

# HIV/AIDS Bureau, Division of Metropolitan HIV/AIDS Programs & Division of State HIV/AIDS Programs National Monitoring Standards for Ryan White Part A and Part B Grantees: Universal – Part A and B (Covers Both Fiscal and Program Requirements)

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“On December 26, 2013, the Office of Management and Budget (OMB) published new guidance for Federal award programs, OMB Uniform Guidance: Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Guidance), 2 CFR Part 200. The Guidance will supersede and streamline requirements from OMB Circulars A-21, A-87, A-110, A-122, A-89, A-102 and A-133 and the guidance in Circular A-50 on Single Audit Act follow-up. It is a key component of a larger Federal effort to more effectively focus Federal grant resources on improving performance and outcomes while ensuring the financial integrity of taxpayer dollars. Please note that the Uniform Guidance will not apply to grants made by the Department of Health and Human Services until adopted by HHS through a Federal Register Notice. That Notice, which will be published in late 2014, will indicate the date on which the Guidance applies to HHS grant funds. Until that time HRSA grantees must comply with the requirements in the current circulars listed above.”

| Standard  | Performance Measure/<br>Method   | Grantee<br>Responsibility  | Provider/Subgrantee<br>Responsibility   | Source<br>Citation  |
|---|--|--|---|---|
| <b>Section A:<br/>Access to Care</b>  |  |  |   |   |
| 1. Structured and ongoing efforts to obtain input from clients in the design and delivery of services | <ul style="list-style-type: none"> <li>• Documentation of Consumer Advisory Board and public meetings – minutes and/ or</li> <li>• Documentation of existence and appropriateness of a suggestion box or other client input mechanism and/or</li> <li>• Documentation of content,</li> </ul> | <ul style="list-style-type: none"> <li>• Review documentation at the subgrantee level to determine methods used for obtaining consumer input into the delivery of services</li> <li>• Use results of same or similar methods in the design and refinement of the HIV continuum of</li> </ul> | <ul style="list-style-type: none"> <li>• Maintain file of materials documenting Consumer Advisory Board (CAB) membership and meetings, including minutes</li> <li>• Regularly implement client satisfaction survey tool, focus groups, and/or public meetings, with analysis and use of results documented</li> </ul> | <p><sup>1</sup>PHS ACT 2602(b)(6)</p> <p>PHS ACT 2605 (a)(7)(B)</p> <p>PHS ACT 2616 (c)(4)</p> <p>PHS ACT 2617(b)(7)(A)</p> |

<sup>1</sup> All statutory citations are to title XXVI of the Public Health Service Act, 42 U.S.C. § 300ff-11 et seq, and are abbreviated with “PHS ACT XXXX” and the section reference.

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|  | use, and confidentiality of a client satisfaction survey or focus groups conducted at least annually   | care  | <ul style="list-style-type: none"> <li>Maintain visible suggestion box or other client input mechanism</li> </ul>   |  |
| 2. Provision of services regardless of an individual's ability to pay for the service                      | Subgrantee billing and collection policies and procedures do not: <ul style="list-style-type: none"> <li>Deny services for non-payment</li> <li>Deny payment for inability to produce income documentation</li> <li>Require full payment prior to service</li> <li>Include any other procedure that denies services for non-payment</li> </ul> | <ul style="list-style-type: none"> <li>Review subgrantees billing, collection, co-pay, and schedule of charges and limitation on charges policies and procedures to ensure that they do not result in denial of services</li> <li>Investigate any complaints against the subgrantee for denial of services</li> <li>Review file of refused clients and client complaints</li> </ul> | <ul style="list-style-type: none"> <li>Have billing, collection, co-pay, and schedule of charges and limitation of charges policies that do not act as a barrier to providing services regardless of the client's ability to pay</li> <li>Maintain file of individuals refused services with reasons for refusal specified; include in file any complaints from clients, with documentation of complaint review and decision reached</li> </ul> | PHS ACT 2605(a)(7)(A)(i)<br><br>PHS ACT 2617(b)(7)(B)(i) |
| 3. Provision of services regardless of the current or past health condition of the individual to be served | <ul style="list-style-type: none"> <li>Documentation of eligibility determination and provider policies to ensure that they do not:</li> <li>Permit denial of services due to pre-existing conditions</li> <li>Permit denial of services due to non-HIV-related conditions (primary care)</li> <li>Provide any other barrier to</li> </ul>     | <ul style="list-style-type: none"> <li>Review subgrantee eligibility determination and provider policies</li> <li>Investigate any complaints of subgrantees dropping high risk or high cost clients including "dumping" or "cherry picking" patients</li> </ul>   | <ul style="list-style-type: none"> <li>Maintain files of eligibility determination and clinical policies</li> <li>Maintain file of individuals refused services</li> </ul>  | PHS ACT 2605(a)(7)(A)<br><br>PHS ACT 2617(b)(7)(B)(i)    |

