



University Health Ryan White Part A & MAI Programs

Administrative Monitoring Standards

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

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Administrative Monitoring Standards

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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 Ryan White Program.

Establishing the Administrative Monitoring Standards ensure the Ryan White 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 Ryan White Part A and MAI Programs in the following jurisdictions:

- Transitional Grant Area (TGA)
 - Include Health Resources and Services Administration (HRSA) funded grant programs
 - Ryan White Part A
 - Minority AIDS Initiative (MAI)
 - Comprises of the following counties for services:
 - Bexar
 - Comal
 - Guadalupe
 - Wilson

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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 Ryan White 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 Ryan White Program Administration.

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References

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

- 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: 6.00 Monitoring Policy for the Part A & MAI Program
- University Health Ryan White Program Administration Policy: 6.05 Contract Compliance Policy for the Part A & MAI 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 RWHAP Part A Service Funds

Indicator A.1. Use of RWHAP Part A funds

Standard Requirements

Use of Ryan White HIV/AIDS Program (RWHAP) Part A 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 (including Planning Council support).

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 RWHAP Part A 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 Ryan White Program Administration to ensure compliance with the guidelines.

Indicator A.1. Use of RWHAP Part A 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 RWHAP Part A 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, and administration (including Planning Council support).

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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: 2.04 Competitive Procurement Process Policy for the Ryan White Program

Section B: Core Medical Services

Indicator B.2. AIDS Pharmaceutical Assistance (Local) (LPAP)

Standard Requirements

Local Pharmaceutical Assistance (LPAP) is a supplemental means of providing ongoing medication assistance when an AIDS Drug Assistance Program (ADAP), also known as Texas HIV Medication Program (THMP), has a restricted formulary, waiting list, and/or restricted financial eligibility criteria.

Guidance

Does the Subrecipient:

1. Provide to the Part A recipient, on request, documentation that the LPAP meets HRSA HAB requirements?
2. Maintain documentation, and make available to the recipient upon request proof of client LPAP eligibility that includes HIV status, residency, medical necessity, and low-income status, as defined by the EMA/TGA, based on a specified percentage of the FPL?
3. Provide reports to the recipient on the number of individuals served and the medications provided?

Documentation

Agreements

- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Part A Services Monitoring Tool.
- Subrecipient Part MAI 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 Ryan White Program Administration to ensure compliance with the guidelines.

Indicator B.2. AIDS Pharmaceutical Assistance (Local) (LPAP)	
Monitoring Indicators	
1.	Documentation that the LPAP is not dispensing medications: <ul style="list-style-type: none">• As a result or component of a primary medical visit.• As a single occurrence of short duration (an emergency).• While awaiting ADAP eligibility determination.• By vouchers to clients on a single occurrence.
2.	Documentation that the LPAP is: <ul style="list-style-type: none">• Consistent with the most current HHS Clinical Practice Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents.• Coordinated with the state's ADAP.• Implemented in accordance with requirements of the 340B Drug Pricing Program, Prime Vendor Program, and/or Alternative Methods Project.

Specific Indicator References

[PHS Act § 2604\(c\)\(3\)\(C\)](#)

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: Local Pharmaceutical Assistance Programs \(LPAP\) Clarification](#) 08/29/2013 (PDF)

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 RWHAP Part 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;

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- 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 Part A 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 Part A Services Monitoring Tool.
- Subrecipient Part MAI 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 Part A-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 Ryan White Program Administration to ensure compliance with the guidelines.

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Indicator B.3. Early Intervention Services (EIS)	
Monitoring Indicators	
1.	Documentation that: <ul style="list-style-type: none">• Part A funds are used for HIV testing only where existing federal, state, and local funds are not adequate, and RWHAP 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.4. Health Insurance Premium and Cost-Sharing Assistance (HIPCSA) for Low-Income Individuals

Standard Requirements

Health Insurance Premium and Cost Sharing Assistance (HIPCSA) provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also includes standalone dental insurance. The service provision consists of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services (OAHS), and pharmacy benefits that provide a full range of HIV medications for eligible clients; and/or
- Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
- Paying cost sharing on behalf of the client.

Guidance

Does the Subrecipient:

1. Conduct an annual cost-effectiveness analysis (if not done by the recipient) that addresses the noted criteria?
2. Provide proof that where RWHAP funds cover premiums, the insurance policy provides comprehensive primary care and a formulary with a full range of HIV medications?
3. Provide proof that where RWHAP funds cover premiums, the dental insurance policy provides comprehensive oral healthcare services?
4. Maintain proof of low-income status?

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5. Provide documentation demonstrating that funds were not used to cover costs associated with the creation, capitalization, or administration of liability risk pools or Social Security costs?
6. When funds are used to cover copays for prescription eyewear, provide a physician’s written statement that the eye condition is related to HIV infection?
7. Have policies and procedures outlining processes for informing, educating, and enrolling people in healthcare and documenting the vigorous pursuit of those efforts?
8. Develop a system to ensure funds pay only for in-network outpatient services?
9. Coordinate with CMS, including entering into appropriate agreements, to ensure that funds are appropriately included in TrOOP or donut hole costs?

Documentation

Agreements

- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Part A Services Monitoring Tool.
- Subrecipient Part MAI Services Monitoring Tool.
- Conduct an annual cost-effectiveness analysis (if not done by the recipient) that addresses the noted criteria.
- Proof that where RWHAP funds cover premiums, the insurance policy provides comprehensive primary care and a formulary with a full range of HIV medications.

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 Ryan White Program Administration to ensure compliance with the guidelines.

Indicator B.4. Health Insurance Premium and Cost-Sharing Assistance (HIPCSA) for Low-Income Individuals	
Monitoring Indicators	
1.	Documentation of an annual cost-effectiveness analysis illustrating the greater benefit of purchasing public or private health insurance, pharmacy benefits, copays, and/or deductibles for eligible low-income clients compared to the full cost of medications and other appropriate HIV outpatient/ambulatory health services.
2.	Documentation that the insurance plan purchased provides comprehensive primary care and a full range of HIV medications.
3.	Documentation that the insurance plan purchased provides comprehensive oral healthcare services.
4.	Documentation, including a physician’s written statement that the eye condition is related to HIV infection when funds are used for copays of eyewear.
5.	Assurance that any cost associated with the creation, capitalization, or administration of a liability risk pool is not being funded by RWHAP.
6.	Assurance that RWHAP funds are not being used to cover costs associated with Social Security.

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7. Documentation of clients' low-income status as defined by the EMA/TGA.

Specific Indicator References

[42 U.S. Code \(USC\) 1395w-102\(b\)\(4\)\(C\)\(iii\)](#)

[PHS Act § 2604\(c\)\(3\)\(F\)](#)

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 16-02: 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 14-01: Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Premium Tax Credits under the Affordable Care Act](#) Revised 04/03/2015 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 14-01: Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Premium Tax Credits under the Affordable Care Act [Frequently Asked Questions](#) June 2015 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 14-01: Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Advanced Premium Tax Credits Under the Affordable Care Act](#) 07/14/2014 Federal Register (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. [Program Letters: Using Ryan White HIV/AIDS Program Funds to Support Standalone Dental Insurance](#) 12/05/2016 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Program Letters: ADAP/TrOOP](#) 11/23/2010 (PDF)

University Health Ryan White Program Administration Policy: 4.07 Health Insurance Policy for the Part A & MAI Program

University Health Ryan White Program Administration Policy: 4.11 Cost Effectiveness Policy for the Part A & MAI Program

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 RWHAP 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 Part A Services Monitoring Tool.
- Subrecipient Part MAI Services Monitoring Tool.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

- 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 Ryan White 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.
4.	Documentation in client records of services provided, such as: <ul style="list-style-type: none">• 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.9. Medical Nutrition Therapy (MNT)

Standard Requirements

Medical Nutrition Therapy includes:

- Nutrition assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider's recommendation
- Nutrition education and/or counseling

All activities performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional.

Services must be provided by a Registered Dietitian or other licensed nutrition professional pursuant to a medical provider's written referral.

Guidance

Does the Subrecipient:

1. Maintain, and make available to the recipient, copies of the dietician's license and registration?
2. Document services provided, number of clients served, and the quantity of nutritional supplements and food provided to clients?
3. Document in each client file:
 - a. Services provided and dates,
 - b. Nutritional plan as required, including required information and signature,
 - c. Medical provider's referral, and
 - d. Medical provider's recommendation for the provision of food?

Documentation

Agreements

- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Part A Services Monitoring Tool.
- Subrecipient Part MAI Services Monitoring Tool.
- Licensure and registration of the dietician as required by the state in which the service is 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 Ryan White Program Administration to ensure compliance with the guidelines.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

Indicator B.9. Medical Nutrition Therapy (MNT)	
Monitoring Indicators	
1.	Documentation of: <ul style="list-style-type: none">• Licensure and registration of the dietician as required by the state in which the service is provided.• A referral by a licensed medical provider.• The existence of a detailed nutritional treatment plan for each eligible client.
2.	The required content of the nutritional plan, including: <ul style="list-style-type: none">• The diagnosed condition for which medical nutrition therapy is needed.• Recommended services and course of medical nutrition therapy to be provided, including types and amounts of nutritional supplements and food.• Date the service is to be initiated.• Planned number and frequency of sessions.• The signature of the registered dietician who developed the plan.• Where food is provided to a client under this service category, the client file includes a medical provider's recommendation and is noted in the nutritional plan.
3.	Services provided, including: <ul style="list-style-type: none">• Nutritional supplements and food provided, quantity, and dates.• The signature of each registered dietician who rendered service and the date of service.• Date of reassessment.• Termination date of medical nutrition therapy.• Any recommendations for follow up.

Specific Indicator References

[PHS Act § 2604\(c\)\(3\)\(H\)](#)

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)

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

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

- b. Documentation of services provided, dates, and consistency with RWHAP requirements and with individual client treatment plans?

