



How to Conduct Remote Subrecipient Site Visits

2022 National Ryan White Conference on HIV Care and Treatment

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Vision: Healthy Communities, Healthy People



Learning Objectives

- **Define the Purpose of Subrecipient Monitoring**
- **Understand the RWHAP Part B Legislative Requirements for Subrecipient Monitoring**
- **Understand RWHAP Programmatic Guidance for Subrecipient Monitoring**
- **Identification of tasks of RWHAP Part B Virtual Recipient Monitoring**
- **Describe two approaches to remote Subrecipient Monitoring**



Agenda

- **Purpose of RWHAP Subrecipient Monitoring**
- **Legislative Requirements**
- **Programmatic Guidance**
- **Considerations for conducting remote subrecipient site visits**
- **Presentations by Virginia State Department of Health and California Department of Public Health**



Purpose of Monitoring

- Ensure compliance with statutory requirements, regulations and guidance
 - Review and test compliance with applicable laws, regulations, and policies
- Assess program and provide recommendations to:
 - Enhance efficiency of program operations,
 - Achieve optimal program results, and
 - Prevent unallowable use of program resources
- Identify and provide technical assistance
- Build relationships to ensure transparency and open communication that result in optimal delivery of high quality services



Legislative Background

- **Ryan White HIV/AIDS Program Legislation**
Public Health Service Act, Title XXVI, HIV Health Care Services Program, Part B
42 U.S.C. § 300ff-21-31b; 300ff-11-23 et seq.
- **Uniform Administrative Requirement, Cost Principles, and Audit Requirements for HHS Awards, Subrecipient Monitoring and Management, 45 CFR § 75.351-353**



