



VIRTUAL
2020 NATIONAL
RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT

We Survived A HRSA Site Visit...And So Can You!

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Objectives



- Review the key administrative, clinical, and fiscal requirements for a HRSA Site Visit
- Identify best practices to prepare for, host and follow up to a HRSA site visit

Agency Background

Philadelphia Department of Public Health, Ambulatory Health Services HIV Program



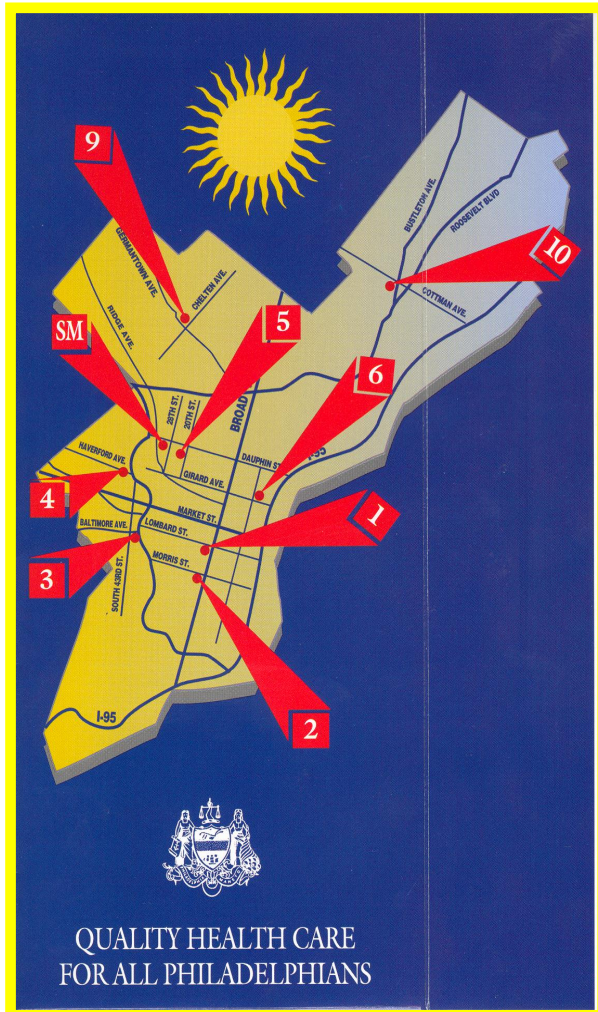
Ambulatory Health Services

- Network of eight, neighborhood-based health centers
- Offer a full range of co-located medical and support services

Ambulatory Health Services 2



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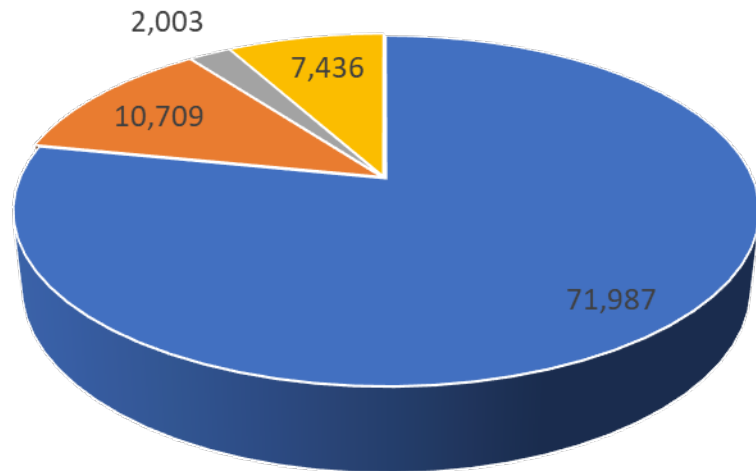