Documentation

Agreements

- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Part A Services Monitoring Tool.
- Subrecipient Part MAI 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 Ryan White 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 RWHAP 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.

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 Part A Services Monitoring Tool.
- Subrecipient Part MAI 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 Ryan White Program Administration to ensure compliance with the guidelines.

Indicator B.11. Oral Healthcare (OH) Services	
Monitoring Indicators	
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.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

- 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 RWHAP Part A.

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:

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

- 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 Part A Services Monitoring Tool.
- Subrecipient Part MAI 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 Ryan White 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)

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?

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

3. Maintain program files and client records that include treatment plans with all required elements and that document:
 - a. That all services provided are allowable under RWHAP,
 - 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 Part A Services Monitoring Tool.
- Subrecipient Part MAI 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 Ryan White 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 Part A funds are allowable under RWHAP.
3.	Assurance that services are provided only in an outpatient setting.
4.	Assurance that RWHAP 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.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

- The signature of the individual providing the service and/or the supervisor, as applicable.
6. Documentation that:
- 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 RWHAP 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 RWHAP-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 RWHAP 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?

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

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,
 - 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. Was used only in cases where RWHAP was the payor of last resort,
 - c. Met recipient-specified limitations on amount, frequency, and duration of assistance to an individual client, and
 - d. Was provided through allowable payment methods?

Documentation

Agreements

- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Part A Services Monitoring Tool.
- Subrecipient Part MAI 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 Ryan White Program Administration to ensure compliance with the guidelines.

Indicator C.2. Emergency Financial Assistance (EFA)
Monitoring Indicators
<ol style="list-style-type: none">1. Documentation of services and payments to verify that:<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.• RWHAP is the payor of last resort.

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 RWHAP funds were used only for allowable purposes and RWHAP was the payor of last resort?

Documentation

Agreements

- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Part A Services Monitoring Tool.
- Subrecipient Part MAI 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 Ryan White Program Administration to ensure compliance with the guidelines.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

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.• Types of non-food items provided are allowable.• If water filtration/purification systems are provided, the community has water purity issues.
2.	Assurance of: <ul style="list-style-type: none">• 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.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.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

- 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,
 - 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 Part A Services Monitoring Tool.
- Subrecipient Part MAI 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 Ryan White Program Administration to ensure compliance with the guidelines.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

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*.

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 Part A Services Monitoring Tool.
- Subrecipient Part MAI 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 Ryan White 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.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 RWHAP-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?

Documentation

Agreements

- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

Evidence

- Subrecipient Scope of Work.
- Subrecipient Part A Services Monitoring Tool.
- Subrecipient Part MAI 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 Ryan White 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 RWHAP 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 RWHAP expectations for CQM programs.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

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 Ryan White 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 Part A program's approved service category definition for each funded service category.
7.	Develop and monitor service standards to ensure that services are compliant with HHS treatment guidelines and the Part A 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)

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

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: 7.00 Clinical Quality Management Policy for the Part A & MAI Program

University Health Ryan White Program Administration Policy: 7.04 Client Satisfaction (Subrecipient) Policy for the Part A & MAI 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 Part A funds.
 - The receipt and disbursement of program funds.
 - Development and establishment of reimbursement and accounting systems.

Note: Please see RWHAP Part A 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?

Documentation

Agreements

- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

- Subrecipient Scope of Work.
- Subrecipient Part A/MAI Fiscal Monitoring Tool.
- Subrecipient Reimbursement Requests.
- Subrecipient Budgets.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

- 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 Ryan White Program Administration to ensure compliance with the guidelines.

Indicator E.1. Administration	
Monitoring Indicators	
1.	Documentation that recipient administrative costs paid by Part A 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: 2.04 Competitive Procurement Process Policy for the Ryan White Program

University Health Ryan White Program Administration Policy: 8.08 Program & Admin Costs Policy for the Part A & MAI Program

Section F: Other Service Requirements

Indicator F.1. Women, Infants, Children, and Youth (WICY)

Standard Requirements

Use of grant funds each fiscal year for each of the populations of WICY is not less than the percentage constituted by the ratio of the population in such areas with HIV to the general population in such areas with HIV unless a waiver from this provision is obtained.

Note: Funds expended should apply to all four populations, no matter how small the percentage.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

Guidance

Does the Subrecipient:

1. Track and report to the recipient the amount and percentage of Part A funds expended for services to each priority population?

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 Ryan White Program Administration to ensure compliance with the guidelines.

Indicator F.1. Women, Infants, Children, and Youth (WICY)
Monitoring Indicators
1. Documentation that the amount of Part A funding spent on services for WICY is at least equal to the proportion each of these populations represents of the entire population of people with HIV in the TGA.

Specific Indicator References

[PHS Act § 2604\(f\)](#)

RSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Program Letters: Coordination between Medicaid and Ryan White HIV/AIDS Programs](#) 05/01/2013 (PDF)

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

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

HRSA/HAB Ryan White HIV/AIDS Program Part A WICY Reporting Instructions

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

Standard Requirements

The requirement that Part A 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.

University Health Ryan White Part A & MAI Programs:
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- 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 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 Ryan White 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 Part A 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

RWHAP 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 Ryan White Program Administration to ensure compliance with the guidelines.

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 RWHAP 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 RWHAP 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 Ryan White Program Administration to ensure compliance with the guidelines.

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 RWHAP 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](#)

University Health Ryan White Part A & MAI Programs:
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)

Indicator G.3. Broad Scope Awareness Activities

Standard Requirements

No use of RWHAP 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.
- 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 Ryan White 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 RWHAP funds for unallowable activities.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

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 RWHAP 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.

University Health Ryan White Part A & MAI Programs:
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 Ryan White 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 RWHAP 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

RWHAP funds may not be used to make cash payments to intended service recipients of RWHAP-funded services. This prohibition includes cash incentives and cash intended as payment for RWHAP 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 RWHAP-funded services?
6. Maintain documentation that all provider staff have been informed of policies that prohibit the use of RWHAP funds for cash payments to clients of RWHAP-funded services?

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

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 Ryan White 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 RWHAP 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 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 RWHAP-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.6. Employment and Employment-Readiness Services

Standard Requirements

Prohibition on the use of RWHAP funds to support employment, vocational, or employment-readiness services, except in limited, specified instances (e.g., Non-Medical Case Management Services or Rehabilitation Services).

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

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 Ryan White Program Administration to ensure compliance with the guidelines.

Indicator G.6. Employment and Employment-Readiness Services
Monitoring Indicators
1. Signed contracts, recipient and subrecipient assurances, and/or certifications that define and specifically forbid the use of RWHAP 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

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 RWHAP 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.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

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.

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 Ryan White 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 RWHAP 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 RWHAP 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 RWHAP funds for the following activities or to purchase these items:

- Clothing.
- Funeral, burial, cremation, or related expenses.
- Local or state personal property taxes (for residential property, private automobiles, or any other personal property against which taxes may be levied).
- Household appliances.
- Pet foods or other non-essential products.
- Off-premise social/recreational activities or payments for a client's gym membership.
- Purchase or improve land, or purchase, construct, or permanently improve (other than minor remodeling) any building or other facility.
- Pre-exposure prophylaxis (PrEP).
- Post-exposure prophylaxis.
- International travel.

Note: RWHAP funds cannot pay for PrEP or non-occupational post-exposure prophylaxis (nPEP), as the person using PrEP is not an individual with HIV, and the person using nPEP is not diagnosed with HIV prior to the exposure, and therefore are not eligible for RWHAP-funded medications or medical services. Part A and Part B recipients and subrecipients may provide some limited services under the EIS category. For more information, see the [HAB RWHAP and PrEP Program Letter](#).

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.

University Health Ryan White Part A & MAI Programs:
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 Ryan White 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 RWHAP 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 RWHAP 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 I: Minority AIDS Initiative (MAI)

Indicator I.1. Minority AIDS Initiative (MAI)

Standard Requirements

MAI funds must be used to address the disproportionate impact of HIV on racial and ethnic minority populations and subpopulations, in addition to disparities in access, treatment, care, and outcomes.

Guidance

Does the Subrecipient:

1. Establish and maintain a system that tracks and reports the following for MAI services:
 - a. Funds expended,
 - b. Number of clients served,
 - c. Units of service provided overall by race/ethnicity, women, infants, children, and youth, and

d. Client-level outcomes within each minority population and/or subpopulation?

Documentation

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 Ryan White Program Administration to ensure compliance with the guidelines.

Indicator I.1. Minority AIDS Initiative (MAI)
Monitoring Indicators
1. Documentation that the EMA/TGA is allocating and expending funds to serve racial and ethnic minority populations and subpopulations disproportionately impacted by HIV in their jurisdiction.

Specific Indicator References

[PHS Act](#) § 2693(a), 2693(b)(1)(A), and 2693(b)(2)(A)

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

Section J: Data Reporting Requirements

Indicator J.1. Submission of the RSR

Standard Requirements

There are three components to the RSR that EMAs/TGAs 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 RWHAP providers receive. To be included in the RSR, the client must:

- Meet the recipient's eligibility requirements for the RWHAP 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 RWHAP-related funding.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

Guidance

Does the Subrecipient:

1. Report all the RWHAP-funded or RWHAP-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 Ryan White Program Administration to ensure compliance with the guidelines.

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: RWHAP Core Medical Services - Additional Policies and Procedures

Indicator A.1. AIDS Pharmaceutical Assistance (Local) (LPAP)

Standard Requirements

Local Pharmaceutical Assistance (LPAP) is a supplemental means of providing ongoing medication assistance when an AIDS Drug Assistance Program (ADAP), also known as Texas HIV Medication Program (THMP), has a restricted formulary, waiting list, and/or restricted financial eligibility criteria.

Agencies must have a system for clients to access prescriptions. Prescriptions should be available and approved for LPAP assistance within two (2) business days.