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|   | care due to a person's past or present health condition   |   |   |  |
| 4. Provision of services in a setting accessible to low-income individuals with HIV disease                     | <ul style="list-style-type: none"> <li>• A facility that is accessible,</li> <li>• Policies and procedures that provide, by referral or vouchers, transportation if facility is not accessible to public transportation policies that may act as a barrier to care for low-income individuals</li> </ul>  | <ul style="list-style-type: none"> <li>• Inspect service subgrantee facility accessibility and with regard to access to public transportation</li> <li>• Review policies and procedures for providing transportation assistance if facility is not accessible by public transportation</li> </ul> | <ul style="list-style-type: none"> <li>• Comply with Americans with Disabilities Act (ADA) requirements</li> <li>• Ensure that the facility is accessible by public transportation or provide for transportation assistance</li> </ul>                                | <p>PHS ACT 2605(a)(7)(B)</p> <p>PHS ACT 2617(b) (7)(B)(ii)</p> <p>PHS ACT 2616(c)(4)</p>   |
| 5. Outreach to inform low-income individuals of the availability of HIV-related services and how to access them | <p>Availability of informational materials about subgrantee services and eligibility requirements such as:</p> <ul style="list-style-type: none"> <li>• Newsletters</li> <li>• Brochures</li> <li>• Posters</li> <li>• Community Bulletins</li> <li>• Any other types of promotional materials</li> </ul> | <ul style="list-style-type: none"> <li>• Review documents indicating activities for promotion and awareness of the availability of HIV services</li> </ul>  | <ul style="list-style-type: none"> <li>• Maintain file documenting subgrantee activities for the promotion of HIV services to low-income individuals, including copies of HIV program materials promoting services and explaining eligibility requirements</li> </ul> | <p>PHS ACT 2605 (a)(7)(C)</p> <p>PHS ACT 2617 (b)(7)(B)(iii)</p> <p>PHS ACT 2616(c)(5)</p> |
| <b>Section B: Eligibility Determination</b>   |   |   |   |  |
| 1. Eligibility determination and reassessment of clients to determine eligibility as specified                  | <ul style="list-style-type: none"> <li>• Documentation of eligibility determination required in client records, with copies of documents (e.g., proof of HIV status, proof of</li> </ul>  | <ul style="list-style-type: none"> <li>• Establish a process and policies for determining eligibility</li> <li>• Conduct site visits to review client records for</li> </ul>  | <ul style="list-style-type: none"> <li>• Develop and maintain client records that contain documentation of client's eligibility determination, including the following:</li> </ul>  | <p>PHS ACT 2616 (b) (1-2)</p> <p>PHS ACT 2617 (b) (7) (B)</p>                              |

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| <p>by the jurisdiction or ADAP:</p> <ul style="list-style-type: none"> <li>• Eligibility determination of clients to determine eligibility for Ryan White services within a predetermined timeframe</li> <li>• Reassessment of clients at least every 6 months to determine continued eligibility</li> </ul> | <p>residence, proof of income eligibility based on the income limit established by the EMA, TGA, State/territory jurisdiction or ADAP (for Part A can be established by the grantee or the planning council), proof of insurance, uninsured or underinsured, using approved documentation as required by the jurisdiction</p> <ul style="list-style-type: none"> <li>• Eligibility Determination and enrollment forms for other third party payers such as Medicaid and Medicare</li> <li>• Eligibility policy and procedures on file</li> <li>• Documentation that all staff involved in eligibility determination has participated in required training</li> <li>• Subgrantee client data reports are consistent with eligibility requirements specified by funder.</li> <li>• Documentation of reassessment of client's eligibility status at least every six months</li> <li>• Training provided by the</li> </ul> | <p>appropriate documentation that meets the requirements</p> <ul style="list-style-type: none"> <li>• Provide training to new and existing agencies and new staff on eligibility determination, assessment and reassessment of clients</li> <li>• Provide training to subgrantees on third party payment sources</li> <li>• Monitor the receipt and use of third party payments by subgrantees as an indication of the use of third party payers by subgrantees</li> <li>• Review data reports for accuracy</li> <li>• Monitor problems in the process of determining eligibility</li> <li>• Ensure eligible clients are receiving allowable services that are fundable with Ryan White dollars</li> <li>• Monitor client utilization and expenditure reports by subgrantee, by service category</li> </ul> | <p><b>Initial Eligibility Determination &amp; Once a year/12 Month Period Recertification Documentation Requirements:</b></p> <ul style="list-style-type: none"> <li>• HIV/AIDS diagnosis (at initial determination)</li> <li>• Proof of residence</li> <li>• Low income (<b>Note:</b> for ADAP supplemental, low income is defined as not more than 200% of the Federal Poverty Level)</li> <li>• Uninsured or underinsured status (Insurance verification as proof)</li> <li>• Determination of eligibility and enrollment in other third party insurance programs including Medicaid and Medicare</li> <li>• For underinsured, proof this service is <b>not</b> covered by other third party insurance programs including Medicaid and Medicare</li> <li>• Proof of compliance with eligibility determination as defined by the jurisdiction or ADAP</li> </ul> <p><b>Recertification (minimum of every six months) documentation requirements:</b></p> | <p>PHS ACT 2616 (b) (1-2)</p> <p>Funding Opportunity Announcement</p> <p>PCN #13-02</p> |

