
5. Have developed and implemented policies and procedures for handling crisis situations and psychiatric emergencies, which include, but are not limited to, the following:
 - a. Verbal Intervention,
 - b. Non-violent physical Intervention,
 - c. Emergency medical contact information,
 - d. Incident reporting,
 - e. Voluntary and involuntary patient admission,
 - f. Follow-up contacts, and
 - g. Continuity of services in the event of a facility Emergency?
6. Have a policy and procedure for clients to follow if they need after-hours assistance?
7. Have policies and procedures for staff to follow in psychiatric or medical emergencies?
8. Have policies and procedures that define emergency situations and the responsibilities of key staff are identified?

Documentation

Agreements

- Subrecipient Contracts with Recipient.
- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Policies and Procedures

- Substance Abuse Outpatient (SA-O) Care
 - Provider agency must develop and implement policies and procedures for handling crisis situations and psychiatric emergencies.

Evidence

- Substance Abuse Outpatient (SA-O) Care
 - Facilities providing substance abuse treatment services will be licensed by the Texas Department of State Health Services (Department) or be registered as a faith-based exempt program.
 - Agency will have documentation on site that license is current for the physical location of the treatment facility.
 - Documentation of supervision during client interaction with Counselors In Training (CIT) or Interns as required by the Texas Department of State Health Services (DSHS).
 - Documentation of professional liability for all staff and agency.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Indicator A.7. Substance Abuse Outpatient (SA-O) Care	
Monitoring Indicators	
1.	Facilities providing substance abuse treatment services will be licensed by the Texas Department of State Health Services (Department) or be registered as a faith-based exempt program.
2.	Agency will have documentation on site that license is current for the physical location of the treatment facility.
3.	Documentation of supervision during client interaction with Counselors In Training (CIT) or Interns as required by the Texas Department of State Health Services (DSHS).
4.	Documentation of professional liability for all staff and agency.
5.	Provider agency must develop and implement policies and procedures for handling crisis situations and psychiatric emergencies.

Specific Indicator References

[PHS Act § 2604\(c\)\(3\)\(L\)](#)

[45 CFR § 75.364](#)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#) Revised 10/22/2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds [Frequently Asked Questions](#) 01/22/2016 (PDF)

HRSA/HAB Ryan White HIV/AIDS Program (RWHAP) [National Monitoring Standards for RWHAP Part B Recipients](#) Revised June 2022 (PDF)

Texas Administrative Code, [Title 22, Part 30, Chapter 681](#) - Texas Board of Examiners of Professional Counselors

Texas Administrative Code, [Title 25, Part 1, Chapter 448](#)

Food, Drugs, Alcohol, and Hazardous Substances, Subtitle B. [Alcohol and Substance Programs, Chapter 464](#)

Texas Administrative Code, [Title 25, Part 1, Chapter 448](#) Standards of Care, Subchapter H Screening and Assessment

DSHS Reference: [Department of State Health Services Substance Abuse Treatment Facilities](#)

DSHS Reference: AIDS Institute, [Clinical Guidelines Program, Substance Use](#) Accessed on October 14, 2020.

Section B: Operation BRAVE Support Medical Services - Additional Policies and Procedures

Indicator B.2. Emergency Financial Assistance (EFA)

Standard Requirements

Emergency Financial Assistance provides limited one-time or short-term payments to assist an Operation BRAVE client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another Operation BRAVE-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.

Emergency Financial Assistance funds used to pay for otherwise allowable Operation BRAVE services must be accounted for under the Emergency Financial Assistance category. Direct cash payments to clients are not permitted.

Continuous provision of an allowable service to a client must not be funded through Emergency Financial Assistance.

Guidance

Does the Subrecipient:

1. Have a policy for documenting client eligibility, types of EFA provided, dates of EFA, and method of providing EFA?
2. Have a policy that includes medication purchase limitations?
3. Have a policy to pursue all feasible alternative revenues systems (e.g., pharmaceutical company patient assistance programs) before requesting reimbursement through EFA?

Documentation

Agreements

- Subrecipient Contracts with Recipient.
- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Policies and Procedures

- Emergency Financial Assistance (EFA)
 - Policies include medication purchase limitations (EFA).
 - Agencies providing EFA medications must develop policies and procedures to pursue all feasible alternative revenues systems (e.g., pharmaceutical company patient assistance programs) before requesting reimbursement through EFA.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator B.2. Emergency Financial Assistance (EFA)	
Monitoring Indicators	
1.	Agency has a policy for documenting client eligibility, types of EFA provided, dates of EFA, and method of providing EFA.
2.	Policies include medication purchase limitations.
3.	Agencies providing EFA medications must develop policies and procedures to pursue all feasible alternative revenues systems (e.g., pharmaceutical company patient assistance programs) before requesting reimbursement through EFA.

Specific Indicator References

[PHS Act § 2604\(d\)](#)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#) Revised 10/22/2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds [Frequently Asked Questions](#) 01/22/2016 (PDF)

HRSA/HAB Ryan White HIV/AIDS Program (RWHAP) [National Monitoring Standards for RWHAP Part B Recipients](#) Revised June 2022 (PDF)

DSHS HIV/STD Program Policies: Payer of Last Resort ([Policy 590.001](#)) Revised 09/30/2016

Indicator B.3. Food Bank (FB)/Home-Delivered Meals

Standard Requirements

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:

- Personal hygiene products.
- Household cleaning supplies.
- Water filtration/purification systems in communities where issues of water safety exist.

Unallowable costs include household appliances, pet foods, and other non-essential products.

Guidance

Does the Subrecipient:

1. Food pantry program meet regulations on Food Service Sanitation as set forth by the State Regulatory Licensing Unit, and / or local city or county health regulating agencies?

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

2. Have the current license(s) on display at site?
3. Have records local health department food handling/food safety inspection on file?
4. Have a license for non-profit salvage by the State Regulatory Licensing Unit and/or local city or county health regulating agencies?
5. Food Pantry display "And Justice for All" posters that inform people how to report discrimination?
6. Have a method to regularly obtain client input about food preference and satisfaction?
7. Director of meal program complete and pass Service Safety certification every three (3) years?
8. Have an application form completed for each volunteer?
9. Have written job descriptions for each staff and volunteer position?
10. Personnel files reflect completion of applicable trainings and orientation for staff and volunteers?

Documentation

Agreements

- Subrecipient Contracts with Recipient.
- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Food Bank (FB)/Home-Delivered Meals
 - Food pantry program will meet regulations on Food Service Sanitation as set forth by Texas Department of State Health Services, Regulatory Licensing Unit, and / or local city or county health regulating agencies.
 - Current license(s) will be on display at site.
 - Records of local health department food handling/food safety inspection are maintained on file.
 - Agency will be licensed for non-profit salvage by the Texas Department of State Health Services Regulatory Licensing Unit and/or local city or county health regulating agencies.
 - Food Pantry must display "And Justice for All" posters that inform people how to report discrimination.
 - There must be a method to regularly obtain client input about food preference and satisfaction. Such input shall be used to make program changes.
 - Director of meal program must complete and pass Service Safety certification every three (3) years.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Indicator B.3. Food Bank (FB)/Home-Delivered Meals
Monitoring Indicators
1. Food pantry program will meet regulations on Food Service Sanitation as set forth by Texas Department of State Health Services, Regulatory Licensing Unit, and / or local city or county health regulating agencies.
2. Current license(s) will be on display at site.
3. Records of local health department food handling/food safety inspection are maintained on file.
4. Agency will be licensed for non-profit salvage by the Texas Department of State Health Services Regulatory Licensing Unit and/or local city or county health regulating agencies.
5. Food Pantry must display "And Justice for All" posters that inform people how to report discrimination.
6. There must be a method to regularly obtain client input about food preference and satisfaction. Such input shall be used to make program changes.
7. Director of meal program must complete and pass Service Safety certification every three (3) years.
8. An application form is completed for each volunteer.
9. Each staff and volunteer position has written job descriptions.
10. Staff/Volunteer Education - Personnel files reflect completion of applicable trainings and orientation.

Specific Indicator References

[PHS Act § 2604\(d\)](#)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#) Revised 10/22/2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds [Frequently Asked Questions](#) 01/22/2016 (PDF)

HRSA/HAB Ryan White HIV/AIDS Program (RWHAP) [National Monitoring Standards for RWHAP Part B Recipients](#) Revised June 2022 (PDF)

Texas Department of State Health Services HIV Food Services Standards located within the [Program Operating Policies, Chapter 13](#)

Indicator B.6. Medical Transportation (MT)

Standard Requirements

Medical Transportation is the provision of nonemergency transportation that enables an eligible client to access or be retained in core medical and support services.

Medical transportation may be provided through:

- Contracts with providers of transportation services

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject).
- Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle.
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed).
- Voucher or token systems.

Costs for transportation for medical providers to provide care should be categorized under the service category for the service being provided.

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients.
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle.
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees.

Guidance

Does the Subrecipient:

1. Maintain documentation that the provider is meeting stated contract requirements with regard to methods of providing transportation?
2. Collect and maintain data documenting that funds are used only for transportation designed to help eligible individuals remain in medical care by enabling them to access medical and support services?

Documentation

Agreements

- Subrecipient Contracts with Recipient.
- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for HRSA Program Standards and the indicators that will be monitored by the University Health Ryan White Program Administration to ensure compliance with the guidelines.

Indicator B.6. Medical Transportation (MT)
Monitoring Indicators
1. Maintain documentation that the provider is meeting stated contract requirements with regard to methods of providing transportation.

2. Collection and maintenance of data documenting that funds are used only for transportation designed to help eligible individuals remain in medical care by enabling them to access medical and support services.

Specific Indicator References

[PHS Act § 2604\(d\)](#)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#) Revised 10/22/2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds [Frequently Asked Questions](#) 01/22/2016 (PDF)

HRSA/HAB Ryan White HIV/AIDS Program (RWHAP) [National Monitoring Standards for RWHAP Part B Recipients](#) Revised June 2022 (PDF)

[American with Disabilities Act](#) (ADA)

State of Texas Transportation Code [Title 7, Subtitle C, Chapter 545](#). Operation and movement of Vehicles

Texas Department of Public Safety. [Classes of Drivers Licenses](#)

Indicator B.7. Non-Medical Case Management (NMCM) Services

Standard Requirements

Non-Medical Case Management Services (NMCM) is the provision of a range of client-centered activities focused on **improving access to and retention in needed core medical and support services**. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM Services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Children’s Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer’s Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication). Key activities include:

- Initial assessment of service needs.
- Development of a comprehensive, individualized care plan.
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care.
- Client-specific advocacy and/or review of utilization of services.
- Continuous client monitoring to assess the efficacy of the care plan.
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary.
- Ongoing assessment of the client’s and other key family members’ needs and personal support systems.

NMCM Services has as its objective to provide coordination, guidance and assistance in **improving access** to and retention in needed medical and support services to mitigate and eliminate barriers to HIV care services, whereas *Medical Case Management Services* have as their objective *improving health care outcomes*.

Guidance

Does the Subrecipient:

1. Maintain client records that include the required elements as detailed by the Recipient?
2. Provide assurances that any transitional case management for incarcerated persons meets contract requirements?
3. Have policies and procedures in place for conducting NMCM services?
4. Document Non-medical case managers complete annual trainings?

Documentation

Agreements

- Subrecipient Contracts with Recipient.
- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Training Certificates

- NMCM Training Transcripts or Certificates for NMCM Staff.

Policies and Procedures

- Non-Medical Case Management (NMCM) Services
 - Policies and procedures are in place for conducting NMCM services.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator B.7. Non-Medical Case Management (NMCM) Services
Monitoring Indicators
1. Maintain client records that include the required elements as detailed by the Recipient.
2. Provide assurances that any transitional case management for incarcerated persons meets contract requirements.
3. Policies and procedures are in place for conducting NMCM services.
4. Non-medical case managers will complete annual trainings.

Specific Indicator References

[PHS Act § 2604\(d\)](#)

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

[Recommendations for Case Management Collaboration and Coordination](#) in Federally Funded HIV/AIDS Programs

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#) Revised 10/22/2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds [Frequently Asked Questions](#) 01/22/2016 (PDF)

HRSA/HAB Ryan White HIV/AIDS Program (RWHAP) [National Monitoring Standards for RWHAP Part B Recipients](#) Revised June 2022 (PDF)

Indicator B.9. Referral for Healthcare and Support Services (RHSS)

Standard Requirements

Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. Activities provided under this service category may include referrals to assist Operation BRAVE-eligible clients to obtain access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

Referrals for Healthcare and Support Services provided by outpatient/ambulatory healthcare providers should be reported under the Outpatient/Ambulatory Health Services category.

Referrals for Healthcare and Support Services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management).

Guidance

Does the Subrecipient:

1. Maintain client records that include required elements as detailed by the State?
2. Maintain documentation demonstrating that services and circumstances of referral services meet contract requirements?

Documentation

- Agreements
 - Subrecipient Contracts with Recipient.
 - Subrecipient Sub-Contracts.
 - Subrecipient MOUs.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Indicator B.9. Referral for Healthcare and Support Services (RHSS)	
Monitoring Indicators	
1.	Maintain client records that include required elements as detailed by the State.
2.	Maintain documentation demonstrating that services and circumstances of referral services meet contract requirements.

Specific Indicator References

[PHS Act § 2604\(d\)](#)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#) Revised 10/22/2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds [Frequently Asked Questions](#) 01/22/2016 (PDF)

HRSA/HAB Ryan White HIV/AIDS Program (RWHAP) [National Monitoring Standards for RWHAP Part B Recipients](#) Revised June 2022 (PDF)

[DSHS Policy 591.000](#), Section 5.3 regarding Transitional Social Service linkage

Fiscal Standards

HRSA Fiscal Standards

Section A: Limitation on Uses of Operation BRAVE Funding

Indicator A.4. Subrecipient Administrative Expenses

Standard Requirements

Aggregate total of subrecipient administrative expenses does not exceed 10 percent of the aggregate total of funds awarded to subrecipients.

Guidance

Does the Subrecipient:

1. Adhere to negotiated project budget and track expenses with sufficient detail to allow identification of administrative expenses?

Documentation

Agreements

- Subrecipient Contracts with Recipient.
- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient Reimbursement Requests.
- Subrecipient General Ledgers.
- Subrecipient Budgets.
- Subrecipient Expenditures.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator A.4. Subrecipient Administrative Expenses
Monitoring Indicators
1. Calculation of the administrative costs for each subrecipient.
2. Review of subrecipient budgets to ensure proper designation and categorization of administrative costs.
3. Calculation of the total amount of administrative expenses across all subrecipients to ensure that the aggregate administrative costs do not exceed 10 percent.

Specific Indicator References

[PHS Act § 2604\(h\)\(2\)](#)

[45 CFR §§ 75.302, 352, 361, and Subpart E](#)

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 15-01: Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Parts A, B, C, and D](#) Revised 09/01/2020 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 15-01: Treatment of Costs under the 10% Administrative Cap for Ryan

White HIV/AIDS Program Parts A, B, C, and D [Frequently Asked Questions](#) 05/15/2015 (PDF)

HRSA/HAB Ryan White HIV/AIDS Program [Part A Manual](#) Revised 2013 (PDF)

University Health Ryan White Program Administration Policy: 8.10 Program & Admin Costs Policy for the Operation BRAVE Program

Indicator A.5. Appropriate Subrecipient Assignment of Operation BRAVE Administrative Expenses

Standard Requirements

Indicator A.5. Appropriate subrecipient assignment of Operation BRAVE administrative expenses, with administrative costs to include:

- Usual and recognized overhead activities, including established indirect rates for agencies;
- Management oversight of specific programs funded under the Operation BRAVE award; and
- Other types of program support, such as quality assurance, quality control, and related activities (exclusive of Operation BRAVE CQM) services.

Guidance

Does the Subrecipient:

1. Adhere to a negotiated project budget that meets administrative cost guidelines?
2. Provide expense reports that track administrative expenses with sufficient detail to permit review of administrative cost elements?
3. Maintain all financial records and expense documentation applicable to the Operation BRAVE subaward for the retention period specified by the pass-through entity?

Documentation

Agreements

- Subrecipient Contracts with Recipient.
- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient Reimbursement Requests.
- Subrecipient General Ledgers.
- Subrecipient Budgets.
- Subrecipient Expenditures.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator A.5. Appropriate Subrecipient Assignment of Operation BRAVE Administrative Expenses	
Monitoring Indicators	
1.	Review subrecipient administrative budgets to ensure that all expenses are reasonable, allowable, and allocable.
2.	Review subrecipient administrative expense documentation to ensure that all expenses are reasonable, allowable, and allocable.