Guidance

Does the Subrecipient:

1. Have an LPAP policy that meets HRSA/HAB requirements?
2. Allows only authorized personnel dispense/ provide prescription medication?
3. Have medications and supplies secured in a locked area and stored appropriately?
4. Have a system for drug therapy management, if applicable?
5. Have a policy for timeliness of services?
6. Have MOUs ensuring cost efficient methods are in place?
7. Have MOUs that ensure dispensing fees are established and implemented?
8. Have pharmacy technicians and other personnel authorized to dispense medications are under the supervision of a licensed pharmacist?
9. Have an active pharmacy license is onsite and is renewed every two years?
10. Have documentation on file that pharmacy owner if not a Texas licensed pharmacist, is consulting with a pharmacist in charge (PIC) or with another licensed pharmacist?

Documentation

Agreements

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

Policies and Procedures

- AIDS Pharmaceutical Assistance (Local) (LPAP)
 - Policy for timeliness of services (LPAP).

Evidence

- AIDS Pharmaceutical Assistance (Local) (LPAP)
 - Pharmacy technicians and other personnel authorized to dispense medications are under the supervision of a licensed pharmacist.
 - Active pharmacy license is onsite and is renewed every two years.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

- Documentation on file that pharmacy owner if not a Texas licensed pharmacist, is consulting with a pharmacist in charge (PIC) or with another licensed pharmacist.

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 Ryan White Program Administration to ensure compliance with the guidelines.

Indicator A.1. AIDS Pharmaceutical Assistance (Local) (LPAP)
Monitoring Indicators
1. Policy for timeliness of services.
2. MOUs ensuring cost efficient methods are in place.
3. MOUs ensure dispensing fees are established and implemented.
4. Pharmacy technicians and other personnel authorized to dispense medications are under the supervision of a licensed pharmacist.
5. Active pharmacy license is onsite and is renewed every two years.
6. Documentation on file that pharmacy owner if not a Texas licensed pharmacist, is consulting with a pharmacist in charge (PIC) or with another licensed pharmacist.

Specific Indicator References

[PHS Act § 2604\(c\)\(3\)\(C\)](#)

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: Local Pharmaceutical Assistance Programs \(LPAP\) Clarification](#) 08/29/2013 (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, Chapter 15, 291](#)

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

DSHS HIV/STD Program Policies: Purchasing Prescription or Over-The-Counter Medications and Vitamins not Covered by a Third-Party Payer. ([Policy 220.101](#)) revised 05/01/2000

DSHS HIV/STD Program Policies: HIV/STD Medication Program Pharmacy Eligibility Criteria. ([Policy 700.003](#)) Revised 01/31/2018

Indicator A.2. Health Insurance Premium and Cost-Sharing Assistance (HIPCSA) for Low-Income Individuals

Standard Requirements

Health Insurance Premium and Cost Sharing Assistance (HIPCSA) provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also includes standalone dental insurance. The service provision consists of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services (OAHS), and pharmacy benefits that provide a full range of HIV medications for eligible clients; and/or
- Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
- Paying cost sharing on behalf of the client.

The provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. This includes out-of-pocket costs such as premium payments, co-payments, coinsurance, and deductibles. Please refer to Texas Department of State Health Services (DSHS) [Policy 260.002](#) (Health Insurance Assistance) for further clarification and guidance.

The cost of insurance plans must be lower than the cost of providing health services through grant-supported direct delivery (be “cost-effective”), including costs for participation in the Texas AIDS Drug Assistance Program (ADAP). Please refer to Texas Department of State Health Services (DSHS) [Policy 270.001](#) (Calculation of Estimated Expenditures on Covered Clinical Services) for further clarification and guidance. Additionally, an annual cost-effective analysis can be located as an attachment to the aforementioned policy.

Guidance

Does the Subrecipient:

1. Have policy that outlines caps on assistance/payment limits and adheres to DSHS Policy 270.001 (Calculation of Estimated Expenditures on Covered Clinical Services)?
2. Have policy that details the expectation for client contribution and tracks these contributions under client charges?
3. Have a policy that requires referral relationships with organizations or individuals who can provide expert assistance to clients on their health insurance coverage options and available cost reductions?
4. Have a policy that details the process to make premium and out-of-pocket payments or IRS payments?

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

Documentation

Agreements

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

Policies and Procedures

- Health Insurance Premium and Cost-Sharing Assistance (HIPCSA) for Low-Income Individuals
 - Agency has policy that outlines caps on assistance/payment limits and adheres to DSHS Policy 270.001 (Calculation of Estimated Expenditures on Covered Clinical Services).
 - Agency has policy that details the expectation for client contribution and tracks these contributions under client charges.
 - Agency has policy that requires referral relationships with organizations or individuals who can provide expert assistance to clients on their health insurance coverage options and available cost reductions.
 - Agency has policies and procedures detailing process to make premium and out-of-pocket payments or IRS payments.

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 Ryan White Program Administration to ensure compliance with the guidelines.

Indicator A.2. Health Insurance Premium and Cost-Sharing Assistance (HIPCSA) for Low-Income Individuals	
Monitoring Indicators	
1.	Agency has policy that outlines caps on assistance/payment limits and adheres to DSHS Policy 270.001 (Calculation of Estimated Expenditures on Covered Clinical Services).
2.	Agency has policy that details the expectation for client contribution and tracks these contributions under client charges.
3.	Agency has policy that requires referral relationships with organizations or individuals who can provide expert assistance to clients on their health insurance coverage options and available cost reductions.
4.	Agency has policies and procedures detailing process to make premium and out-of-pocket payments or IRS payments.

Specific Indicator References

[42 U.S. Code \(USC\) 1395w-102\(b\)\(4\)\(C\)\(iii\)](#)

[PHS Act § 2604\(c\)\(3\)\(F\)](#)

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)

University Health Ryan White Part A & MAI Programs:
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 Program & Grants Management, Recipient Resources. [Policy Clarification Notice 14-01: Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Premium Tax Credits under the Affordable Care Act](#) Revised 04/03/2015 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 14-01: Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Premium Tax Credits under the Affordable Care Act [Frequently Asked Questions](#) June 2015 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 14-01: Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Advanced Premium Tax Credits Under the Affordable Care Act](#) 07/14/2014 Federal Register (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. [Program Letters: Using Ryan White HIV/AIDS Program Funds to Support Standalone Dental Insurance](#) 12/05/2016 (PDF)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Program Letters: ADAP/TrOOP](#) 11/23/2010 (PDF)

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

DSHS HIV/STD Prevention and Care Branch Policy: Health Insurance Assistance ([Policy 260.002](#))

DSHS HIV/STD Ryan White Program Policies: DSHS Funds as Payment of Last Resort ([Policy 590.001](#))

DSHS HIV/STD Ryan White Part B Program Universal Standards ([pg. 30-31](#))

University Health Ryan White Program Administration Policy: 4.07 Health Insurance Policy for the Part A & MAI Program

University Health Ryan White Program Administration Policy: 4.11 Cost Effectiveness Policy for the Part A & MAI Program

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,

University Health Ryan White Part A & MAI Programs:
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- 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).

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 Ryan White 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\(c\)\(3\)\(M\)](#)

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

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.4. Medical Nutrition Therapy (MNT)

Standard Requirements

Medical Nutrition Therapy includes:

- Nutrition assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider's recommendation
- Nutrition education and/or counseling

All activities performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional.

Services must be provided by a Registered Dietitian or other licensed nutrition professional pursuant to a medical provider's written referral.

Guidance

Does the Subrecipient:

1. Maintain and make available copies of the dietitian's license and registration?
2. Staff have the knowledge, skills, and experience appropriate to providing food or nutritional counseling/education services. Personnel records/resumes/applications for employment will reflect requisite education, skills, and experience?
3. Have Licensed Registered Dietitians that maintain current professional education (CPE) units/hours, including HIV nutrition and other related medical topics approved by the Commission of Dietetic Registration?
 - a. Documentation in personnel records of professional education?
4. Have a policy and procedure for determining frequency of contact with the licensed Registered Dietitian based on the level of care needed?
5. Have a policy and procedure on obtaining, tracking inventory, storing, and administering supplemental nutrition products, if applicable?
6. Have a policy and procedure on discharging a patient from medical nutrition therapy and the process for discharge/referral?

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

Documentation

Agreements

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

Training Certificates

- Licensed Registered Dietitians will maintain current professional education (CPE) units/hours, including HIV nutrition and other related medical topics approved by the Commission of Dietetic Registration. Documentation in personnel records of professional education.

Evidence

- Medical Nutrition Therapy (MNT)
 - Maintain and make available copies of the dietitian’s license and registration.

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 Ryan White Program Administration to ensure compliance with the guidelines.

Indicator A.4. Medical Nutrition Therapy (MNT)
Monitoring Indicators
1. Maintain and make available copies of the dietitian’s license and registration.
2. Staff has the knowledge, skills, and experience appropriate to providing food or nutritional counseling/education services. Personnel records/resumes/applications for employment will reflect requisite education, skills, and experience.
3. Licensed Registered Dietitians will maintain current professional education (CPE) units/hours, including HIV nutrition and other related medical topics approved by the Commission of Dietetic Registration.
4. Documentation in personnel records of professional education.

Specific Indicator References

[PHS Act § 2604\(c\)\(3\)\(H\)](#)

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 (RWHAP) [National Monitoring Standards for RWHAP Part B Recipients](#) Revised June 2022 (PDF)

DSHS Reference: [Agency for Healthcare Research and Quality](#). HIV/AIDS evidence-based nutrition practice guideline

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

DSHS Reference: [Living well with HIV/AIDS](#). A manual on nutritional care and support for people living with HIV/AIDS

DSHS Reference: The American Dietetic Association. Medical Nutrition Therapy Across the Continuum of Care, Second Edition, October, 1998.