- Services offered to all Philadelphia residents regardless of insurance status

Ambulatory Health Services 3

FY20 Total Patients – 78,321

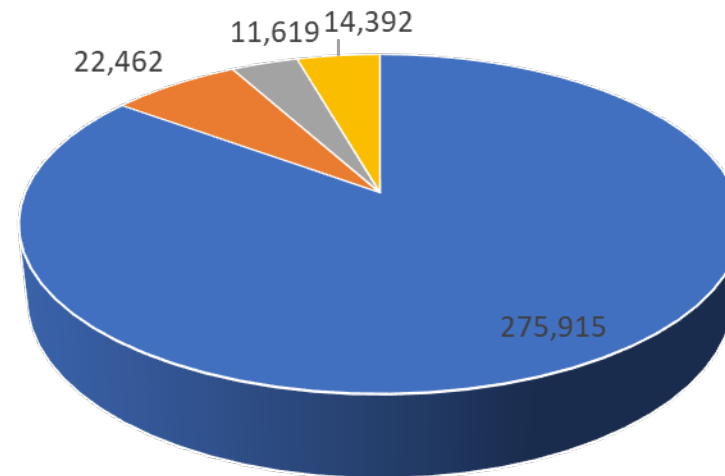
Total Patients by Discipline



■ Family Medical ■ Family Planning ■ Prenatal ■ Dental

FY20 Total Visits – 324,388

Total Visits by Discipline



■ Family Medical ■ Family Planning ■ Prenatal ■ Dental

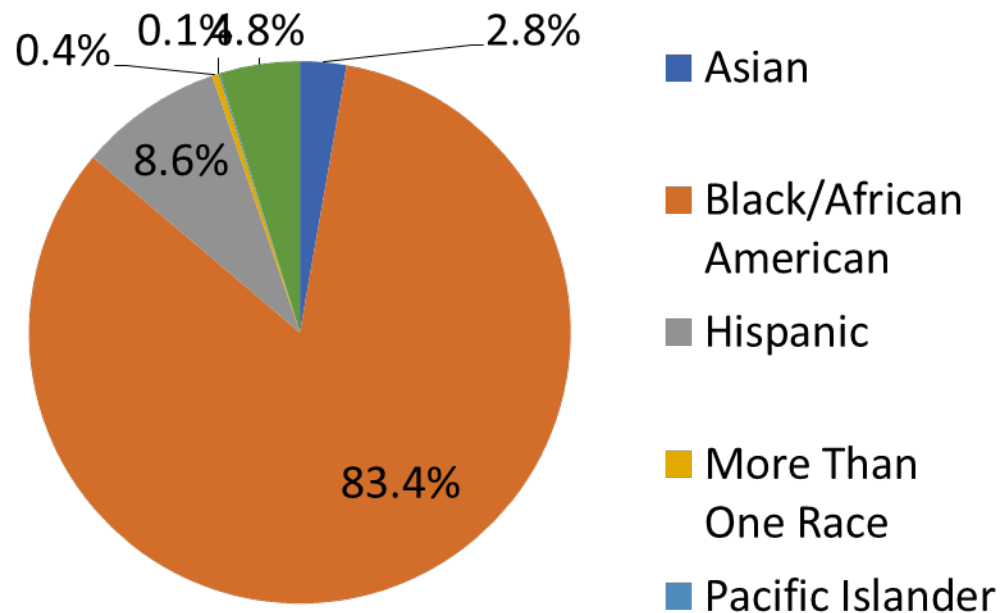
AHS HIV Program



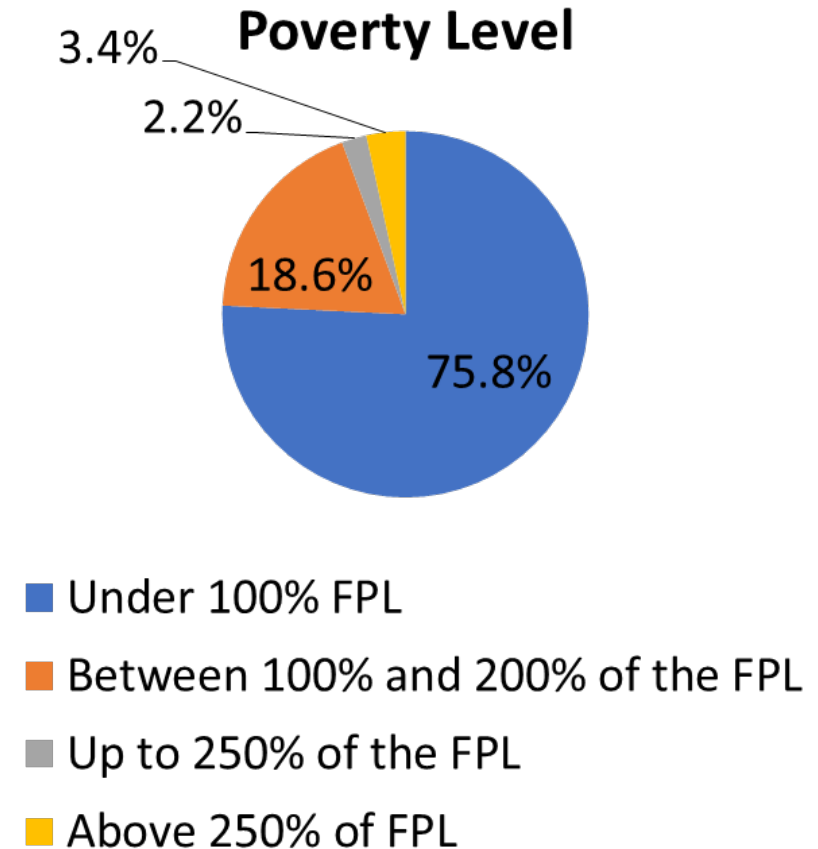
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- 1,034 patients were seen in FY20