Specific Indicator References

[PHS Act § 2604\(h\)\(1-4\)](#)

[45 CFR §§ 75.302, 352, 361, and Subpart E](#)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 15-01: Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Parts A, B, C, and D](#) Revised 09/01/2020 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 15-01: Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Parts A, B, C, and D [Frequently Asked Questions](#) 05/15/2015 (PDF)

University Health Ryan White Program Administration Policy: 8.10 Program & Admin Costs Policy for the Operation BRAVE Program

Section B: Unallowable Costs

Indicator B.1. The Recipient shall Provide to all Operation BRAVE Subrecipients Definitions of Unallowable Costs

Standard Requirements

The recipient shall provide to all Operation BRAVE Subrecipients definitions of unallowable costs.

Guidance

Does the Subrecipient:

1. Maintain a file with signed subrecipient agreement, assurances, and/or certifications that specify unallowable costs?
2. Ensure that budgets do not include unallowable costs?
3. Ensure that expenditures do not include unallowable costs?

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

4. Provide budgets and financial expense reports to the recipient with sufficient detail to document that they do not include unallowable costs?
5. Maintain appropriate expense documentation?

Documentation

Agreements

- Subrecipient Contracts with Recipient.
- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Reimbursement Requests.
- Subrecipient General Ledgers.
- Subrecipient Budgets.
- Subrecipient Expenditures.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator B.1. The Recipient shall Provide to all Operation BRAVE Subrecipients Definitions of Unallowable Costs
Monitoring Indicators
1. Signed contracts, recipient and subrecipient assurances, and/or certifications that define and specifically forbid the use of Operation BRAVE funds for unallowable expenses.
2. Recipient review of subrecipient budgets to ensure that they do not include any unallowable costs.
3. Recipient review of subrecipient expenditures to ensure that they do not include any unallowable costs.

Specific Indicator References

[PHS Act § 2604\(i\)](#)

[45 CFR § 75](#) Subpart E

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds](#) Revised 10/22/2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds [Frequently Asked Questions](#) 01/22/2016 (PDF)

HRSA/HAB Ryan White HIV/AIDS Program [Part A Manual](#) Revised 2013 (PDF)

Indicator B.2. No Use of Operation BRAVE Funds to Purchase or Improve Land or to Purchase, Construct, or Permanently Improve any Building or Other Facility

Standard Requirements

No use of Operation BRAVE funds to purchase or improve land or to purchase, construct, or permanently improve any building or other facility.

Note: Minor remodeling, with HRSA prior written approval, is permitted.

Guidance

Does the Subrecipient:

1. Maintain a file with signed subrecipient agreement, assurances, and/or certifications that specify unallowable costs?
2. Ensure that budgets do not include unallowable costs?
3. Ensure that expenditures do not include unallowable costs?
4. Provide budgets and financial expense reports to the recipient with sufficient detail to document that they do not include unallowable costs?
5. Maintain appropriate expense documentation?

Documentation

Agreements

- Subrecipient Contracts with Recipient.
- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Reimbursement Requests.
- Subrecipient General Ledgers.
- Subrecipient Budgets.
- Subrecipient Expenditures.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator B.2. No Use of Operation BRAVE Funds to Purchase or Improve Land or to Purchase, Construct, or Permanently Improve any Building or Other Facility	
	Monitoring Indicators
1.	Signed contracts, recipient and subrecipient assurances, and/or certifications that define and specifically forbid the use of Operation BRAVE funds for unallowable expenses.
2.	Recipient review of subrecipient budgets to ensure that they do not include any unallowable costs.

3. Recipient review of subrecipient expenditures to ensure that they do not include any unallowable costs.

Specific Indicator References

[PHS Act § 2604\(i\)](#)

Indicator B.3. No Cash Payments to Intended Recipients of Services

Standard Requirements

No cash payments to intended recipients of services.

Note: A cash payment is the use of some form of currency (paper or coins) or “cash equivalent” gift cards (e.g., a Visa gift card). Where the direct provision of a service is not possible or effective, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) are not considered to be cash payments.

Guidance

Does the Subrecipient:

1. Maintain a file with signed subrecipient agreement, assurances, and/or certifications that specify unallowable costs?
2. Ensure that budgets do not include unallowable costs?
3. Ensure that expenditures do not include unallowable costs?
4. Provide budgets and financial expense reports to the recipient with sufficient detail to document that they do not include unallowable costs?
5. Maintain appropriate expense documentation?
6. Maintain documentation of policies that prohibit the use of Operation BRAVE funds for cash payments to service recipients?
7. Administer voucher programs in a manner that ensures that vouchers cannot be used for anything other than the allowable service and that systems are in place to account for disbursed vouchers?

Documentation

Agreements

- Subrecipient Contracts with Recipient.
- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Policies and Procedures

- Prohibit the use of Operation BRAVE funds for cash payments to service recipients.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Reimbursement Requests.
- Subrecipient General Ledgers.
- Subrecipient Budgets.
- Subrecipient Expenditures.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator B.3. No Cash Payments to Intended Recipients of Services	
Monitoring Indicators	
1.	Signed contracts, recipient and subrecipient assurances, and/or certifications that define and specifically forbid the use of Operation BRAVE funds for unallowable expenses.
2.	Recipient review of subrecipient budgets to ensure that they do not include any unallowable costs.
3.	Review of policies and procedures for service categories involving payments made on behalf of individuals to ensure that no direct payments are made to individuals (e.g., emergency financial assistance, transportation, health insurance premiums, medical or medication copays and deductibles, food and nutrition).
4.	Review of expenditures by subrecipients to ensure that no cash payments were made to individuals.

Specific Indicator References

[PHS Act § 2604\(i\)](#)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds](#) Revised 10/22/2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds [Frequently Asked Questions](#) 01/22/2016 (PDF)

Indicator B.4. No Use of Operation BRAVE Funds to Develop Materials Designed to Promote or Encourage Intravenous Drug Use or Sexual Activity

Standard Requirements

No use of Operation BRAVE funds to develop materials designed to promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual.

Guidance

Does the Subrecipient:

1. Maintain a file with signed subrecipient agreement, assurances, and/or certifications that specify unallowable costs?
2. Ensure that budgets do not include unallowable costs?
3. Ensure that expenditures do not include unallowable costs?
4. Provide budgets and financial expense reports to the recipient with sufficient detail to document that they do not include unallowable costs?
5. Maintain appropriate expense documentation?

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Documentation

Agreements

- Subrecipient Contracts with Recipient.
- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Reimbursement Requests.
- Subrecipient General Ledgers.
- Subrecipient Budgets.
- Subrecipient Expenditures.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator B.4. No Use of Operation BRAVE Funds to Develop Materials Designed to Promote or Encourage Intravenous Drug Use or Sexual Activity
Monitoring Indicators
1. Signed contracts, recipient and subrecipient assurances, and/or certifications that define and specifically forbid the use of Operation BRAVE funds for unallowable expenses.
2. Recipient review of subrecipient budgets to ensure that they do not include any unallowable costs.
3. Recipient review of subrecipient expenditures to ensure that they do not include any unallowable costs.

Specific Indicator References

[PHS Act § 2684](#)

Indicator B.5. No Use of Operation BRAVE Funds for the Purchase of Equipment Costing more than \$5,000 without Prior Written Approval

Standard Requirements

No use of Operation BRAVE funds for the purchase of equipment costing more than \$5,000, including vehicles, without prior written approval by HRSA's Grants Management Officer (GMO).

Guidance

Does the Subrecipient:

1. Maintain a file with signed subrecipient agreement, assurances, and/or certifications that specify unallowable costs?
2. Ensure that budgets do not include unallowable costs?
3. Ensure that expenditures do not include unallowable costs?

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

4. Provide budgets and financial expense reports to the recipient with sufficient detail to document that they do not include unallowable costs?
5. Maintain appropriate expense documentation?
6. If equipment or a vehicle purchase is needed, maintain documentation of prior written approval from the recipient, who then seeks written prior approval from HRSA?

Documentation

Agreements

- Subrecipient Contracts with Recipient.
- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Reimbursement Requests.
- Subrecipient General Ledgers.
- Subrecipient Budgets.
- Subrecipient Expenditures.
- HRSA Approval Documentation: equipment over \$5,000 or a vehicle purchase.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator B.5. No Use of Operation BRAVE Funds for the Purchase of Equipment Costing more than \$5,000 without Prior Written Approval
Monitoring Indicators
1. Signed contracts, recipient and subrecipient assurances, and/or certifications that define and specifically forbid the use of Operation BRAVE funds for unallowable expenses.
2. Recipient review of subrecipient budgets to ensure that they do not include any unallowable costs.
3. Recipient review of subrecipient expenditures to ensure that they do not include any unallowable costs.
4. Where equipment or vehicles were purchased, review of files for prior written approval from the HRSA GMO.

Specific Indicator References

[45 CFR § 75.308](#)

University Health Ryan White Program Administration Policy: 2.55 Inventory Policy (HRSA) Policy for the Operation BRAVE Program

Indicator B.6. No Use of Operation BRAVE Funds for Non-focused Marketing Promotions or Advertising and Broad-Scope Awareness Activities

Standard Requirements

No use of Operation BRAVE funds for:

- Non-focused marketing promotions or advertising about HIV services that target the general public (e.g., poster campaigns for display on public transit, TV or radio public service announcements, etc.).
- Broad-scope awareness activities about HIV services that target the general public.

Guidance

Does the Subrecipient:

1. Maintain a file with signed subrecipient agreement, assurances, and/or certifications that specify unallowable costs?
2. Ensure that budgets do not include unallowable costs?
3. Ensure that expenditures do not include unallowable costs?
4. Provide budgets and financial expense reports to the recipient with sufficient detail to document that they do not include unallowable costs?
5. Maintain appropriate expense documentation?
6. Prepare a detailed program plan and budget narrative that describe the planned use of any advertising or marketing activities?

Documentation

Agreements

- Subrecipient Contracts with Recipient.
- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Reimbursement Requests.
- Subrecipient General Ledgers.
- Subrecipient Budgets.
- Subrecipient Expenditures.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Indicator B.6. No Use of Operation BRAVE Funds for Non-focused Marketing Promotions or Advertising and Broad-Scope Awareness Activities
Monitoring Indicators
1. Signed contracts, recipient and subrecipient assurances, and/or certifications that define and specifically forbid the use of Operation BRAVE funds for unallowable expenses.
2. Review of program plans, budgets, and budget narratives for marketing, promotions, and advertising efforts to determine whether they are appropriately targeted to geographic areas and/or disproportionately affected populations rather than targeting the general public.
3. Review of expenditures for marketing, promotions, and advertising efforts to determine whether they are appropriately targeted to geographic areas and/or disproportionately affected populations rather than targeting the general public.

Specific Indicator References

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds](#) Revised 10/22/2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds [Frequently Asked Questions](#) 01/22/2016 (PDF)

Indicator B.7. No Use of Operation BRAVE Funds for Outreach Activities that have HIV Prevention Education as their Exclusive Purpose

Standard Requirements

No use of Operation BRAVE funds for outreach activities that have HIV prevention education as their exclusive purpose.

Guidance

Does the Subrecipient:

1. Maintain a file with signed subrecipient agreement, assurances, and/or certifications that specify unallowable costs?
2. Ensure that budgets do not include unallowable costs?
3. Ensure that expenditures do not include unallowable costs?
4. Provide budgets and financial expense reports to the recipient with sufficient detail to document that they do not include unallowable costs?
5. Maintain appropriate expense documentation?
6. Provide a detailed program plan of outreach activities that demonstrates how the outreach goes beyond HIV prevention education to include testing and early entry into care?

Documentation

Agreements

- Subrecipient Contracts with Recipient.
- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Evidence

- Subrecipient Scope of Work.
- Subrecipient Reimbursement Requests.
- Subrecipient General Ledgers.
- Subrecipient Budgets.
- Subrecipient Expenditures.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator B.7. No Use of Operation BRAVE A Funds for Outreach Activities that have HIV Prevention Education as their Exclusive Purpose
Monitoring Indicators
1. Signed contracts, recipient and subrecipient assurances, and/or certifications that define and specifically forbid the use of Operation BRAVE funds for unallowable expenses.
2. Review of program plans, budgets, and budget narratives for outreach activities that have HIV prevention education as their exclusive purpose.
3. Review of expenditures for outreach activities that have HIV prevention education as their exclusive purpose.

Specific Indicator References

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds](#) Revised 10/22/2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds [Frequently Asked Questions](#) 01/22/2016 (PDF)

HRSA/HAB Ryan White HIV/AIDS Program [Part A Manual](#) Revised 2013 (PDF)

Indicator B.8. No Use of Operation BRAVE Funds for Influencing or Attempting to Influence Members of Congress and Other Federal Personnel

Standard Requirements

No use of Operation BRAVE funds for influencing or attempting to influence members of Congress and other federal personnel.

Note 2: Lobbying certification and disclosure forms are part of the annual Operation BRAVE application kit. Forms can also be obtained from the Grants.gov website.

Guidance

Does the Subrecipient:

1. Maintain a file with signed subrecipient agreement, assurances, and/or certifications that specify unallowable costs?
2. Ensure that budgets do not include unallowable costs?
3. Ensure that expenditures do not include unallowable costs?
4. Provide budgets and financial expense reports to the recipient with sufficient detail to document that they do not include unallowable costs?
5. Maintain appropriate expense documentation?
6. That is receiving more than \$100,000 in Operation BRAVE funding must submit signed certifications and disclosure forms (if applicable)?
7. Include information on the regulations that forbid lobbying with federal funds in the personnel manual and employee orientation?
8. Incorporate into the bylaws of planning bodies?

Documentation

Agreements

- Subrecipient Contracts with Recipient.
- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Policies and Procedures

- Regulations that forbid lobbying with federal funds in the personnel manual and employee orientation.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Reimbursement Requests.
- Subrecipient General Ledgers.
- Subrecipient Budgets.
- Subrecipient Expenditures.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator B.8. No Use of Operation BRAVE Funds for Influencing or Attempting to Influence Members of Congress and Other Federal Personnel
Monitoring Indicators
1. Signed contracts, recipient and subrecipient assurances, and/or certifications that define and specifically forbid the use of Operation BRAVE funds for unallowable expenses.
2. Recipient review of subrecipient budgets to ensure that they do not include any unallowable costs.

- | |
|---|
| <ol style="list-style-type: none">3. Recipient review of subrecipient expenditures to ensure that they do not include any unallowable costs.4. Review of lobbying certification and disclosure forms for both the recipient and subrecipients. |
|---|

Specific Indicator References

Annual Appropriations Act

[45 CFR § 75.450](#)

[45 CFR Part 93](#)

Section C: Program Income

Indicator C.1. Ensuring Use of Operation BRAVE Funding

Standard Requirements

Ensuring Use of Operation BRAVE Funding by using other funding sources to maximize program income from third-party sources. Third-party funding at a minimum includes:

- Medicaid.
- Children’s Health Insurance Programs (CHIP).
- Medicare (including the Part D prescription drug benefit).
- Veterans Benefits Administration (VBA).
- Private insurance (including medical, drug, dental, and vision benefits).

Guidance

Does the Subrecipient:

1. Have written policies and staff training on the requirement Use of Operation BRAVE Funds and how that requirement is met?
2. Require that each client be screened for insurance coverage and eligibility for third-party programs and helped to apply for such coverage, with documentation of this in client records?
3. Carry out internal reviews of files and billing systems to ensure that Operation BRAVE resources are used only when a third-party payer is not available?
4. Establish and maintain medical practice management systems for billing?

Documentation

Policies and Procedures

- Use of Funds.
- Program Income.
- Written billing and collection policies and procedures.

Evidence

- Proof of internal reviews of files and billing systems for Use of Funds.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

- Document and maintain file information on the recipient or individual provider agency's Medicaid status.
- Maintain a file of contracts with Medicaid insurance companies.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator C.1. Ensuring Use of Operation BRAVE Funding
Monitoring Indicators
1. Information in client records that includes proof of screening for insurance coverage.
2. Documentation of policies and consistent implementation of efforts to enroll all eligible uninsured clients into Medicare, Medicaid, private health insurance, or other programs.
3. Documentation of procedures for coordination of benefits by recipient and subrecipients.

