Agenda

- Introductions & Audience Welcome

- Workshop Objectives

- Site Visit Strategy

- General Question & Answer

- Wrap- Up

Learning Objectives

1. Discuss HRSA/HAB DCHAP Site Assessment Tool and Modules

2. Develop methodologies to evaluate programmatic strengths and weaknesses

3. Describe in detail timelines, steps, and processes required to prepare for the site visit

4. Site Visit Walk Through

5. Review Follow up process after the site visit

Strategy

PLAN

Plan: Team

- Assemble Site Visit Key Team Members – Medical Director, Managers, Administration, Finance

- Identify one-point person who is highly organized- invest in this resource!

- Take a Collective Deep Breath!

Plan: Schedule & Timeline

- Establish your Meeting Timeline based on days leading to Visit

- Meetings:
  - Monthly Team Member
  - Bi-Weekly Sub-Committee Meetings- May include personnel beyond Team
  - Daily Individual Assignments

- <u>More Intensive</u> Preparation required when there is a shorter interval between notification and actual site visit date! There is never enough time!

if you haven't received a site visit in more than 5/10 years, ask your program officer during the monthly/quarterly calls

Plan: Sample Schedule & Timeline

- Notification of site visit selection – Summer 2016

- Meeting/Phone call with Medical Director and Administrative Director – August 2016

- A schedule of monthly meetings, beginning approx. 12 months in advance, was set.

- Pre-Site Visit phone call with HRSA – July 2017

- Site Visit – August 2017

Plan: Get Organized!

- Create binders for the key staff enclosed with the Site Visit Assessment Tool
- Modules were assigned to Appropriate Managers : Clinical, Administration and Fiscal
- Calendar notices established and sent
- Shared Restricted Drive for Version Control, Policy & Document Collection
- Identify Key Contributors and Provide Notice
    - Grants & Contracts
    - Human Resources
    - Finance, Procurement, AP
    - Coders, Billers, Third-Party Collectors (more on that later)..

Prepare: Read the Manual

HRSA Assessment Tool (2015)

- Broken into 3 modules: Administrative, Clinical, & Fiscal
  - Assign appropriate personnel to each section
- Identify if any Legislation, Policy Notices have changed
- Highlight Areas of Uncertainty
- Recognize the "Not Applicable"

- Eat, Sleep, Breathe the Manual- not only for the site visit, but the benefit of your program!

Prepare: Assess

- Perform Assessment on your current Program first
  - Review Module with the Team during the first few monthly meetings
- Identify Weaknesses, Policies, Documents
- Perform Inventory on required Policies, Documents, etc
- Assemble this information in a "Tracker" maintained by 1 person

Prepare: Assessment Tracker

Fiscal				
Materials Required	**Person(s) Responsible**	**Completed**		**Comments**
Fiscal policies and procedures	Audrey/Francesca/ Roberta	X		Section 40 polcies - list in folder
Accounting policies, procedures and manuals	Roberta O'Haeri	X Anticipated July		spoke to Roberta-will reference existing policies'
Billing and collection policies and procedures	Sylvia 5/15			Sylvia
Ryan White HIV/AIDS Program Budget	Audrey/Francesca	X		
Budget for the organization (or for the organizational unit which includes the HIV/AIDS program)	Audrey/Francesca	X		
Budget detail for all Ryan White grants (Part A, Part B, Part C, Part D, and Part F)	Audrey/Francesca	X		
Chart of Accounts	Roberta O'Haeri	X		in fiscal module - chart of account folder
Table of total funding for HIV/AIDS programs, including source of funds, funding period and amount	Audrey/Francesca	X		
YTD report from the accounting system on expenditures of the Ryan White grants	Audrey/Francesca	X		fiscal - ytd reporting
Most recent bank statement(s) and reconciliation(s)	Roberta O'Haeri			See email response

Prepare: Review Modules

		Core Site Visit Requirements at a Glance	
		Section I. Fiscal	
No.	**Title**	**Requirement**	**Authority**
1	**Ryan White HIV/AIDS Program Budget and Use of Funds**	Grant funds are budgeted and expended for approved activities in alignment with applicable Federal legislation and program requirements.	Section 2664 (g), Section 2651, and Section 2671 of title XXVI of the Public Health Service Act;45 CFR 75, 45 CFR 75 Subpart F (audit requirements)
2	**Fiscal Management and Oversight**	Recipient maintains accounting and internal control systems appropriate to the size and complexity of the organization reflecting Generally Accepted Accounting Principles (GAAP) and separates functions appropriate to organizational size to safeguard assets, maintain financial stability, and account for the appropriate expenditure of RWHAP funds.	Section 2664 (g) of title XXVI of the Public Health Service Act;45 CFR 75, 45 CFR Subpart F (audit requirements)
3	**Third Party Reimbursement: Billing, Collections, and Program Income Reporting**	Recipient has systems in place to identify and maximize collections and reimbursement for its costs in providing health services, including written billing, credit and collection policies and procedures, and how such revenue is invested in the Ryan White funded program.	Section 2652 (b) and Section 2664 of title XXVI of the Public Health Service Act 45 CFR 75; Policy Clarification Notice (PCN) 15-03, 15-04
4	**Sliding Fee Discounts and Annual Cap on Charges**	Recipient has a system in place to determine and continually apply policies on Sliding Fee Scale and Annual Cap on Charges.	Section 2652 (b) and Section 2664 of title XXVI of the Public Health Service Act; 45 CFR 75; https://aspe.hhs.gov/poverty-research#latest

Prepare: Review Modules (cont.)

		Section II. Administrative	
No.	**Title**	**Requirement**	**Authority**
5	**Administrative Structure and Management**	Recipient maintains a fully staffed management and clinical team as appropriate for the size and needs of the program. The organization has established appropriate oversight and authority over all aspects of the program.	Sections 2601-2692 of title XXVI of the Public Health Service Act, 42 USC §300ff-11 - §300ff-111 as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87); 45 CFR 75HHS Grants Policy Statement (2007); HAB Policy Notice 11-02; Funding Opportunity Announcement (FOA) Section III Eligibility Information
6	**Data Reporting**	Recipient has systems which accurately collect and organize data for program reporting and which support management decision making.	Section 2664 (a), Section 2671 (c), and Section 2691 (b) of title XXVI of the Public Health Service Act; 42 USC §300ff-64, §300ff-71, and §300ff-101; FOA and Notice of Award (NOA) Reporting Requirements
7	**System Coordination**	Recipient makes efforts to establish and maintain collaborative relationships with state and local providers to render services that ensure a coordinated and comprehensive model of care.	Section 2651 (e) and Section 2671 (c) of title XXVI of the Public Health Service Act; 42 USC §300ff-51 and §300ff-71; HAB Policy Notice 12-01
8	**Accessibility, Confidentiality, and Cultural Competency**	Recipient has policies and procedures that address HIV/AIDS related confidentiality and program processes that include limiting access to passwords, electronic files, medical records, faxes, and release of patient information. Recipient adheres to accessibility and National Standards on Culturally and Linguistically Appropriate Services (CLAS).	Section 2652 (a) (2) and Section 2661 (a) of title XXVI of the Public Health Service Act; The Health Insurance Portability and Accountability Act of 1996 (HIPAA) (P.L. 104-191) Privacy Rule at 45 CFR 75; and CLAS Standards

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Prepare: Review Modules (cont)

		Section III. Clinical	
No.	**Title**	**Requirement**	**Authority**
9	**HIV Counseling, Testing, Referral, and Patient Enrollment**	Recipient maintains formal linkages to HIV Counseling, Testing, Referral, and partner counseling either on site or from other sources that are available and accessible to the targeted population(s).	Section 2651 (e) (1) (A) and (B), Section 2661 (a) and (b), and Section 2662 (a) and (b) of title XXVI of the Public Health Service Act
10	**HIV Medical Care**	Recipient provides a comprehensive continuum of outpatient HIV primary care services within a targeted area that attempts to link persons with HIV disease as early in the course of infection as possible and retain them in medical care. Program must reflect a medical model of care that remains abreast of clinical advances in which providers can assess, treat, and refer patients.	Section 2651 (c) (3), (e) (D) and (E) of title XXVI of the Public Health Service Act and HAB PCN 15-02
11	**Other Services to Support HIV Clinical Outcomes**	Recipient ensures access, either directly or via referral, to oral health care, adherence counseling, outpatient mental health care and substance abuse treatment, nutritional services, and specialty medical care. Formal arrangements such as contracts or memoranda of agreement are established with appropriate providers as applicable.	Section 2651 (c) (3) and (d) of title XXVI of the Public Health Service Act
12	**Clinical Quality Management Program**	Recipient has established a clinical quality management (CQM) program that assesses the extent to which HIV health services are consistent with performance standards as defined by HHS benchmarks and quality indicators. Recipient's CQM program includes an evaluation component that measures performance and continuously plans, implements, evaluates, and incorporates strategies to improve the delivery of care.	Section2664 (a) (3), (g) (5) and Section 2671 (f) (2) of title XXVI of the Public Health Service Act, PCN 15-02

Prepare: Action

- Get to work !