DSHS Reference: [The American Dietetic Association. HIV/AIDS evidence-based nutrition practice guideline. Chicago \(IL\): American Dietetic Association](#) December 2010. (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.

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 Ryan White Program Administration to ensure compliance with the guidelines.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

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\(c\)\(3\)\(K\)](#)

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

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- 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?
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

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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 Ryan White Program Administration to ensure compliance with the guidelines.

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)

University Health Ryan White Part A & MAI Programs:
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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](#)

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.

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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 Ryan White Program Administration to ensure compliance with the guidelines.

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: RWHAP 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 HRSA RWHAP 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 RWHAP-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 RWHAP 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.

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 Ryan White Program Administration to ensure compliance with the guidelines.

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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?
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?

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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 Ryan White Program Administration to ensure compliance with the guidelines.

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.

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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

- 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.

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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 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?

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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 Ryan White 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\(d\)](#)

[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 HRSA RWHAP-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 Ryan White Program Administration to ensure compliance with the guidelines.

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)

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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 RWHAP Part A 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 Ryan White 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 Ryan White Part A & MAI Programs:
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: 8.08 Program & Admin Costs Policy for the Part A & MAI Program

Indicator A.5. Appropriate Subrecipient Assignment of RWHAP Part A Administrative Expenses

Standard Requirements

Indicator A.5. Appropriate subrecipient assignment of RWHAP Part A 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 RWHAP Part A award; and
- Other types of program support, such as quality assurance, quality control, and related activities (exclusive of RWHAP 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 RWHAP 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 Ryan White Part A & MAI Programs:
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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 Ryan White Program Administration to ensure compliance with the guidelines.

Indicator A.5. Appropriate Subrecipient Assignment of RWHAP Part A 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: 8.08 Program & Admin Costs Policy for the Part A & MAI Program

Indicator A.8. Expenditure of not less than 75 Percent of Service Dollars on Core Medical Services

Standard Requirements

Expenditure of not less than 75 percent of service dollars on core medical services unless a waiver has been obtained from HRSA.

(Service dollars are those grant funds minus the amount reserved for administrative, planning and evaluation, and CQM activities.)

Guidance

Does the Subrecipient:

1. Maintain appropriate expense documentation and properly allocate and report expenditures for HRSA-defined core medical services to the recipient by service category?

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

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 Ryan White Program Administration to ensure compliance with the guidelines.

Indicator A.8. Expenditure of not less than 75 Percent of Service Dollars on Core Medical Services	
Monitoring Indicators	
1.	Review of budgeted allocations to verify that the recipient has met or exceeded the required 75 percent of service dollars expenditure on RWHAP-defined core medical services (if no waiver has been approved).
2.	Review of actual program expenses to verify that the recipient has met or exceeded the required 75 percent of service dollars expenditure on RWHAP-defined core medical services (if no waiver has been approved).

Specific Indicator References

[PHS Act § 2604\(c\)](#)

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)

University Health Ryan White Program Administration Policy: 8.08 Program & Admin Costs Policy for the Part A & MAI Program

Indicator A.9. Total Expenditures for Support Services are limited to no more than 25 Percent of Service Dollars

Standard Requirements

Total expenditures for support services are limited to no more than 25 percent of service dollars** (if no core medical services waiver was obtained).

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

* Support services are those services, subject to the approval of the Secretary of Health and Human Services, that are needed for people with HIV to achieve their medical outcomes.

**Service dollars are those grant funds remaining after reserving or expending statutory permissible amounts on administrative and CQM.

Guidance

Does the Subrecipient:

1. Maintain appropriate expense documentation and properly allocate and report expenditures for HRSA-defined support services to the recipient by service category?
2. Document that support service funds are contributing to positive medical outcomes for clients?

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 Ryan White Program Administration to ensure compliance with the guidelines.

Indicator A.9. Total Expenditures for Support Services are limited to no more than 25 Percent of Service Dollars
Monitoring Indicators
1. Documentation that support services are being used to help achieve positive medical outcomes for clients.
2. Documentation that aggregated support service expenses do not exceed 25 percent of service dollars.

Specific Indicator References

[PHS Act](#) § 2604(a) and (d)

University Health Ryan White Program Administration Policy: 8.08 Program & Admin Costs Policy for the Part A & MAI Program

Section B: Unallowable Costs

Indicator B.1. The Recipient shall Provide to all RWHAP Part A Subrecipients Definitions of Unallowable Costs

Standard Requirements

The recipient shall provide to all RWHAP Part A 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?
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 Ryan White Program Administration to ensure compliance with the guidelines.

Indicator B.1. The Recipient shall Provide to all RWHAP Part A 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 RWHAP 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\(i\)](#)

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

[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 RWHAP Part A Funds to Purchase or Improve Land or to Purchase, Construct, or Permanently Improve any Building or Other Facility

Standard Requirements

No use of RWHAP Part A 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 Ryan White Program Administration to ensure compliance with the guidelines.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

Indicator B.2. No Use of RWHAP Part A 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 RWHAP 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 RWHAP 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?

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

Documentation

Agreements

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

Policies and Procedures

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

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 Ryan White 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 RWHAP 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 RWHAP Part A Funds to Develop Materials Designed to Promote or Encourage Intravenous Drug Use or Sexual Activity

Standard Requirements

No use of RWHAP Part A 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?

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 Ryan White Program Administration to ensure compliance with the guidelines.

Indicator B.4. No Use of RWHAP Part A 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 RWHAP 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 RWHAP Part A Funds for the Purchase of Equipment Costing more than \$5,000 without Prior Written Approval

Standard Requirements

No use of RWHAP Part A 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?
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 Ryan White Program Administration to ensure compliance with the guidelines.

Indicator B.5. No Use of RWHAP Part A 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 RWHAP funds for unallowable expenses.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

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: 2.05 Inventory Policy (HRSA) Policy for the Ryan White Program

University Health Ryan White Program Administration Policy: 2.06 Inventory Policy (DSHS) Policy for the Ryan White Program

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

Standard Requirements

No use of RWHAP Part A 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.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

- 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 Ryan White Program Administration to ensure compliance with the guidelines.

Indicator B.6. No Use of RWHAP Part A 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 RWHAP 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 RWHAP Part A Funds for Outreach Activities that have HIV Prevention Education as their Exclusive Purpose

Standard Requirements

No use of RWHAP Part A 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?

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

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.

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 Ryan White Program Administration to ensure compliance with the guidelines.

Indicator B.7. No Use of RWHAP Part 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 RWHAP 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 RWHAP Part A Funds for Influencing or Attempting to Influence Members of Congress and Other Federal Personnel

Standard Requirements

No use of RWHAP Part A funds for influencing or attempting to influence members of Congress and other federal personnel.

Note 1: This provision also applies to planning and advisory bodies.

Note 2: Lobbying certification and disclosure forms are part of the annual RWHAP Part A 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 Part A 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.

University Health Ryan White Part A & MAI Programs:
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 Ryan White Program Administration to ensure compliance with the guidelines.

Indicator B.8. No Use of RWHAP Part A 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 RWHAP 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.	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 that RWHAP Part A Funding is the Payor of Last Resort

Standard Requirements

Ensuring that RWHAP Part A funding is the payor of last resort 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 that RWHAP is the payor of last resort 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 RWHAP resources are used only when a third-party payer is not available?

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

4. Establish and maintain medical practice management systems for billing?

Documentation

Policies and Procedures

- Payor of Last Resort (PoLR).
- Program Income.
- Written billing and collection policies and procedures.

Evidence

- Proof of internal reviews of files and billing systems for Payor of Last Resort.
- 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 Ryan White Program Administration to ensure compliance with the guidelines.

Indicator C.1. Ensuring that RWHAP Part A Funding is the Payor of Last Resort
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)

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

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: 4.00 Eligibility & PoLR Policy for the Part A & MAI Program

University Health Ryan White Program Administration Policy: 4.07 Health Insurance Policy for the Part A & MAI Program

University Health Ryan White Program Administration Policy: 4.15 Program Income Policy for the Part A & MAI 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 payor of last resort 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

- Payor of Last Resort (PoLR).
- Written billing and collection policies and procedures.

Evidence

- Proof of internal reviews of files and billing systems for Payor of Last Resort.
- 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 Ryan White Program Administration to ensure compliance with the guidelines.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

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:
 - 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.

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: 4.00 Eligibility & PoLR Policy for the Part A & MAI Program

University Health Ryan White Program Administration Policy: 4.07 Health Insurance Policy for the Part A & MAI 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.

University Health Ryan White Part A & MAI Programs:
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.
- Medicaid certification

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 Ryan White 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: 4.07 Health Insurance Policy for the Part A & MAI 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 Ryan White 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 RWHAP funds?

Documentation

Policies and Procedures

- Payor of Last Resort (PoLR).
- Program Income.
- Written billing and collection policies and procedures.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

Evidence

- Proof of internal reviews of files and billing systems for Payor of Last Resort.
- 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 RWHAP 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 Ryan White 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 RWHAP-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: 4.15 Program Income Policy for the Part A & MAI Program

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

Standard Requirements

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

- 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 1: Program income funds are not subject to the legislative limitations on administration (10 percent), quality management (five percent), or support services (25 percent maximum). For example, all program income can be spent on the administration of the RWHAP Part A; however, HRSA encourages the use of funds for services.

Note 2: Program income funds must be expended prior to using Ryan White 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 RWHAP subaward?

Documentation

Policies and Procedures

- Payor of Last Resort (PoLR).
- Program Income.
- Written billing and collection policies and procedures.

Evidence

- Proof of internal reviews of files and billing systems for Payor of Last Resort.
- 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 RWHAP 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 Ryan White Program Administration to ensure compliance with the guidelines.

