

**RYAN WHITE PART-B/STATE SERVICES  
2023-2024 SUBRECIPIENT  
PROGRAM MONITORING  
LOGISTICS GUIDE**



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services



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## Objectives of Subrecipient Program Monitoring

Monitoring of subrecipients is a critical component of the Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP). Subrecipient monitoring for quality assurance and program evaluation is a required grant administrative activity, and it is the responsibility of the Texas Department of State Health Services (DSHS) HIV/STD Section to ensure the following activities occur:

- Subrecipients are monitored to measure and ensure compliance with RWHAP Part B legislative and programmatic requirements
- Program service standard performance measures are met at minimum expectations
- Corrective action is taken and enforced to address non-compliance

Subrecipients are required to provide access to all applicable records required by the DSHS RW-B/SS program monitoring contractors per Federal HHS Grants Policies & Regulations, 45 CFR § 75.364:

*“The HHS awarding agency, Inspectors General, the Comptroller General of the United States, and the pass-through entity, or any of their authorized representatives, must have the right of access to any documents, papers, or other records of the non-Federal entity which are pertinent to the Federal award, in order to make audits, examinations, excerpts, and transcripts. The right also includes timely and reasonable access to the non-Federal entity's personnel for the purpose of interview and discussion related to such documents.”*

In addition, the Texas Ryan White (RW) Part B program uses data from subrecipient monitoring to:

- Identify top performers in compliance and/or trends of noncompliance among one or more agencies, to plan individual or statewide responses and provide technical assistance
- Select a specific set of biennial service indicators that will require a Corrective Action Plan (CAP) post-monitoring for noncompliance
- Benchmark results of monitoring across regions, providers, services, service-specific indicators and over time

- Inform our annual review and update of program service standards
- Analyze results to assist in planning Clinical Quality Management (CQM) activities and priorities for training and quality improvement projects

Although quality assurance monitoring and the corrective action process is a grant administrative activity and is not considered to be a CQM activity, the results may be analyzed and layered into planning future CQM activities. Quality assurance monitoring is not intended to be punitive. It is intended to identify and correct noncompliance.

## **2023-2024 Subrecipient Monitoring Process Overview**

Subrecipient monitoring consists of a standardized retrospective policy and chart review to evaluate compliance with Ryan White Part-B and State Services (RW-B/SS) program service standards, based on each subrecipient's funding and utilization of services. It is the responsibility of the subrecipient to provide access to all required materials during the pre-scheduled time frame set by the monitoring evaluation team. Documentation offered after the exit conference is not included in the monitoring results for the current monitoring year.

Monitoring results are recorded in the DSHS RW-B/SS monitoring database for storage and reporting functions. The database is managed by the DSHS contractor, Health Access, LLC. Service standards and associated monitoring tools used to measure compliance are available on the **DSHS website**. Newly implemented program service standards that were not in place during the measurement period are scored as pilot measures and will not be subject to CAPs.

In 2023-2024, a hybrid mix of in-person and virtual monitoring will be used. Site visits, meetings, and chart review sessions will be scheduled in coordination with DSHS Care Services staff, each regional Administrative Agency (AA), and the subrecipient to be monitored. The 2023-2024 cycle of monitoring will require a full Universal Standard policy upload for each subrecipient (*self-attestations will be allowable every other monitoring visit or every 2 years*). Universal Standard policy reviews will be conducted virtually for all subrecipients using the Box HIPAA-compliant document-sharing platform. Health Access will provide a list of randomly selected Take Charge Texas (TCT) client IDs for each subrecipient and each funded service, applying the DSHS tier sampling methodology.

## DSHS Tier Sampling Methodology

Number of Un-Duplicated Clients (UDCs) per service category with at least one Unit of Service (UoS) billed to the RW-B/SS program during the measurement period	Required number of randomized client records for sampling
1 – 24	100%
25 – 50	25
51 – 100	30
101 – 499	40
500+	50

## 2023-2024 Measurement Period and Monitoring Dates

Monitoring Year	Measure Period
2023	January 1, 2022 – December 31, 2022
2024	January 1, 2023 – December 31, 2023

Each subrecipient will be monitored for all RW-B/SS service categories during the timeframes listed below. Exact monitoring dates will be provided to each subrecipient within 30 days of their site visit.