- Engage staff and assign Sub-committees tasks- this is larger than 4 people

- Set timeline for completing any potential findings, gaps, or unmet requirements
    - Varies depending on timeline, though allow 1-2 months for assessment and 3-6 months for preparations

- Identify questions for your program officers

Prepare: Pre-Site Visit Conference

- Program Officer will Email Notification of Date/Time of Pre-Site Teleconference
- Email will include:
    - Site Visit Assessment Manual
    - Document Checklist (Handout)
    - Sample Agenda (Handout)
    - Confirmation Letter including date/time
- Introduced to your site consultants
- Have any questions or clarifications ready!
- Document responses via email to your PO after the call
- Do not wait for this call to start preparing!

Prepare: Fiscal Document Checklist

- Fiscal Policy and Procedures
- Accounting policies, procedures and manuals
- Billing and collection policies and procedures
- Ryan White HIV/AIDS Program Budget
- Budget for the organization (or for the organizational unit which includes the HIV/AIDS program)
- Budget detail for all Ryan White grants (Part A, Part B, Part C, Part D, and Part F)
- Chart of Accounts
- Table of total funding for HIV/AIDS programs, including source of funds, funding period and amount
- YTD report from the accounting system on expenditures of the Ryan White grants
- Most recent bank statement(s) and reconciliation(s)
- Policies, procedures, and records if draw downs of Ryan White funds
- Most recent package of financial reports presented to management and the Board of Directors

Prepare: Fiscal Document Checklist (cont.)

- Payroll report for the most recent payroll, including evidence that employees' withholding taxes have been paid
- Ryan White Data Reports/Ryan White Service Reports for three most recent years
- All-inclusive reimbursement rate paid by Medicaid, if applicable
- Encounter form/superbill (blank)
- Travel and reimbursement policies and vouchers
- Reports from accounts receivable system (patient billing system), including aging reports
- Timesheets and time and effort documentations for employees paid with Ryan White funds for the most recent payroll
- Schedule of customary fees charged for outpatient services by CPT code
- Schedule of Charges Eligibility (Sliding Fee Schedule)
- Package of financial intake forms (blank)

Prepare: Fiscal Document Checklist (cont.)

- Inventory control systems
- Summary report of # visits in the HIV/AIDS clinic by CPT codes, by payer for each practitioner for the most recent period
- Contracts that are paid from Ryan White funds, contractor policies and procedures, most recent invoices and monitoring documents from contractors
- Reimbursement rates paid by top 5 third party payers, e.g., Medicaid, Medicare, etc., for CPT Codes
- Policies, procedures, and records for monitoring of the cap on patient charges
- Policies, procedures, and records of tracking program income (i.e. figure reported on grantee's FFR)
- Description of data collection and information systems
- Summary report of amounts charged and collected by payer for the HIV/AIDS clinic for the most recent period

Prepare: Admin Document Checklist

- Organization's Mission statement
- Minutes of staff and management team meetings
- Other relevant committee meetings minutes
- Referral Agreements with specialists, hospitals, home health agencies, etc.
- Evidence of participation in Part A Planning Council and/or Part B Consortium
- Personnel Policies and procedures, including training and onboarding
- Risk management policies and procedures
- Current organizational chart
- Minutes of Consumer Advisory Group
- Contracts for all HIV program subcontractors
- Clinic licenses, including CLIA and required state/territory licenses

Prepare: Admin Document Checklist (cont)

- Position descriptions
- Employee evaluations, personnel files and timesheets
- Proof of Insurance
- Current HIV Program chart
- Minutes of Board Meetings
- Memoranda of Agreement for network partners
- Strategic plan for the organization or HIV Program
- Staff resumes
- Continuing education policies, procedures, and records
- Needs assessment data

Prepare: Clinical Document Checklist

- Clinical charts and/or EMR

- Policies and procedures manuals, including grievance policies

- Clinical policies and procedures, including for clinic hours, emergencies, on-call scheduling, health maintenance and promotion protocols, and clinical trials protocols and referrals

- HIV/HBV/HCV counseling and testing policies and procedures

- Pharmacy records

- Quality improvement and assurance plan, protocols and committee minutes

- Roster of active patients

- Informed and deemed consent policies; procedures and forms

- Infection control policies and procedures

Prepare: Clinical Document Checklist (cont)

- Principles of practices (if applicable)

- Patient appointment procedures

- Patient education materials and handouts

- Clinical protocols

- Credentialing and staff privileges policies and procedures, including provider hospital privileges and malpractice coverage

- HIPPA Confidentiality policies and procedures

- Clinical information tracking system

- Procedure and laboratory log books

- Patient satisfaction surveys and analysis

Prepare: Clinical Charts

- Clinical charts must be available for review by the Site Visit Team.