Specific Indicator References

[PHS Act § 2605\(a\)\(6\)](#)

[45 CFR § 75.307](#)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 18-01: Clarifications Regarding the Use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance](#) Revised 08/30/2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 16-01: Clarification of the Ryan White HIV/AIDS Program \(RWHAP\) Policy on Services Provided to Veterans](#) 2016 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 15-03: Clarifications Regarding the Ryan White HIV/AIDS Program and Program Income](#) 2015 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 13-04: Clarifications Regarding Clients Eligible for Private Health Insurance and Coverage of Services by Ryan White HIV/AIDS Program](#) Revised 09/13/2013 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 13-01: Clarifications Regarding Medicaid-Eligible Clients and Coverage of Services by the Ryan White HIV/AIDS Program](#) Revised 12/13/2013 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Program Letters: Medicaid Coordination](#) 08/10/2000 (PDF)

University Health Ryan White Program Administration Policy: 4.02 Eligibility & Use of Funds Policy for the Operation BRAVE Program

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

University Health Ryan White Program Administration Policy: 4.09 Health Insurance Policy for the Operation BRAVE Program

University Health Ryan White Program Administration Policy: 4.17 Program Income Policy for the Operation BRAVE Program

C.2. Ensure Billing and Collection from Third-Party Payers

Standard Requirements

Ensure billing and collection from third-party payers, as referenced in C.1 (above), so that the Use of Funds requirements are met.

Guidance

Does the Subrecipient:

1. Establish and consistently implement:
 - a. Written billing and collection policies and procedures,
 - b. Billing and collection process and/or electronic system, and
 - c. Documentation of accounts receivable?

Documentation

Policies and Procedures

- Use of Funds.
- Written billing and collection policies and procedures.

Evidence

- Proof of internal reviews of files and billing systems for Use of Funds.
- Proof of medical practice management systems for billing.
- Billing and collection process and/or electronic system.
- Electronic or manual system to bill third-party payers.
- Accounts receivable system for tracking charges and payments for third-party payers.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

C.2. Ensure Billing and Collection from Third-Party Payers	
Monitoring Indicators	
1.	Inclusion in subrecipient agreements of language that requires billing and collection of third-party funds.
2.	Review of the following subrecipient systems and written procedures: <ul style="list-style-type: none">• Billing and collection policies and procedures.• Electronic or manual system to bill third-party payers.• Accounts receivable system for tracking charges and payments for third-party payers.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Specific Indicator References

[PHS Act § 2605\(a\)\(6\)](#)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 13-01: Clarifications Regarding Medicaid-Eligible Clients and Coverage of Services by the Ryan White HIV/AIDS Program](#) Revised 12/13/2013 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Program Letters: Medicaid Coordination](#) 08/10/2000 (PDF)

University Health Ryan White Program Administration Policy: 4.02 Eligibility & Use of Funds Policy for the Operation BRAVE Program

University Health Ryan White Program Administration Policy: 4.09 Health Insurance Policy for the Operation BRAVE Program

C.3. Subrecipient Participation in Medicaid and Certification to Receive Medicaid Payments

Standard Requirements

Subrecipient participation in Medicaid and certification to receive Medicaid payments.

- Subrecipients who provide Medicaid-reimbursable services must be Medicaid certified, vigorously pursue Medicaid enrollment for individuals likely to be Medicaid eligible, and seek payment from Medicaid when a covered service is provided to a Medicaid beneficiary.

Guidance

Does the Subrecipient:

1. Document and maintain file information on the recipient or individual provider agency's Medicaid status?
2. Maintain a file of contracts with Medicaid insurance companies?
3. If there is no Medicaid certification, document current efforts to obtain such certification, or if certification is not feasible, request a waiver where appropriate?

Documentation

Evidence

- Proof of medical practice management systems for billing.
- Billing and collection process and/or electronic system.
- Document and maintain file information on the recipient or individual provider agency's Medicaid status.
- Maintain a file of contracts with Medicaid insurance companies.
- Medicaid certification

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

C.3. Subrecipient Participation in Medicaid and Certification to Receive Medicaid Payments	
Monitoring Indicators	
1.	Review of each Subrecipient's individual or group Medicaid number.
2.	If the subrecipient is not currently certified to receive Medicaid payments, there should be evidence of documentation to obtain certification in addition to the expected timeframe.

Specific Indicator References

[PHS Act § 2604\(g\)](#)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Program Letters: Medicaid Coordination](#) 08/10/2000 (PDF)

University Health Ryan White Program Administration Policy: 4.09 Health Insurance Policy for the Operation BRAVE Program

C.4. Ensure Appropriate Billing, Tracking, Reporting, and Use of Program Income

Standard Requirements

Ensure appropriate billing, tracking, reporting, and use of program income by recipient and subrecipients.

Note: To the extent that it is available, program income earned must be used prior to requesting Operation BRAVE Program funds.

Guidance

Does the Subrecipient:

1. Bill, track, and report to the recipient all program income earned?
2. To the extent that is available, spend program income earned prior to requesting Operation BRAVE funds?

Documentation

Policies and Procedures

- Use of Funds.
- Program Income.
- Written billing and collection policies and procedures.

Evidence

- Proof of internal reviews of files and billing systems for Use of Funds.
- Proof of medical practice management systems for billing.
- Billing and collection process and/or electronic system.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

- Document and maintain file information on the recipient or individual provider agency’s Medicaid status.
- Maintain a file of contracts with Medicaid insurance companies.
- Bill, track, and report to the recipient all program income earned.
- Program Income Tracking Tool: Incoming, Outgoing.
- Document billing and collection of program income.
- Report program income documented by charges, collections, adjustment reports, or by the application of a revenue allocation formula.
- Document appropriate use of program income earned under the Operation BRAVE subaward.

Tools

- Program Income Tracking Tool.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

C.4. Ensure Appropriate Billing, Tracking, Reporting, and Use of Program Income	
	Monitoring Indicators
1.	Review of the recipient (if applicable) and subrecipient billing, tracking, and reporting of program income generated by Operation BRAVE-funded services.
2.	Review of payment requests in relation to available program income earned.
3.	Review the subaward agreement to ensure all requirements were conveyed to the subrecipient.

Specific Indicator References

[45 CFR §§ 75.302\(b\)\(3\), 305\(b\)\(5\), and 307](#)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 15-03: Clarifications Regarding the Ryan White HIV/AIDS Program and Program Income](#) (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Frequently Asked Questions for Policy Clarification Notices 15-03 and 15-04](#) 03/21/2016 (PDF)

University Health Ryan White Program Administration Policy: 4.17 Program Income Policy for the Operation BRAVE Program

C.5. Ensure Service Provider Retention of Program Income Derived from Operation BRAVE-Funded Services and Used Appropriately

Standard Requirements

Ensure service provider retention of program income derived from Operation BRAVE-funded services and use of such funds as follows:

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

- Funds are added to resources committed to the project or program and used to further eligible project or program objectives.
- Allowable program costs are limited to core medical and support services, CQM, and administrative expenses, as part of a comprehensive system of care for low-income people with HIV.

Note: Program income funds must be expended prior to using Operation BRAVE Program funds.

Guidance

Does the Subrecipient:

1. Document billing and collection of program income?
2. Report program income documented by charges, collections, adjustment reports, or by the application of a revenue allocation formula?
3. Document appropriate use of program income earned under the Operation BRAVE subaward?

Documentation

Policies and Procedures

- Use of Funds.
- Program Income.
- Written billing and collection policies and procedures.

Evidence

- Proof of internal reviews of files and billing systems for Use of Funds.
- Proof of medical practice management systems for billing.
- Billing and collection process and/or electronic system.
- Document and maintain file information on the recipient or individual provider agency's Medicaid status.
- Maintain a file of contracts with Medicaid insurance companies.
- Bill, track, and report to the recipient all program income earned.
- Program Income Tracking Tool: Incoming, Outgoing.
- Document billing and collection of program income.
- Report program income documented by charges, collections, adjustment reports, or by the application of a revenue allocation formula.
- Document appropriate use of program income earned under the Operation BRAVE subaward.

Tools

- Program Income Tracking Tool.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

C.5. Ensure Service Provider Retention of Program Income Derived from Operation BRAVE-Funded Services and Used Appropriately	
Monitoring Indicators	
1.	Review of the recipient and subrecipient systems for tracking and reporting program income generated by Operation BRAVE-funded services.
2.	Review the subaward agreement to ensure all requirements were conveyed to the subrecipient.
3.	Review of expenditure reports from subrecipients regarding the collection and use of program income.
4.	Monitoring of the medical practice management system to obtain reports of total program income derived from Operation BRAVE activities.

Specific Indicator References

[45 CFR §§ 75.305\(b\)\(5\) and 307](#)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 15-03: Clarifications Regarding the Ryan White HIV/AIDS Program and Program Income](#) (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Frequently Asked Questions for Policy Clarification Notices 15-03 and 15-04](#) 03/21/2016 (PDF)

University Health Ryan White Program Administration Policy: 4.17 Program Income Policy for the Operation BRAVE Program

C.6. Subrecipient Policies and Procedures in Place for Tracking and Ensuring the Proper Use of Program Income

Standard Requirements

Recipient and subrecipient policies and procedures in place for tracking and ensuring the proper use of program income directly generated by the Operation BRAVE award.

Note 1: Program income means gross income earned by the recipient or subrecipient that is directly generated by a supported activity or earned as a result of the federal award during the period of performance, except as provided on 45 CFR Part 75. Program income includes, but is not limited to, income from fees for services performed, the use or rental of real or personal property acquired under federal awards, the sale of commodities or items fabricated under a federal award, license fees, and royalties on patents and copyrights, and principal and interest on loans made with federal award funds. Interest earned on advances of federal funds is not program income. Except as otherwise provided in federal statutes, regulations, or the terms and conditions of the federal award, program income does not include rebates, credits,

discounts, and interest earned on any of them. The Operation BRAVE Program utilizes the “addition” alternative for the use of program income.

Note 2: Program income may be used for core medical and support services, CQM, and administrative expenses as part of a comprehensive system of care for low-income people with HIV.

Guidance

Does the Subrecipient:

1. Establish policies and procedures for handling program income generated by the Operation BRAVE award directly?
2. Prepare a detailed chart of accounts and general ledger that provide for the tracking of Operation BRAVE program income?
3. Make the policies and process available for recipient review upon request?
4. Track and report the source and use of program income to the recipient?

Documentation

Policies and Procedures

- Use of Funds.
- Program Income.
- Written billing and collection policies and procedures.

Evidence

- Proof of internal reviews of files and billing systems for Use of Funds.
- Proof of medical practice management systems for billing.
- Billing and collection process and/or electronic system.
- Document and maintain file information on the recipient or individual provider agency’s Medicaid status.
- Maintain a file of contracts with Medicaid insurance companies.
- Bill, track, and report to the recipient all program income earned.
- Program Income Tracking Tool: Incoming, Outgoing.
- Document billing and collection of program income.
- Report program income documented by charges, collections, adjustment reports, or by the application of a revenue allocation formula.
- Document appropriate use of program income earned under the Operation BRAVE subaward.

Tools

- Program Income Tracking Tool.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

C.6. Subrecipient Policies and Procedures in Place for Tracking and Ensuring the Proper Use of Program Income

Monitoring Indicators

1. Review written policies and procedures related to the treatment of program income generated by the Operation BRAVE award.
2. Review the chart of accounts and general ledger that tracks the source and use of program income directly generated by the Operation BRAVE award.
3. Sample accounting entries to verify that program income generated by the award is being recorded and used appropriately.

Specific Indicator References

[45 CFR §§ 75.307](#)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 15-03: Clarifications Regarding the Ryan White HIV/AIDS Program and Program Income](#) (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 15-04: Utilization and Reporting of Pharmaceutical Rebates](#) Revised 01/11/2019 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Frequently Asked Questions for Policy Clarification Notices 15-03 and 15-04](#) 03/21/2016 (PDF)

University Health Ryan White Program Administration Policy: 4.17 Program Income Policy for the Operation BRAVE Program

Section E: Financial Management

E.1. Compliance by recipient and subrecipients with all regulations outlined in 45 CFR Part 75

Standard Requirements

Compliance by recipient and subrecipients with all regulations outlined in 45 CFR Part 75.

Requirements include:

- Standards for Financial and Program Management, including:
 - Financial management and standards for financial management systems.
 - Payment.
 - Program income.
 - Revision of budget and program plans.
 - Property standards, including insurance coverage, equipment, supplies, and other expendable property.
 - Procurement standards, including recipient responsibilities, codes of conduct, competition, procurement procedures, cost and price analysis, and procurement records.
 - Performance and financial monitoring and reporting.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

- Subrecipient monitoring and management.
- Record retention and access.
- Remedies for noncompliance.
- Closeout.
- Post-closeout adjustments and continuing responsibilities.
- Cost principles.
- Audit requirements.

Guidance

Does the Subrecipient:

1. Provide recipient personnel access to:
 - a. Accounting systems, electronic spreadsheets, general ledger, balance sheets, income and expense reports, and all other financial activity reports of the subrecipient,
 - b. All financial policies and procedures, including billing and collection policies and purchasing and procurement policies, and
 - c. Accounts payable systems and policies?

Documentation

Agreements

- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Policies and Procedures

- All financial policies and procedures, including billing and collection policies and purchasing and procurement policies.
- Accounts payable systems and policies.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Reimbursement Requests.
- Subrecipient General Ledgers.
- Subrecipient Budgets.
- Subrecipient Expenditures.
- Subrecipient Reallocation Requests.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

E.1. Compliance by recipient and subrecipients with all regulations outlined in 45 CFR Part 75.	
Monitoring Indicators	
1.	Review of the recipient and subrecipient accounting systems to verify that systems are sufficient and have the flexibility to operate the Operation BRAVE and meet federal requirements.
2.	Review of the recipient's systems to ensure capacity to meet requirements for: <ul style="list-style-type: none">• Tracking source and use of funds.• Payment of subrecipient contractor invoices.• Allocation of expenses of subrecipients among multiple funding sources.
3.	Review of recipient and subrecipient: <ul style="list-style-type: none">• Written financial operations policies and procedures.• Written purchasing and procurement policies and procedures.• Financial reports.
4.	Review the subaward agreement to ensure all requirements were conveyed to the subrecipient.
5.	Review of recipient's process for reallocation of funds by service category and subrecipient.

Specific Indicator References

[45 CFR §§ 75](#), Subpart D

University Health Ryan White Program Administration Policy: 2.54 Competitive Procurement Process Policy for the Operation BRAVE Program

University Health Ryan White Program Administration Policy: 4.17 Program Income Policy for the Operation BRAVE Program

University Health Ryan White Program Administration Policy: 8.02 Reimbursement Request Policy for the Operation BRAVE Program

University Health Ryan White Program Administration Policy: 8.06 Monthly Agency Review for the Operation BRAVE Program

University Health Ryan White Program Administration Policy: 8.10 Program & Admin Costs Policy for the Operation BRAVE Program

University Health Ryan White Program Administration Policy: 8.14 Reallocation & Redistribution Policy for the Operation BRAVE Program

E.2. Recipient and subrecipient financial systems are able to track source and use of funds

Standard Requirements

Recipient and subrecipient financial systems are able to track source (Operation BRAVE, program income, etc.) and use of funds for:

- Award administration and monitoring.
- CQM.
- Subawards and subrecipient administrative costs.

Guidance

Does the Subrecipient:

1. Identify, in its accounts, of all federal awards received and expended and the federal programs under which they were received?
2. Have accurate, current, and complete disclosure of the financial results of each federal award or program in accordance with the reporting requirements set forth in §§ 75.341 and 75.342?
3. Have records that adequately identify the source and application of funds for federally-funded activities?
4. Have effective control over and accountability for all funds, property, and other assets?
5. Have comparison of expenditures with budget amounts for each federal award?
6. Have written procedures to implement the requirements of § 75.305?
7. Have written procedures for determining the allowability of costs in accordance with Subpart E of 45 CFR 75 and the terms and conditions of the federal award?

Documentation

Agreements

- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Policies and Procedures

- Accounts payable systems and policies.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Reimbursement Requests.
- Subrecipient General Ledgers.
- Subrecipient Budgets.
- Subrecipient Expenditures.
- Subrecipient Reallocation Requests.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

E.2. Recipient and subrecipient financial systems are able to track source and use of funds.	
Monitoring Indicators	
1.	Review of: <ul style="list-style-type: none">• Written accounting policies and procedures.• Recipient and subrecipient budgets.• Accounting system used to record expenditures using the specified allocation methodology.• Reports generated from the accounting system to determine if the detail and timeliness are sufficient to manage an Operation BRAVE program and comply with administrative and reporting requirements.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Specific Indicator References

[45 CFR §§ 75.302](#)

University Health Ryan White Program Administration Policy: 8.02 Reimbursement Request Policy for the Operation BRAVE Program

University Health Ryan White Program Administration Policy: 8.06 Monthly Agency Review for the Operation BRAVE Program

University Health Ryan White Program Administration Policy: 8.10 Program & Admin Costs Policy for the Operation BRAVE Program

University Health Ryan White Program Administration Policy: 8.14 Reallocation & Redistribution Policy for the Operation BRAVE Program

E.3. Line-item recipient and subrecipient budgets

Standard Requirements

Line-item recipient and subrecipient budgets that include under Section B, Budget Categories of the SF-424A, the following column headings or program components:

- Administrative.
- Clinical Quality Management (CQM).
- HIV Services.