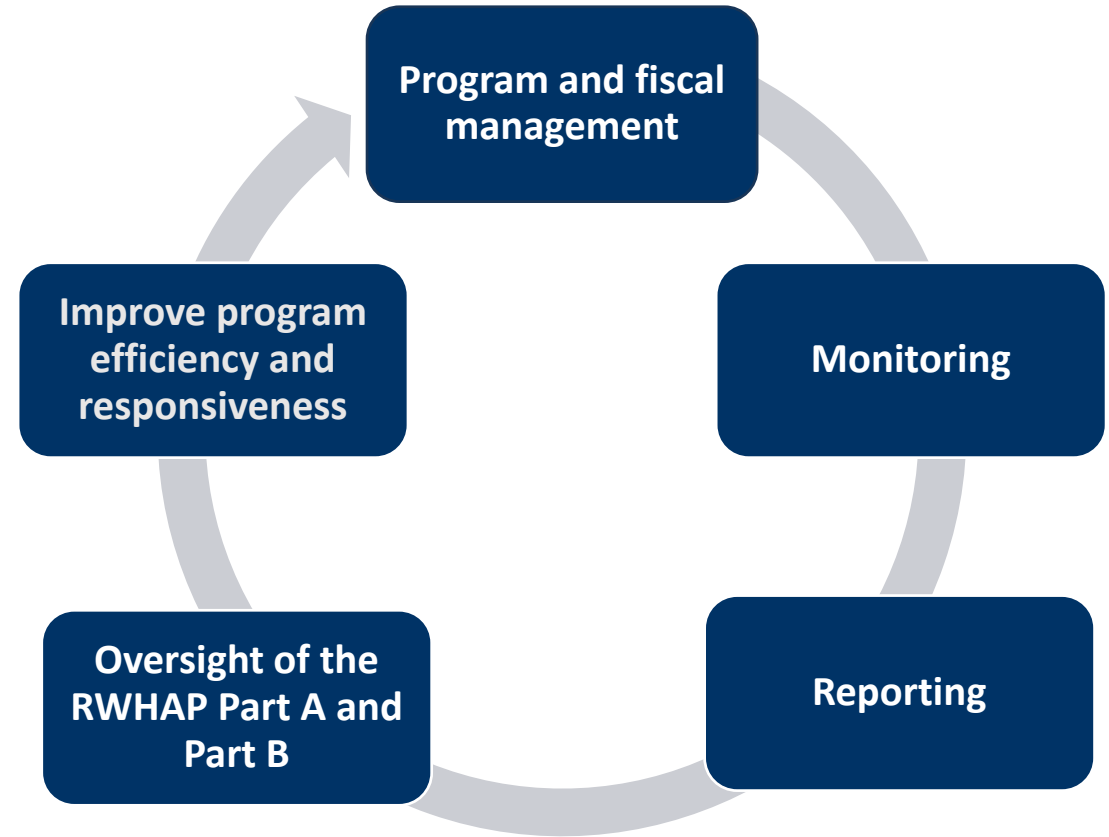
Legislative Background 2

- 2 CFR Part 200 –Uniform Administrative Requirements, Cost Principles and Audit Requirement for Federal Awards specifies recipient role in monitoring and reporting program performance
- 2 CFR Part 200.328 – Monitoring and reporting program performance
 - The non-federal entity is responsible for oversight of the operations of the Federal award supported activities
 - The non-federal entity must monitor its activities under federal awards to assure compliance with applicable federal requirements and performance expectations are being achieved.
 - Monitoring by the non-federal entity must cover each program, function or activity.
- 2 CFR Part 200.331 - Requirements for pass-through entities (for subrecipient monitoring)
 - Subrecipient must permit the recipient to have access to records and financial statements
 - Recipients must evaluate risk of noncompliance with federal statutes, regulations and terms and conditions of the award