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|          | Grantee/contractor to ensure understanding of the policy and procedures |                           | <ul style="list-style-type: none"> <li>• Proof of residence</li> <li>• Low income documentation</li> <li>• Uninsured or underinsured status (Insurance verification as proof)</li> <li>• Determination of eligibility and enrollment in other third party insurance programs including Medicaid and Medicare</li> </ul> <p><b>Note:</b> At six month recertification one of the following is acceptable: <i>full application and documentation, self-attestation of no change or self-attestation of change with documentation.</i></p> <ul style="list-style-type: none"> <li>• Proof of compliance with eligibility determination as defined by the jurisdiction or ADAP</li> <li>• Document that the process and timelines for establishing initial client eligibility, assessment, and recertification takes place at a minimum every six months.</li> <li>• Document that all staff involved in eligibility determination have participated in required training</li> <li>• Subgrantee client data</li> </ul> |                    |

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|  |  |  | reports are consistent with eligibility requirements specified by funder, which demonstrates eligible clients are receiving allowable services [See Program Monitoring section for a list of allowable services.]  |  |
| 2. Ensure military veterans with Department of Veterans Affairs (VA) benefits are deemed eligible for Ryan White services      | <ul style="list-style-type: none"> <li>• Documentation that eligibility determination policies and procedures do not consider VA health benefits as the veteran's primary insurance and deny access to Ryan White services citing "payer of last resort"</li> </ul>  | <ul style="list-style-type: none"> <li>• Ensure that those subgrantees funded to assess eligibility are aware of and are consistently implementing the veteran classification policy</li> </ul>  | <ul style="list-style-type: none"> <li>• Ensure that policies and procedures classify veterans receiving VA health benefits as uninsured, thus exempting these veterans from the "payer of last resort" requirement</li> </ul>   | <p>HAB Policy Notice 04-01</p> <p>Dr. Parham-Hopson Letter 8/04</p> <p>HAB Policy Notice 07-07</p> |
| <b>Section C:<br/>Anti-Kickback<br/>Statute</b>  |  |  |  |  |
| 1. Demonstrated structured and ongoing efforts to avoid fraud, waste and abuse (mismanagement) in any federally funded program | <p>Employee Code of Ethics including:</p> <ul style="list-style-type: none"> <li>• Conflict of Interest</li> <li>• Prohibition on use of property, information or position without approval or to advance personal interest</li> <li>• Fair dealing – engaged in fair and open competition</li> <li>• Confidentiality</li> </ul> | <ul style="list-style-type: none"> <li>• Require by contract that subgrantees have: <ul style="list-style-type: none"> <li>○ Employee Code of Ethics</li> <li>○ For Medicare and Medicaid subgrantees, a Corporate Compliance Plan</li> <li>○ Bylaws and policies that include ethics standards or business</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Maintain and review file documentation of: <ul style="list-style-type: none"> <li>○ Corporate Compliance Plan (required by CMS if providing Medicare- or Medicaid- reimbursable services)</li> <li>○ Personnel Policies</li> <li>○ Code of Ethics or Standards of Conduct</li> <li>○ Bylaws and Board policies</li> <li>○ File documentations of any</li> </ul> </li> </ul> | 42 USC 1320a 7b(b)   |