Guidance

Does the Subrecipient:

1. Use the prescribed SF-424A when submitting the line-item budget and budget justification. Include the following budget categories in all components of the budget:
 - a. Salaries and fringe benefits for program staff,
 - b. Travel,
 - c. Equipment,
 - d. Supplies,
 - e. Contractual Services - personnel or services contracted to outside providers for activities not done in-house, and
 - f. Other?

Documentation

Agreements

- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Reimbursement Requests.
- Subrecipient General Ledgers.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

- Subrecipient Budgets.
- Subrecipient Expenditures.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

E.3. Line-item recipient and subrecipient budgets	
Monitoring Indicators	
1.	Review of the subrecipient's line-item budget to ensure inclusion of required information and level of detail to ensure the allowable use of funds and its relation to the proposed scope of services. (SUBRECIPIENT ONLY)
2.	Review line-item budgets to ensure compliance with the salary rate limitation.

References

Annual Appropriations Act

[45 CFR §§ 75](#)

University Health Ryan White Program Administration Policy: 8.02 Reimbursement Request Policy for the Operation BRAVE Program

University Health Ryan White Program Administration Policy: 8.10 Program & Admin Costs Policy for the Operation BRAVE Program

E.4. Revisions to the approved budget

Standard Requirements

Revisions to the approved budget of federal funds that involve significant modifications of project costs made by the recipient only after approval from the HRSA/HAB Grants Management Officer (GMO).

Note 1: For grants over \$100,000, the threshold for significant rebudgeting has been reached only when:

Cumulative transfers among direct cost budget categories (i.e., Personnel, Fringe, Travel, Equipment, Supplies, Contractual, etc.) for the current budget period exceed 25 percent of the total approved budget (which includes direct and indirect costs) for that budget period or \$250,000, whichever is less; or

Budget revisions reflect a change in scope; or

The recipient wants to purchase a piece of equipment that exceeds \$25,000 and was not included in the approved project budget/application.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Note 2: The base used for determining “significant rebudgeting” within a budget period, as outlined above in bullets 1 and 4, excludes carryover balances but includes any amounts awarded as competing or noncompeting supplements.

Guidance

Does the Subrecipient:

1. Document all requests for and approvals of significant budget revisions?

Documentation

Evidence

- Subrecipient Scope of Work.
- Subrecipient Reimbursement Requests.
- Subrecipient General Ledgers.
- Subrecipient Budgets.
- Subrecipient Expenditures.
- Subrecipient Reallocation Requests.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

E.4. Revisions to the approved budget	
Monitoring Indicators	
1.	HRSA Project Officer documentation in the electronic handbooks (EHBs) of regular monitoring calls to ensure programmatic progress is consistent with the approved budget and Operation BRAVE Allocation Report.
2.	Documentation of written GMO approval of any budget modifications that exceed the required threshold.

References

[45 CFR §§ 75.308](#)

University Health Ryan White Program Administration Policy: 8.02 Reimbursement Request Policy for the Operation BRAVE Program

University Health Ryan White Program Administration Policy: 8.06 Monthly Agency Review for the Operation BRAVE Program

University Health Ryan White Program Administration Policy: 8.10 Program & Admin Costs Policy for the Operation BRAVE Program

University Health Ryan White Program Administration Policy: 8.14 Reallocation & Redistribution Policy for the Operation BRAVE Program

E.6. Recipients follow their documented procurement procedures

Standard Requirements

Recipients follow their documented procurement procedures, which reflect applicable state and local laws and regulations, provided that the procurements conform to applicable federal law and the standards identified in 45 CFR Part 75.

- Major areas for compliance:
 - Ensure that every subaward includes clauses required by 45 CFR Part 75.
 - Ensure appropriate retention of and access to records.
 - Ensure that payment of Operation BRAVE funds conforms with the requirement outlined in 45 CFR Part 75.

Guidance

Does the Subrecipient:

1. Establish policies and procedures to ensure compliance with the subaward agreement?
2. Adhere to all requirements specified in the subaward agreement to ensure Operation BRAVE funds are used in accordance with federal statutes, regulations, and the terms and conditions of the award?
3. Provide all requirement reports by the specified deadlines to ensure that the recipient can meet their responsibilities to HRSA?
4. Ensure that the recipient has timely access to relevant financial records, supporting documents, statistical records, and all other records pertinent to the Operation BRAVE subaward?

Documentation

Agreements

- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

E.6. Recipients follow their documented procurement procedures	
Monitoring Indicators	
1.	Develop and review the Operation BRAVE subaward agreements and/or contracts to ensure compliance with the requirements outlined in programmatic legislation, related HAB PCNs and Policy Letters, and 45 CFR Part 75.

Specific Indicator References

[45 CFR §§ 75](#), Subpart D, and Appendix II

University Health Ryan White Program Administration Policy: 2.54 Competitive Procurement Process Policy for the Operation BRAVE Program

Section F: Property Standards – Equipment

F.1. Recipient and subrecipient proper use, tracking, and reporting of equipment purchased

Standard Requirements

Recipient and subrecipient proper use, tracking, and reporting of equipment purchased with Operation BRAVE funds as follows:

- Maintain property records that include a description of the property, a serial number or other identification number, the source of funding for the property (including the Federal Award Identification Number), who holds the title, the acquisition date, and the cost of the property, percentage of federal participation in the project costs for the federal award under which the property was acquired, the location, use and condition of the property, and any ultimate disposition data, including the date of disposal and sale price of the property.
- Conduct a physical inventory of the property and reconcile the results with the property records at least once every two years.
- Maintain a depreciation schedule that can be used to determine when federal reversionary interest has expired.
- Monitor the subrecipient to ensure proper use and management of equipment purchased under the subaward.

Note: Equipment means tangible personal property (including information technology systems), having:

- The useful life of more than one year, and
- An acquisition cost of \$5,000 or more per unit (lower limits may be established, consistent with recipient policies).
- Additionally, the requirements in this section are applicable only to equipment purchased under the award.

Guidance

Does the Subrecipient:

1. Develop and maintain property records compliant with 45 CFR Part 75 for equipment purchased under the subaward?
2. Make the records available to the recipient upon request?

Documentation

Tools

- Develop and maintain property records.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

F.1. Recipient and subrecipient proper use, tracking, and reporting of equipment purchased	
Monitoring Indicators	
1.	Review recipient records and their SF-428 Tangible Personal Property Reports to determine proper use, tracking, and reporting of equipment purchased under the award.

Specific Indicator References

[45 CFR §§ 75](#). 302(b)(4), 316-323, and Subpart D

University Health Ryan White Program Administration Policy: 2.55 Inventory Policy (HRSA) for the Operation BRAVE Program

F.2. Implementation of a control system to ensure adequate safeguards to prevent loss, damage, or theft of equipment

Standard Requirements

Implementation of a control system to ensure adequate safeguards to prevent loss, damage, or theft of equipment purchased under the award and adequate maintenance procedures to keep the equipment in good condition.

Guidance

Does the Subrecipient:

1. Implement a control system to ensure adequate safeguards to prevent loss, damage, or theft of equipment purchased under the award?
2. Implement adequate maintenance procedures to keep the equipment in good condition?

Documentation

Evidence

- Implementation of a control system to ensure adequate safeguards to prevent loss, damage, or theft of equipment.
- Implementation of adequate maintenance procedures to keep the equipment in good condition.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

F.2. Implementation of a control system to ensure adequate safeguards to prevent loss, damage, or theft of equipment.	
Monitoring Indicators	
1.	Review recipient's and subrecipient's written procedures regarding equipment management.
2.	Review relevant insurance policies.

Specific Indicator References

[45 CFR §§ 75.302\(b\)\(4\)](#), and [75.320\(d\)](#)

University Health Ryan White Program Administration Policy: 2.55 Inventory Policy (HRSA) for the Operation BRAVE Program

F.3. Equipment acquired with Operation BRAVE funds

Standard Requirements

Equipment acquired with Operation BRAVE funds must be held in trust by the recipient and subrecipients as trustees for the beneficiaries of the Operation BRAVE. Title of the equipment is vested in the recipient or subrecipient with the following conditions:

- Use of the equipment for authorized purposes of the project during the period of performance or until the property is no longer needed for the purposes of the project.
- To not encumber the property without approval of HRSA (or the pass-through entity for subrecipients).
- Use and dispose of the equipment in accordance with paragraphs (b), (c), and (e) of 45 CFR Part 75.320.

Guidance

Does the Subrecipient:

1. Develop and maintain property records compliant with 45 CFR Part 75 for equipment purchased under the subaward?
2. Make the records available to the recipient upon request?
3. Establish written policies and procedures that acknowledge the reversionary interest of the federal government over equipment purchased with federal dollars?
4. Maintain file documentation of these policies and procedures for recipient review?
5. Obtain written approval from the recipient prior to the disposition of equipment purchased under the subaward?

Documentation

Policies and Procedures

- Policies and procedures that acknowledge the reversionary interest of the federal government over equipment purchased with federal dollars.
- Obtain written approval from the recipient prior to the disposition of equipment purchased under the subaward.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

F.3. Equipment acquired with Operation BRAVE funds	
Monitoring Indicators	
1.	Review recipient's and subrecipient's written procedures regarding equipment management.
2.	Review relevant insurance policies.
3.	Review recipient and subrecipient written procedures to ensure they: <ul style="list-style-type: none">• Acknowledge the reversionary interest of the federal government over equipment purchased with federal funds.• Establish that such equipment may not be encumbered or disposed of without HRSA HAB approval.

Specific Indicator References

[45 CFR §§ 75.320 and 323](#)

University Health Ryan White Program Administration Policy: 2.55 Inventory Policy (HRSA) for the Operation BRAVE Program

Section G: Cost Principles

G.1. Recipients and subrecipients must comply with the cost principles

Standard Requirements

Recipients and subrecipients must comply with the cost principles outlined in 45 CFR Part 75, Subpart E, and the terms and conditions of the award. Consequently, all costs charged to the Operation BRAVE award or subaward must:

- Be necessary, reasonable, allocable, and allowable.
- Conform to statutory limitations.
- Be accorded consistent treatment.
- Not be included as a cost or used to meet the cost-sharing or matching requirement of any other federal award.
- Be adequately documented.

Guidance

Does the Subrecipient:

1. Ensure that budgets and expenses conform to cost principles?
2. Ensure fiscal staff familiarity with applicable federal regulations?

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Documentation

Agreements

- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Reimbursement Requests.
- Subrecipient General Ledgers.
- Subrecipient Budgets.
- Subrecipient Expenditures.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

G.1. Recipients and subrecipients must comply with the cost principles	
Monitoring Indicators	
1.	Review recipient and subrecipient budgets to determine whether the use of funds is consistent with cost principles.
2.	Review recipient and subrecipient expenditure reports to determine whether the use of funds is consistent with cost principles.
3.	Review recipient and subrecipient written accounting procedures to determine whether the use of funds is consistent with cost principles.
4.	Review recipient and subrecipient accounting records to determine whether the use of funds is consistent with cost principles.
5.	Review recipient and subrecipient expense documentation to determine whether the use of funds is consistent with cost principles.

Specific Indicator References

[45 CFR §§ 75](#), Subpart E

University Health Ryan White Program Administration Policy: 4.09 Health Insurance Policy for the Operation BRAVE Program

University Health Ryan White Program Administration Policy: 4.13 Cost Effectiveness Policy for the Operation BRAVE Program

University Health Ryan White Program Administration Policy: 8.10 Program & Admin Costs Policy for the Operation BRAVE Program

G.2. Payments made for services to be reasonable

Standard Requirements

Payments made for services to be reasonable, not exceeding costs that would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the costs.

Guidance

Does the Subrecipient:

1. Make available to the recipient very detailed information on the allocation and cost of expenses for services provided?
2. When applicable, calculate unit costs based on historical data?
3. Reconcile projected unit costs with actual unit costs on a yearly or quarterly basis?

Documentation

Policies and Procedures

- Policies and procedures to determine allowable and reasonable costs.
- Policies and procedures for reasonable methodologies for allocating costs among different funding sources and Operation BRAVE categories.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Reimbursement Requests.
- Subrecipient General Ledgers.
- Subrecipient Budgets.
- Subrecipient Expenditures.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

G.2. Payments made for services to be reasonable	
Monitoring Indicators	
1.	Review recipient and subrecipient budgets to determine costs and identify cost components for core medical and support services provided.
2.	Review recipient and subrecipient expenditure reports to determine costs and identify cost components for core medical and support services provided.
3.	Review recipient and subrecipient accounting records to determine costs and identify cost components for core medical and support services provided.
4.	Review recipient and subrecipient expense documentation to determine costs and identify cost components for core medical and support services provided.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

- | |
|---|
| <ol style="list-style-type: none">5. When applicable, review unit cost calculations for reasonableness.6. Review fiscal and productivity reports to determine whether costs are reasonable when compared to the level of service provided. |
|---|

Specific Indicator References

[45 CFR §§ 75. 403, 404, 405](#)

University Health Ryan White Program Administration Policy: 4.09 Health Insurance Policy for the Operation BRAVE Program

University Health Ryan White Program Administration Policy: 4.13 Cost Effectiveness Policy for the Operation BRAVE Program

University Health Ryan White Program Administration Policy: 8.10 Program & Admin Costs Policy for the Operation BRAVE Program

G.3. Written recipient and subrecipient procedures for determining the reasonableness and allocability of costs

Standard Requirements

Written recipient and subrecipient procedures for determining the reasonableness and allocability of costs, the process for allocations, and the policies for allowable costs, in accordance with 45 CFR Part 75, Subpart E, and the terms and conditions of the award.

Note: Costs are considered to be reasonable when they do not exceed what would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the costs.

Guidance

Does the Subrecipient:

1. Have in place policies and procedures to determine allowable and reasonable costs?
2. Have in place reasonable methodologies for allocating costs among different funding sources and Operation BRAVE categories?
3. Make available policies, procedures, and calculations to the recipient upon request?

Documentation

Policies and Procedures

- Policies and procedures to determine allowable and reasonable costs.
- Policies and procedures for reasonable methodologies for allocating costs among different funding sources and Operation BRAVE categories.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Reimbursement Requests.
- Subrecipient General Ledgers.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

- Subrecipient Budgets.
- Subrecipient Expenditures.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

G.3. Written recipient and subrecipient procedures for determining the reasonableness and allocability of costs	
Monitoring Indicators	
1.	Review policies and procedures that specify allowable expenditures for administrative costs and programmatic costs.
2.	Ensure allowability, allocability, and reasonableness of charges to the Operation BRAVE.

Specific Indicator References

[45 CFR §§ 75](#), Subpart E

University Health Ryan White Program Administration Policy: 4.09 Health Insurance Policy for the Operation BRAVE Program

University Health Ryan White Program Administration Policy: 4.13 Cost Effectiveness Policy for the Operation BRAVE Program

University Health Ryan White Program Administration Policy: 8.10 Program & Admin Costs Policy for the Operation BRAVE Program

G.4. Calculate unit costs by recipients and subrecipients based on an evaluation of the reasonable cost of services

Standard Requirements

Calculate unit costs by recipients and subrecipients based on an evaluation of the reasonable cost of services; financial data must relate to performance data and include the development of unit cost information whenever practical.

Note 1: When using unit costs for establishing fee-for-service charges, the Generally Accepted Accounting Principles (GAAP) definition can be used. Under GAAP, donated materials and services, depreciation of capital improvement, administration, and facility costs are allowed when determining cost.

Note 2: If unit cost is the method of reimbursement, it can be derived by adding direct program costs and allowable administrative costs, capped at 10 percent, and dividing by the number of units of service to be delivered.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Guidance

Does the Subrecipient:

1. Have systems in place that can provide expenses and client utilization data in sufficient detail to determine the reasonableness of unit costs?

Documentation

Policies and Procedures

- Policies and procedures to determine allowable and reasonable costs.
- Policies and procedures for reasonable methodologies for allocating costs among different funding sources and Operation BRAVE categories.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Reimbursement Requests.
- Subrecipient General Ledgers.
- Subrecipient Budgets.
- Subrecipient Expenditures.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

G.4. Calculate unit costs by recipients and subrecipients based on an evaluation of the reasonable cost of services.
Monitoring Indicators
1. Review unit cost methodology for subrecipient and provider services.
2. Review budgets to calculate allowable administrative and program costs for each service.