Race/Ethnicity

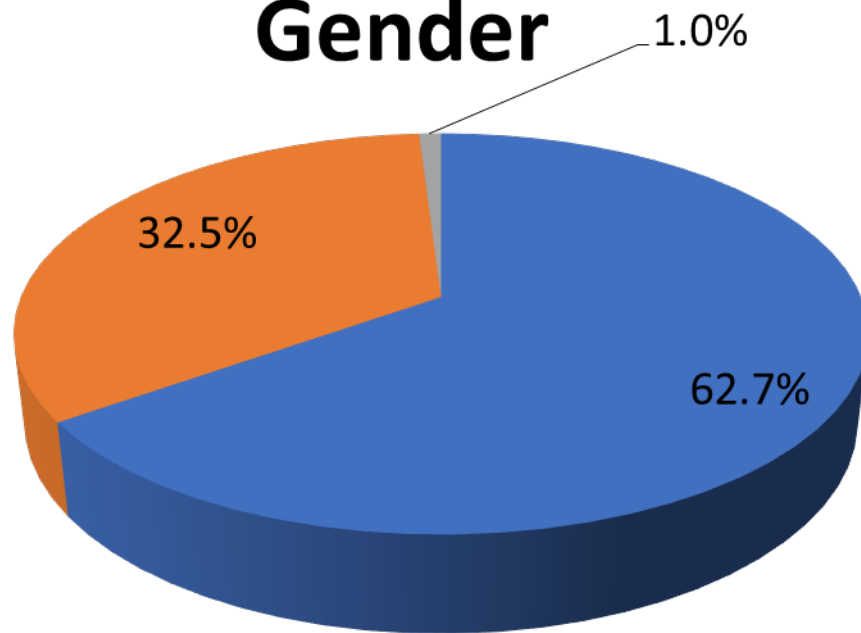


Poverty Level



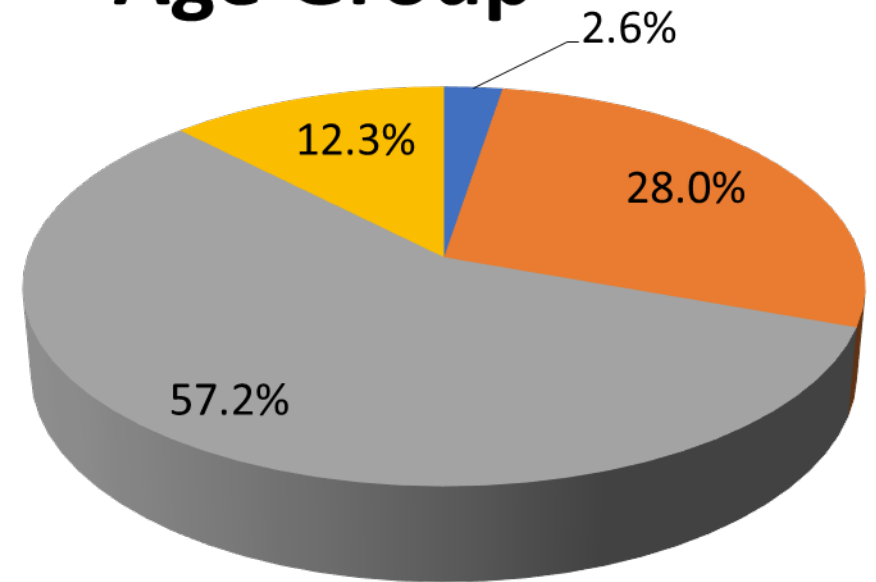
Patient Demographics

Gender



- Male
- Female
- Transgender MTF

Age Group



- 13-24
- 25-44
- 45-64
- 65+

HIV Program Staffing

- Program Director
- Program Administrator
- Clinical Care Coordinator
- Quality Assurance Specialist
- 10 Clinicians
- 8 Nurses
- 6 Social Workers
- 5 Medical Case Managers
- 2 Health System Navigators
- 2 Patient Representatives
- Women's Health Coordinator
- PrEP Navigators
- Community Clinical Coordinator
- LGBTQ Care Coordinator



