



**Ryan White Part B Program
 Universal Standards Monitoring Instrument**

Date of Review: _____

SERVICE PROVIDER INFORMATION

Agency Name:	
Address:	
Phone Number:	
Fax Number:	

Staff consulted during monitoring visit:		
Name	Title	Email

CONTRACT INFORMATION

Contract period covered by monitoring visit:	
Contract Amount:	

MONITORS

SC DHEC Monitors	
Name	Title

SECTION 1: ACCESS TO CARE

Provider/Subgrantee Responsibility	Yes	No	NA
1. Maintains files documenting Consumer Advisory Board membership.			
2. Maintains files of Consumer Advisory Board meeting minutes.			
3. Regularly implements client satisfaction survey tools, focus groups and/or public meetings, with analysis and use of results documented.			
4. Maintains visible suggestion box or other client input mechanism.			
5. Has a billing, co-pay, or sliding fee scale policy that does not act as a barrier to care for low-income clients.			
6. Maintains eligibility and clinical policies ensuring clients are served regardless of current or past health conditions.			
7. Maintains a file of individuals refused services with reasons specified.			
8. Services are offered in a facility compliant with ADA requirements.			
9. Facility is accessible by public transportation or provides transportation assistance.			
10. Maintains documentation of efforts to inform low-income individuals of the availability of HIV-related services and how to access them. (E.g. – Copies of HIV program materials promoting services and explaining requirements).			

Comments/Findings: _____

SECTION 2: ELIGIBILITY DETERMINATION/SCREENING

Provider/Subgrantee Responsibility	Yes	No	NA
1. Eligibility Policy and Procedures are on file and include being HIV+ and having no other payor source for medical care.			
2. Client charts include documentation of HIV/AIDS Diagnosis (determined through Medical Case Management Chart Review).			
3. Client charts include documentation of completed Benefits Assessment Tool, at intake and each reassessment, showing client has no other payor source (determined through Medical Case Management Chart Review).			
4. Client charts include yearly documentation of income verification (determined through Medical Case Management Chart Review).			
5. Client charts include documentation of Mid-year reviews 6 months after the assessment/reassessment (determined through Medical Case Management Chart Review.)			
6. Client charts include documentation of reassessments performed every 12-months (determined through Medical Case Management Chart Review).			
7. Staff training records are on file.			
8. Client data service reports (RDR and RSR) are consistent with funding requirements demonstrating that clients are receiving allowable services.			
9. Eligibility policies indicate Veterans are exempt from the “payor of last resort” requirement are on file.			

Comments/Findings: _____

SECTION 3: ANTI-KICKBACK STATUTE

Provider/Subgrantee Responsibility	Yes	No	NA
1. If Medicaid or Medicare provider, has written Corporate Compliance Plan. (Corporate Compliance Plan must provide for: compliance officer, compliance committee, communication lines to report non-compliance, auditing, corrective action plans, and method for reporting non-compliance with anti-kickback regulation.)			
2. Has written Code of Ethics or Standards of Conduct. (Code of Ethics or Standards of Conduct must cover conflict of interest, prohibition on use of agency property without approval, fair and open competition, confidentiality, use of company assets, timely and truthful disclosure of accounting deficiencies and non-compliance.)			
3. If non-profit organization, has written Bylaws and Board Policies. (Bylaws and policies must cover conflict of interest, prohibition on use of agency assets for personal use, and procedures for open communication.)			
4. Code of Ethics or Standards of Conduct and Board policies include an anti-kickback policy discouraging the solicitation of cash or in-kind payments for awarding contracts, referring clients, purchasing goods and/or services, and submitting fraudulent billings. Anti-kickback policy must also include the uses and applications of safe harbor laws.			
5. Code of Ethics or Standards of Conduct and Board policies include penalties and disclosure procedures for conduct deemed to be felonies.			
6. Has written Personnel Policies. (Personnel policies must discourage hiring persons with a criminal record, hiring of persons being investigated by Medicaid or Medicare, and large signing bonuses.)			
7. Maintains file with documentation of employee or Board member in violation of the Code of Ethics or Standards of Conduct.			
8. Maintains file with documentation of any complaint of the violation of the Code of Ethics or Standards of Conduct and its resolution.			
9. Maintains documentation of:			
Service contracts			
Key employee background checks			

Recruitment policies and practices			
Audit reports and findings			

Comments/Findings: _____

SECTION 4: ACCOUNTABILITY TO THE GRANTEE

Provider/Subgrantee Responsibility	Yes	No	NA
1. Is current with programmatic and fiscal reporting requirements.			
2. Attends Peer Review, MCM Workgroup, and other meetings as required in contract.			
3. If applicable, subcontracts include language requiring the subcontractor to comply with all applicable policies, procedures, and requirements of the RW Program as they appear in the agency's prime contract with DHEC (determined through review of a subcontract).			
4. If applicable, closely monitors any subcontracts documenting monitoring activities through reports and site visit records (determined through a review of reports and site visit records).			
5. Documented financial and agency Policies and Procedures Manual that provide effective control over accountability for all funds in accordance with federal and Ryan White programmatic requirements.			
6. Developed fiscal reporting systems that track and report separate Ryan White funds by service category (determined through the quarterly financial reports).			
7. Maintains proper supporting documentation for all units invoiced for 6 years.			
8. Commissions independent audits.			
9. If applicable, commissions A-133 Audit and submits to Grantee annually.			
10. Signed contract with DHEC includes contract language requiring compliance with OMB, CFR, program assurances, NOA terms.			
11. Services billed to RW Program are consistent with the service providers contracted Scope of Services for the contract period being monitored (determined through financial review of a random month's expenditures).			

Comments/Findings: _____

SECTION 5: REPORTING

Provider/Subgrantee Responsibility	Yes	No	NA
1. Submits required reports by the submission deadline			
2. Is current with submitted reports required by DHEC:			
Annual RW Application with narrative, budget, IP, and QM Plan			
Revised Annual RW budget and IP (due after award is granted April 1)			
Mid-Year Program Report			
Year End Program Report			
Annual WICY Report			
Quarterly and Year End Financial Reports			
Annual RDR			
Annual RSR			
Annual QM Data Submission			
3. Documentation or data containing analysis of required reports to determine accuracy and any reconciliation with existing financial or programmatic data (Example – PE data documentation).			

Comments/Findings: _____

SECTION 6: MONITORING

Provider/Subgrantee Responsibility	Yes	No	NA
1. Allows grantee access to financial and programmatic documentation for site visit.			
2. Has documented evidence that federal funds have been used for allowable services and spent in accordance with Federal requirements and Ryan White expectations (determined through financial review of a random month's expenditures).			
3. Prepares and submits timely and detailed response to monitoring findings.			
4. Implements corrective action plans as necessary.			

Comments/Findings: _____



Review of Service Provider's Access to Care Practices

Finding#_:

Recommendation#_:

Corrective Action#_:

Review of Service Provider's Eligibility Determination/Screening Practices

Finding#_:

Recommendation#_:

Corrective Action#_:

Review of Service Provider's Anti-Kickback Statutes

Finding#_:

Recommendation#_:

Corrective Action#_:

Review of Service Provider's Accountability to the Grantee

Finding#_:

Recommendation#_:

Corrective Action#_:

Review of Service Provider's Reporting

Finding#_:

Recommendation#_:

Corrective Action#_:

Review of Service Provider's Monitoring

Finding#_:

Recommendation#_:

Corrective Action#_:
