

Wednesday, September 19, 2018

XYZ Organization  
111 Main Street  
Main Street, USA 55555

**Re:** Review of XYZ Organization, a Ryan White HIV/AIDS Service Provider

## **BACKGROUND**

XYZ Organization was a sub-recipient of the Ryan White Part A HIV/AIDS Program during March 1, 2017 through February 28, 2018; Ryan White Part B HIV/AIDS Program during April 1, 2017 through March 31, 2018.

The U.S. Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA), and the HIV/AIDS Bureau (HAB) administer the Ryan White Program.

The Ryan White Program consist of multiple service categories with each having its own budget and objectives.

## **OBJECTIVES AND RESULTS**

The Ryan White program and quality monitoring evaluated compliance with standards developed by the TGA/EMA Ryan White Planning Council Standards of Care (SOC) in compliance with HRSA/HAB and STATE monitoring standards. This includes and is not limited to: To determine the following:

- If management resolved any prior Monitoring or Technical Assistance findings
- If all contractual obligations were met
- Compliance with Federal, State, and Local laws applicable to grants
- Compliance with grantor's policies and procedures
- Program/Quality management controls are in place and operating in accordance with STATE for HIV/AIDS services:
  - Universal standards
  - Access to care (HRSA Universal Standard)
  - Anti-kickback statute
  - Reporting requirements
  - Record-keeping systems
  - Client file review

- Personnel
- CAREWare
- Non-discrimination and other assurances

## **RYAN WHITE PART A FUNDED SERVICE CATEGORIES**

XYZ Organization was a sub-recipient of the Ryan White Part A HIV/AIDS Program during March 1, 2017 through February 28, 2018 for the following service categories:

- Non-Medical Case Management Services (NMCM)
- Medical Transportation (MT) Services
- Substance Abuse – Outpatient Services (SA)

## **RYAN WHITE PART B FUNDED SERVICE CATEGORIES**

XYZ Organization of the Ryan White Part B HIV/AIDS Program during April 1, 2017 through March 31, 2018 for the following service categories:

- Non-Medical Case Management Services (NMCM)
- Medical Transportation (MT) Services
- Substance Abuse – Outpatient Services (SA)

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NON-MEDICAL CASE MANAGEMENT	Compliant, meets standard	
	Opportunity for improvement	
	Finding / Corrective Action	
Program Monitoring	Part A	Part B
Verification of licensure / certification	Not Available	Not Available
Orientation training	Not Available	Not Available
HIV education and training	Not Available	Not Available
Supervision and oversight of chart reviews	Not Available	Not Available
Chart Monitoring	17 Charts Reviewed	17 Charts Reviewed
Initial comprehensive assessment	100%	100%
Face-to-face assessment	100%	100%
<small>NEW</small> Care plan developed	76%	76%
<small>NEW</small> Care plan updated at least twice a year	0%	0%
<small>NEW</small> Assistance in accessing services	100%	100%
<small>NEW</small> Documentation of assistance in accessing services	100%	100%
<small>NEW</small> Documentation of follow up for assistance in accessing services	76%	76%
<small>NEW</small> Case closure / graduation (reason/plan)	100%	100%
<small>NEW</small> Reestablishment information and process	0%	0%

**Non-Medical Case Management Services Programmatic Administrative and Quality Review**

**Strengths:**

- Chart format is easy to navigate and organized.

**Opportunities for Improvement:**

- New monitoring standards, as annotated above, should be tracked and documented as required by the TGA's service standards. These monitoring standards are only baseline for this monitoring year. Going forward it will be necessary to meet, document, and adhere to the new standards. Quality improvement projects should be initiated to ensure monitoring standards are met.
- When utilizing forms created to track and document services, be sure to complete the forms in their entirety. Many areas of forms were left blank and unanswered yet signed and dated.
- Develop information packet for clients discharged to educate on reestablishment process when in need of case management services.

**Findings / Corrective Action:**

- Provide updated policy and procedures manual to include Non-Medical Case Management Service protocol, policies, and procedures.
- Provide updated grievance policy and procedures.
- Provide updated confidentiality policy and procedures.
- Provide evidence of staff licensure and certifications.
- Provide evidence of staff orientation and training.
- Provide evidence of supervisor qualifications and verification of staff oversight by supervisor.

MEDICAL TRANSPORTATION	Compliant, meets standard	
	Opportunity for improvement	
	Finding / Corrective Action	
Program Monitoring	Part A	Part B
Documentation of training for staff	Not Available	Not Available
Documentation of confidentiality for staff	Not Available	Not Available
Staff supervision	Not Available	Not Available
Agency policy on purchase of voucher/bus pass system	Updates Needed	Updates Needed
Agency policy on distribution of voucher/bus pass system	Updates Needed	Updates Needed
Agency policy on security of voucher/bus pass system	Updates Needed	Updates Needed
Agency has policy and procedures for transportation	Updates Needed	Updates Needed
Chart Monitoring	11 Charts Reviewed	11 Charts Reviewed
Eligibility determination	100%	100%

NEW	Payor of last resort	100%	100%
	Accommodations for related/affected individuals	100%	100%
NEW	Non-applicable trips	N/A	N/A
NEW	Documentation of access to transportation services	100%	100%
	Documentation of transportation policy and procedures	100%	100%
	Consent to transportation services	100%	100%
NEW	Documentation of HIV-related health and support services	44%	44%
NEW	Documentation of voucher or number of passes	100%	100%

**Medical Transportation Services Programmatic Administrative and Quality Review**

**Strengths:**

- Chart format is easy to navigate and organized.