Ryan White Part C and D Programs



Ryan White Part C

- Roughly 350 patients seen at Health Centers 3, 4, and 5
- Funds clinical time, psychosocial support, medical case management, social work, LGBTQ care coordination, clinical quality management, administrative support
- Sub-recipients:
 - Temple University Kornberg School of Dentistry
 - Children's Hospital of Philadelphia
 - Hospital of the University of Pennsylvania, Infectious Diseases

Ryan White Part D

- Roughly 117 Women, Infants, Children, and Youth seen at Health Center 10 and Strawberry Mansion Health Center
- Funds psychosocial support, medical case management, health system navigation
- Sub-recipients:
 - Temple University Kornberg School of Dentistry

Comprehensive HRSA Site Visit

What is it?

Comprehensive HRSA Site Visit 2



- Key component of HRSA/HAB grantee oversight
- Reviews RWHAP recipients to ensure the provision of comprehensive, high quality healthcare for PLWH and compliance with legislative, regulatory, and programmatic requirements
- Consists of three review components: Clinical, Fiscal, and Administrative by three reviewers and the project officer
- In event of program deficiencies, a corrective action plan will be created to bring the program into compliance
- Occurs every 3-5 years
- Length of visit depends on amount of awards received

HRSA Site Visit

Early and Intermediate Preparation

Early Preparation

Notification from project officer

Identification of potential visit dates

Assess readiness

Assessing Readiness - Tools

HRSA Site
Visit
Assessment
Tool

Materials to
be Made
Available for
the Site Visit
Team

Clinical
Quality
Management
Plan Review
Checklist

Site Visit Assessment Tool



- Divided into three modules: clinical, fiscal, and administrative
- Each module features four requirements with questions or elements to be assessed by the reviewer
- Source documents for requirements – review and file for quick reference
- Determining compliance:
 - Met
 - Not Met
 - Not Applicable

Section 1. Fiscal Module

Requirement 1: Ryan White HIV/AIDS Program Budget and Use of Grant Funds			
Materials to Review/Source Documents:			
<ul style="list-style-type: none"> • Legal: RWHAP Part C legislation, sections 2651 through 2667 of the Public Health Service (PHS) Act (42 U.S.C. 300ff-51-300ff-67); RWHAP Part D legislation, section 2671 of the PHS Act (42 U.S.C. 300ff-71); Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards (UAR) 45 CFR part 75 • Programmatic: HAB Policy Clarification Notices (PCN) 11-04, 13-07, 15-01, 15-02, 15-03 and 16-02; June 22, 2016 RWHAP and PrEP program letter; Ryan White HIV/AIDS Program Part C Early Intervention Services (EIS) Notice of Funding Opportunity (NOFO), Part D Women, Infant Children and Youth (WICY) NOFO and most recent Notice of Award (NoA) 			
Question	Review Criteria	Reference(s)/Citation(s) for Specific Questions	Strengths and Best Practices
Legislative Budget Allocation: Part C			
Early Intervention Services (EIS): Does the recipient spend at least 50 percent of the total funds awarded on Early Intervention Services (EIS)? <i>(Legal)</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Legal: <ul style="list-style-type: none"> • Section 2651(b)(2) Programmatic Resource: <ul style="list-style-type: none"> • HAB PCN 16-02 	
Core Medical Services: After reserving funds for Administrative costs (including planning/evaluation, as defined in HAB PCN 15-01) and clinical quality management costs (as defined in HAB PCN 15-02), does the recipient allocate at least 75 percent of the remaining funds on Core Medical Services (which includes EIS)? <i>(Legal)</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Legal: <ul style="list-style-type: none"> • Section 2651(c)(1) Programmatic Resources: <ul style="list-style-type: none"> • HAB PCN 16-02 • HAB PCN 15-02 • HAB PCN 15-01 	
If Core Medical Services requirement "Not Met," did the entity request and receive approval for a waiver? <i>(Legal)</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	Legal: <ul style="list-style-type: none"> • Section 2651(c)(2) Programmatic Resources: <ul style="list-style-type: none"> • HAB PCN 16-02 • HAB PCN 13-07 	

Material Checklist



Materials to be Made Available for the Site Visit Team Ryan White Parts C, D, and/or F Site Visit

In preparation for your upcoming site visit, please have the following materials available for the site visit review team in electronic or paper form. Materials from the past three years to the present will be reviewed. If you have any questions please discuss with your project officer.