- A sample of 10-15 charts for either a Part C or D Program and 15-20 charts for a combined Part C and D Program will be reviewed.

- Prior to the site visit, the HIV program coordinator should give the clinical consultant a roster of active patients by chart number including age, gender, CD 4 count range (<200, 200-500,>500) and primary and secondary diagnostic codes. **Patient names should not be listed.**

- Provide this list at least 48 hours prior to the scheduled visit.

Clinical Quality Measures

Measure	Numerator	Denominator	Results (%, #/#)
Retention in Medical Care	Number of patients who have 1 medical visit in each 6-month block over the past 24 months	Number of patients with at least 1 medical visit in the first 6 months of the 24-month measurement period	
Viral Load Suppression	Number of patients who have the most recent viral load <200 copies/ml	Number of patients with at least 1 medical visit in the past year	
PCP Prophylaxis	Number of patients with CD4 <200 cells/µl who were prescribed PCP prophylaxis	Number of patients with CD4 <200 cells/µl and had at least 1 medical visit in the past year	
New in Care	Number of new HIV patients enrolled in care in the past three years. Include the calculation: • Newly diagnosed HIV (< than 12 months); • Diagnosed but not in care (>12 months w/Dx but never in care); • Returning to care (>12 months since last medical visit); and • Diagnosed, in care, but relocating (transferring) to current provider	# New for each year	

PRACTICE

Practice: Preparations!

- Reserve Conference room for all days

- Have documents boxed, filed, and labeled according to order in Module

- Have documents also saved to jump drive

- Answer site visitor questions succinctly

- Do not provide more than what is asked

- Policy should be documented in practice

Practice: Identify Partners

Key External Participants that *MAY* meet Site Visitors

- Specific to Organization
    - McKesson, UPA, NJMS Leadership, Grants & Contracts
    - Request from PO 30 minutes in the Agenda

- Consumer Advisory Board
    - Identify members to confidentially meet with Visitors
    - Be Prepared for Anything!

- Internal Staff Interviews
    - Prep your Staff!

Site Visit

- Entrance Conference
  - All RWC funded staff
  - Additional Key Personnel

- Program Overview
  - Details of program
  - CQI data
  - Funding details
  - Mention any areas of improvement

- Site tour
  - Ensure facility is clean
  - RW signage in waiting room

- Site visit by category
  - Clinical
    - Chart review
    - CQI
  - Administrative
    - Policies
    - Minutes
    - Personnel
  - Fiscal
    - Budget
    - Time and effort
    - Cap on charges
    - Billing

- Consumer Meeting/Lunch

Pre-Exit Conference-Restricted

- Medical Director

- Program Director

- Program Officer

- Consultants

- Present summary of overall findings

- Only "Key" findings discussed including any citations

Exit Conference

- All staff are present
- All Findings will be announced by module in detail
  - Accept with a smile and remember program compliance is the goal!
- Clarify with consultants and staff the meaning of some of the findings

Post Site Visit Follow up

- PO will follow-up with Site Visit Report Cover Letter within 2-3 weeks
    - Program Site Visit Report will include findings & recommendations
    - Correction Action Plan (Template)
    - Site Visit Evaluation via EHB for Program to complete
- Confirm Receipt to PO
- CAP implemented within 12 months
    - PO will ask for progress on CAP during monthly conferences

Corrective Action Plan Template

- Findings

- Consultant Recommendations

- Action/ Intervention

- Person(s) Responsible

- Progress to Date

- Date Resolved

Meeting with Staff after Site Visit

- Meet with staff right after and then a few months later

- Review findings with staff

- Implement changes in work flow if any based on corrective action plan

- Work with institutional EMR (If required) to help with process

Discussion

Questions from the Audience

Handouts

- Assessment Tracker

- Agenda

- Document Checklist

- Policy Listing

- Module Requirements

Thank you!

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