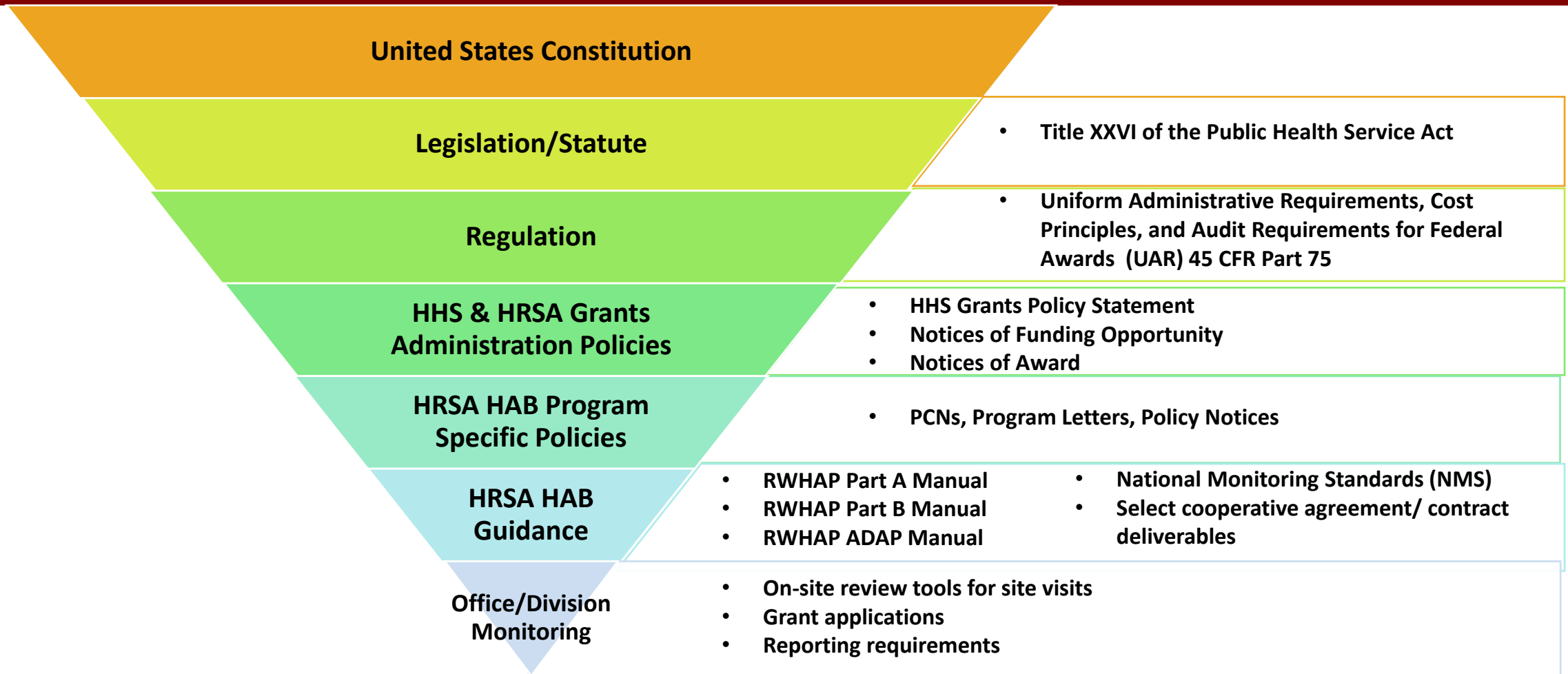
National Monitoring Standards

- Provide a compilation of all major Ryan White HIV/AIDS Program documents used for compliance, oversight, and expectations
- Assist recipients in meeting federal requirements for program and fiscal management, monitoring, and reporting
- Serves as a reference for HRSA consultants and POs in conducting site visits



Administrative/Program, Fiscal, Clinical Quality Management and Subrecipient Site Visit Monitoring Tools were developed to monitor compliance of legislative and programmatic requirements.

RWHAP Hierarchy of Authorities



Monitoring Subrecipients

- Recipients are required to conduct annual site visits to all subrecipients
 - Includes direct subrecipients, fiduciary agents, consortia lead agencies
 - Consider partnering with other RWHAP Parts
 - **Exception:** Recipients with an approved Annual Site Visit Exemption Request
- Per FY 22 RWHAP Part A and B Annual Site Visit Letter distributed March 30, 2022, annual site visits may be conducted virtually
- Subrecipients must monitor sub-subrecipients for the same requirements
 - This includes consortia lead agencies



Preparation for Virtual Site Visits

- Notify subrecipients in advance
 - Additional time may be required to coordinate logistics for virtual visits
- Adapt the structure for virtual site visits
 - Consider extending length of site visit to allow for shorter days
- Review process with subrecipient prior to the visit
 - Review virtual platform (Zoom, MS Teams)
 - Ensure capability to share screens to enable document review
 - Clarify expectations
 - Types of presentation
 - Who is expected to be on camera and when



Preparation for Virtual Site Visits cont.

- Consider logistics of client interviews or feedback groups if applicable
 - Be explicit about who is participating and maintaining confidentiality
- Request documents to review before the site visit
 - Develop document request list to provide to subrecipients
 - Review documents in advance as much as possible

Conducting a Virtual Site Visit

- Include overview of the platform at the beginning of the visit
- Describe how to use chat and other features
- Assign someone to assist with IT issues, if possible

Contact Information

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California's Remote Monitoring

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California Demographics



Population: 39.1 million
Area: 163,700 square miles
People Living with HIV: 139,703

Challenges in California

- Wildfires: 8,835 incidents in 2021 resulting in 2.5 million acres burned, over 3,500 structures damaged or destroyed
- Megadrought: The past 22 years as the driest in the West in at least 1,200 years
- Large, diverse geographic areas to cover with varying service delivery systems
- The Governor cancelled all nonessential travel for State staff with the onset of COVID-19 epidemic

Ryan White Part B Subrecipients

- 58 Counties
- 38 subrecipients comprised of 30 health departments and 8 community-based organizations
- Approximately 50 service providers
- Approximately 13,300 clients served