## Administrative Agency Monitoring Schedule

Regional AA	Year of Subrecipient Monitoring	Month of Subrecipient Monitoring	Site Visit Platform <i>(Subject to change as needed at the discretion of DSHS)</i>
South Texas Development Council	2023	March, and April	Hybrid

Dallas County Health and Human Services	2023	May, and June	Hybrid
University Health	2023	July, and August	Virtual
Tarrant County	2023	September	Virtual
Brazos Valley Council of Governments	2024	TBD in January 2024	Hybrid
The Resource Group	2024	TBD in January 2024	Hybrid

### Contractor Subrecipient Service Monitoring Assignments

Services categories are divided among the Health Access team and the AA of the subrecipient to be monitored.

2023-2024 Service Monitoring Assignments for Health Access, LLC.	
1. AIDS Pharmaceutical Assistance (LPAP)	6. Outpatient/Ambulatory Health Services (OAHS)
2. Medical Case Management Services (MCM)	7. Referral for Healthcare Services (RHCS)
3. Mental Health (MH)	8. Health Insurance Premium and Cost Sharing Assistance (HIA)
4. Non-Medical Case Management Services (NMCM)	9. Universal Standards - Eligibility All Services
5. Oral Health (OH)	10. Universal Standards - Policy Review All Services

2023-2024 Service Assignments for Administrative Agencies	
1. Child Care Services	11. Medical Nutrition Therapy

2. Early Intervention Services	12. Medical Transportation Services
3. Emergency Financial Assistance	13. Other Professional Services
4. Food Bank	14. Outreach Services
5. Health Education/Risk Reduction	15. Psychosocial Support Services
6. Home and Community-Based Health Services	16. Rehabilitation Services
7. Home Health Care	17. Respite Care
8. Hospice	18. Substance Abuse Services Outpatient
9. Housing Services	19. Substance Abuse Services Residential
10. Linguistic Services	

### Monitoring Entrance and Exit Conferences

Subrecipient program monitoring site visits include an entrance conference to be held from 9:00-10 a.m. on the start date of scheduled monitoring of each subrecipient. The entrance conference requires participation from the following:

- DSHS Care Services staff
- Compliance and or other leadership staff from the AA that funds the subrecipient
- Subrecipient leadership and key front-line staff that deliver services
- Health Access and the AA monitoring team assigned to the site visit

Activities during the entrance conference include:

- Health Access will lead introductions of all participants.
- Subrecipient will give a brief presentation about their agency, how they use program funding to provide services, and any other information they would like to share. Presentations are to be 15 minutes or less.



- The monitoring teams will provide a brief overview of what to expect during the scheduled dates of the monitoring site visit and will resolve any pending monitoring preparation needs.
- The monitoring teams will confirm who the point of contact at the subrecipient agency is for each service to assist the monitoring staff with any questions that may arise during monitoring.
- Subrecipient staff will be provided time to ask questions and/or voice comments and concerns related to the monitoring site visit.

Monitoring will officially begin immediately after the entrance conference. The monitoring teams will provide updates throughout the duration of the site visit or virtual monitoring process to all stakeholders.

The Health Access monitoring team will schedule the exit conference in coordination with all stakeholders, based on the projected date and time that monitoring of all services will be complete and the availability of stakeholders.

Activities during the exit conference include:

- Health Access will lead introductions of all participants.
- A high-level overview of monitoring results for each service will be presented by the monitoring teams, to include recognition of program strengths and areas with opportunities for improvement.
- The monitoring teams will review details of priority service indicators that require a CAP in response to the preliminary monitoring results.
- The monitoring teams and DSHS staff will provide technical assistance on any additional indicators noted to be noncompliant with service standard(s).
- Time will be provided for the subrecipient to ask questions, provide comments, and/or raise concerns.

For subrecipients who are required to complete a CAP, the subrecipient's AA will schedule three mandatory virtual CAP check-in meetings, starting within 60 days of the exit conference. The post-monitoring process will be reviewed with each subrecipient on their first CAP check-in. CAPs are due at the second CAP check-in, which will be scheduled 90 days after the exit conference or as directed by the AA with approval from DSHS.