C.5. Ensure Service Provider Retention of Program Income Derived from RWHAP-Funded Services and Used Appropriately	
Monitoring Indicators	
1.	Review of the recipient and subrecipient systems for tracking and reporting program income generated by RWHAP-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 Part A 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: 4.15 Program Income Policy for the Part A & MAI 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 RWHAP Part A 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 RWHAP 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 Part A award directly?
2. Prepare a detailed chart of accounts and general ledger that provide for the tracking of Part A 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

- Payor of Last Resort (PoLR).
- Program Income.
- Written billing and collection policies and procedures.

Evidence

- Proof of internal reviews of files and billing systems for Payor of Last Resort.
- 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 RWHAP 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 Ryan White Program Administration to ensure compliance with the guidelines.

University Health Ryan White Part A & MAI Programs:
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 RWHAP Part A award.
2. Review the chart of accounts and general ledger that tracks the source and use of program income directly generated by the Part A 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: 4.15 Program Income Policy for the Part A & MAI Program

Section D: Imposition & Assessment of Client Charges

D.1. Policies and procedures of recipients and subrecipients for a schedule of charges to clients for services publicly available

Standard Requirements

Policies and procedures of recipients and subrecipients who are direct service providers must make a schedule of charges to clients for services publicly available, which may include a documented decision to impose only a nominal charge. Recipients and subrecipients operating as free clinics or healthcare for the homeless clinics have the option to waive the imposition of charges, including nominal charges, on RWHAP services provided to eligible clients.

Guidance

Does the Subrecipient:

1. Establish, document, and have available for review:
 - a. Imposition of charges policy that includes a schedule of charges,
 - b. Client eligibility determination procedures for imposition of charges,
 - c. Description of the accounting system used for tracking patient charges, payments, and adjustments,
 - d. Written imposition of charges policy that includes a current schedule of charges.
 - e. Client eligibility determination in client records,

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

- f. Fees charged by the provider and payments made to that provider by clients, and
 - g. Process for obtaining and documenting client charges and payments through an accounting system, manual or electronic?
2. Publicly post the schedule of charges?
 3. Make sure personnel are aware of and consistently follow the schedule of charges?
 4. Inform clients of their responsibility to track their expenditures to ensure that they are not charged beyond the annual cap on charges based upon their federal poverty level (FPL)?

Documentation

Policies and Procedures

- Imposition of charges policy that includes a schedule of charges.

Evidence

- Description of the accounting system used for tracking patient charges, payments, and adjustments.
- Proof of Publicly post the schedule of charges.
- Personnel are aware of and consistently follow the schedule of charges.
- Inform clients of their responsibility to track their expenditures to ensure that they are not charged beyond the annual cap on charges based upon their federal poverty level (FPL).

Tools

- Subrecipient Mechanism for tracking client charges

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 Ryan White Program Administration to ensure compliance with the guidelines.

D.1. Policies and procedures of recipients and subrecipients for a schedule of charges to clients for services publicly available	
Monitoring Indicators	
1.	Review of the recipient (if applicable) and subrecipient policies and procedures to determine: <ul style="list-style-type: none">• Imposition of charges policy that includes a schedule of charges.• A publicly available schedule of charges that is based on a nominal fee or a varying rate (e.g., sliding fee scale).• Client placement on the schedule of charges must be based on the client's individual annual gross income, although client eligibility for RWHAP services may be based on family income if that is the policy of the recipient.• The process to impose charges for RWHAP services based on the schedule of charges.• The process to track imposed charges by the provider and payments received from clients.• How accounting systems are used for tracking charges, payments, and adjustments.
2.	Review the subaward agreement to ensure all requirements were conveyed to the subrecipient.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

Specific Indicator References

[PHS Act § 2605](#)

University Health Ryan White Program Administration Policy: 4.04 Imposition of Charges Policy for the Part A & MAI Program

D.2. No charges are imposed on clients with individual incomes less than or equal to 100 percent of the FPL

Standard Requirements

No charges are imposed on clients with individual incomes less than or equal to 100 percent of the FPL.

Note: This applies to all services.

Guidance

Does the Subrecipient:

1. Document that:
 - a. The schedule of charges does not allow clients with individual annual gross income less than or equal to 100 percent of the FPL to be charged for RWHAP services, and
 - b. RWHAP clients with individual annual gross incomes less than or equal to 100 percent FPL are not charged for RWHAP services?

Documentation

Policies and Procedures

- Imposition of charges policy that includes a schedule of charges.

Tools

- Subrecipient Mechanism for tracking client charges

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 Ryan White Program Administration to ensure compliance with the guidelines.

D.2. No charges are imposed on clients with individual incomes less than or equal to 100 percent of the FPL.
Monitoring Indicators
1. Schedule of charges that indicates clients with individual annual gross incomes less than or equal to 100 percent of the FPL are not charged for RWHAP services.

Specific Indicator References

[PHS Act § 2605\(e\)](#)

University Health Ryan White Program Administration Policy: 4.04 Imposition of Charges Policy for the Part A & MAI Program

D.3. Charges imposed for RWHAP services on clients with individual annual gross incomes greater than 100 percent of the FPL are determined by the schedule of charges

Standard Requirements

Charges imposed for RWHAP services on clients with individual annual gross incomes greater than 100 percent of the FPL are determined by the schedule of charges. Limitations on amounts of annual aggregate charges (see notes) in a calendar year for RWHAP services are based on the percent of the client's annual individual gross income, as follows:

- Five percent for clients with individual annual gross incomes between 101 percent and 200 percent of the FPL.
- Seven percent for clients with individual annual gross incomes between 201 percent and 300 percent of the FPL.
- Ten percent for clients with individual annual gross incomes greater than 300 percent of the FPL.

Note 1: The annual limitation on aggregate charges are those charges that are aggregated across all RWHAP service providers for each client in a calendar year.

Note 2: The schedule of charges applies to uninsured patients with individual annual gross incomes above 100 percent FPL and may be applied to insured patients, as determined by RWHAP recipients' policies and procedures. When applied to insured patients, recipients should consider how their policy will be applied uniformly to all insured patients rather than on a case-by-case basis.

Guidance

Does the Subrecipient:

1. Establish and maintain an imposition of charges policy that includes:
 - a. A schedule of charges,
 - b. A limitation on annual aggregate charges for RWHAP services, including a process for alerting the billing system that the client has reached the cap and should not be further charged for the remainder of the year, and
 - c. A process for tracking all RWHAP charges or medical expenses, inclusive of enrollment fees, deductibles, copayments, etc., if applicable?
2. Ensure personnel are aware of and consistently follow the policy for the schedule of charges and limitation on charges?

Documentation

Policies and Procedures

- Imposition of charges policy that includes a schedule of charges.

Evidence

- Ensure personnel are aware of and consistently follow the policy for the schedule of charges and limitation on charges.

Tools

- Subrecipient Mechanism for tracking client charges

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 Ryan White Program Administration to ensure compliance with the guidelines.

D.3. Charges imposed for RWHAP services on clients with individual annual gross incomes greater than 100 percent of the FPL are determined by the schedule of charges.	
Monitoring Indicators	
1.	Imposition of charges policy that includes a schedule of charges and the cap on annual aggregate RWHAP charges.
2.	Review of the accounting system for tracking patient charges and payments.
3.	Process to track charges imposed by other RWHAP providers towards clients' cap on charges.
4.	Procedures to ensure that charges for RWHAP services cease when a client has reached the annual cap on charges, as defined in the statute, based on their annual individual gross income.

Specific Indicator References

[PHS Act § 2605\(e\)\(1\)](#)

University Health Ryan White Program Administration Policy: 4.04 Imposition of Charges Policy for the Part A & MAI 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.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

- Procurement standards, including recipient responsibilities, codes of conduct, competition, procurement procedures, cost and price analysis, and procurement records.
- Performance and financial monitoring and reporting.
- 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 Ryan White Program Administration to ensure compliance with the guidelines.

University Health Ryan White Part A & MAI Programs:
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 RWHAP Part A and meet federal requirements.
2. Review of the recipient's systems to ensure capacity to meet requirements for:
 - 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:
 - 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: 2.04 Competitive Procurement Process Policy for the Ryan White Program

University Health Ryan White Program Administration Policy: 4.15 Program Income Policy for the Part A & MAI Program

University Health Ryan White Program Administration Policy: 8.00 Reimbursement Request Policy for the Part A & MAI Program

University Health Ryan White Program Administration Policy: 8.04 Monthly Agency Review for the Part A & MAI Program

University Health Ryan White Program Administration Policy: 8.08 Program & Admin Costs Policy for the Part A & MAI Program

University Health Ryan White Program Administration Policy: 8.12 Reallocation & Redistribution Policy for the Part A & MAI 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 (RWHAP, program income, etc.) and use of funds for:

- Award administration and monitoring.
- Planning Council/Body expenses.
- RWHAP core medical and support services categories and compliance with the 75 percent minimum distribution requirement for core medical services.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

- Minority AIDS Initiative (MAI).
- Women, Infants, Children, and Youth (WICY) requirement.
- 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 Ryan White 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.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

- 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 RWHAP program and comply with administrative and reporting requirements.

Specific Indicator References

[45 CFR §§ 75.302](#)

University Health Ryan White Program Administration Policy: 8.00 Reimbursement Request Policy for the Part A & MAI Program

University Health Ryan White Program Administration Policy: 8.04 Monthly Agency Review for the Part A & MAI Program

University Health Ryan White Program Administration Policy: 8.08 Program & Admin Costs Policy for the Part A & MAI Program

University Health Ryan White Program Administration Policy: 8.12 Reallocation & Redistribution Policy for the Part A & MAI 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.
- MAI.