OA Staffing

- Five program advisors
- Three fiscal analysts
- Two Health Program Specialists

Monitoring Throughout The Year

Fiscal: occurs throughout the year with each invoice

- Program advisor checks invoice for allowability of charges and appropriate client counts (from our ARIES data reports)
- Fiscal analyst checks back-up documentation for all charges
- Expenditure rate monitored by Operations Unit Chief

Prep for Site Visit

- Program advisors collect written policies pertaining to program and fiscal operations
- Program advisors email policy list to subrecipients and ask if there have been any policy updates. If so, new policy is collected, reviewed and filed
- **Difference:** No travel arrangements. Instead email invites and letters to subrecipient blocking out time on everyone's calendars

Data Check In Lieu Of Chart Review

Primary database: AIDS Regional Information and Evaluation System (ARIES)

Eligibility Requirements:

Health Program Specialist (HPS) runs various reports to check compliance with FPL, HIV Dx, Health Insurance, etc. Subrecipients can run fix-it reports to check their own data

Client Counts and Goals:

Reports are run to track client count by service category. This allows the program advisor to discuss how service delivery is meeting (or not meeting) the subrecipient's stated goals

Virtual Conversation

Fiscal analyst and Program advisor team up with the subrecipient to talk to subrecipient about their monitoring report

- Approximately two-hour blocks depending on the size of subrecipient

Platforms utilized (depending on subrecipient's preference):

- Zoom
- Microsoft Teams
- Webex

There was no logistical support for this process.

No difference from in-person visit:

- Site visit report issued with findings and concerns
- CAP issued if necessary
- CAP approval letter or close-out letter if no findings or concerns
- Technical assistance

Benefits

- Virtual spaces allow more staff to have a seat at the table and more time efficient
- Still able to introduce monitoring process for new staff
- Saves time and money
- OA staff was able to “pull in” managers and documents if needed during the monitoring session as we were at our computers already.
- There was flexibility to complete the monitoring in blocks based on subrecipient availability

Challenges

- Technology – some staff were not familiar with virtual spaces
- Subrecipient non-preparedness or distracted by email, etc.
- Not able to complete certain aspects of the monitoring tool due to being virtual – chart reviews, seeing their physical space, etc.
- It is slightly less personal
- No chart checks so had to rely on data reports
- Difficulty eliciting responses from participants

Contact information

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Report from the Field: Continuity of Active Subrecipient Monitoring During a Pandemic

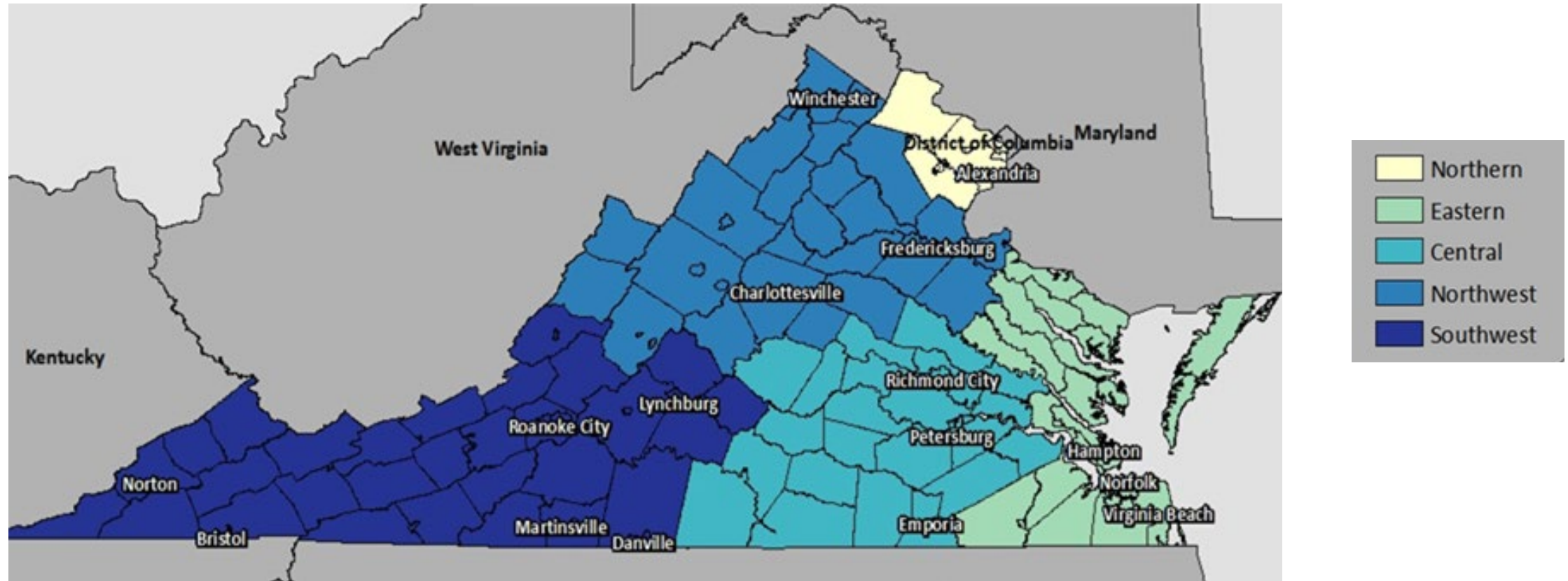
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Virginia Department of Health