Specific Indicator References

[45 CFR §§ 75](#), Subpart E

HRSA/HAB Ryan White HIV/AIDS Program [Part A Manual](#) Revised 2013 (PDF)

[Determining the Unit Cost of Services](#) (HRSA publication)

University Health Ryan White Program Administration Policy: 4.09 Health Insurance Policy for the Operation BRAVE Program

University Health Ryan White Program Administration Policy: 4.13 Cost Effectiveness Policy for the Operation BRAVE Program

University Health Ryan White Program Administration Policy: 8.10 Program & Admin Costs Policy for the Operation BRAVE Program

G.5. Requirements to be met in determining the unit cost of a service

Standard Requirements

Requirements to be met in determining the unit cost of a service:

- Unit cost is not to exceed the actual cost of providing the service.
- Unit cost to include only expenses that are allowable under Operation BRAVE requirements.
- Unit cost for treatment drugs not to exceed 340B pricing and a reasonable dispensing fee.

Note 1: Calculation of unit cost to use a formula of allowable administrative costs plus allowable program costs divided by the number of units to be provided.

Note 2: The cost of paying for the health care coverage (including all other sources of premium and cost-sharing assistance) is cost-effective in the aggregate versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services.

Guidance

Does the Subrecipient:

1. Have systems in place that can provide expenses and client utilization data in sufficient detail to calculate the unit cost?
2. Have unit cost calculations available for recipient review?

Documentation

Agreements

- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Policies and Procedures

- Policies and procedures to determine allowable and reasonable costs.
- Policies and procedures for reasonable methodologies for allocating costs among different funding sources and Operation BRAVE categories.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Reimbursement Requests.
- Subrecipient General Ledgers.
- Subrecipient Budgets.
- Subrecipient Expenditures.
- Proof of participation in the 340B Pricing Program for medications.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

G.5. Requirements to be met in determining the unit cost of a service.	
Monitoring Indicators	
1.	Review methodology used for calculating unit costs of services provided.
2.	Review budgets to calculate allowable administrative and program costs for each service.

Specific Indicator References

[PHS Act](#) § 2615 and 2616(b)(3)(A), (b)(2), (b)(4), (b)(5)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 15-01: Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Parts A, B, C, and D](#) Revised 09/01/2020 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 15-01: Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Parts A, B, C, and D [Frequently Asked Questions](#) 05/15/2015 (PDF)

University Health Ryan White Program Administration Policy: 4.09 Health Insurance Policy for the Operation BRAVE Program

University Health Ryan White Program Administration Policy: 4.11 Cost Effectiveness Policy for the Operation BRAVE Program

University Health Ryan White Program Administration Policy: 8.10 Program & Admin Costs Policy for the Operation BRAVE Program

Section H: Auditing Requirements

H.1. Recipients and subrecipients of Operation BRAVE funds are subject to the audit requirements

Standard Requirements

Recipients and subrecipients of Operation BRAVE funds are subject to the audit requirements that apply to all recipients and subrecipients expending \$750,000 or more in federal funds from all sources (not just Operation BRAVE) during their fiscal year.

Guidance

Does the Subrecipient:

1. Conduct a timely annual audit (an agency audit or a Single Audit, depending on the amount of federal funds expended)?
2. Request a management letter from the auditor?

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

3. Submit the audit and management letter to the recipient?
4. Prepare and provide the auditor with income and expense reports that include payor of last resort verification?

Documentation

Evidence

- Comply with contract audit requirements on a timely basis.
- Yearly Audit Management Letter
- Yearly Audit report with findings
- Agency response and corrective action plan for any reportable conditions

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

H.1. Recipients and subrecipients of Operation BRAVE funds are subject to the audit requirements
Monitoring Indicators
<ol style="list-style-type: none">1. Review requirements for subrecipient audits.2. Review the most recent Single Audit to ensure it includes:<ul style="list-style-type: none">• List of federal recipients to ensure that the Operation BRAVE grant is included.• Income and expense reports to assess if the Operation BRAVE grant is included.3. Review audit management letter, if one exists.4. Review all programmatic income and expense reports for the payor of last resort verification by the auditor.

Specific Indicator References

[PHS Act § 2682](#)

[45 CFR §§ 75.351-352](#) and Subpart F

H.2. Selection of auditor per written procurement standards

Standard Requirements

Selection of auditor per written procurement standards.

Guidance

Does the Subrecipient:

1. Have in place procurement policies and procedures that guide the selection of an auditor?
2. Make the policies and procedures available to the recipient upon request?

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Documentation

Policies and Procedures

- Procurement policies and procedures that guide the selection of an auditor.

Evidence

- Comply with contract audit requirements on a timely basis.
- Yearly Audit Management Letter
- Yearly Audit report with findings
- Agency response and corrective action plan for any reportable conditions

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

H.2. Selection of auditor per written procurement standards.
Monitoring Indicators
1. Review subrecipient procurement policies and procedures related to audits and the selection of an auditor.

Specific Indicator References

[45 CFR §§ 75.509](#)

University Health Ryan White Program Administration Policy: 2.54 Competitive Procurement Process Policy for the Operation BRAVE Program

H.3. Review of audited financial statements to verify the financial stability of the organization

Standard Requirements

Review of audited financial statements to verify the financial stability of the organization.

Guidance

Does the Subrecipient:

1. Comply with contract audit requirements on a timely basis?
2. Provide audit to the recipient on a timely basis?

Documentation

Evidence

- Comply with contract audit requirements on a timely basis.
- Yearly Audit Management Letter
- Yearly Audit report with findings
- Agency response and corrective action plan for any reportable conditions

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

H.3. Review of audited financial statements to verify the financial stability of the organization.
Monitoring Indicators
1. Review Statement of Financial Position/Balance Sheet, Statement of Activities/Income and Expense Report, Cash Flow Statement, and notes included in the audit to determine the organization's financial stability.

Specific Indicator References

[45 CFR §§ 75.510](#)

H.4. Single Audits to include statements of conformance with financial requirements and other federal expectations

Standard Requirements

Single Audits to include statements of conformance with financial requirements and other federal expectations.

Guidance

Does the Subrecipient:

1. Comply with contract audit requirements on a timely basis?
2. Provide audit to the recipient on a timely basis?

Documentation

Evidence

- Comply with contract audit requirements on a timely basis.
- Yearly Audit Management Letter
- Yearly Audit report with findings
- Agency response and corrective action plan for any reportable conditions

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

H.4. Single Audits to include statements of conformance with financial requirements and other federal expectations.
Monitoring Indicators
1. Review statements of internal controls and federal compliance in Single Audits.

Specific Indicator References

[45 CFR §§ 75.515-516](#)

H.5. Recipients and subrecipients are expected to note reportable conditions from the audit and provide a resolution

Standard Requirements

Recipients and subrecipients are expected to note reportable conditions from the audit and provide a resolution.

Guidance

Does the Subrecipient:

1. Comply with contract audit requirements on a timely basis?
2. Provide recipient with the agency response and corrective action plan for any reportable conditions?

Documentation

Evidence

- Comply with contract audit requirements on a timely basis.
- Yearly Audit Management Letter
- Yearly Audit report with findings
- Agency response and corrective action plan for any reportable conditions

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

H.5. Recipients and subrecipients are expected to note reportable conditions from the audit and provide a resolution.
Monitoring Indicators
1. Review of audit findings.
2. Determination of whether they are significant and whether they have been resolved.
3. Development of an action plan to address reportable conditions that have not been resolved.

Specific Indicator References

[45 CFR §§ 75.508 and 511](#)

Section K: Fiscal Procedures

K.1. Recipients and subrecipients must be payments

Standard Requirements

Recipients and subrecipients must be paid in advance, provided they maintain or demonstrate the willingness to maintain both written procedures that minimize the time elapsing between January 18, 2023

the transfer of funds and disbursement and financial management systems that meet the standards for fund control and accountability as established in 45 CFR Part 75.

- Advance payments must be limited to the minimum amounts needed and be timed in accordance with the actual, immediate cash requirements of the recipient (or subrecipient) in carrying out the purpose of the approved program or project. The timing and amount of advance payments must be as close as is administratively feasible to the actual disbursements by the recipient (or subrecipient) for direct program or project costs and the proportionate share of any allowable indirect costs.
- To the extent available, recipients and subrecipients must disburse funds available from program income, rebates, refunds, contract settlements, audit recoveries, and interest earned on such funds before requesting additional cash payments under the Operation BRAVE award.

Guidance

Does the Subrecipient:

1. Have written procedures that minimize the time elapsing between the transfer of subaward funds and disbursement and financial management systems that meet the standards for fund control and accountability as established in 45 CFR Part 75?
2. To the extent available, disburse program income directly generated by the Operation BRAVE subaward prior to requesting cash payments under the subaward?

Documentation

Evidence

- Subrecipient Scope of Work.
- Subrecipient Reimbursement Requests.
- Subrecipient General Ledgers.
- Subrecipient Budgets.
- Subrecipient Expenditures.
- Disburse program income directly generated by the Operation BRAVE subaward prior to requesting cash payments under the subaward.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

K.1. Recipients and subrecipients must be payments	
Monitoring Indicators	
1.	Review the recipient's and subrecipient's written procedures that minimize the time elapsing between the transfer of funds and disbursement and financial management systems that meet the standards for funds control and accountability as established in 45 CFR Part 75.
2.	Review subrecipient agreements for advance payment information consistent with 45 CFR Part 75.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

3. Review accounting records to ensure payments to recipients and subrecipients were immediately disbursed for allowable program costs.
4. Review accounting records to ensure that to the extent available, recipients and subrecipients disbursed funds available from program income, rebates, refunds, contract settlements, audit recoveries, and interest earned on such funds before requesting additional cash payments under the Operation BRAVE award or subaward.
5. Review required financial reports.

Specific Indicator References

[45 CFR §§ 75.305](#)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 15-03: 15-03 Clarifications Regarding the Ryan White HIV/AIDS Program and Program Income](#) 2015 (PDF)

HRSA/HAB Ryan White HIV/AIDS Program [Part A Manual](#) Revised 2013 (PDF)

University Health Ryan White Program Administration Policy: 4.17 Program Income Policy for the Operation BRAVE Program

K.2. Subrecipients must permit the recipient and auditors to have access to the subrecipient's records and financial statements as necessary

Standard Requirements

Recipients must clearly convey requirements that subrecipients permit the recipient and auditors to have access to the subrecipient's records and financial statements as necessary, including payroll, tax statements, and expenditures, as necessary for the recipient to meet the requirements of the Operation BRAVE and 45 CFR Part 75.

Guidance

Does the Subrecipient:

1. Have written policies and procedures in place that allow the recipient and auditors prompt and full access to financial, program, and management records and documents as needed for program and fiscal monitoring and oversight?

Documentation

Policies and Procedures

- Written policies and procedures in place that allow the recipient and auditors prompt and full access to financial, program, and management records and documents as needed for program and fiscal monitoring and oversight.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Reimbursement Requests.
- Subrecipient General Ledgers.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

- Subrecipient Budgets.
- Subrecipient Expenditures.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

K.2. Subrecipients must permit the recipient and auditors to have access to the subrecipient's records and financial statements as necessary.
Monitoring Indicators
1. Review subrecipient agreements to ensure that language is included that permits the recipient and auditors to have access to the subrecipient's records and financial statements, as necessary for the recipient to meet the Operation BRAVE programmatic requirements and the requirements included in 45 CFR Part 75.
2. Review subaward to ensure that it includes the record retention requirement specified in 45 CFR Part 75.

Specific Indicator References

[45 CFR §§ 75.342, 352, and 361-365](#)

K.3. Awarding agency not to withhold payments for proper charges incurred

Standard Requirements

Awarding agency not to withhold payments for proper charges incurred by the recipient unless the recipient has failed to comply with award terms and conditions or is indebted to the United States; recipient not to withhold subrecipient payments unless subrecipient has failed to comply with grant award conditions or is indebted to the United States.

Note 1: If the recipient or subrecipient is delinquent in a debt to the United States, as defined in OMB Guidance A-129, HRSA or the recipient (in the case of a delinquent subrecipient) may, upon reasonable notice, inform the recipient (or subrecipient) that payments must not be made for obligations incurred after a specified date until the conditions are corrected, or the indebtedness to the federal government is liquidated.

Note 2: HRSA's Office of Federal Assistance Management checks the Do Not Pay system prior to issuing payments to recipients to test for delinquent debt. Review subaward agreements to ensure that they include the requirement that the subrecipient certifies that they are not delinquent on federal debt.

Guidance

Does the Subrecipient:

1. Provide timely, properly documented invoices?
2. Comply with provisions of the subaward agreement?

3. Immediately inform the recipient if the subrecipient becomes delinquent on a debt to the United States as defined in OMB Guidance A-129?

Documentation

Evidence

- Subrecipient Scope of Work.
- Subrecipient Reimbursement Requests.
- Subrecipient General Ledgers.
- Subrecipient Budgets.
- Subrecipient Expenditures.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

K.3. Awarding agency not to withhold payments for proper charges incurred	
Monitoring Indicators	
1.	For recipients and subrecipients in compliance with the terms and conditions of the award, review the timing of payments to recipients and subrecipients through sampling that tracks the accounts payable process from the date invoices/payment requests are electronically submitted (or received by recipients that do not have electronic payment systems for their subrecipients) to the date the electronic payments (or checks) are issued.
2.	Subaward agreements should include the requirement that the subrecipient certifies they are not delinquent on federal debt.

Specific Indicator References

[45 CFR §§ 75.305\(b\)\(6\) and 352](#)

K.4. Employee time and effort documentation with charges

Standard Requirements

Employee time and effort documentation with charges for the salaries and wages of hourly employees must:

- Be supported by documented payrolls approved by the responsible official.
- Reflect the distribution of activity of each employee.
- Be supported by records indicating the total number of hours worked each day.

Guidance

Does the Subrecipient:

1. Maintain payroll records for specified employees?
2. Establish and consistently use allocation methodology for employee expenditures where employees are engaged in activities supported by several funding sources?

3. Make payroll records and allocation methodology available to the recipient upon request?

Documentation

Evidence

- Subrecipient Scope of Work.
- Subrecipient Reimbursement Requests.
- Subrecipient General Ledgers.
- Subrecipient Budgets.
- Subrecipient Expenditures.
- Subrecipient Employee Timesheets.
- Make payroll records and allocation methodology available to the recipient upon request.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

K.4. Employee time and effort documentation with charges	
Monitoring Indicators	
1.	Review documentation of employee time and effort through: <ul style="list-style-type: none">• Review of payroll records for specified employees.• Documentation of allocation of payroll between funding sources, if applicable.• Review of time and effort reporting or payroll allocation methods outlined in 45 CFR Part 75.

Specific Indicator References

Annual Appropriations Act

[45 CFR §§ 75.361-365 and 430-431](#)

University Health Ryan White Program Administration Policy: 8.10 Program & Admin Costs Policy for the Operation BRAVE Program

K.6. Recipient and subrecipient fiscal staff responsibilities

Standard Requirements

Recipient and subrecipient fiscal staff are responsible for:

- Ensuring adequate reporting, reconciliation, and tracking of program expenditures.
- Coordinating fiscal activities with program activities (for example, the program and fiscal staff's meeting schedule and how fiscal staff share information with program staff regarding contractor expenditures, formula and supplemental unobligated balances, and program income).
- Having an organizational and communications chart for the fiscal department.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Guidance

Does the Subrecipient:

1. Review the following:
 - a. Program and fiscal staff resumes and job descriptions,
 - b. Staffing plan and recipient budget and budget justification, and
 - c. Subrecipient organizational chart?
2. Provide information to the recipient upon request?

Documentation

Evidence

- Subrecipient Scope of Work.
- Subrecipient Reimbursement Requests.
- Subrecipient General Ledgers.
- Subrecipient Budgets.
- Subrecipient Expenditures.
- Subrecipient Cost Allocation Plan.
- Program and fiscal staff resumes and job descriptions.
- Subrecipient organizational chart.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

K.6. Recipient and subrecipient fiscal staff responsibilities.	
Monitoring Indicators	
1.	Review qualifications of the program and fiscal staff.
2.	Review program and fiscal staff plans and full-time equivalents (FTEs) to determine if there are sufficient personnel to perform the duties required of the Operation BRAVE recipient.
3.	Review recipient organizational chart.

Specific Indicator References

[45 CFR §§ 75.302\(a\)](#)

University Health Ryan White Program Administration Policy: 8.10 Program & Admin Costs Policy for the Operation BRAVE Program

Universal Standards

HRSA Universal Standards

Section A: Access to Care

Indicator A.2. Provision of services regardless of an individual's ability to pay for the service

Standard Requirements

Provision of services regardless of an individual's ability to pay for the service.

Guidance

Does the Subrecipient:

1. Ensure that billing, collections, copays, and schedule of charges and limitation of charges policies do not act as a barrier to receiving services, regardless of the client's ability to pay?
2. Implement an appeals/grievance process and maintain a file of individuals who refused services with reasons for refusal specified; include in the file any complaints from clients, with documentation of complaint review and decision reached and/or response given if any?