## **Subrecipient Monitoring Preparation**

DSHS will send each subrecipient an electronic monitoring logistic survey 60 days in advance of the anticipated month(s) of monitoring to collect basic information and assist in planning the detailed monitoring schedule for each region.

The subrecipient is responsible for responding to the survey within 7 business days of the date the email is sent. If the subrecipient does not respond to the monitoring logistics survey within 7 business days, DSHS and monitoring contractors will proceed with scheduling monitoring without input from the subrecipient.

The Health Access team will then coordinate with the subrecipient's AA staff to:

- Set final monitoring dates and schedule for regional monitoring by AA
- Send notification of monitoring dates 30 days before the start of monitoring to the AA and the subrecipient to be monitored
- Coordinate, facilitate and schedule an individual monitoring logistics call with the regional AA and each subrecipient to be monitored at least 21 days before the start date of monitoring
- Receive sampling list from the regional AA, randomize the monitoring list, and provide the final randomized list to subrecipients at least 21 days before monitoring
- Set up access to Box for appropriate AA and subrecipient staff within 14 days of the start of monitoring
- Coordinate, facilitate, and schedule monitoring entrance and exit conferences based on the monitoring schedule
- Send the Health Access portion of the final monitoring report to the regional DSHS consultant within 60 days of the monitoring exit conference

The subrecipient will be responsible for the following activities:

- Respond to the logistics survey within 7 business days
- Attend and participate in the monitoring logistics meeting
- Confirm receipt of notification of monitoring as requested in the DSHS Contract Management Section (CMS) letter of notification of monitoring

- Create and upload to Box a crosswalk of TCT client IDs to agency client medical record IDs by 1 day before the start of scheduled monitoring
- Ensure policies and related documents required for monitoring of Universal Standards – Policies are uploaded to Box at least 7 days before the start of monitoring
- For services that will be monitored virtually, ensure all uploads are completed at least one day before the start of scheduled monitoring
- For services and/or meetings that are conducted in-person:
  - Ensure a conference room is reserved for the entrance conference and ready to go on the start of scheduled monitoring
  - Notify monitoring team(s) of any agency requirements such as mask mandates or other need-to-know information at least 1 day before the start of scheduled monitoring
  - Reserve one or more quiet rooms for the monitoring team(s) to conduct policy and chart reviews. If records are electronic and remote access using the monitoring team(s) laptops is not allowable per agency policy, ensure access to agency desktops or other computers are available to monitoring team(s) as applicable to the individualized monitoring plan
- Provide all available documentation to show that monitoring indicators have been met during the pre-scheduled time frame for monitoring
- Attend and participate in the program monitoring entrance and exit conferences
- Ask questions and share comments or concerns as needed

Open communication across all stakeholders is welcomed and encouraged throughout the monitoring site visit.

## **Building Individualized Monitoring Plans**

During the logistics meeting the Health Access team will facilitate building an individualized monitoring plan for each subrecipient, to provide an efficient and productive monitoring experience for all stakeholders.

Key details will be collected during the monitoring preparation activities and certain details may be confirmed again during the entrance conference. Details include:

- Funded services during the measurement period
- Client record keeping platforms for each service (if different)
- Designated points of contact for communication and uploading of policies to Box, and points of contact for each funded service category for questions or other issues (name and email address)
- Any agency requirements related to accessing client records, such as confidentiality agreements, etc.
- Confirmation of agency name or dba listed on contract(s) for reporting purposes

This information will assist the monitoring teams in planning and scheduling monitoring, determining methods of monitoring (in-person, virtual, or hybrid) and reporting monitoring results.

### **Self-Monitoring**

Subrecipients are encouraged yet not required to conduct self-monitoring of program service compliance using the same sampling list Health Access will provide them. This helps to ensure all records are present and organized and to prevent any last-minute delays. This practice also provides the subrecipient a preview of monitoring results and the opportunity to organize any questions for DSHS or the monitoring team(s) about the service standards or monitoring in general. The service standards and associated monitoring tools are available on the DSHS **HIV taxonomy webpage**.