Fiscal		
<input type="checkbox"/> Fiscal policies and procedures	<input type="checkbox"/> Accounting policies, procedures and manuals	<input type="checkbox"/> Billing and collection policies and procedures
<input type="checkbox"/> Ryan White HIV/AIDS Program Budget ((Part A, Part B, Part C, Part D, and Part F)	<input type="checkbox"/> Budget for the organization (or for the organizational unit which includes the HIV/AIDS program)	<input type="checkbox"/> Chart of accounts
<input type="checkbox"/> Table of total funding for HIV/AIDS programs, including source of funds, funding period and amount	<input type="checkbox"/> YTD report from the accounting system on expenditures of the Ryan White grants	<input type="checkbox"/> Most recent bank statement(s) and reconciliation(s)
<input type="checkbox"/> Policies, procedures, and records of drawdowns of Ryan White funds	<input type="checkbox"/> Most recent package of financial reports presented to management and the Board of Directors	<input type="checkbox"/> Payroll report for the most recent payroll, including evidence that employees' withholding taxes have been paid
<input type="checkbox"/> Timesheets and time and effort documentations for employees paid with Ryan White funds for the most recent payroll	<input type="checkbox"/> Contracts that are paid from Ryan White funds, contractor policies and procedures, most recent invoices and monitoring documents for contractors	<input type="checkbox"/> Schedule of customary fees charged for outpatient services by CPT code

- Comprehensive list of fiscal, clinical, and administrative materials to be made available during the site visit either electronically or on paper
- Also requested: clinical records and CQI performance measures

CQM Plan Review Checklist



Clinical Quality Management Plan Review Checklist

Clinical quality management plan should address how the grant recipient will meet the key components of a clinical quality management program as outlined in [Clinical Quality Management Policy Clarification Notice 15-02](#). There are also corresponding frequently asked questions for Clinical Quality Management Policy Clarification Notice 15-02. The frequently asked questions address comment questions related to clinical quality management.

The clinical quality management plan should provide a good understanding of the grant recipient's clinical quality management program in a narrative format. A clinical quality management plan is brief and to the point. It does not contain information tangentially related to the clinical quality management program (e.g. history of the grant recipient), which can be found elsewhere (e.g. grant application).

The table below lists each of the sections of a clinical quality management plan. Each section highlights the Health Resources and Services Administration Ryan White HIV/AIDS Program expectations and includes descriptions of the narrative, Resources and tips for each section are listed at the end of the document.

Recipient:	Part:	Reviewer:	Division:
Date of Plan:		Date reviewed	

Clinical Quality Management Plan Review Checklist			
Section	Content	Present: Yes/No/Partial	Comments
General Information			
	Include the name of the grant recipient and the date last updated or approved.		
Quality Statement			
PCN 15-02	None		
Narrative Description	<ul style="list-style-type: none"> Brief, visionary, and related to HIV services 		
Annual Quality Goals			
PCN 15-02	None		
Narrative Description	<ul style="list-style-type: none"> Outline year's priorities for the clinical quality management program Five or fewer <u>measureable</u> and realistic goals 		
Quality Infrastructure			
PCN 15-02	<ul style="list-style-type: none"> Utilization of Ryan White HIV/AIDS Program grant funds to establish an appropriate infrastructure for a clinical quality management program is allowed An ideal infrastructure consists of: leadership, quality management committee, dedicated staffing, dedicated resources, quality management plan, consumer involvement, stakeholder involvement, and evaluation of the clinical quality management program		

- References Clinical Quality Management Policy Clarification Notice 15-02 as a guideline
- Addresses the key sections of the CQM Plan:
 - General Information
 - Quality Statement
 - Annual Quality Goals
 - Quality Infrastructure
 - Performance Management
 - Quality Improvement
 - Work Plan