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|   | <ul style="list-style-type: none"> <li>• Protection and use of company assets</li> <li>• Compliance with laws, rules, and regulations</li> <li>• Timely and truthful disclosure of significant accounting deficiencies</li> <li>• Timely and truthful disclosure of non-compliance</li> </ul> | <p>conduct practices</p> <ul style="list-style-type: none"> <li>• During site visits, verify compliance with contract anti-kickback conditions</li> </ul>  | <p>employee or Board Member violation of the Code of Ethics or Standards of Conduct</p> <ul style="list-style-type: none"> <li>○ Documentation of any complaint of violation of the Code of Ethics or Standards of Conduct and its resolution</li> <li>• For not-for-profit contractors/grantee organizations, ensure documentation of subgrantee Bylaws, Board Code of Ethics, and business conduct practices</li> </ul>  |                          |
| <p>2. Prohibition of employees (as individuals or entities), from soliciting or receiving payment in kind or cash for the purchase, lease, ordering, or recommending the purchase, lease, or ordering, of any goods, facility services, or items.</p> | <ul style="list-style-type: none"> <li>• Any documentation required by the Compliance Plan or employee conduct standards that prohibits employees from receiving payments in kind or cash from suppliers and contractors of goods or services</li> </ul>                                      | <ul style="list-style-type: none"> <li>• Maintain file documentation and do on-site assessment that cover: <ul style="list-style-type: none"> <li>○ Contracts, MOU, agreements</li> <li>○ Recruitment policies and procedures that discourage signing bonuses</li> <li>○ Conflict of interest</li> <li>○ Prohibition of exorbitant signing packages</li> <li>○ Policies that discourage the use of two charge</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Have adequate policies and procedures to discourage soliciting cash or in-kind payments for: <ul style="list-style-type: none"> <li>○ Awarding contracts</li> <li>○ Referring clients</li> <li>○ Purchasing goods or services and/or</li> <li>○ Submitting fraudulent billings</li> </ul> </li> <li>• Have employee policies that discourage: <ul style="list-style-type: none"> <li>○ The hiring of persons who have a criminal record relating to or are currently being investigated for Medicaid/Medicare fraud.</li> </ul> </li> </ul> | <p>42 USC 1320 7b(b)</p> |

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|  |  | masters, one for self-pay clients and a higher one for insurance companies. <ul style="list-style-type: none"> <li>○ Proof of employee background checks</li> <li>○ Purchasing policies that discourage kickbacks and referral bonuses</li> </ul>  | <ul style="list-style-type: none"> <li>○ Large signing bonuses</li> </ul>  |  |
| <b>Section D:<br/>Grantee<br/>Accountability</b>   |  |  |  |  |
| 1. Proper stewardship of all grant funds including compliance with programmatic requirements | Policies, procedures, and contracts that require: <ul style="list-style-type: none"> <li>• Timely submission of detailed fiscal reports by funding source, with expenses allocated by service category</li> <li>• Timely submission of programmatic reports</li> <li>• Documentation of method used to track unobligated balances and carryover funds</li> <li>• A documented reallocation process</li> <li>• Report of total number of</li> </ul> | Track and be able to provide financial information to the federal government: <ul style="list-style-type: none"> <li>• By funding source (formula, supplemental, MAI, ADAP and ADAP Supplemental)</li> <li>• By allowable uses core, support, administration</li> <li>• By service categories (outpatient medical care, etc.)</li> <li>• Provide reports that include financial information as needed to meet federal</li> </ul> | Meet contracted programmatic and fiscal requirements, including: <ul style="list-style-type: none"> <li>• Provide financial reports that specify expenditures by service category and use of Ryan White funds as specified by the grantee</li> <li>• Develop financial and subgrantee Policies and Procedures Manual that meet federal and Ryan White program requirements</li> <li>• Closely monitor any subcontractors</li> <li>• Commission an independent</li> </ul> | <sup>2</sup> 45 CFR 74.21<br>45 CFR 92.20<br>2 CFR 215.200<br><br>Funding Opportunity Announcement<br><br>Part A Manual<br>Part B Manual<br><br><a href="#">Steven Young &amp; Heather Hauck Letter 9/20/2012</a><br><br><a href="http://hab.hrsa.gov/manageyourgrant/files/subgrant">http://hab.hrsa.gov/manageyourgrant/files/subgrant</a> |

<sup>2</sup> References to the Code of Federal Regulations will be abbreviated as “CFR” throughout this document