Documentation

Evidence

- Subrecipient billing and collection policies and procedures do not: 1) Deny services for non-payment; 2) Require full payment prior to service; and 3) Include any other procedure that denies services for non-payment.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator A.2. Provision of services regardless of an individual's ability to pay for the service	
Monitoring Indicators	
1.	Recipient and subrecipient billing and collection policies and procedures do not: <ul style="list-style-type: none">• Deny services for non-payment.• Require full payment prior to service.• Include any other procedure that denies services for non-payment.

Specific Indicator References

[PHS Act](#) §§ 2605(a)(7)(A)(i) and 2617(b)(7)(B)(i)

HRSA/HAB Ryan White HIV/AIDS Program [Part A Manual](#) Revised 2013 (PDF)

Indicator A.3. Provision of services regardless of the current or past health condition of the individual to be served

Standard Requirements

Provision of services regardless of the current or past health condition of the individual to be served.

Guidance

Does the Subrecipient:

1. Maintain files of eligibility determination and clinical policies?
2. Implement an appeals/grievance process and maintain a file of individuals refused services with reasons for refusal specified; include in the file any complaints from clients, with documentation of complaint review and decision reached and or/response given if any?

Documentation

Evidence

- Subrecipient policies ensure that they do not: 1) Permit denial of services due to pre-existing conditions; 2) Permit denial of services due to non-HIV-related conditions (primary care); and 3) Provide any other barrier to care due to a person's past or present health condition.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator A.3. Provision of services regardless of the current or past health condition of the individual to be served
Monitoring Indicators
<ol style="list-style-type: none">1. Maintain documentation of eligibility determination and provider policies to ensure that they do not:<ul style="list-style-type: none">• 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.

Specific Indicator References

[PHS Act](#) §§ 2605(a)(7)(A)(ii) and 2617(b)(7)(B)(i)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 21-02: Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program](#) October 2021 (PDF)

HRSA/HAB Ryan White HIV/AIDS Program [Part A Manual](#) Revised 2013 (PDF)

Indicator A.4. Provision of services in a setting accessible to individuals with HIV who are low-income and comply with the Americans with Disabilities Act (ADA) Barrier-Free Health Care Initiative

Standard Requirements

Provision of services in a setting accessible to individuals with HIV who are low-income and comply with the Americans with Disabilities Act (ADA) Barrier-Free Health Care Initiative.

Guidance

Does the Subrecipient:

1. Ensure that the facility is accessible by public transportation or provide transportation assistance?
2. Ensure that the facility is compliant with the ADA Barrier-Free Health Care Initiative requirements?

Documentation

Policies and Procedures

- Maintain policies and procedures that provide by referral or vouchers, transportation if the facility is not accessible to public transportation, and policies that facilitate access to care for low-income individuals.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator A.4. Provision of services in a setting accessible to individuals with HIV who are low-income and comply with the Americans with Disabilities Act (ADA) Barrier-Free Health Care Initiative.
Monitoring Indicators
1. Maintain policies and procedures that provide by referral or vouchers, transportation if the facility is not accessible to public transportation, and policies that facilitate access to care for low-income individuals.
2. Maintain an environment that provides barrier-free access to healthcare, which includes provisions for mobility disabilities and communication disabilities.

Specific Indicator References

[PHS Act](#) §§ 2605(a)(7)(B), 2616(c)(4), and 2617(b)(7)(B)(ii)

[Americans with Disabilities Act](#) of 1990, 42 USC 12101 et. seq.

HRSA/HAB Ryan White HIV/AIDS Program [Part A Manual](#) Revised 2013 (PDF)

University Health Ryan White Program Administration Policy: 2.53 Non-Discrimination Policy for the Operation BRAVE Program

Indicator A.5. Dissemination of information to low-income individuals regarding the availability of HIV-related services and how to access them

Standard Requirements

Dissemination of information to low-income individuals regarding the availability of HIV-related services and how to access them.

Guidance

Does the Subrecipient:

1. Maintain a file documenting subrecipient activities for the promotion of HIV services to low-income individuals, including copies of HIV program materials promoting services and explaining eligibility requirements?

Documentation

Evidence

- Documentation of availability of informational materials about subrecipient services and eligibility requirements.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator A.5. Dissemination of information to low-income individuals regarding the availability of HIV-related services and how to access them.	
Monitoring Indicators	
1.	Availability of informational materials about subrecipient services and eligibility requirements such as: <ul style="list-style-type: none">• Newsletters.• Brochures.• Posters.• Community bulletins.• Social media.• Webpages.• Any other types of promotional materials.

Specific Indicator References

[PHS Act](#) §§ 2605(a)(7)(C), 2616(c)(3), and 2617(b)(7)(B)(iii)

HRSA/HAB Ryan White HIV/AIDS Program [Part A Manual](#) Revised 2013 (PDF)

Section C: Use of Funds

Indicator C.1. Use of Funds

Standard Requirements

Maintain policies and document efforts to ensure that Operation BRAVE recipients and subrecipients assist clients to vigorously pursue enrollment in health care coverage and that clients have accessed all other available public and private funding sources for which they may be eligible.

Guidance

Does the Subrecipient:

1. Maintain policies and document their efforts to ensure that they assist clients to vigorously pursue enrollment in health care coverage and that clients have accessed all other available public and private funding sources for which they may be eligible?
2. Conduct periodic checks to identify any potential changes that may affect Use of Funds determination, and require clients to report any such changes?
3. Document that all staff members have participated in required third-party payment training?
4. Ensure that subrecipient client data reports are consistent with requirements specified by the funder, which demonstrates clients are receiving allowable services? [See the Program Monitoring section for a list of allowable services.]

Documentation

Training Certificates

- Document that all staff involved in health care coverage verification have participated in required training on appropriate policies and procedures.

Policies and Procedures

- Use of Funds Policy.

Evidence

- Ensure that reasonable efforts are made to use non-Operation BRAVE resources whenever possible, including establishing, implementing, and monitoring policies and procedures to identify any other possible payers to extend finite Operation BRAVE funds.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Indicator C.1. Use of Funds	
Monitoring Indicators	
1.	Ensure that reasonable efforts are made to use non-Operation BRAVE resources whenever possible, including establishing, implementing, and monitoring policies and procedures to identify any other possible payers to extend finite Operation BRAVE funds.
2.	Document that all staff involved in health care coverage verification have participated in required training on appropriate policies and procedures.
3.	Ensure that subrecipient client data reports are consistent with requirements as specified by the recipient.

Specific Indicator References

[PHS Act §§ 2605\(a\)\(6\) and 2617\(b\)\(7\)\(F\)](#)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 21-02: Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program](#) October 2021 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 13-01: Clarifications Regarding Medicaid-Eligible Clients and Coverage of Services by the Ryan White HIV/AIDS Program](#) Revised 12/13/2013 (PDF)

University Health Ryan White Program Administration Policy: 4.02 Eligibility & Use of Funds Policy for the Operation BRAVE Program

Ending the HIV Epidemic HRSA Notice of Grant Award

Indicator C.2. Ensure military veterans with Department of Veterans Affairs (VA) benefits are deemed eligible for Operation BRAVE services

Standard Requirements

Ensure military veterans with Department of Veterans Affairs (VA) benefits are deemed eligible for Operation BRAVE services.

Guidance

Does the Subrecipient:

1. Ensure that policies and procedures do not classify VA health benefits as an insurance program or cite the “Use of Funds” requirement to compel an otherwise eligible client who is a veteran to obtain services from the VA or refuse to provide services?

Documentation

Policies and Procedures

- Use of Funds Policy.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator C.2. Ensure military veterans with Department of Veterans Affairs (VA) benefits are deemed eligible for Operation BRAVE services.
Monitoring Indicators
1. Documentation that eligibility determination policies and procedures do not classify VA health benefits as an insurance program or deny access to Operation BRAVE services citing "Use of Funds."

Specific Indicator References

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 21-02: Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program](#) October 2021 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 16-01: Clarification of the Ryan White HIV/AIDS Program \(RWHAP\) Policy on Services Provided to Veterans](#) 2016 (PDF)

University Health Ryan White Program Administration Policy: 4.02 Eligibility & Use of Funds Policy for the Operation BRAVE Program

Ending the HIV Epidemic HRSA Notice of Grant Award

Indicator C.3. Ensure American Indians (AI) and Alaska Natives (AN) are provided access to Operation BRAVE services

Standard Requirements

Ensure American Indians (AI) and Alaska Natives (AN) are provided access to Operation BRAVE services.

Guidance

Does the Subrecipient:

1. Ensure that policies and procedures classify those eligible for Indian Health Services benefits as exempt from the "Use of Funds" requirement?

Documentation

Policies and Procedures

- Use of Funds Policy.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Indicator C.3. Ensure American Indians (AI) and Alaska Natives (AN) are provided access to Operation BRAVE services.
Monitoring Indicators
1. Documentation that eligibility determination policies and procedures do not consider Indian Health Service benefits as primary insurance (as they are exempt) and deny access to Operation BRAVE services citing "Use of Funds."

Specific Indicator References

[PHS Act §§ 2605\(a\)\(6\)\(A\) and 2617\(b\)\(7\)\(F\)\(ii\)](#)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 21-02: Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program](#) October 2021 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 07-01: Use of Funds for American Indians and Alaska Natives and Indian Health Service Programs](#) May 30, 2007 (PDF)

University Health Ryan White Program Administration Policy: 4.02 Eligibility & Use of Funds Policy for the Operation BRAVE Program

Ending the HIV Epidemic HRSA Notice of Grant Award

Section D: Anti-Kickback Statute (AKS)

Indicator D.1. Anti-Kickback Statute (AKS)

Standard Requirements

The Anti-Kickback Statute (AKS) is a criminal law that prohibits the knowing and willful payment of "remuneration" to induce or reward patient referrals or the generation of business involving any item or service payable by the federal healthcare programs (e.g., drugs, supplies, or healthcare services for Medicare or Medicaid patients).

Note 1: Remuneration includes anything of value and can take many forms besides cash, such as free rent, expensive hotel stays and meals, and excessive compensation for medical directorships or consultancies. The statute covers the payers of kickbacks, those who offer or pay remuneration, as well as the recipients of kickbacks, those who solicit or receive remuneration.

Note 2: Criminal penalties and administrative sanctions for violating the AKS include fines, jail terms, and exclusion from participation in the federal healthcare programs. Providers who pay or accept kickbacks also face penalties of up to \$50,000 per kickback, plus three times the amount of the remuneration.

Guidance

Does the Subrecipient:

1. Have adequate policies and procedures that ensure compliance with AKS; such as:
 - a. A corporate compliance plan, if a Medicaid and/or Medicare provider, that provides for a compliance officer, compliance committee, communication lines to report non-compliance, auditing, corrective action plans, and method for reporting non-compliance with AKS?
 - b. An anti-kickback policy that prohibits the solicitation of cash or in-kind payments for awarding contracts, referring clients, purchasing goods and/or services, and submitting fraudulent billings. It should also include the uses and applications of safe harbor laws?
 - c. Written bylaws and board policies, if it is a non-profit, include conflict of interest, the prohibition on the use of organization assets for personal use, and procedures for open communication?
 - d. Code of Ethics or Standards of Conduct that include conflict of interest, prohibition on the use of agency property without approval, fair and open competition, confidentiality, use of company assets, timely and truthful disclosure of accounting deficiencies and non-compliance, and penalties and disclosure procedures for conduct deemed to be felonies?
 - e. Written personnel policies that discourage large signing bonuses or hiring persons with a criminal record relating to, or who are currently being investigated for, healthcare fraud. Refer to 42 CFR 1001 to ensure compliance related to hiring anyone with a criminal record relating to healthcare fraud, prescription drugs, or patient care?
 - f. Maintain documentation of service contracts, key employee background checks, recruitment policies and practices, and audit reports and findings?

Documentation

Policies and Procedures

- Anti-Kickback Statute (AKS) Policy.

Evidence

- Documentation that shows effective measures are in place to ensure adherence to the AKS, which prohibits the knowing and willful payment of "remuneration" to induce or reward patient referrals or the generation of business involving any item or service payable by a federal healthcare program (e.g., drugs, supplies, or healthcare services).

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator D.1. Anti-Kickback Statute (AKS)
Monitoring Indicators
1. Documentation that shows effective measures are in place to ensure adherence to the AKS, which prohibits the knowing and willful payment of "remuneration" to induce or reward patient referrals or the generation of business involving any item or service payable by a federal healthcare program (e.g., drugs, supplies, or healthcare services).

Specific Indicator References

[42 USC](#) 1320a-7b(b)

[42 CFR](#) Parts 1001 and 1003

HHS Office of Inspector General – [Fraud Abuse Laws](#)

Section E: Recipient Accountability

Indicator E.1. Proper stewardship of all grant funds, including compliance with programmatic requirements

Standard Requirements

Proper stewardship of all grant funds, including compliance with programmatic requirements.

Guidance

Does the Subrecipient:

1. Meet contracted programmatic and fiscal requirements, which include:
 - a. Providing financial reports that specify expenditures by Operation BRAVE service category and use of Operation BRAVE funds as specified by the recipient?
 - b. Developing/maintaining a policies and procedures manual that meets federal and Operation BRAVE fiscal and programmatic requirements?
 - c. Documenting policies and procedures are being followed?
 - d. Commissioning an independent audit; for those meeting thresholds, an audit that meets 45 CFR Part 75 – Subpart F requirements and responds to audit requests initiated by the recipient?

Documentation

Agreements

- Subrecipient Contracts with Recipient.
- Subrecipient Sub-Contracts.

Evidence

- Yearly Audit and Management letter.
- Comply with contract audit requirements on a timely basis.
- Provide recipient with the agency response and corrective action plan for any reportable conditions.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator E.1. Proper stewardship of all grant funds, including compliance with programmatic requirements.	
Monitoring Indicators	
1.	Policies, procedures, and contracts that require: <ul style="list-style-type: none">• Timely submission of detailed fiscal reports by funding source, with expenses allocated by service category.• Timely submission of programmatic reports.• Documentation of the method used to track unobligated balances, carryover funds, and gift cards used as participant incentives.• A documented reallocation process.
2.	Compliance with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR Part 75 – Subpart F, if applicable, or a single audit.
3.	Auditor management letter.

Specific Indicator References

[45 CFR §§ 75.300, 302, 342, and Subpart F](#)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#) Revised 10/22/2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds [Frequently Asked Questions](#) 01/22/2016 (PDF)

HRSA/HAB Ryan White HIV/AIDS Program [Part A Manual](#) Revised 2013 (PDF)

HRSA/HAB Ryan White HIV/AIDS Program [Part B Manual](#) Revised April 2022 (PDF)

Indicator E.2. Accountability for the expenditure of funds shared with subrecipients

Standard Requirements

Accountability for the expenditure of funds shared with subrecipients (e.g., lead/administrative agencies, consortia, fiduciary agents, direct service providers).

Guidance

Does the Subrecipient:

1. Establish and implement:
 - a. Fiscal and general policies and procedures that include compliance with federal and Operation BRAVE requirements?
 - b. Flexible fiscal reporting systems that allow the tracking of unobligated balances and carryover funds and detail service reporting of funding sources?

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

- c. Timely submission of independent audits (45 CFR Part 75 – Subpart F audits, if required) to the recipient?

Documentation

Agreements

- Subrecipient Contracts with Recipient.
- Subrecipient Sub-Contracts.

Evidence

- Yearly Audit and Management letter.
- Comply with contract audit requirements on a timely basis.
- Provide recipient with the agency response and corrective action plan for any reportable conditions.
- Subrecipient Expenditure Reports.
- Subrecipient Fiscal Detailed Spreadsheets.
- Subrecipient Reallocation Requests.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator E.2. Accountability for the expenditure of funds shared with subrecipients.
Monitoring Indicators
1. A copy of each contract.
2. Fiscal and program site visit reports and action plans.
3. Audit reports.
4. Documented reports that track funds by formula, supplemental, and service categories.
5. Documented reports that track unobligated balance and carryover funds.
6. Documented reallocation process.
7. Report on the total number of funded subrecipients.
8. Recipient audit per 45 CFR Part 75 – Subpart F or single audit conducted annually and made available to the state every two years. (SUBRECIPIENT to send to RECIPIENT; RECIPIENT to send to State)
9. Auditor management letter.

Specific Indicator References

[45 CFR §§ 75.302, 306, and Subpart F](#)

HRSA/HAB Ryan White HIV/AIDS Program [Part A Manual](#) Revised 2013 (PDF)

HRSA/HAB Ryan White HIV/AIDS Program [Part B Manual](#) Revised April 2022 (PDF)

Indicator E.3. Demonstrate structured and ongoing efforts to avoid fraud, waste, and abuse (mismanagement)

Standard Requirements

Demonstrate structured and ongoing efforts to avoid fraud, waste, and abuse (mismanagement) in any federally funded program.