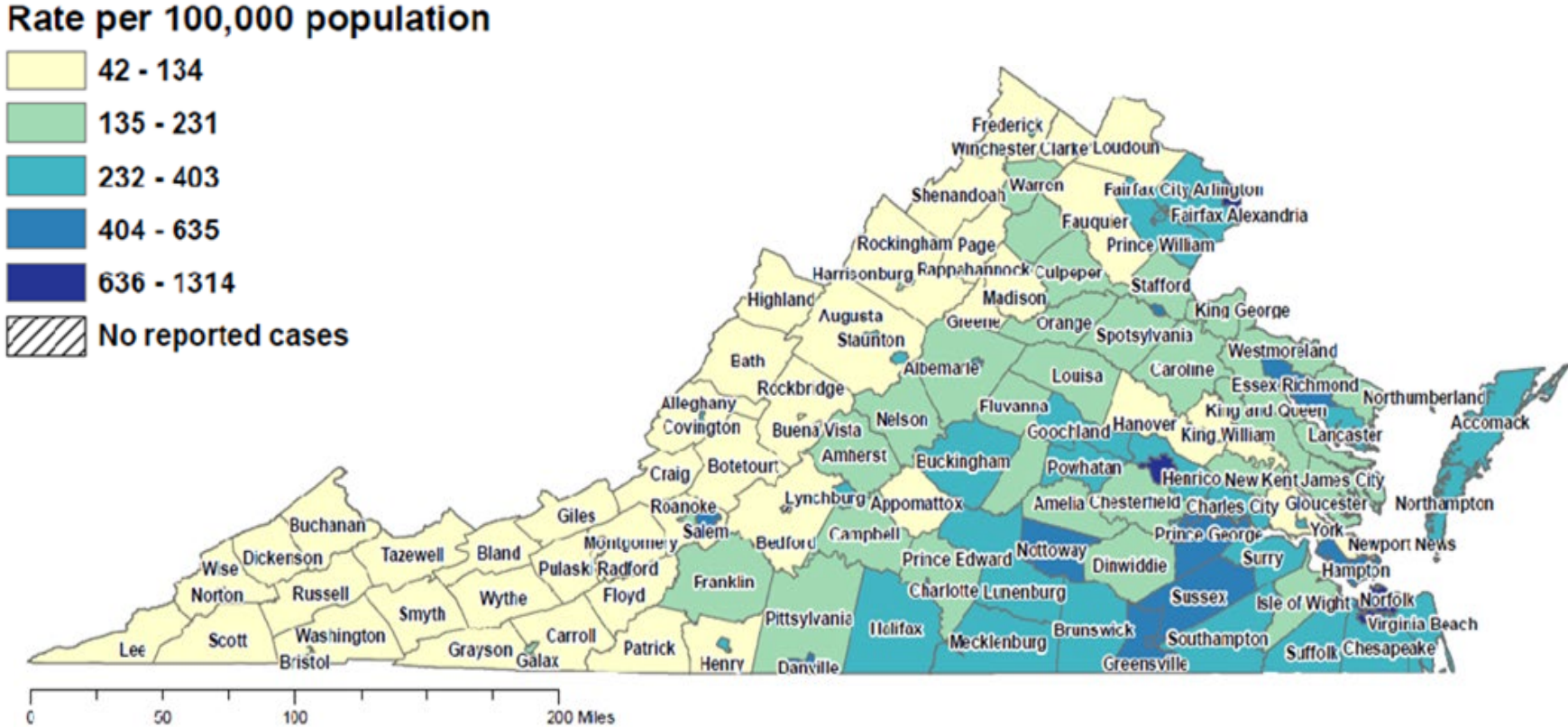
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Commonwealth of Virginia: Five Health Regions