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.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

- 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 Ryan White 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: 8.00 Reimbursement Request Policy for the Part A & MAI Program

University Health Ryan White Program Administration Policy: 8.08 Program & Admin Costs Policy for the Part A & MAI 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
- Moving costs between HAB funding categories would result in failure to meet the statutorily required distributions (e.g., exceeding the 10 percent of the award amount for administration, failure to allocate at least 75 percent of the remaining funds for core medical services, etc.); or
- Budget revisions reflect a change in scope; or

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

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

Note 2: The base used for determining “significant rebudgeting” within a budget period, as outlined above in bullets 1, 3, 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 Ryan White 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 RWHAP 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: 8.00 Reimbursement Request Policy for the Part A & MAI Program

University Health Ryan White Program Administration Policy: 8.04 Monthly Agency Review for the Part A & MAI Program

University Health Ryan White Program Administration Policy: 8.08 Program & Admin Costs Policy for the Part A & MAI Program

University Health Ryan White Program Administration Policy: 8.12 Reallocation & Redistribution Policy for the Part A & MAI 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 RWHAP Part A 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 RWHAP 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 Part A 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 Ryan White Program Administration to ensure compliance with the guidelines.

E.6. Recipients follow their documented procurement procedures	
Monitoring Indicators	
1.	Develop and review the RWHAP Part A 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: 2.04 Competitive Procurement Process Policy for the Ryan White 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 RWHAP Part A 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 Ryan White Program Administration to ensure compliance with the guidelines.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

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: 2.05 Inventory Policy (HRSA) for the Ryan White 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 Ryan White Program Administration to ensure compliance with the guidelines.

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: 2.05 Inventory Policy (HRSA) for the Ryan White Program

F.3. Equipment acquired with RWHAP Part A funds

Standard Requirements

Equipment acquired with RWHAP Part A funds must be held in trust by the recipient and subrecipients as trustees for the beneficiaries of the RWHAP Part A. 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.

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 Ryan White Program Administration to ensure compliance with the guidelines.

F.3. Equipment acquired with RWHAP Part A funds	
Monitoring Indicators	
1.	Review recipient's and subrecipient's written procedures regarding equipment management.
2.	Review relevant insurance policies.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

- | |
|---|
| <p>3. Review recipient and subrecipient written procedures to ensure they:</p> <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: 2.05 Inventory Policy (HRSA) for the Ryan White Program

F.4. Title to supplies, including medications, are vested in the recipient upon acquisition

Standard Requirements

Title to supplies, including medications, are vested in the recipient upon acquisition, with the provision that if there is a residual inventory of unused supplies exceeding \$5,000 in total aggregate value upon termination or completion of the program and the supplies are not needed for any other federally-sponsored program, the recipient shall:

- Retain the supplies for use on non-federally sponsored activities or sell them.
- Compensate the federal government for its share contributed to the purchase of supplies.

Guidance

Does the Subrecipient:

1. Develop and maintain a current, complete, and accurate supply and medication inventory list?
2. Make the list available to the recipient upon request?

Documentation

Tools

- Develop and maintain a current, complete, and accurate supply and medication inventory list.

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 Ryan White Program Administration to ensure compliance with the guidelines.

F.4. Title to supplies, including medications, are vested in the recipient upon acquisition.
Monitoring Indicators
1. Review to ensure that there is an inventory of supplies (including medications) purchased with Local Pharmaceutical Assistance Program (LPAP) funds.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

Specific Indicator References

[45 CFR §§ 75.321](#)

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

University Health Ryan White Program Administration Policy: 2.05 Inventory Policy (HRSA) for the Ryan White 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 RWHAP Part A 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?

Documentation

Agreements

- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Evidence

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

University Health Ryan White Part A & MAI Programs:
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 Ryan White 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: 4.07 Health Insurance Policy for the Part A & MAI Program

University Health Ryan White Program Administration Policy: 4.11 Cost Effectiveness Policy for the Part A & MAI Program

University Health Ryan White Program Administration Policy: 8.08 Program & Admin Costs Policy for the Part A & MAI 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?

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

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 RWHAP 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 Ryan White 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.
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: 4.07 Health Insurance Policy for the Part A & MAI Program

University Health Ryan White Program Administration Policy: 4.11 Cost Effectiveness Policy for the Part A & MAI Program

University Health Ryan White Program Administration Policy: 8.08 Program & Admin Costs Policy for the Part A & MAI 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 RWHAP 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 RWHAP 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 Ryan White 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 RWHAP Part A.

Specific Indicator References

[45 CFR §§ 75](#), Subpart E

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

University Health Ryan White Program Administration Policy: 4.07 Health Insurance Policy for the Part A & MAI Program

University Health Ryan White Program Administration Policy: 4.11 Cost Effectiveness Policy for the Part A & MAI Program

University Health Ryan White Program Administration Policy: 8.08 Program & Admin Costs Policy for the Part A & MAI 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.

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 RWHAP categories.

Evidence

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

University Health Ryan White Part A & MAI Programs:
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 Ryan White 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: 4.07 Health Insurance Policy for the Part A & MAI Program

University Health Ryan White Program Administration Policy: 4.11 Cost Effectiveness Policy for the Part A & MAI Program

University Health Ryan White Program Administration Policy: 8.08 Program & Admin Costs Policy for the Part A & MAI 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 RWHAP 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?

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

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 RWHAP 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.

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 Ryan White 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: 4.07 Health Insurance Policy for the Part A & MAI Program

University Health Ryan White Program Administration Policy: 4.11 Cost Effectiveness Policy for the Part A & MAI Program

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

University Health Ryan White Program Administration Policy: 8.08 Program & Admin Costs Policy for the Part A & MAI Program

G.6. Requirement that jurisdictions must secure the best price available for all products on their LPAP formularies

Standard Requirements

Requirement that jurisdictions must secure the best price available for all products on their LPAP formularies.

Note: Failure to participate in cost-saving programs may result in a negative audit finding and cost disallowance.

Guidance

Does the Subrecipient:

1. Participate in the 340B Pricing Program?
2. Use purchasing policies and procedures that meet federal requirements?

Documentation

Agreements

- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Policies and Procedures

- Policies and procedures to determine allowable and reasonable costs.

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.

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 Ryan White Program Administration to ensure compliance with the guidelines.

G.6. Requirement that jurisdictions must secure the best price available for all products on their LPAP formularies.
Monitoring Indicators
1. Review of purchasing practices to ensure the adoption by LPAP of at least one defined cost-saving practice that is equal to or better than 340B drug pricing or prime vendor program.

Specific Indicator References

[42 CFR Part 50](#), Subpart E

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

[45 CFR § 75.404](#)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Program Letters: Local Pharmaceutical Assistance Programs \(LPAP\) Clarification](#) 08/29/2013 (PDF)

University Health Ryan White Program Administration Policy: 4.07 Health Insurance Policy for the Part A & MAI Program

University Health Ryan White Program Administration Policy: 4.11 Cost Effectiveness Policy for the Part A & MAI Program

University Health Ryan White Program Administration Policy: 8.08 Program & Admin Costs Policy for the Part A & MAI Program

G.7. Cost of health insurance or plans to be purchased or maintained not to exceed the cost of providing the medication and other appropriate primary care services

Standard Requirements

Cost of health insurance or plans to be purchased or maintained not to exceed the cost of providing the medication and other appropriate primary care services.

Guidance

Does the Subrecipient:

1. Establish written policies and procedures that ensure contract requirements are met?
2. Provide detailed expense reports to enable the recipient to document that costs are at or below the cost of providing the medications and appropriate primary care services?

Documentation

Agreements

- Subrecipient Sub-Contracts.
- Subrecipient MOUs.

Policies and Procedures

- Written policies and procedures that ensure Cost of health insurance or plans to be purchased or maintained not to exceed the cost of providing the medication and other appropriate primary care services.

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 Ryan White Program Administration to ensure compliance with the guidelines.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

G.7. Cost of health insurance or plans to be purchased or maintained not to exceed the cost of providing the medication and other appropriate primary care services.

Monitoring Indicators

1. Verification that the recipient has conducted a cost analysis that shows the use of health insurance or plans to be cost neutral or beneficial when compared to the cost of providing the treatment medication and appropriate primary care services through the RWHAP Part A.
2. If the administration of the program is subcontracted, documentation that administrative costs are not excessive, federal requirements are being met, and the process is accessible.

Specific Indicator References

[PHS Act § 2616\(f\)\(1\)\(2\)](#)

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)

University Health Ryan White Program Administration Policy: 4.07 Health Insurance Policy for the Part A & MAI Program

University Health Ryan White Program Administration Policy: 4.11 Cost Effectiveness Policy for the Part A & MAI Program

University Health Ryan White Program Administration Policy: 8.08 Program & Admin Costs Policy for the Part A & MAI Program

Section H: Auditing Requirements

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

Standard Requirements

Recipients and subrecipients of RWHAP 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 RWHAP) 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?
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?

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

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 Ryan White Program Administration to ensure compliance with the guidelines.

H.1. Recipients and subrecipients of RWHAP funds are subject to the audit requirements
Monitoring Indicators
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 RWHAP grant is included.• Income and expense reports to assess if the RWHAP 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?

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

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

- 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 Ryan White 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: 2.04 Competitive Procurement Process Policy for the Ryan White 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

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 Ryan White 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 Ryan White 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?

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

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 Ryan White 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](#)

H.6. Every two years, RWHAP Part A recipients must submit to the state RWHAP Part B program audits

Standard Requirements

Every two years, RWHAP Part A recipients must submit to the state RWHAP Part B program audits, consistent with 45 CFR 75, Subpart F – Audit Requirements regarding funds expended.

Guidance

Does the Subrecipient:

1. Comply with audit requirements?

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

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 Ryan White Program Administration to ensure compliance with the guidelines.

H.6. Every two years, RWHAP Part A recipients must submit to the state RWHAP Part B program audits.	
Monitoring Indicators	
1.	Review to ensure that Single Audits or other audits (where Single Audits are not required) have been completed, collected, and submitted to the state RWHAP Part B recipient every two years. (SUBRECIPIENT to send to RECIPIENT; RECIPIENT to send to State)

Specific Indicator References

[PHS Act § 2605\(a\)\(10\)](#)

[45 CFR §§ 75](#) Subpart F – Audit Requirements

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 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 RWHAP Part A 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 Part A subaward prior to requesting cash payments under the subaward?