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|   | funded subgrantees <ul style="list-style-type: none"> <li>• A-133 or single audit</li> <li>• Auditor management letter</li> </ul>          | requirements <ul style="list-style-type: none"> <li>• Include in subgrantee contracts clear and concise language that outlines programmatic and fiscal requirements, including requirements for:               <ul style="list-style-type: none"> <li>○ A programmatic and fiscal monitoring system that includes monthly and or quarterly timeframes for ensuring compliance</li> <li>○ Reports that provide financial information as needed to enable grantee to meet federal requirements</li> <li>○ An independent audit, which shall be an A-133 audit for those meeting financial thresholds</li> </ul> </li> <li>• Review A-133 or other audits when submitted by subgrantee</li> <li>• Establish criteria for conducting small program audits</li> </ul> | audit; for those meeting thresholds, an audit that meet A-133 requirements <ul style="list-style-type: none"> <li>• Respond to audit requests initiated by the grantee</li> </ul> | exemption.pdf                      |
| 2. Grantee accountability for the expenditure of funds it shares with | <ul style="list-style-type: none"> <li>• A copy of each contract</li> <li>• Fiscal, program site visit reports and action plans</li> </ul> | <ul style="list-style-type: none"> <li>• Ensure timely submission to HRSA of fiscal and programmatic</li> </ul>  | Establish and implement:: <ul style="list-style-type: none"> <li>• Fiscal and general policies and procedures that include</li> </ul>   | Part B Manual<br><br>Part A Manual |

| <b>Standard</b>  | <b>Performance Measure/ Method</b>   | <b>Grantee Responsibility</b>   | <b>Provider/Subgrantee Responsibility</b>   | <b>Source Citation</b>   |
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| lead agencies (usually health departments), subgrantees, and/or consortia  | <ul style="list-style-type: none"> <li>• Audit reports</li> <li>• Documented reports that track funds by formula, supplemental, service categories</li> <li>• Documented reports that track unobligated balance and carryover funds</li> <li>• Documented reallocation process</li> <li>• Report of total number of funded subgrantees</li> <li>• Grantee A-133 or single audit conducted annually and made available to the state every two years</li> <li>• Auditor management letter</li> </ul> | <p>reports</p> <ul style="list-style-type: none"> <li>• Include clear and concise contract language that outlines programmatic and fiscal requirements</li> <li>• Develop a programmatic and fiscal monitoring system that includes monthly and or quarterly timeframes for ensuring compliance</li> <li>• Review A-133 and other audits submitted by subgrantees</li> <li>• Submission of subgrantee audit reports to the State every two years</li> </ul> | <p>compliance with federal and Ryan White programmatic requirements.</p> <ul style="list-style-type: none"> <li>• Flexible fiscal reporting systems that allow the tracking of unobligated balances and carryover funds and detail service reporting of funding sources</li> <li>• Timely submission of independent audits (A-133 audits if required) to grantee</li> </ul> |  |
| 3. Business management systems that meet the requirements of the Office of Management and Budget code of federal regulations, programmatic expectations outlined in the grantee assurances and the Notice of Grant Award | <ul style="list-style-type: none"> <li>• Review of subgrantee contracts</li> <li>• Fiscal and program site visit reports and action plans</li> <li>• Policies and Procedures that outline compliance with federal and Ryan White programmatic requirements</li> <li>• Independent audits</li> <li>• Auditor management letter</li> </ul>   | <ul style="list-style-type: none"> <li>• Comply with and require subgrantee compliance with the requirements in the following documents.</li> <li>• Ryan White Part A and B assurances</li> <li>• 45 CFR 74 or 45 CFR 92 or</li> <li>• 2 CFR 215 or 230 or 220</li> <li>• HHS Grant Policy Statement</li> <li>• Notice of Award (NOA) Program conditions, terms and reporting requirements</li> </ul>   | <p>Ensure that the following are in place: documented policies and procedures and fiscal/programmatic reports that provide effective control over and accountability for all funds in accordance with federal and Ryan White programmatic requirements</p>  | <p>2 CFR 215.17(b)3</p> <p>OMB Circular A-102</p> <p>45 CFR 92.3</p> |

| <b>Standard</b>  | <b>Performance Measure/<br/>Method</b>   | <b>Grantee<br/>Responsibility</b>   | <b>Provider/Subgrantee<br/>Responsibility</b>  | <b>Source<br/>Citation</b>   |
|--|--|---|--|--|
| 4. Responsibility for activities that are supported under the Ryan White Program as outlined by Office of Management and Budget, Code of Federal Regulations, HHS Grant Policy Statement Program Assurances, and Notice of Grant Award (NOA) | Desk audits of budgets, applications, yearly expenses, programmatic reports; audit reports or on-site review when assessing compliance with fiscal and programmatic requirements | <ul style="list-style-type: none"> <li>• Develop monitoring systems to enforce and ensure compliance</li> <li>• Ensure that systems require the maintenance of documentation that supports proof of compliance</li> <li>• Include contract language that requires compliance with OMB, CFR, program assurances, Notice of Grant Award terms, and standards</li> </ul> | Ensure fiscal and programmatic policies and procedures are in place that comply with federal and Ryan White program requirements | 2 CFR 215.17(b)3<br><br>OMB Circular A-102<br><br>45 CFR 92.3<br>45 CFR 74.2 |
| <b>Section E:<br/>Reporting</b>  |  |   |  |  |