Guidance

Does the Subrecipient:

1. Maintain and review file documentation of:
 - a. Corporate Compliance Plan (required by the Centers for Medicare & Medicaid Services (CMS) if providing Medicare- or Medicaid-reimbursable services)?
 - b. Personnel policies?
 - c. Code of Ethics or Standards of Conduct?
 - d. Bylaws and board policies?
 - e. File documentation of any employee or board member violation of the Code of Ethics or Standards of Conduct?
 - f. Documentation of any complaint of a violation of the Code of Ethics or Standards of Conduct and its resolution?
2. For not-for-profit subrecipient organizations, ensure documentation of subrecipient bylaws, Board Code of Ethics, and business conduct practices?

Documentation

Policies and Procedures

- Employee Code of Ethics.
- Conflict of Interest.
- Prohibition on the use of property, information, or position without approval or to advance personal interest.
- Fair dealing – engaged in 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.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Indicator E.3. Demonstrate structured and ongoing efforts to avoid fraud, waste, and abuse (mismanagement) in any federally funded program.	
Monitoring Indicators	
1.	Employee Code of Ethics including: <ul style="list-style-type: none">• Conflict of Interest.• Prohibition on the use of property, information, or position without approval or to advance personal interest.• Fair dealing – engaged in 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.
2.	If Subrecipient is a not-for-profit subrecipient organizations, ensure documentation of: <ul style="list-style-type: none">• subrecipient bylaws,• Board Code of Ethics, and• business conduct practices.

Specific Indicator References
[42 USC 1320a-7b\(b\)](#)

Indicator E.4. Business management systems that meet the requirements of 45 CFR Part 75

Standard Requirements

Business management systems that meet the requirements of 45 CFR Part 75.

Guidance

Does the Subrecipient:

1. Ensure that the following are in place:
 - a. Documented policies and procedures?
 - b. Fiscal/programmatic reports that provide effective control over and accountability for all funds in accordance with federal and Operation BRAVE requirements?

Documentation

Agreements

- Subrecipient Sub-Contracts.

Policies and Procedures

- Policies and procedures that outline compliance with federal and Operation BRAVE requirements.

Evidence

- Yearly Audit and Management letter.
- Comply with contract audit requirements on a timely basis.

- Provide recipient with the agency response and corrective action plan for any reportable conditions.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator E.4. Business management systems that meet the requirements of 45 CFR Part 75.
Monitoring Indicators
1. Review of subrecipient contracts.
2. Fiscal and program site visit reports and action plans.
3. Policies and procedures that outline compliance with federal and Operation BRAVE requirements.
4. Independent audits.
5. Auditor management letter.

Specific Indicator References

[45 CFR §§ 75.300](#) and Subpart F

Section F: Reporting

Indicator F.1. Submission of standard reports as required

Standard Requirements

Submission of standard reports as required in 45 CFR Part 75, as well as program-specific reports as outlined in the Notice of Award.

Guidance

Does the Subrecipient:

1. Ensure:
 - a. Submission of timely subrecipient reports?
 - b. File documentation or data containing an analysis of required reports to determine the accuracy and any reconciliation with existing financial or programmatic data?
 - i. Example: Test program income final Federal Financial Report (FFR) with the calendar year RDR.
 - c. Submission of periodic financial reports that document the expenditure of Operation BRAVE funds, positive and negative spending variances, and how funds have been reallocated to other line items or service categories?

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Documentation

Evidence

- Submission of standard reports (Client Data, Program Reports, and Fiscal Reports).

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator F.1. Submission of standard reports as required.	
Monitoring Indicators	
1.	Records that contain and adequately identify the source of information pertaining to: <ul style="list-style-type: none">• Federal award revenue, expenses, obligations, unobligated balances, assets, outlays, program income, rebates, and interest.• Client-level data.• Aggregate data on services provided, clients served, client demographics, and selected financial information.

Specific Indicator References

[45 CFR §§ 75.341, 342, and 364](#)

HRSA/HAB Ryan White HIV/AIDS Program [Part A Manual](#) Revised 2013 (PDF)

HRSA/HAB Ryan White HIV/AIDS Program [Part B Manual](#) Revised April 2022 (PDF)

HRSA/HAB Ryan White HIV/AIDS Program [AIDS Drug Assistance Program \(ADAP\) Manual](#) Revised 2016 (PDF)

Section G: Monitoring

Indicator G.1. Monitoring Requirements

Standard Requirements

Any grant recipient or subrecipient receiving federal funding is required to monitor for compliance with federal requirements and programmatic expectations.

Guidance

Does the Subrecipient:

1. Participate in and provide all the material necessary to carry out monitoring activities?

Documentation

Policies and Procedures

- Program Monitoring Policies and Procedures.
- Fiscal Monitoring Policies and Procedures.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator G.1. Monitoring Requirements
Monitoring Indicators
1. Development and consistent implementation of policies and procedures that establish uniform administrative requirements governing the monitoring of awards.

Specific Indicator References

[45 CFR §§ 75.300, 342, 351, 352, and 353](#)

HRSA/HAB Ryan White HIV/AIDS Program [Part A Manual](#) Revised 2013 (PDF)

HRSA/HAB Ryan White HIV/AIDS Program [Part B Manual](#) Revised April 2022 (PDF)

HRSA/HAB Ryan White HIV/AIDS Program [AIDS Drug Assistance Program \(ADAP\) Manual](#) Revised 2016 (PDF)

Indicator G.2. Monitoring activities

Standard Requirements

Monitoring activities expected to include annual site visits of all subrecipients.

Note: Site visit exemption requests must be submitted through the HRSA Electronic Handbooks (EHBs) using a prior approval request.

Guidance

Does the Subrecipient:

1. Establish policies and procedures to ensure compliance with federal and programmatic requirements?
2. Submit audit reports?
3. Provide the recipient with access to financial documentation, client charts, and other documents needed for monitoring?

Documentation

Policies and Procedures

- Program Monitoring Policies and Procedures.

Evidence

- Documentation of progress on meeting the goals of corrective action plans.

Reports

- Program Monitoring Reports.
- Program Monitoring Corrective Action Plans.

Tools

- Program Monitoring Tools, protocols, or methodologies.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator G.2. Monitoring activities	
Monitoring Indicators	
1.	Review of the following program monitoring documents and actions: <ul style="list-style-type: none">• Policies and procedures.• Tools, protocols, or methodologies.• Reports.• Corrective action plans.• Progress on meeting the goals of corrective action plans.

Specific Indicator References

[45 CFR §§ 75.342 and 352](#)

HRSA/HAB Ryan White HIV/AIDS Program [Part A Manual](#) Revised 2013 (PDF)

HRSA/HAB Ryan White HIV/AIDS Program [Part B Manual](#) Revised April 2022 (PDF)

Indicator G.3. Fiscal monitoring activities

Standard Requirements

Performance of fiscal monitoring activities to ensure Operation BRAVE funds are only used for approved purposes.

Guidance

Does the Subrecipient:

1. Have documented evidence that federal funds have been used for allowable services and comply with federal regulations and Operation BRAVE requirements?

Documentation

Policies and Procedures

- Fiscal Monitoring Policies and Procedures.

Evidence

- Documentation of progress on meeting the goals of corrective action plans.
- Subrecipient Reimbursement Requests.
- Subrecipient General Ledgers.
- Subrecipient Budgets.
- Subrecipient Expenditure Reports.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Reports

- Fiscal Monitoring Reports.
- Fiscal Monitoring Corrective Action Plans.

Tools

- Fiscal Monitoring Tools, protocols, or methodologies.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator G.3. Fiscal monitoring activities	
Monitoring Indicators	
1.	Review of the following fiscal monitoring documents and actions: <ul style="list-style-type: none">• Fiscal monitoring policy and procedures.• Fiscal monitoring tool or protocol.• Fiscal monitoring reports.• Fiscal monitoring corrective action plans.• Compliance with the goals of corrective action plans.

Specific Indicator References

[45 CFR §§ 75](#)

HRSA/HAB Ryan White HIV/AIDS Program [Part A Manual](#) Revised 2013 (PDF)

HRSA/HAB Ryan White HIV/AIDS Program [Part B Manual](#) Revised April 2022 (PDF)

Indicator G.4. Salary Rate Limitation

Standard Requirements

Salary Rate Limitation

HRSA funds may not be used to pay the salary of an individual at a rate in excess of an Executive Level II employee. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary rate limitation also applies to subawards/subcontracts for substantive work under a HRSA grant or cooperative agreement.

Guidance

Does the Subrecipient:

1. Monitor staff salaries to determine whether the salary rate limitation is being exceeded?
2. Monitor prorated salaries to ensure that the salary, when calculated at one hundred percent, does not exceed the HRSA Salary Rate Limitation?

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

3. Monitor staff salaries to determine that the salary rate limitation is not exceeded when the aggregate salary funding from other federal sources, including all parts of the Operation BRAVE, does not exceed the limitation?
4. Review payroll reports, payroll allocation journals, and employee contracts?

Documentation

Agreements

- Subrecipient Contracts with Recipient.
- Subrecipient Sub-Contracts.

Evidence

- Subrecipient Budgets.
- Subrecipient Expenditure Reports.
- Subrecipient Fiscal Detailed Spreadsheets.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator G.4. Salary Rate Limitation	
Monitoring Indicators	
1.	Identification and description of individual employee salary expenditures to ensure that salaries are within the HRSA Salary Rate Limitation.
2.	Determine whether individual staff receives additional HRSA income through other subawards or subcontracts.

Specific Indicator References

Annual Appropriations Act

OPM Rates of [Basic Pay for Executive Schedule](#)

Indicator G.5. Fringe Benefits Limitation

Standard Requirements

Salary Rate Limitation Fringe Benefits

If an individual is under the salary rate limitation, fringe is applied as usual. If an individual is over the salary rate limitation, fringe is calculated on the adjusted base salary.

Guidance

Does the Subrecipient:

1. Monitor to ensure that when an employee's salary exceeds the salary rate limitation, the fringe benefit contribution is limited to the percentage of the maximum allowable salary?

Documentation

Agreements

- Subrecipient Contracts with Recipient.
- Subrecipient Sub-Contracts.

Evidence

- Subrecipient Budgets.
- Subrecipient Expenditure Reports.
- Subrecipient Fiscal Detailed Spreadsheets.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator G.5. Fringe Benefits Limitation
Monitoring Indicators
1. Identification of individual employee fringe benefit allocation.

Specific Indicator References

Annual Appropriations Act

Indicator G.6. Corrective actions taken when subrecipient outcomes do not meet program objectives and recipient expectations

Standard Requirements

Corrective actions taken when subrecipient outcomes do not meet program objectives and recipient expectations, which may include:

- a) Improved oversight.
- b) Redistribution of funds.
- c) A corrective action letter.
- d) Sponsored technical assistance.

Guidance

Does the Subrecipient:

1. Prepare and submit:
 - a. Timely and detailed responses to monitoring findings?
 - b. Timely progress reports on the implementation of corrective action plans?

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Documentation

Agreements

- Subrecipient Contracts with Recipient.
- Subrecipient Sub-Contracts.

Policies and Procedures

- Program Monitoring Policies and Procedures.
- Fiscal Monitoring Policies and Procedures.

Evidence

- Documentation of progress on meeting the goals of corrective action plans.
- Subrecipient Budgets.
- Subrecipient Expenditure Reports.
- Subrecipient Fiscal Detailed Spreadsheets.

Reports

- Program Monitoring Reports.
- Program Monitoring Corrective Action Plans.
- Fiscal Monitoring Reports.
- Fiscal Monitoring Corrective Action Plans.

Tools

- Program Monitoring Tools, protocols, or methodologies.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator G.6. Corrective actions taken when subrecipient outcomes do not meet program objectives and recipient expectations
Monitoring Indicators
1. Review corrective action plans.
2. Review resolution of issues identified in the corrective action plan.
3. Maintain policies that describe actions to be taken when issues are not resolved in a timely manner.

Specific Indicator References

[45 CFR §§ 75.371-375](#)

[HHS Grants Policy Statement](#), Enforcement Actions II-88

Statewide Universal Standards

Section A: General HIV Policies and Procedures

Indicator A.1. Grievance Policies

Standard Requirements

Subrecipients must have a policy and/or procedure in place for handling client grievances.

Documentation

Policies and Procedures

- Client Grievance Policy

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator A.1. Grievance Policies
Monitoring Indicators
1. Agency has a policy and/or procedure for handling client grievances.

Specific Indicator References

University Health Ryan White Program Administration Policy: 2.57 Client Grievance (Recipient) Policy for the Operation BRAVE Program

Indicator A.2. Delivery of Client Services

Standard Requirements

Subrecipients must have a policy and/or procedure in place for delivery of client services and handling clients who may be disruptive, uncooperative, violent, or exhibit threatening behavior.

Documentation

Policies and Procedures

- Delivery of Client Services Policy to include: 1) how to deal with clients who may be disruptive or uncooperative; and 2) how to deal with clients who are violent or exhibit threatening behavior.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Indicator A.2. Delivery of Client Services
Monitoring Indicators
1. Agency has written procedures to deal with clients who may be disruptive or uncooperative.
2. Agency has written procedures to deal with clients who are violent or exhibit threatening behavior.

Indicator A.3. Non-Discrimination Policy

Standard Requirements

Subrecipients must have a Non-Discrimination policy and/or procedure in place.

Documentation

Policies and Procedures

- Non-Discrimination Policy.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator A.3. Non-Discrimination Policy
Monitoring Indicators
1. Agency has comprehensive non-discrimination policies, which prohibits discrimination on the basis of race, color, national origin, religion, sex, sexual orientation, age, disability, gender-identity, and any other non-discrimination provision in specific statutes under which application for federal or state assistance is being made.

Specific Indicator References

University Health Ryan White Program Administration Policy: 2.53 Non-Discrimination Policy for the Operation BRAVE Program

Indicator A.4. Confidentiality Regarding Patient Information

Standard Requirements

Subrecipients must have a Confidentiality policy and/or procedure in place.

Documentation

Training Certificates

- All staff, management, and volunteers have successfully completed confidentiality and security training.

Policies and Procedures

- Confidentiality Policy.
- Breach of Confidentiality Policy.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Evidence

- All staff, management, and volunteers have completed a signed confidentiality agreement annually affirming the individuals' responsibility for keeping client information and data confidential.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator A.4. Confidentiality Regarding Patient Information
Monitoring Indicators
1. All staff, management, and volunteers have completed a signed confidentiality agreement annually affirming the individuals' responsibility for keeping client information and data confidential.
2. All staff, management, and volunteers have successfully completed confidentiality and security training.

Specific Indicator References

University Health Ryan White Program Administration Policy: 2.51 Confidentiality of Health Info Policy for the Operation BRAVE Program

Indicator A.5. Breach of Confidentiality

Standard Requirements

Subrecipients must have a Confidentiality policy and/or procedure in place, to include what to do in case of a breach.

Documentation

Policies and Procedures

- Confidentiality Policy.
- Breach of Confidentiality Policy.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator A.5. Breach of Confidentiality
Monitoring Indicators
1. Agency has detailed policies outlining how to address negligent or purposeful release of confidential client information in accordance with the Texas Health and Safety Code and HIPAA regulations.

Specific Indicator References

University Health Ryan White Program Administration Policy: 2.51 Confidentiality of Health Info Policy for the Operation BRAVE Program

Indicator A.6. Child Abuse Reporting

Standard Requirements

Subrecipients must have a Child Abuse Reporting policy and/or procedure in place and train their staff on the policy and/or procedure.

Documentation

Training Certificates

- Documented evidence of training provided to all staff on reporting child abuse.

Policies and Procedures

- Child Abuse Reporting Policy.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator A.6. Child Abuse Reporting	
Monitoring Indicators	
1.	Agencies will have detailed policies outlining how to address suspected child abuse in accordance with Texas law and the DSHS policy, including the use of the DSHS "Checklist for DSHS Monitoring."
2.	Agencies have documented evidence of training provided to all staff on reporting child abuse.

Indicator A.7. Incarcerated Persons in Community Facilities

Standard Requirements

Subrecipients must have a policy and/or procedure in place to ensure that Operation BRAVE funding is not utilized in paying for medical care or medications when incarcerated persons in community facilities are receiving services in local service provider locations.

Documentation

Evidence

- Agency has policies in place ensuring Operation BRAVE funding is not utilized in paying for medical care or medications when incarcerated persons in community facilities are receiving services in local service provider locations.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator A.7. Incarcerated Persons in Community Facilities	
Monitoring Indicators	
1.	Agency has policies in place ensuring Operation BRAVE funding is not utilized in paying for medical care or medications when incarcerated persons in community facilities are receiving services in local service provider locations.