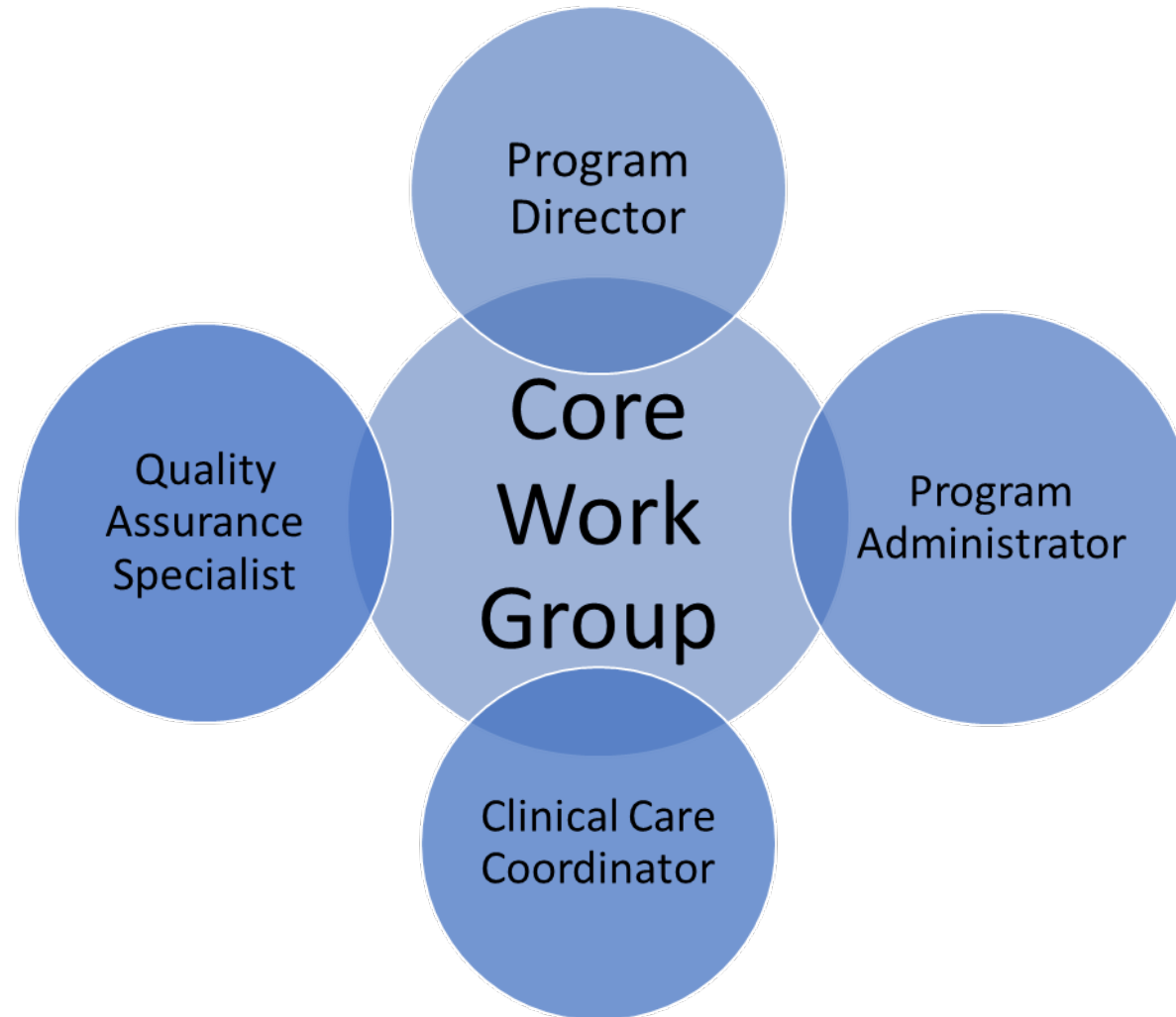
Master Document List

<i>Materials Needed for 2020 HRSA Site Visit</i>				
<i>Clinical</i>				
HRSA Requirement	Have It?	Who Is Responsible?	Site Visit Location	Notes/Comments
Roster of Active Patients		Oumar Gaye Mayla Jackson	HIV Clinical folder	Instructions for sending the roster to be provided by clinical reviewer on pre-visit conference call
Clinical Protocols (see below listing for detail)		Mayla Jackson Dr. Kwakwa	HIV Clinical folder	
SS-01 OraQuick ADVANCE HIV 1/2 Rapid Test (Oral Fluids)	X	Dr. Kwakwa	HIV Clinical folder	
Partner Services Protocol		Dr. Kwakwa	HIV Clinical folder	Will re-write; Oumar will call Cheree to see what current protocol is
Universal Conventional HIV Testing Policy		Dr. Kwakwa	HIV Clinical folder	Will re-write if Dr. Dean or Gerry can't find original
Protocol for Patient Appointments	X	Dr. Kwakwa	HIV Clinical folder	Unsigned, dated December, 2013; may need update
				Unsigned, dated December, 2013; may need