| Standard   | Performance Measure/ Method   | Grantee Responsibility   | Provider/Subgrantee Responsibility  | Source Citation  |
|--|---|--|---|--|
| <p>1. Submission of standard reports as required in circulars as well as program-specific reports as outlined in the Notice of Award</p> <p>See Appendix Tables for standard report due dates: Parts A/MAI &amp; B/MAI, ADAP</p> <p><b>Quarterly ADAP reports:</b><br/>Due the last day of the month following the end of the quarters, which are April-June, July-September, October-December, and January-March, since April 1 is the start date</p> | <p>Records that contain and adequately identify the source of information pertaining to:</p> <ul style="list-style-type: none"> <li>Federal award revenue, expenses, obligations, unobligated balances, assets, outlays, program income, interest</li> <li>Client level data</li> <li>Aggregate data on services provided; clients served, client demographics, and selected financial information</li> </ul> | <ul style="list-style-type: none"> <li>Assess financial and program performance of subgrantees who are required to submit the grantor standard report</li> <li>Comply with HRSA/HAB annual instruction and formats for the Part A and B program reporting requirements</li> <li>Obtain from subgrantees the information (data or reports) needed to meet Ryan White Part A, Part B, and ADAP reporting requirements</li> </ul> | <p>Ensure:</p> <ul style="list-style-type: none"> <li>Submission of timely subgrantee reports</li> <li>File documentation or data containing analysis of required reports to determine accuracy and any reconciliation with existing financial or programmatic data. Example: Test program income final FFR with calendar year RDR.</li> <li>Submission of periodic financial reports that document the expenditure of Ryan White funds, positive and negative spending variances, and how funds have been reallocated to other line-items or service categories</li> </ul> | <p>Part A Manual</p> <p>Part B Manual</p> <p>ADAP Manual</p> <p>45 CFR 74.50-51<br/>45 CFR 92.40-41</p>  |
| <p>2. Federal Funding Accountability and Transparency Act of 2006 (FFATA)</p>  |   | <ul style="list-style-type: none"> <li>Ryan White Part A and B grants are not responsible any Federal Funding Accountability and Transparency Act (FFATA) reporting unless they received an absolutely new grant on/after October 1, 2010. For these new awards of \$25,000 or more issued</li> </ul>  |   | <p>For questions regarding FFATA please contact <a href="mailto:DGP@hrsa.gov">DGP@hrsa.gov</a>.</p> <p>Additional information regarding FFATA can be found at:</p> |

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|  |  | on/after October 1, 2010, HRSA notifies grantees of their FFATA reporting obligation in the Notice of Award as a “Grant Specific Term” in the “Terms and Conditions” section of the initial award letter. For our grantees since their awards are reoccurring, even if their budget period is for one year, FFATA would not apply. |  | <a href="http://www.hrsa.gov/grants/ffata.html">http://www.hrsa.gov/grants/ffata.html</a>  |
| <b>Section F:<br/>Monitoring</b>   |  |  |  |  |
| 1. Any grantee or subgrantee or individual receiving federal funding is required to monitor for compliance with federal requirements and programmatic expectations | <ul style="list-style-type: none"> <li>• Development and consistent implementation of policies and procedures that establish uniform administrative requirements governing the monitoring of awards</li> </ul> | <ul style="list-style-type: none"> <li>• Develop policies and procedures that establish uniform administrative requirements</li> <li>• Document in subgrantee agreements or service contracts the frequency, reports and expectations of monitoring activities</li> </ul>  | <ul style="list-style-type: none"> <li>• Participate in and provide all material necessary to carry out monitoring activities.</li> <li>• Monitor any service contractors for compliance with federal and programmatic requirements</li> </ul> | <p>45 CFR 74.51<br/>45 CFR 92.40<br/>2 CFR 215.51</p> <p>Funding Opportunity Announcement</p> <p>Part B Manual<br/>Part A Manual</p> |
| 2. Monitoring activities expected to include annual site visits of all Provider/Sub grantee.   | <ul style="list-style-type: none"> <li>• Review of the following program monitoring documents and actions: <ul style="list-style-type: none"> <li>○ Policies and</li> </ul> </li> </ul>                        | <ul style="list-style-type: none"> <li>• Use a combination of several of the following to monitor program compliance: program</li> </ul>   | <ul style="list-style-type: none"> <li>• Establish policies and procedures to ensure compliance with federal and programmatic requirements</li> </ul>  | <p>Part A Manual</p> <p>45 CFR 74.51<br/>45 CFR 92.40</p>  |