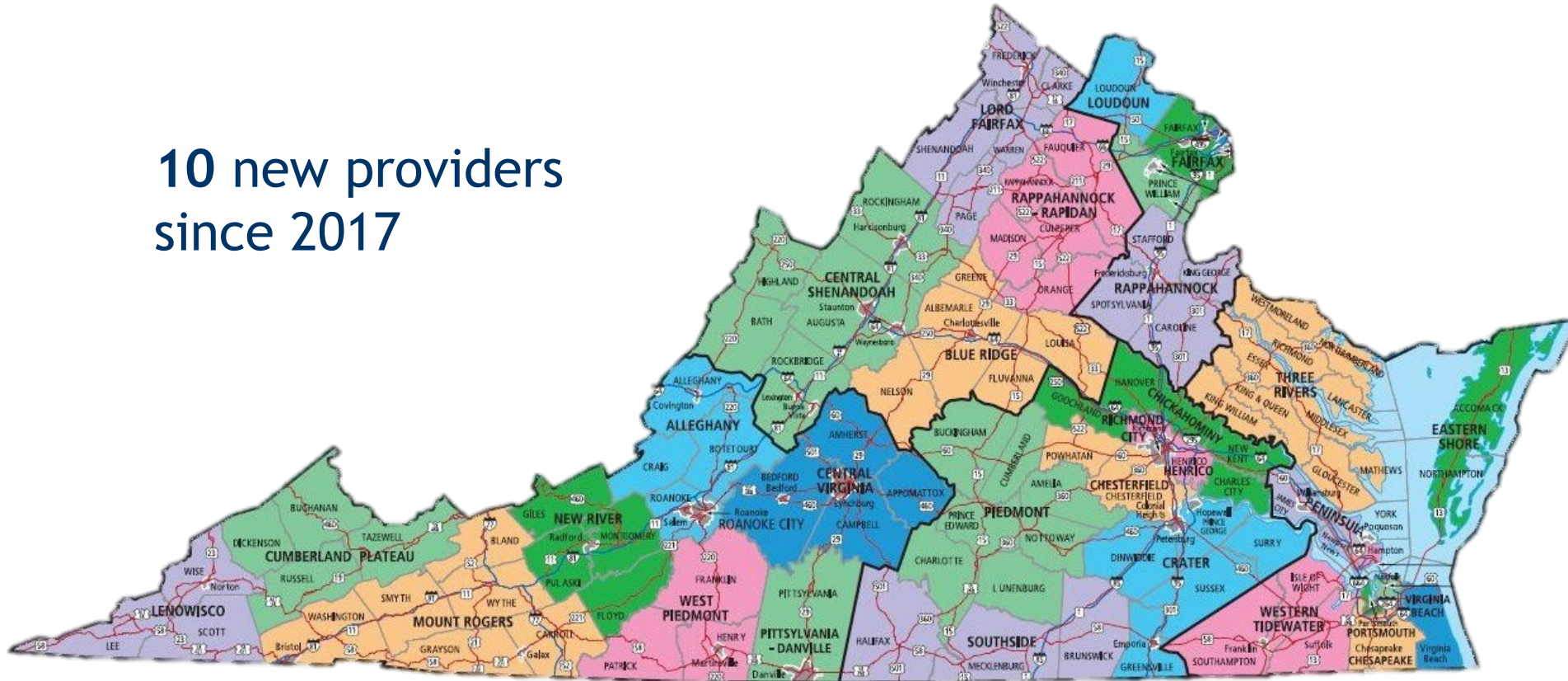


Snapshot: HIV in Virginia



Virginia Ryan White Part B Service Delivery System

10 new providers since 2017



REGION	NUMBER
Central	9
Northern	4 (+4)
Eastern	6
Northwest	5
Southwest	3
OTHER	2
TOTAL	33

Overview: Monitoring Tools & Platform

GY 2020

- No site visit waiver
- Used Doxy.me and Zoom virtual platforms
- 29 remote site visits

GY 2021

- No site visit waiver
- Switched to ZoomHealth virtual platform
- Revised, refined, and updated site visit tool
- 26 remote visits, 2 hybrid

Overview: Monitoring Tools & Platform (cont.)

Provision of Outpatient and Ambulatory Medical Care, defined as the provision of professional diagnostic and therapeutic services rendered by a licensed physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting (not a hospital, hospital emergency room, or any other type of inpatient treatment center), consistent with Public Health Service (PHS) guidelines and including access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

Administrative/Programmatic Review

Documentation

Documentation shows that:

- The provider of OAHS is a licensed healthcare provider
- Providers complete required annual continuing education credits in HIV/AIDS treatment

Testing

Validation from Agency Representative	Met	Not Met	N/A	Notes
The provider of Outpatient/Ambulatory Health Services is a licensed healthcare provider. Professional diagnostic and therapeutic services are rendered by a licensed physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. All physician, physician assistants, clinical nurse specialists, and nurse practitioners will have appropriate and valid licensure and certification by the Commonwealth of Virginia. Agency maintains, and is able to provide upon request, copies of professional licensure and certification. (Source: NMS)				