Full checklist

Policies and Procedures

Site Visit Work Group



Targeted Outreach

A	
1	HRSA Ryan White Grants Site Visit
2	<i>Below are a list of required items from HRSA for the upcoming site visit from 3/24/20-3/26/20.</i>
	<i>The site visit will cover Ryan White Part C and Part D grants only. When applicable, please provide data only for the health centers and HIV patients served by those grants:</i>
	<i>Ryan White Part C: All HIV patients at Health Centers 3, 4, and 5</i>
	<i>Ryan White Part D: Women, Infants, Children, and Youth (under age 25) HIV patients at Health Centers 10 and Strawberry Mansion Health Center</i>
	<i>A pre-site visit conference call will be held at some point in early February. Someone from fiscal is required to be on that call. An email will be sent as soon as potential dates are sent from the project officer.</i>
3	
4	
5	Fiscal policies and procedures
6	Accounting policies, procedures and manuals
7	Annual FFR for last two years
8	Most recent A-133 audit
9	Total Operating Budget for current fiscal year
10	List of all Federal funding including Ryan White grants
11	Financial records, (documentation and receipts)
12	YTD report from the accounting system on expenditures of the Ryan White grants
13	Expenditure reports (monthly or quarterly)
14	Most recent bank statement(s) and reconciliation(s)
15	Policies, procedures and records of drawdowns of Ryan White funds
16	
17	<i>Highlighted items are those that may be requested immediately following the pre-site visit conference call</i>
18	
19	
20	



Site Visit Specifics



Required Materials

Intermediate Preparation

Concerns

Alert
consultants

Provide TA

Notify
subrecipient

Tentative
details of visit

Review findings
from previous
monitoring visit

HRSA Site Visit

Late stage planning

Pre-Site Visit Conference Call



- Likely to take place about a month prior to the site visit
- Mandatory attendees:
 - Project Officer
 - Site Visit Consultant Team (Administrative, Fiscal, and Clinical Consultants)
 - Branch Chief (invited, may attend)
 - Recipient Staff including
 - Executive Director/Project Director
 - HIV Program Coordinator
 - HIV Medical Director (Part C/D)
 - Chief Financial Officer or key fiscal staff member
 - Board member (if applicable)

Pre-Site Visit Conference Call



Introductions

Agenda

Logistics

Site Visit Agenda

- Template provided by project officer for perspective; lead site visit consultant will provide final draft

Day 1

- Entrance Conference
- Tour of facility
- Meetings and/or document review
- Working or consumer lunch
- Meetings and/or document review

Day 2

- Subrecipient Facility Tour and Visit
- Meetings and/or document review
- Working or consumer lunch
- Meetings and/or document review

Day 3

- Meetings and/or document review
- Working lunch
- Pre-Exit Conference (if necessary)
- Exit Conference

Final Preparations



- Once site visit agenda is finalized, reserve conference rooms and share agenda with all staff participating in the visit
- 48 hours prior: send de-identified list of patients for clinical review
- Make a final review of the master checklist
- Ensure access to documents in multiple locations
- Get a good night's rest!