| Standard  | Performance Measure/ Method   | Grantee Responsibility  | Provider/Subgrantee Responsibility  | Source Citation   |
|---|---|---|---|---|
| <p><b>Note:</b> Annual Site Visit Exemption requests may be submitted through EHB prior approval</p> <p><b>Note:</b> Code of Federal Regulations (45 CFR 74.51; 92.40 and 215.51) states that the HHS awarding agency will prescribe the frequency of monitoring activities</p> | <ul style="list-style-type: none"> <li>procedures</li> <li>○ Tools, protocols, or methodologies</li> <li>○ Reports</li> <li>○ Corrective site action plans</li> <li>○ Progress on meeting goals of corrective action plans</li> </ul>   | <ul style="list-style-type: none"> <li>reports, annual site visits, client satisfaction reviews, capacity development/ technical assistance, and chart (client record) reviews</li> <li>● Keep to a reasonable level the time and resources contractors must spend to meet their reporting obligations</li> <li>● Review the following program monitoring documents: <ul style="list-style-type: none"> <li>○ Policies and procedures</li> <li>○ Tool, protocol, or methodology</li> <li>○ Reports</li> <li>○ Corrective site action plan</li> </ul> </li> </ul> <p>Progress on meeting goals of corrective action plan</p> | <ul style="list-style-type: none"> <li>● Submit auditable reports</li> <li>● Provide the grantee access to financial documentation</li> </ul> | <p>2 CFR 215.51</p> <p><a href="#">Steven Young &amp; Heather Hauck Letter 10/4/2012</a></p>                                    |
| <p>3. Performance of fiscal monitoring activities to ensure Ryan White funds are only used for approved purposes</p>  | <ul style="list-style-type: none"> <li>● Review of the following fiscal monitoring documents and actions: <ul style="list-style-type: none"> <li>○ Fiscal monitoring policy and procedures</li> <li>○ Fiscal monitoring tool or protocol</li> <li>○ Fiscal monitoring reports</li> <li>○ Fiscal monitoring corrective action plans</li> <li>○ Compliance with goals of</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>● Have documented evidence of: <ul style="list-style-type: none"> <li>○ Fiscal monitoring activities</li> <li>○ Records reviews</li> <li>○ Supporting documentation of paid expenditures</li> <li>○ An annual financial audit by a qualified independent</li> </ul> </li> </ul>  | <p>Have documented evidence that federal funds have been used for allowable services and comply with Federal and Ryan White requirements</p>  | <p>Part A Manual</p> <p>Part B Manual</p> <p>Funding Opportunity Announcement</p> <p>Inspector General 2004 OEI-02-01-00641</p> |

| Standard  | Performance Measure/<br>Method   | Grantee<br>Responsibility  | Provider/Subgrantee<br>Responsibility  | Source<br>Citation  |
|---|--|--|--|---|
|   | corrective action plans  | accountant <ul style="list-style-type: none"> <li>• Have on file a copy of all subgrantee procurement documents including subgrantee agreements/ contracts, letters of agreements, MOUs, and fiscal, program and annual site visit reports</li> <li>• Report to HRSA as part of every application efforts to monitor subgrantees in accordance with these standards</li> </ul>   |  |   |
| 4. Salary Limit: HRSA funds may not be used to pay the salary of an individual at a rate in excess of \$179,700. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts for substantive | <ul style="list-style-type: none"> <li>• Identification and description of individual employee salary expenditures to ensure that salaries are within the HRSA Salary Limit.</li> <li>• Determine whether individual staff receives additional HRSA income through other subawards or subcontracts.</li> </ul> | <ul style="list-style-type: none"> <li>• Monitor prorated salaries to ensure that the salary when calculated at 100% does not exceed the HRSA Salary Limit.</li> <li>• Monitor staff salaries to determine that the salary limit is not exceeded when the aggregate salary funding from other HHS and HRSA sources including Bureau of Primary Health Care, Maternal and Child Health Bureau and Ryan White funding (A, B, C, D and F) do not exceed the limitation.</li> <li>• Review payroll reports,</li> </ul> | <ul style="list-style-type: none"> <li>• Monitor staff salaries to determine whether the salary limit is being exceeded.</li> <li>• Monitor prorated salaries to ensure that the salary when calculated at 100% does not exceed the HRSA Salary Limit.</li> <li>• Monitor staff salaries to determine that the salary limit is not exceeded when the aggregate salary funding from other federal sources including all parts of Ryan White do not exceed the limitation.</li> <li>• Review payroll reports, payroll allocation journals and employee contracts.</li> </ul> | Consolidated Appropriations Act, 2012, Division F, title II, Sec. 203, P.L. 112-74. |