### **Monitoring Toolbox**

See table below of helpful links for information related to Ryan White Program Monitoring:

TX DSHS HIV Program Service Standards and Associated Monitoring Tools	<a href="https://www.dshs.state.tx.us/hivstd/taxonomy/">https://www.dshs.state.tx.us/hivstd/taxonomy/</a>
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<p>TX DSHS HIV/STD Program Policies and Procedures</p>	<p><b>HIV/STD Policies and Procedures   Texas DSHS</b></p>
<p>Federally Approved Medical Practice Guidelines for HIV/AIDS</p>	<p><b><a href="https://clinicalinfo.hiv.gov/en/guidelines">https://clinicalinfo.hiv.gov/en/guidelines</a></b></p>
<p>HRSA/HAB Clinical Quality Management</p> <ul style="list-style-type: none"> <li>• Performance Measure Portfolio</li> <li>• CQM FAQs</li> </ul>	<p><b>Performance Measure Portfolio   Ryan White HIV/AIDS Program (hrsa.gov)</b></p>
<p>HRSA/HAB National Monitoring Standards</p>	<p><b>Program Monitoring Standards Part B (hrsa.gov)</b></p>

## **About the DSHS HIV/STD Program**

The DSHS HIV/STD Program has the duty to identify, report, prevent, and control HIV, AIDS, and STDs in the State of Texas. The Program is dedicated to preventing the spread of HIV and other STDs while minimizing complications and costs. This is achieved primarily through education, prevention counseling, screening, and testing, partner elicitation and notification, and the provision of medical and social services. While some of these services are directly provided, most are provided through contracts with community-based agencies.

The HIV/STD Program is part of the HIV/STD Section and includes staff from five units:

- HIV/STD Prevention Unit
- HIV Care and Medications Unit
- Operations Unit
- HIV/STD/HCV Epidemiology and Surveillance Unit
- Pharmacy Unit

## **HIV/STD Program Mission Statement**

Our mission is to prevent, treat, and/or control the spread of HIV, STDs, and other communicable diseases to protect the health of the citizens of Texas. In keeping with this mission, we procure, allocate, and manage fiscal and human resources so that we may:

- Provide HIV/STD education and information
- Collect, interpret, and distribute data relating to HIV and STD
- Provide guidance to those who oversee, plan for, or provide HIV and STD services
- Provide medication and supplies to prevent, manage, and treat communicable diseases

In pursuit of this mission, we will make every effort to assure that the citizens of Texas receive quality services.

## Contact Information

DSHS Program Staff	Regional AA Staff	Health Access, LLC. Staff
HIV Care Services Manager: Janina Vazquez <b>janina.vazquez@dshs.texas.gov</b>	This is updated for each region as applicable to monitoring scheduling	Health Access, LLC., Vice President: Rhonda Stewart <b>rstewart@healthaccess-llc.com</b>
HIV Care Services Team Lead: Jessica Conly <b>jessica.conly@dshs.texas.gov</b>		Health Access, LLC., Director: Stacy Cuzick (RN) <b>scuzick@healthaccess-llc.com</b>
HIV Care Services Clinical Nurse Consultant: Emily Linnemeier <b>emily.linnemeier@dshs.texas.gov</b>		Health Access, LLC., Consultants:  Blake Kolb <b>bkolb@healthaccess-llc.com</b>
HIV Quality Coordinator Nurse: Julie Saber <b>julie.saber@dshs.texas.gov</b>		Kathleen Conway <b>kconway@healthaccess-llc.com</b>
HIV Care Services Consultant for STDC and UH: Clarisa Salinas <b>clarisa.salinas@dshs.texas.gov</b>		Katie Slattery Hart <b>kslatteryhart@healthaccess-llc.com</b>
HIV Care Services Consultant for TC and TRG: Noel Scott <b>noel.scott@dshs.texas.gov</b>		Luis Ortega <b>lortega@healthaccess-llc.com</b>
HIV Care Services Consultant for BVCOG and DCHHS <b>Tara.scarbrough@dshs.texas.gov</b>		Rhonda Andrew <b>randrew@healthaccess-llc.com</b>
		Sara Cuzick <b>sacuzick@healthaccess-llc.com</b>
		Shawne Patterson (RN Consultant) <b>spatterson@healthaccess-llc.com</b>

**Reference:**

Ryan White HIV/AIDS Program, Ryan White Part-B Manual, pg.44, April 2022.

*<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/resources/hab-part-b-manual.pdf>*



**Texas Ryan White Part-B Program**