Indicator A.8. Conflict of Interest

Standard Requirements

Subrecipients must have a Conflict of Interest policy and/or procedure in place and employees and board members, if applicable, must sign an annual Conflict of Interest disclosure form.

Documentation

Policies and Procedures

- Conflict of Interest Policy.

Evidence

- All employees and board members of the agency have completed and signed an annual Conflict of Interest Disclosure Form, which contains, at a minimum, the content in the sample provided by Recipient or DSHS.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator A.8. Conflict of Interest	
Monitoring Indicators	
1.	Agency has written conflict of interest policies and procedures.
2.	All employees and board members of the agency have completed and signed an annual Conflict of Interest Disclosure Form, which contains, at a minimum, the content in the sample provided by the Recipient or DSHS.

Specific Indicator References

University Health Ryan White Program Administration Policy: 2.52 Conflict of Interest & Disclosure Policy for the Operation BRAVE Program

Indicator A.9. Personnel Policies and Procedures

Standard Requirements

Subrecipients must have a Personnel and/or Human Resources policies and/or procedures in place.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Documentation

Evidence

- Personnel and human resources policies are available that address new staff orientation, ongoing training plan and development, employee performance evaluations, and employee/staff grievances.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator A.9. Personnel Policies and Procedures
Monitoring Indicators
1. Personnel and human resources policies are available that address new staff orientation, ongoing training plan and development, employee performance evaluations, and employee/staff grievances.

Indicator A.10. Required Training

Standard Requirements

Subrecipient staff will complete required HRSA, DSHS, and Recipient trainings and have documentation of completion on file.

Documentation

Training Certificates

- Agency maintains documented evidence of staff trainings, conferences, and meetings to ensure program compliance.
- Providers shall complete cultural competency training to include cultural awareness of youth and the aging population and/or relevant local priority populations based on epidemiological data and service priorities.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator A.10. Required Training
Monitoring Indicators
1. Agency maintains documented evidence of staff trainings, conferences, and meetings to ensure program compliance.
1. Providers shall complete cultural competency training to include cultural awareness of youth and the aging population and/or relevant local priority populations based on epidemiological data and service priorities.

Section B: Ryan White Date System

Indicator B.1. Security Policy

Standard Requirements

Subrecipients must have a Data Security policies and/or procedures in place.

Documentation

Policies and Procedures

- Security Policy.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator B.1. Security Policy	
Monitoring Indicators	
1.	Policies are in place at all agency locations that are funded in the state of Texas with Operation BRAVE funds that ensure Ryan White Date System information is protected and maintained to ensure client confidentiality.

Indicator B.2. Data Managers Core Competencies

Standard Requirements

Subrecipients must have a Data Security policies and/or procedures in place specific to the Ryan White Data Systems.

Documentation

Evidence

- Agency has local policies and procedures in place relating to Ryan White Date System and the data collected through Ryan White Date System.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator B.2. Data Managers Core Competencies	
Monitoring Indicators	
1.	Agency has local policies and procedures in place relating to Ryan White Date System and the data collected through Ryan White Date System.

Administrative Agency (AA) Universal Standards

Section A: Staff Requirements

Indicator A.1. Staff Screening (Pre-Employment)

Standard Requirements

Staff providing services to clients shall be screened for appropriateness by provider agency as follows:

- Personal/Professional references
- Personal interview
- Written application

Documentation

Evidence

- References and Application on file.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator A.1. Staff Screening (Pre-Employment)
Monitoring Indicators
1. Documentation in Agency's Policies and Procedures Manual.
2. Documentation in personnel and/or volunteer files.

Indicator A.2. Criminal background checks

Standard Requirements

Criminal background checks, if required by Agency Policy, must be conducted prior to employment and thereafter for all staff and/or volunteers per Agency policy.

Documentation

Evidence

- Criminal background checks, if required, on file.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Indicator A.2. Criminal background checks
Monitoring Indicators
1. Documentation in Agency's Policies and Procedures Manual.
2. Documentation in personnel and/or volunteer files.

Indicator A.3. Staff Performance Evaluation

Standard Requirements

Subrecipient will perform annual staff performance evaluation.

Documentation

Evidence

- Annual staff performance evaluation on file.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator A.3. Staff Performance Evaluation
Monitoring Indicators
1. Completed annual performance evaluation kept in employee's file.
2. Staff Evaluations signed and dated by employee and supervisor (includes electronic signature).

Section B: Effective Management Practices

Indicator B.1. Subcontractor Monitoring

Standard Requirements

Agency that utilizes a subcontractor in delivery of service, must have established policies and procedures on subcontractor monitoring that include:

- Fiscal monitoring
- Program
- Quality of care
- Compliance with guidelines and standards

Documentation

Evidence

- Documentation of subcontractor monitoring.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator A.1. Staff Screening (Pre-Employment)
Monitoring Indicators
1. Documentation of subcontractor monitoring.
2. Documentation in Agency's Policies and Procedures Manual.

Indicator B.2. Staff Guidelines

Standard Requirements

Agency develops written guidelines for staff, which include, at a minimum, agency-specific policies and procedures (staff selection, resignation and termination process, and position descriptions); client confidentiality; health and safety requirements; complaint and grievance procedures; emergency procedures; and statement of client rights; staff must review these guidelines annually.

Documentation

Evidence

- Personnel file contains a signed statement acknowledging that staff guidelines were reviewed, and that the employee understands agency policies and procedures.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator B.2. Staff Guidelines
Monitoring Indicators
1. Personnel file contains a signed statement acknowledging that staff guidelines were reviewed and that the employee understands agency policies and procedures.

Indicator B.3. Work Conditions

Standard Requirements

Staff/volunteers have the necessary tools, supplies, equipment and space to accomplish their work.

Documentation

Evidence

- Documentation/Inspection that Staff/volunteers have the necessary tools, supplies, equipment and space to accomplish their work.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator B.3. Work Conditions	
Monitoring Indicators	
1.	Inspection of tools and/or equipment indicates that these are in good working order and in sufficient supply.

Indicator B.4. Professional Behavior

Standard Requirements

Staff must comply with written standards of professional behavior.

Documentation

Policies and Procedures

- Staff guidelines include standards of professional behavior.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator B.4. Professional Behavior	
Monitoring Indicators	
1.	Staff guidelines include standards of professional behavior.
2.	Documentation in Agency's Policies and Procedures Manual.
3.	Documentation in personnel files indicates compliance.
4.	Review of agency's complaint and grievance files.

Indicator B.5. Communication

Standard Requirements

There are procedures in place regarding regular communication with staff about the program and general agency issues.

Documentation

Evidence

- Documentation of regular staff meetings.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator B.5. Communication
Monitoring Indicators
1. Documentation in Agency's Policies and Procedures Manual.
2. Documentation of regular staff meetings.

Indicator B.6. Accountability

Standard Requirements

There is a system in place to document staff work time.

Documentation

Evidence

- Staff time sheets or other documentation.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Indicator B.6. Accountability
Monitoring Indicators
1. Staff time sheets or other documentation.

Indicator B.7. Staff Availability

Standard Requirements

Staff are present to answer incoming calls during agency's normal operating hours.

Documentation

Evidence

- Published documentation of agency operating hours.

Monitoring Indicators

The following Monitoring Indicators are the contractually required guidelines for program Standards and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Indicator B.7. Staff Availability
Monitoring Indicators
1. Published documentation of agency operating hours. 2. Staff time sheets or other documentation indicate compliance.

Eligibility Standards

Operation BRAVE Eligibility Standards

Program Guidance

Clients must be screened for program eligibility annually.

Limitations

Clients eligible for the Operation BRAVE Program are as follows:

- Newly diagnosed within the previous six months,
- New to the State of Texas and/or local SDA for Operation BRAVE and in need of medical services,
- Engaging in care for the first time after being diagnosed for longer than six months,
- Returning to medical care after an absence of six months or longer,
- In care but have not achieved viral suppression, and/or
- In need of Early Intervention Services.

Requirements

Initial Determination

- Upon initiation of services, Operation BRAVE Service Providers must determine whether an applicant meets the following Operation BRAVE Program Eligibility Criteria:
 - have a diagnosis of HIV infection; and
 - provide documentation of applicable county residency.
- Only needs to happen once initially, unless the birth month is 2+ months after initial date
- Required Documentation:
 - HIV/AIDS diagnosis
 - Proof of Residence
 - Proof of Insurance

Annual Recertification

- Following approval of initial eligibility, clients must be screened for program eligibility every year to continue receiving Operation BRAVE Program assistance.
- **Must** be completed yearly or as client circumstances change.
- Required Documentation:
 - Proof of Residence
 - Proof of Insurance

Documentation

HIV/AIDS Diagnosis

Documentation needs to be submitted once at the Initial Determination. Documentation **must** be saved in the client's primary medical record.

Allowable Documentation:

- Laboratory Documentation
 - Proof of HIV may be found in laboratory test results that bear the client's name.
 - Examples include:
 - Positive result from HIV screening test (HIV 1/2 Combo Ab/Ag enzyme immunoassay [EIA]);
 - Positive result from an HIV 1 RNA qualitative virologic test such as a HIV 1 Nucleic Acid Amplification Test (NAAT);
 - Detectable quantity from an HIV 1 RNA quantitative virologic test (e.g. viral load test)
 - HIV.gov's Plasma HIV-1 RNA (Viral Load) and CD4 Count Monitoring defines the level of detection to be greater than 20 copies/mL.¹
 - CDC Articles indicate the lowest detectable quantity is 20-50 copies/mL.²
- Other Forms of Documentation
 - A statement or letter signed by a medical professional (acceptable signatories listed below) indicating that the individual diagnosed with HIV, including the individual's name and the phone number of the medical professional.
 - A medical progress note, hospital discharge paperwork, or other document signed by a medical professional (acceptable signatories listed below) indicating that the individual diagnosed with HIV, including the individual's name and the phone number of the medical professional.
 - An anonymous HIV test result containing identifying information sufficient to ensure a reasonable certainty as to the identity of the test subject, e.g. gender and date of birth (valid for only 60 days from the start of services at the agency).
 - A Texas Department of Criminal Justice (TDJC) physician-completed Medical Certification Form (MCF).
 - Acceptable signatories:
 - A licensed Physician.
 - A licensed Physician Assistant.
 - A licensed Nurse Practitioner.
 - A Registered Nurse working under the supervision of a Physician.
 - A licensed Master's Level Social Worker (LMSW) working under the supervision of a Physician.
 - An Advanced Practice Nurse.

¹ Plasma HIV-1 RNA (Viral Load) and CD4 Count Monitoring, Updated May 1, 2014 <https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-arv/plasma-hiv-1-rna-viral-load-and-cd4-count-monitoring?view=full>

² Guidance on Community Viral Load, 2011 <https://stacks.cdc.gov/view/cdc/28147> (<50 copies/mL); Report of the NIH Panel to Define Principles of Therapy of HIV Infection (1998) <https://www.cdc.gov/mmwr/preview/mmwrhtml/00052295.htm>

Proof of Residence

Clients **must** be a resident of the SDA which consists of Bexar County to be eligible for Operation BRAVE services.

Documentation needs to be submitted at the Initial Determination and the Annual Recertification. Documentation **must** be saved in the client's primary medical record.

Allowable Documentation:

- Valid (unexpired) Texas Driver's License noting Texas address;
- Texas State identification card (including identification from criminal justice systems);
- Recent Social Security, Medicaid/Medicare or Food Stamp/TANF benefit award letters in name of client showing address;
- IRS Tax Return Transcript, Verification of Non-Filing, W2, or 1099;
- Current employment records (pay stub);
- Post office records;
- Current voter registration;
- A mortgage or official rental lease agreement in the client's name;
- Valid (unexpired) motor vehicle registration;
- Proof of current college enrollment or financial aid;
- Students from another state who are living in Texas to attend school may claim Texas residency based on their student status while they are residing in Texas;
- Any bill in the client's name for a service connected to a physical address (client's place of residency) dated within one month of the month of application (e.g. bills for rent, mortgage, electric, gas, water, trash, cable, landline phone, etc.);
- A letter of identification and verification of residency from a verifiable homeless shelter or community center serving homeless individuals; or
- A statement/attestation (does not require notarization) with client's signature declaring that client has no resources for housing or shelter.

Proof of Insurance

Documentation needs to be submitted at the Initial Determination and the Annual Recertification. Documentation **must** be saved in the client's primary medical record.

The client's primary record **must** contain the Proof of Insurance Documentation **and** the AA created *Health Insurance Verification Form*.

Allowable Documentation:

- Uninsured or underinsured status (insurance verification as proof).
- Determination of eligibility and enrollment in other third party insurance programs including Medicaid and Medicare.

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

- For underinsured, proof this service is not covered by other third party insurance programs including Medicaid and Medicare.
- Proof of compliance with eligibility determination as defined by the State or ADAP.
- Documentation of eligibility status must be filed in the client’s primary record.
- Acceptable documentation to verify Medicaid/Medicare or third party eligibility status:
 - AA created *Health Insurance Verification Form* to be used for Client self-attestation of no change or self-attestation of change with acceptable documentation.
 - Form must be uploaded into Ryan White Data System with the document source name and supporting documents.
 - For example:
 - *Health Insurance Verification Form*, with necessary documentation, and/or health insurance card information; or
 - *“ABC” agency form*, with necessary documentation, and/or health insurance card information.
 - The preferred method for documenting insurance verification is printing the results and filing in client record or electronically in an organized and identifiable manner.
 - Verification of employment, i.e. payroll stub, copy of payroll check, bank statement showing direct payroll deposit, letter from employer on company letterhead indicating weekly or monthly wages no greater than 6 months old (to demonstrate Medicaid/Medicare or third-party eligibility status).
 - Medicaid/Medicare or third party rejection/denial letter covering the dates of service.
 - Change Healthcare Holdings, Inc. forms or other automated system (must be done at least monthly).
 - The following documentation is acceptable only for homeless clients:
 - Letter on company letterhead from a case manager, social worker, counselor or other professional (certifying Medicaid/Medicare or third-party eligibility status) from another agency who has personally provided services to the client, stating that the client is undocumented and/or homeless.

Note: HRSA does not require documentation to be provided in-person nor be notarized. Clients may submit and sign documentation electronically.³

³ HRSA Policy Clarification Notice (PCN) 21-02 Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program and HRSA Dear Colleague Letter for PCN 21-02
January 18, 2023

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

Standards Requirements & Monitoring Indicators

The following Standards and Monitoring Indicators are the contractually required guidelines for Eligibility and the indicators that will be monitored by the University Health Operation BRAVE Program Administration to ensure compliance with the guidelines.

Section A: Initial Eligibility Determination	
Standard	Monitoring Indicators
Eligibility determination of clients to determine eligibility as specified by the jurisdiction.	<p>Percentage of clients with documentation of HIV/AIDS diagnosis in the client file of completion of initial eligibility determination.</p> <p>Percentage of clients with proof of residence in the client file of completion of initial eligibility determination.</p> <p>Percentage of clients with proof of insurance (insurance verification) in the client file of completion of initial eligibility determination.</p> <p>Percentage of clients with a completed AA created Health Insurance Verification Form in the client primary record.</p>

Section B: Annual Eligibility Recertification	
Standard	Monitoring Indicators
Eligibility reassessment of clients to determine eligibility as specified by the jurisdiction.	<p>Percentage of clients with proof of residence in the client file of completion of annual eligibility determination.</p> <p>Percentage of clients with proof of insurance (insurance verification) in the client file of completion of annual eligibility determination.</p> <p>Percentage of clients with a completed AA created Health Insurance Verification Form in the client primary record.</p>

Section C: Use of Funds	
Standard	Monitoring Indicators
Funds may not be used for payments for any item or service to the extent that payment has been made, or reasonably can be expected to be made, with respect to that item or service under any state compensation program, insurance policy, federal or state health benefits program or by an entity that provides health services on a prepaid basis (except for a program administered by or providing the services of the Indian Health Services).	<p>Percentage of clients accessing Operation BRAVE services that have documented evidence of screening completed of other resources for services in the primary client record.</p>

University Health Ending the HIV Epidemic Operation BRAVE Program:
Administrative Monitoring Standards

References

[PHS Act](#)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 21-02: Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program](#) October 2021 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds](#) Revised 10/22/2018 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds [Frequently Asked Questions](#) 01/22/2016 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Program Letters: HRSA Dear Colleague Letter for PCN 21-02](#) October 2021 (PDF)

HRSA/HAB Ryan White HIV/AIDS Program [Part A Manual](#) Revised 2013 (PDF)

Ending the HIV Epidemic HRSA Notice of Grant Award

University Health Ryan White Program Administration Policy: 4.02 Eligibility & Use of Funds Policy for the Operation BRAVE Program