| Standard   | Performance Measure/<br>Method   | Grantee<br>Responsibility   | Provider/Subgrantee<br>Responsibility  | Source<br>Citation  |
|--|--|---|--|---|
| work under a HRSA grant or cooperative agreement.  |  | payroll allocation journals and employee contracts. <ul style="list-style-type: none"> <li>Interview employees if payroll or income documentation is not available from the contractor or subcontractor provider.</li> </ul>  |  |   |
| 5. Salary Limit Fringe Benefits: If an individual is under the salary cap limitation, fringe is applied as usual. If an individual is over the salary cap limitation, fringe is calculated on the adjusted base salary.  | <ul style="list-style-type: none"> <li>Identification of individual employee fringe benefit allocation.</li> </ul>   | <ul style="list-style-type: none"> <li>Monitor to ensure that when an employee salary exceeds the salary limit, the fringe benefit contribution is limited to the percentage of the maximum allowable salary.</li> </ul>  | <ul style="list-style-type: none"> <li>Monitor to ensure that when an employee salary exceeds the salary limit, the fringe benefit contribution is limited to the percentage of the maximum allowable salary.</li> </ul> | Consolidated Appropriations Act, 2012, Division F, title II, Sec. 203, P.L. 112-74. |
| 6. Corrective actions taken when subgrantee outcomes do not meet program objectives and grantee expectations, which may include: <ul style="list-style-type: none"> <li>Improved oversight</li> <li>Redistribution of funds</li> <li>A "corrective action" letter</li> <li>Sponsored technical assistance</li> </ul> | <ul style="list-style-type: none"> <li>Review corrective action plans</li> <li>Review resolution of issues identified in corrective action plan</li> <li>Policies that describe actions to be taken when issues are not resolved in a timely manner</li> </ul> | <ul style="list-style-type: none"> <li>Establish and implement monitoring policies that require a compliance report that lists in order of gravity the identified non-compliance activities, requires a corrective action plan, and establishes a time limit for response and implementation of measures that will bring subgrantee into</li> </ul> | Prepare and submit: <ul style="list-style-type: none"> <li>Timely and detailed response to monitoring findings</li> <li>Timely progress reports on implementation of corrective action plan</li> </ul>                   | Part A Manual<br><br>Part B Manual  |



| Standard | Performance Measure/<br>Method | Grantee<br>Responsibility   | Provider/Subgrantee<br>Responsibility | Source<br>Citation |
|----------|--------------------------------|---|---------------------------------------|--------------------|
|          |                                | compliance <ul style="list-style-type: none"> <li>• Maintain files with monitoring reports, corrective action plans, and progress reports on the resolution of any findings of a monitoring report</li> </ul> |                                       |                    |

## Appendix 1

### Table 1

| Parts A/MAI & B/MAI Reports       | Due Date                              |
|-----------------------------------|---------------------------------------|
| Revised Budget Narrative          | 90 days after receipt of final award  |
| Planned Allocations A/MAI & B/MAI | 90 days after receipt of final award  |
| Implementation Plan               | 90 days after receipt of final award  |
| List Providers (CLC) and CRC      | 90 days after receipt of final award  |
| Final FFR and Carryover Request   | July 30, 20XX                         |
| WICY Report                       | 120 days after end of budget period   |
| Final Annual Progress Report      | 120 days after end of budget period   |
| MAI Annual Report                 | 120 days after end of budget period   |
| Final Expenditures                | 120 days after end of budget period   |
| Interim FFR (Part B Only)         | 150 days after receipt of final award |
| Part B mid-year progress report   | 210 days after receipt of final award |
| Calendar year RSR                 | March of following calendar year      |
| MAI Final Expenditure Report      | 120 days after end of budget period   |
| Estimated UOB and Carryover       | Part A: 12/31/XX ; Part B 1/31/XX     |

**Table 2**

| <b>ADAP Reporting</b>   | <b>Due Date</b>  |
|-------------------------|--|
| <b>Quarterly Report</b> | Due 30 days after the end of each three month reporting period. Example dates: 7/29/20xx; 10/31/20xx; 1/31/20xx; 4/30/20xx |

\*During Ryan White grant years with partial awards, reporting requirement due dates begin following the receipt of the final Notice of Award and NOT the after the start of budget period.