University Health Ryan White Part A & MAI Programs:
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Documentation

Evidence

- Subrecipient Scope of Work.
- Subrecipient Reimbursement Requests.
- Subrecipient General Ledgers.
- Subrecipient Budgets.
- Subrecipient Expenditures.
- Disburse program income directly generated by the Part A 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 Ryan White 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.
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 RWHAP Part A 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: 4.15 Program Income Policy for the Part A & MAI 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 RWHAP Part A 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.
- 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 Ryan White 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 RWHAP Part A 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 Ryan White 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

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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 Ryan White 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.

University Health Ryan White Part A & MAI Programs:
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- | |
|--|
| <ul style="list-style-type: none">• 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: 8.08 Program & Admin Costs Policy for the Part A & MAI 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.

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 Ryan White 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 RWHAP recipient.
3.	Review recipient organizational chart.

Specific Indicator References

[45 CFR §§ 75.302\(a\)](#)

University Health Ryan White Program Administration Policy: 8.08 Program & Admin Costs Policy for the Part A & MAI Program

Section L: Unobligated Balances and Carryover Requests

L.2. Recipient demonstration of its ability to expend 95 percent of its formula funds in any grant year

Standard Requirements

Recipient demonstration of its ability to expend 95 percent of its formula funds in any grant year.

Note: Recipients must submit an estimation of an unobligated balance 60 days prior to the end of the grant period – by December 31 of every calendar year. No carryover requests will be approved without this submission.

Guidance

Does the Subrecipient:

1. Report monthly expenditures to date to the recipient?
2. Inform the recipient of variances in expenditures?

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 Ryan White Program Administration to ensure compliance with the guidelines.

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Administrative Monitoring Standards

L.2. Recipient demonstration of its ability to expend 95 percent of its formula funds in any grant year.	
Monitoring Indicators	
1.	Review recipient and subrecipient budgets.
2.	Review recipient accounting and financial reports that document the year-to-date and year-end spending of recipient and subrecipient obligated funds, including separate accounting for formula and supplemental funds.

Specific Indicator References

[PHS Act § 2603\(c\)\(3\)\(D\)\(i\)](#)

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 12-02: Part A and Part B Unobligated Balances and Carryover](#) 2012 (PDF)

Universal Standards

HRSA Universal Standards

Section A: Access to Care

Indicator A.1. Input from people with HIV in the design and delivery of services

Standard Requirements

Structured and ongoing efforts to obtain input from people with HIV in the design and delivery of services.

Guidance

Does the Subrecipient:

1. Maintain a file of materials documenting the consumer committee's membership and meeting attendance, including minutes?
2. Regularly implement client satisfaction survey tools, focus groups, and/or public meetings, with analysis and use of results documented?
3. Implement appropriate mechanism(s) for obtaining client input?

Documentation

Evidence

- Documentation of people with HIV participating in committees and contributing to public meetings minutes.
- Documentation of the existence of appropriate mechanism(s) for obtaining client input.
- Documentation of content, use, and confidentiality of client satisfaction surveys or focus groups conducted at least annually.

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 Ryan White Program Administration to ensure compliance with the guidelines.

Indicator A.1. Input from people with HIV in the design and delivery of services	
Monitoring Indicators	
1.	Documentation of people with HIV participating in committees and contributing to public meetings minutes.
2.	Documentation of the existence of appropriate mechanism(s) for obtaining client input.
3.	Documentation of content, use, and confidentiality of client satisfaction surveys or focus groups conducted at least annually.

Specific Indicator References

[PHS Act §§ 2602\(b\)\(4\) and 2617\(b\)\(7\)\(A\)](#)

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

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 Ryan White 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 Ryan White 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
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.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

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 Ryan White 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: 2.03 Non-Discrimination Policy for the Ryan White 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 Ryan White 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 B: Eligibility Determination

Indicator B.1. Eligibility determination of clients as specified by the jurisdiction or AIDS Drug Assistance Program (ADAP)

Standard Requirements

Eligibility determination of clients as specified by the jurisdiction or AIDS Drug Assistance Program (ADAP):

- Eligibility determination of clients for RWHAP services within a predetermined timeframe.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

Guidance

Does the Subrecipient:

1. Develop and maintain client records that contain documentation as required by the recipient of a client's eligibility determination, including the following:
 - a. Completion of an eligibility determination as specified by the recipient?
 - b. Documentation of eligibility determination required in client records, with documentation as required by the recipient:
 - i. Initial proof of HIV diagnosis (required only once)?
 - ii. Low-income?
 - iii. Proof of residence?
 - iv. Proof of compliance with eligibility determination as defined by the jurisdiction or ADAP?

Documentation

Training Certificates

- Documentation that all staff involved in eligibility determination have participated in required training on appropriate policies and procedures.

Policies and Procedures

- Eligibility policy 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 Ryan White Program Administration to ensure compliance with the guidelines.

Indicator B.1. Eligibility determination of clients as specified by the jurisdiction or AIDS Drug Assistance Program (ADAP)
Monitoring Indicators
1. Documentation of eligibility required by the jurisdiction or ADAP in client records, including the following: <ul style="list-style-type: none">• A documented diagnosis of HIV,• Low-income status as defined by the recipient, and• Proof of residency within its service area, as defined by the recipient.
2. Eligibility policy and procedures on file.
3. Documentation that all staff involved in eligibility determination have participated in required training on appropriate policies and procedures.
4. Subrecipient client data reports consistent with eligibility requirements specified by the recipient.

Specific Indicator References

[PHS Act](#) §§ 2605(a)(6), 2616(b)(1)-(2), and 2617(b)(7)(B)

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)

University Health Ryan White Program Administration Policy: 4.00 Eligibility & PoLR Policy for the Part A & MAI Program

Section C: Payor of Last Resort (POLR)

Indicator C.1. Payor of Last Resort (POLR)

Standard Requirements

Maintain policies and document efforts to ensure that RWHAP 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 POLR 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

- Payor of Last Resort (PoLR) Policy.

Evidence

- Ensure that reasonable efforts are made to use non-RWHAP resources whenever possible, including establishing, implementing, and monitoring policies and procedures to identify any other possible payers to extend finite RWHAP 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 Ryan White Program Administration to ensure compliance with the guidelines.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

Indicator C.1. Payor of Last Resort (POLR)	
Monitoring Indicators	
1.	Ensure that reasonable efforts are made to use non-RWHAP resources whenever possible, including establishing, implementing, and monitoring policies and procedures to identify any other possible payers to extend finite RWHAP 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: 4.00 Eligibility & PoLR Policy for the Part A & MAI Program

Indicator C.2. Ensure military veterans with Department of Veterans Affairs (VA) benefits are deemed eligible for RWHAP services

Standard Requirements

Ensure military veterans with Department of Veterans Affairs (VA) benefits are deemed eligible for RWHAP services.

Guidance

Does the Subrecipient:

1. Ensure that policies and procedures do not classify VA health benefits as an insurance program or cite the “payor of last resort” 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

- Payor of Last Resort (PoLR) 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 Ryan White Program Administration to ensure compliance with the guidelines.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

Indicator C.2. Ensure military veterans with Department of Veterans Affairs (VA) benefits are deemed eligible for RWHAP 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 RWHAP services citing “payor of last resort.”

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: 4.00 Eligibility & PoLR Policy for the Part A & MAI Program

Indicator C.3. Ensure American Indians (AI) and Alaska Natives (AN) are provided access to RWHAP services

Standard Requirements

Ensure American Indians (AI) and Alaska Natives (AN) are provided access to RWHAP services.

Guidance

Does the Subrecipient:

1. Ensure that policies and procedures classify those eligible for Indian Health Services benefits as exempt from the POLR requirement?

Documentation

Policies and Procedures

- Payor of Last Resort (PoLR) 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 Ryan White Program Administration to ensure compliance with the guidelines.

Indicator C.3. Ensure American Indians (AI) and Alaska Natives (AN) are provided access to RWHAP 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 RWHAP services citing “payor of last resort.”

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: 4.00 Eligibility & PoLR Policy for the Part A & MAI Program

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

University Health Ryan White Part A & MAI Programs:
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- 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 Ryan White 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.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

Guidance

Does the Subrecipient:

1. Meet contracted programmatic and fiscal requirements, which include:
 - a. Providing financial reports that specify expenditures by RWHAP service category and use of RWHAP funds as specified by the recipient?
 - b. Developing/maintaining a policies and procedures manual that meets federal and RWHAP 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.

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 Ryan White 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](#)

University Health Ryan White Part A & MAI Programs:
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 [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 RWHAP requirements?
 - b. Flexible fiscal reporting systems that allow the tracking of unobligated balances and carryover funds and detail service reporting of funding sources?
 - 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 Ryan White Program Administration to ensure compliance with the guidelines.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

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

rate 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 Ryan White Program Administration to ensure compliance with the guidelines.

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 RWHAP requirements?

Documentation

Agreements

- Subrecipient Sub-Contracts.

Policies and Procedures

- Policies and procedures that outline compliance with federal and RWHAP 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 Ryan White 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 RWHAP 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 RWHAP funds, positive and negative spending variances, and how funds have been reallocated to other line items or service categories?

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 Ryan White 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.

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 Ryan White 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 Ryan White Program Administration to ensure compliance with the guidelines.

Indicator G.2. Monitoring activities
Monitoring Indicators
<ol style="list-style-type: none">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 RWHAP funds are only used for approved purposes.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

Guidance

Does the Subrecipient:

1. Have documented evidence that federal funds have been used for allowable services and comply with federal regulations and RWHAP 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.

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 Ryan White 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?
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 RWHAP, 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 Ryan White 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 Ryan White 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.

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

- 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?