HRSA Site Visit 2

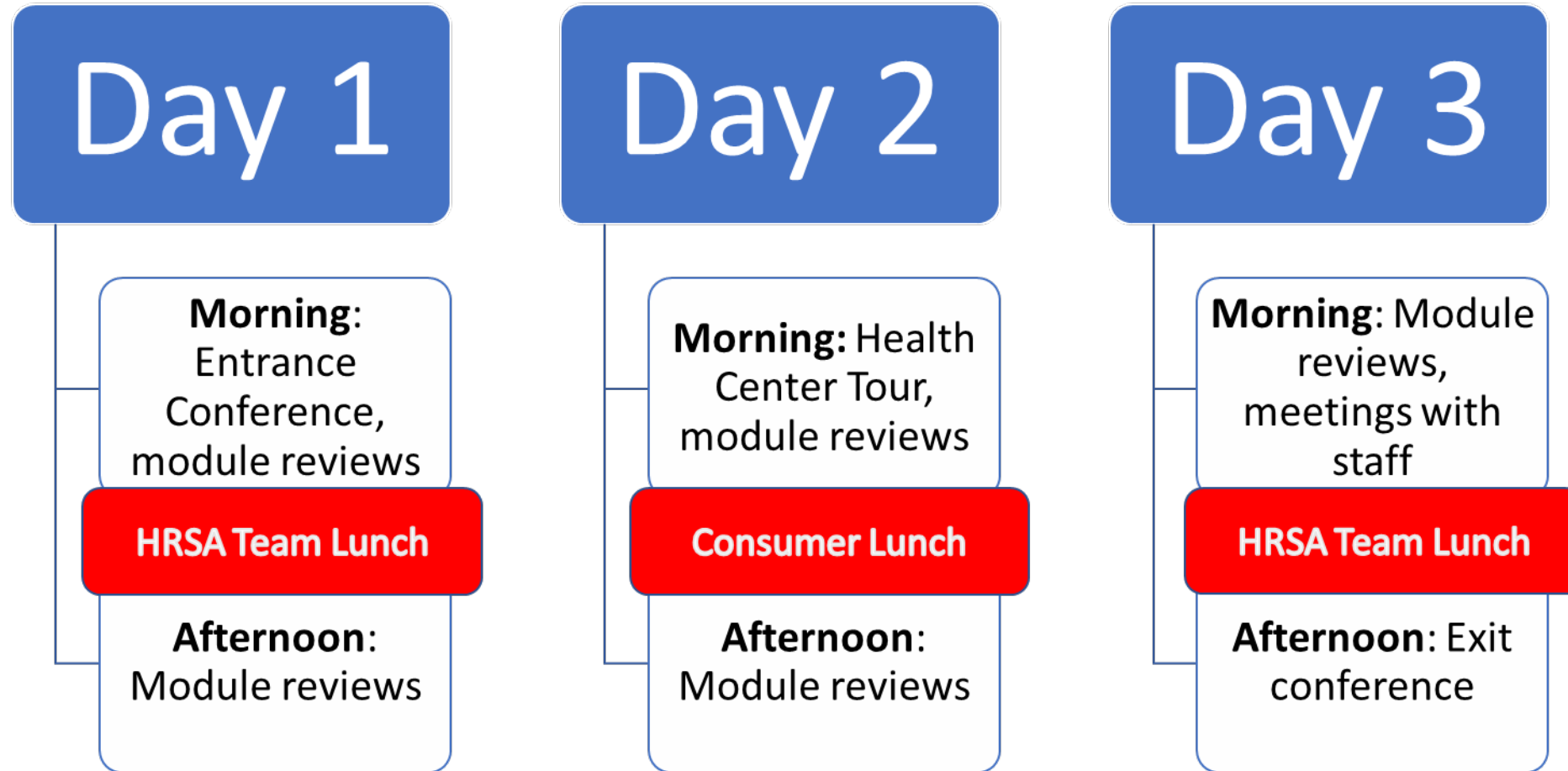
...the experience!



COVID-19

Novel Coronavirus

2014 HRSA Site Visit



Site Visit Results



- At exit conference; received preliminary results with the promise of a comprehensive final site visit report with 60 days
- Majority of requirements were “met”; remaining were identified as “partially met” or “not met”
- Site visit provided an opportunity to receive critical feedback and technical assistance from experts with years of Ryan White Program oversight experience

HRSA Site Visit 3

Following the visit

Corrective Action Plan



Part C H76HA00077
Philadelphia Dept of Public Health
December 9- 11, 2015
DCHAP SITE VISIT
CORRECTIVE ACTION PLAN, PART C

CRITICAL FINDING	PERSONS RESPONSIBLE, DUE DATE	INTERVENTION/ ACTION	PROGRESS TO DATE	DATE RESOLVED
ADMINISTRATIVE- Administrative Structure and Management A1				
A1:1- PDPH's agreements and professional services contract General Provisions do not contain all required federal provisions, and do not adequately address annual monitoring components.	City of Philadelphia Law Department - Who Do We Contact? Due Date: 7/1/2016			
A1:2- There is not an HIV Program subcontract/grantee monitoring policy in place to ensure that subgrantees are meeting the administrative and clinical requirements, particularly verification of credentialing and licensing and compliance with federal assurances.	Work with subcontractors and AHS contract staff to incorporate Due Date: 1/1/2016			
ADMINISTRATIVE- Data Reporting A2				
A2:1- There is not a clear plan/policy/guideline on how HIV program data analysis results are used to support program staffing, budget reallocations, program structure and program policies and procedures.	AHS HIV Program staff Due Date: 10/1/2015	Program staff will convene quarterly to review program data and make decisions for future of program. All meetings and decisions will be well documented in the CQI plan and in the program's annual report.		

Key Take-Aways



- Maintain records like you are always preparing for a site visit
- Document, document, document!
- Develop a policy for every agency operation and procedure

Final thought

The site visit is intended to help you...use it as an opportunity to improve your program!