All providers must complete their required continuing education in HIV/AIDS treatment or care annually. (Source: VDH Service Standards)				

Client Chart Reviews

Documentation

Documentation of services verify:

First Name	Last Name	Date of Service	Chart notes indicate services are offered in an outpatient setting	Chart notes indicate allowable services.	Labs are related to HIV-diagnosis	Client Chart includes clinician notes that are signed by the licensed provider of services.	Notes

Challenges

- Review of paper-based charts
- Site visits took longer to complete
- Increased screen time
- Internet connectivity issues
- Unable to conduct concurrent fiscal and programmatic site visits due to schedule conflicts
- Inability to tour sites and meet staff in-person

- Continuity of services
 - Rapid Start
- Met all recipient monitoring, site visit, and reporting requirements
- New site visit tool
- Positive feedback
- HRSA
 - Comprehensive site visit for Virginia in 2022
 - 2020 recipient site visit reports reviewed
 - Declared subrecipient monitoring a “program strength” during the site visit

- First visits informed improvements for subsequent visits
- Pre-visit test sessions
- Desk audits of administrative documents
- Enhanced collaboration
- Refined site visit process
 - Revised tool
 - Subrecipient innovation: virtual site tours
 - Pictures of clinic spaces and other facilities
 - Reviewed paper charts in-person when safe

Moving Forward

- Continue hybrid site visit model
- Help subrecipients adopt EMR/HER
- Encourage virtual tours for capacity building and other innovation

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