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 Ryan White 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 Ryan White 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: 2.07 Client Grievance (Recipient) Policy for the Ryan White 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 Ryan White Program Administration to ensure compliance with the guidelines.

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 Ryan White 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: 2.03 Non-Discrimination Policy for the Ryan White 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.

Evidence

- All staff, management, and volunteers have completed a signed confidentiality agreement annually affirming the individuals' responsibility for keeping client information and data confidential.

University Health Ryan White Part A & MAI Programs:
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 Ryan White 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: 2.01 Confidentiality of Health Info Policy for the Ryan White 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 Ryan White 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: 2.01 Confidentiality of Health Info Policy for the Ryan White 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 Ryan White 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 RWHAP and State Services 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 RWHAP and State Services 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 Ryan White 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 RWHAP and State Services 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.

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Administrative Monitoring Standards

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 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 Ryan White 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: 2.02 Conflict of Interest & Disclosure Policy for the Ryan White 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.

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 Ryan White 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 Ryan White 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 Data 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.

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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 Ryan White 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 RWHAP Part A and MAI 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 Ryan White 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 Ryan White 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 Ryan White Program Administration to ensure compliance with the guidelines.

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 Ryan White 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 Ryan White 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 Ryan White 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.

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 Ryan White 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 Ryan White 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.

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 Ryan White 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 Ryan White 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 Ryan White Program Administration to ensure compliance with the guidelines.

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

Ryan White Part A Eligibility Standards

Program Guidance

Clients must be screened for program eligibility annually.

Limitations

Clients eligible for the Part A Program are medically underserved individuals diagnosed with HIV.

Requirements

Initial Determination

- Upon initiation of services, Ryan White Service Providers must determine whether an applicant meets the following Ryan White Program Eligibility Criteria:
 - Have a diagnosis of HIV;
 - Provide documentation of applicable county residency; and
 - Provide complete and accurate income documentation.
- Only needs to happen once initially.
- Required Documentation:
 - HIV/AIDS diagnosis
 - Proof of Residence
 - Proof of Income
 - Proof of Insurance

Annual Recertification

- Following approval of initial eligibility, clients must be screened for program eligibility every year to continue receiving Ryan White Program assistance.
- **Must** be completed yearly or as client circumstances change.
- Required Documentation:
 - Proof of Residence
 - Proof of Income
 - 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.

Proof of Residence

Clients **must** be a resident of the TGA which consists of Bexar, Comal, Guadalupe, or Wilson Counties to be eligible for Part A 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;

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>

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

- 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 Income

Income **must** be less than 300% of Federal Poverty Level (FPL) for a client to be eligible for Part A 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.

The client's primary record **must** contain the Proof of Income Documentation **and** the Income Calculation Worksheet.

Allowable Documentation:

- Pay stubs (30 continuous days of payment within the last 60 days);
- Supporter statement;
- Employer statement;
- Agency letter;
- Social Security Income (SSI) Award Letter;
- Social Security Disability Income (SSDI) Award Letter;
- Other income documentation;
- Texas Workforce Commission unemployment benefits letter; or
- Prison release paper within 30 days of release date.

Subrecipients and providers must use the DSHS provided [Income Calculation Worksheet](#) (XLS) to calculate an applicant's income. These worksheets can be found online on the [MAGI documents page](#).

- The *Income Calculation Worksheet* is divided into 'Section A' and 'Section B'. This form calculates an individual's FPL based on their modified adjusted gross income (MAGI).
- Section A is used to calculate:
 - Income for clients who do not have access to a 'Tax Return Transcript' or other standardized tax return forms (form 1040, 1040 EZ, etc.);
 - Income for clients whose income has changed since filing taxes for the most recent year; and
 - Clients who are 'Married Filing Jointly'.
- Documents that may be used to complete Section A are outlined below:
 - Pay stubs (30 continuous days of payment within the last 60 days);
 - Supporter statement;
 - Employer statement;
 - Agency letter;
 - Social Security Income (SSI) Award Letter;
 - Social Security Disability Income (SSDI) Award Letter;
 - DSHS Self-employment log; or
 - Other income documentation.

Note: If the client is unable to provide any other form of income documentation, bank statements are acceptable forms of income documentation for both the Part A Program.

- Section B is used to calculate income for clients who have access to the following:
 - Standardized tax return forms (form 1040, 1040 EZ, Tax Return Transcript, etc.).
- The *Income Calculation Worksheet* is self-calculating and produces the FPL percentage based on both household and individual income.
 - A copy of the worksheet and supporting documentation must be kept in the primary client record.

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 Ryan White Part A & MAI Programs:
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

University Health Ryan White Part A & MAI Programs:
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 Ryan White 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 low income in the client file of completion of initial eligibility determination.</p> <p>Percentage of clients with a completed income calculation worksheet in the client primary record.</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 low income in the client file of completion of annual eligibility determination.</p> <p>Percentage of clients with a completed income calculation worksheet in the client primary record.</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>

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

Section C: Verification of Payer of Last Resort (PoLR)	
Standard	Monitoring Indicators
<p>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>	<p>Percentage of clients with a completed income calculation worksheet at Initial Eligibility Determination.</p> <p>Percentage of clients with insurance verification at Initial Eligibility Determination.</p> <p>Percentage of clients with a completed income calculation worksheet at Annual Eligibility Recertification.</p> <p>Percentage of clients with insurance verification at Annual Eligibility Recertification.</p>

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)

University Health Ryan White Program Administration Policy: 4.00 Eligibility & PoLR for the Part A & MAI Program

Ryan White MAI Eligibility Standards

Program Guidance

Clients must be screened for program eligibility annually.

Limitations

Clients eligible for the MAI Program are medically underserved minorities, specifically Hispanic/Latino and Black/African Americans diagnosed with HIV.

Requirements

Initial Determination

- Upon initiation of services, Ryan White Service Providers must determine whether an applicant meets the following Ryan White Program Eligibility Criteria:
 - Have a diagnosis of HIV;
 - Provide documentation of applicable county residency; and
 - Provide complete and accurate income documentation.
- Only needs to happen once initially.
- Required Documentation:
 - HIV/AIDS diagnosis
 - Proof of Residence
 - Proof of Income
 - Proof of Insurance

Annual Recertification

- Following approval of initial eligibility, clients must be screened for program eligibility every year to continue receiving Ryan White Program assistance.
- **Must** be completed yearly or as client circumstances change.
- Required Documentation:
 - Proof of Residence
 - Proof of Income
 - 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]);

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

- 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.⁴
 - CDC Articles indicate the lowest detectable quantity is 20-50 copies/mL.⁵
- 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.

Proof of Residence

Clients **must** be a resident of the TGA which consists of Bexar, Comal, Guadalupe, or Wilson Counties to be eligible for MAI 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;

⁴ 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>

⁵ 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>

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

- 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 Income

Income **must** be less than 300% of Federal Poverty Level (FPL) for a client to be eligible for MAI 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.

The client's primary record **must** contain the Proof of Income Documentation **and** the Income Calculation Worksheet.

Allowable Documentation:

- Pay stubs (30 continuous days of payment within the last 60 days);
- Supporter statement;
- Employer statement;
- Agency letter;
- Social Security Income (SSI) Award Letter;
- Social Security Disability Income (SSDI) Award Letter;
- Other income documentation;
- Texas Workforce Commission unemployment benefits letter; or
- Prison release paper within 30 days of release date.

Subrecipients and providers must use the DSHS provided [Income Calculation Worksheet](#) (XLS) to calculate an applicant's income. These worksheets can be found online on the [MAGI documents page](#).

- The *Income Calculation Worksheet* is divided into 'Section A' and 'Section B'. This form calculates an individual's FPL based on their modified adjusted gross income (MAGI).
- Section A is used to calculate:
 - Income for clients who do not have access to a 'Tax Return Transcript' or other standardized tax return forms (form 1040, 1040 EZ, etc.);
 - Income for clients whose income has changed since filing taxes for the most recent year; and
 - Clients who are 'Married Filing Jointly'.
- Documents that may be used to complete Section A are outlined below:
 - Pay stubs (30 continuous days of payment within the last 60 days);
 - Supporter statement;
 - Employer statement;
 - Agency letter;
 - Social Security Income (SSI) Award Letter;
 - Social Security Disability Income (SSDI) Award Letter;
 - DSHS Self-employment log; or
 - Other income documentation.

Note: If the client is unable to provide any other form of income documentation, bank statements are acceptable forms of income documentation for both the Part A Program.

- Section B is used to calculate income for clients who have access to the following:
 - Standardized tax return forms (form 1040, 1040 EZ, Tax Return Transcript, etc.).
- The *Income Calculation Worksheet* is self-calculating and produces the FPL percentage based on both household and individual income.
 - A copy of the worksheet and supporting documentation must be kept in the primary client record.

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 Ryan White Part A & MAI Programs:
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.⁶

⁶ 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

University Health Ryan White Part A & MAI Programs:
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 Ryan White 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 low income in the client file of completion of initial eligibility determination.</p> <p>Percentage of clients with a completed income calculation worksheet in the client primary record.</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 low income in the client file of completion of annual eligibility determination.</p> <p>Percentage of clients with a completed income calculation worksheet in the client primary record.</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>

University Health Ryan White Part A & MAI Programs:
Administrative Monitoring Standards

Section C: Verification of Payer of Last Resort (PoLR)	
Standard	Monitoring Indicators
<p>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>	<p>Percentage of clients with a completed income calculation worksheet at Initial Eligibility Determination.</p> <p>Percentage of clients with insurance verification at Initial Eligibility Determination.</p> <p>Percentage of clients with a completed income calculation worksheet at Annual Eligibility Recertification.</p> <p>Percentage of clients with insurance verification at Annual Eligibility Recertification.</p>

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)

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University Health Ryan White Program Administration Policy: 4.00 Eligibility & PoLR for the Part A & MAI Program