**Opportunities for Improvement:**

- New monitoring standards, as annotated above, should be tracked and documented as required by the TGA's service standards. These monitoring standards are only baseline for this monitoring year. Going forward it will be necessary to meet, document, and adhere to the new standards. Quality improvement projects should be initiated to ensure monitoring standards are met.
- When utilizing forms created to track and document services, be sure to complete the forms in their entirety. Many areas of forms were left blank and unanswered yet signed and dated.
- Case notes for the purpose of transportation should be included for each service rendered. Documentation for all provided services should be noted in client file and in CAREWare.

**Findings / Corrective Action:**

- Provide updated policy and procedures manual to include Medical Transportation Service protocol, policies, and procedures.
- Provide updated grievance policy and procedures.
- Provide updated confidentiality policy and procedures.
- Provide evidence of staff licensure and certifications.
- Provide evidence of staff orientation and training.
- Provide evidence of supervisor qualifications and verification of staff oversight by supervisor.

SUBSTANCE ABUSE – OUTPATIENT	Compliant, meets standard	
	Opportunity for improvement	
	Finding / Corrective Action	
Program Monitoring	Part A	Part B
Staff Licensure	Not Available	Not Available
Verification of Supervision	Not Available	Not Available
Supervisor Qualifications	Not Available	Not Available
Orientation	Not Available	Not Available
Training	Not Available	Not Available
Written Plan for Supervisor	Not Available	Not Available
Supervisor files	Not Available	Not Available
Facility Licensure	Not Available	Not Available
ADAAA Compliance	Not Available	Not Available
Staff Certification in CPR and First Aid	Not Available	Not Available
Safety Policies and Procedures	Not Available	Not Available
Chart Monitoring	12 Charts Reviewed	12 Charts Reviewed
Initial appointment / screening	100%	100%
NEW Comprehensive psychosocial assessment	83%	83%
Treatment modalities	100%	100%
Documentation of treatment services	100%	100%
NEW Acupuncture services	N/A	N/A
Treatment plan completed within 30 days of assessment	100%	100%
Update of treatment plan	83%	83%
Progress Notes	100%	100%

Referrals		100%		100%
Discharge planning		100%		100%
Discharge summary		100%		100%

**Substance Abuse Services Programmatic Administrative and Quality Review**

**Strengths:**

- Chart format is easy to navigate, well organized.
- Forms and templates make service notes and documentation consistent across clients being served.

**Opportunities for Improvement:**

- New monitoring standards, as annotated above, should be tracked and documented as required by the TGA’s service standards. These monitoring standards are only baseline for this monitoring year. Going forward it will be necessary to meet, document, and adhere to the new standards. Quality improvement projects should be initiated to ensure monitoring standards are met.
- When utilizing forms created to track and document services, be sure to complete the forms in their entirety. Many areas of forms were left blank and unanswered yet signed and dated.
- Treatment plans should be updated at midway through treatment plan and sessions and again once expected number of sessions have been reached. If client continues in Substance Abuse – Outpatient Services, a new treatment plan should be developed and the expected number of sessions, frequency, duration, expected end date, and treatment modality should be documented.
- Recommended peer-to-peer technical assistance and additional training for service providers on SOC’s and requirements for documenting and implementing mental health services.

**Findings / Corrective Action:**

- Provide updated policy and procedures manual to include Substance Abuse Outpatient Service protocol, policies, and procedures.
- Provide updated grievance policy and procedures.
- Provide updated confidentiality policy and procedures.
- Provide evidence of staff licensure and certifications.
- Provide evidence of staff orientation and training.
- Provide evidence of staff CPR and first aid training and certification.
- Provide evidence of supervisor qualifications and verification of staff oversight by supervisor.
- Provide evidence of facility licensure.
- Provide evidence of ADA/AA compliance.

**ADDITIONAL COMMENTS**

The reviewers would like to commend XYZ Organization for efforts to serve people living with HIV and the affected community. Further, the dedication to maintaining good working partnerships with clients to ensure they are linked to HIV care, retained in care, and ultimately reach viral suppression. XYZ Organization staff exudes a commitment to the overall health of clients and the community thorough understanding the mission and goals of the Ryan White program.

- It is recommended staff training on service standards and requirements of the RWHAP be implemented and completed within 6 months. Completion of staff training should be documented and include the topics and number of hours of training completed.
- Supervision and use of interns rendering Substance Abuse – Outpatient Services should be documented for each service rendered. Each case note, treatment plan and recommendation from an intern should be verified and countersigned by a licensed and approved substance abuse counselor for every encounter.

**CORRECTIVE ACTION PLANS AND SITE VISIT CLOSURE**

Findings have been listed in each respective service category listed above. Please review and report accordingly. The Ryan White Part site visit is now pending response of your corrective action plan. Your response to the corrective action items are required within 30 days of receipt of this notice. If you have any questions, comments or concerns, please do not hesitate to contact the following Recipient staff