

Universal Standards

The Universal Standards listed below are applicable to all subrecipient service providers for service categories funded under the Ryan White Part A Program. These Universal Standards are taken directly from HRSA Standards listed in the Part A HIV/AIDS Bureau (HAB) Universal National Monitoring Standards. Universal Standards include some fiscal and program requirements.

Standard	Performance Measure/Method	Subrecipient Responsibility	Source Citation
Section A: Access to Care			
1. Structured and ongoing efforts to obtain input from clients in the design and delivery of services	1. Documentation of Consumer Advisory Board and public meetings – minutes and/or 2. Documentation of existence and appropriateness of a suggestion box or other client input mechanism and/or 3. Documentation of content, use, and confidentiality of a client satisfaction survey or focus groups conducted at least annually	1. Maintain file of materials documenting Consumer Advisory Board (CAB) membership and meetings, including minutes and/or 2. Regularly implement client satisfaction survey tool, focus groups, and/or public meetings, with analysis and use of results documented and/or 3. Maintain visible suggestion box or other client input mechanism	Universal National Monitoring Standards (NMS), Section A.1. Program NMS, Section H.1.a. and H.1.b. Public Health Service (PHS) Act sections: 2602(b)(6) 2605 (a)(7)(B) 2616(c)(4) 2617(b)(7)(A)

<p>2. Provision of services regardless of an individual's ability to pay for the service</p>	<p>Subrecipient billing and collection policies and procedures do not:</p> <ul style="list-style-type: none"> • Deny services for non-payment • Deny payment for inability to produce income documentation • Require full payment prior to service • Include any other procedure that denies services for non-payment 	<p>1. Have billing, collection, co-pay, 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</p> <p>2. Maintain file of individuals refused services with reasons for refusal specified; include in file any complaints from clients, with documentation of compliant review and decision reached</p>	<p>Universal NMS, Section A.2.</p> <p>Program National Monitoring Standards (NMS), Section H.2.b.</p> <p>PHS Act sections: 2605(a)(7)(A)(i) 2617(b)(7)(B)(i)</p>
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3. Provision of services regardless of the current or past health condition of the individual to be served	<p>Documentation of eligibility determination and provider policies to ensure that they do not:</p> <ul style="list-style-type: none"> • Permit denial of services due to pre-existing conditions • Permit denial of services due to non-HIV-related conditions (primary care) • Provide any other barrier to care due to a person's past or present health condition 	<p>1. Maintain files of eligibility determination and clinical policies</p> <p>2. Maintain file of individuals refused services</p>	<p>Universal NMS, Section A.3.</p> <p>Program NMS, Section H.2.b.</p> <p>PHS Act sections: 2605(a)(7)(A) 2617(b)(7)(B)(i)</p>
4. Provision of services in a setting accessible to low-income individuals with HIV disease	<p>1. A facility that is accessible</p> <p>2. Policies and procedures that provide, by referral or vouchers, transportation if facility is not accessible to public transportation</p> <p>3. No policies that may act as a barrier to care for low-income individuals</p>	<p>1. Comply with Americans with Disabilities Act (ADA) requirements</p> <p>2. Ensure that the facility is accessible by public transportation or provide for transportation assistance</p> <p>Note: <i>No direct cash payments to clients can be made for transportation.</i></p>	<p>Universal NMS, Section A.3.</p> <p>Program NMS, Section H.2.b.</p> <p>PHS Act sections: 2605(a)(7)(B) 2617(b)(7)(B)(ii) 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 subrecipient services and eligibility requirements such as:</p> <ul style="list-style-type: none"> • Newsletters • Brochures • Posters • Community Bulletins • Any other types of promotional materials 	<p>Maintain file documenting subrecipient activities for the promotion of HIV services to low-income individuals, including copies of HIV program materials promoting services and explaining eligibility requirements</p>	<p>Universal NMS, Section A.5.</p> <p>Program NMS, Section H.2.d.</p> <p>PHS Act sections: 2605(a)(7)(C), 2617(b)(7)(B)(iii), 2616(c)(3)</p>

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Section B: Eligibility Determination			
<p>1. Eligibility determination and reassessment of clients to determine eligibility as specified by the jurisdiction:</p> <ul style="list-style-type: none"> Eligibility determination of clients to determine eligibility for Ryan White services within a predetermined timeframe Reassessment of clients every 6 months to determine continued eligibility 	<p>1. Documentation of eligibility required in client records, with copies of documents (e.g., proof of HIV status, proof of residence, proof of income eligibility based on the income limit established by the TGA, proof of insurance, uninsured or underinsured, using approved documentation as required by the TGA</p> <p>2. Eligibility Determination and enrollment forms for other third party payers such as Medicaid and Medicare</p> <p>3. Eligibility policy and procedures on file</p> <p>4. Documentation that all staff involved in eligibility determination has participated in required training</p> <p>5. Subrecipient client data reports are consistent with eligibility requirements specified by funder</p> <p>6. Documentation of reassessment of client's eligibility status every six months</p> <p>7. Training provided by the subrecipient to ensure understanding of the policy and procedures</p>	<p>Develop and maintain client records that contain documentation of client's eligibility determination, including the following:</p> <ol style="list-style-type: none"> Initial eligibility determination and once-a-year/12-month period recertification documentation requirements: <ul style="list-style-type: none"> HIV/AIDS diagnosis (at initial determination) Proof of residence Low-income using FPL limits set by the TGA Uninsured or underinsured status (insurance verification as proof) Determination of eligibility and enrollment in other third party insurance programs including Medicaid and Medicare For underinsured, proof the service is not covered by other third party insurance programs including Medicaid and Medicare Proof of compliance with other eligibility determination as defined by the TGA Recertification (minimum of every six months) documentation requirements: <ul style="list-style-type: none"> Proof of residence 	<p>Universal NMS, Section B.1;</p> <p>PHS Act sections: 2616(b)(1-2), 2617(b)(7)(B)</p> <p>HRSA Policy Clarification Notices (PCN) PCN #13-02 (rev. 5/1/2019); #16-02 (rev. 10/22/2018)</p>

		<ul style="list-style-type: none"> • Low income using FPL limits set by the TGA • Uninsured or underinsured status (insurance verification as proof) • Determination of eligibility and enrollment in other third party insurance programs including Medicaid and Medicare • For underinsured, proof the service is not covered by other third party insurance programs including Medicaid and Medicare <p>Note: <i>At six-month recertification one of the following is acceptable: full application and documentation, self-attestation of no change or self-attestation of change with documentation.</i></p> <p>3. Proof of compliance with all eligibility determination as defined by the TGA</p> <p>4. Document that the process and timelines for establishing initial client eligibility, assessment, and recertification takes place at a minimum of every six months</p> <p>5. Document that all staff involved in eligibility determination have participated in required training</p> <p>6. Subrecipient client data reports are consistent with eligibility requirements specified by funder, which demonstrates eligible clients are receiving allowable services</p>	
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2. Ensure military veterans with Department of Veterans Affairs (VA) benefits are deemed eligible for Ryan White services	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"	Ensure that policies and procedures classify veterans receiving VA health benefits as uninsured, thus exempting these veterans from the "payer of last resort" requirement	Universal NMC, Section B.2. PCN #16-01
Section C: Anti-Kickback Statute			
1. Demonstrated structured and ongoing efforts to avoid fraud, waste and abuse (mismanagement) in any federally funded program	1. Employee Code of Ethics including: <ul style="list-style-type: none"> • Conflict of Interest • Prohibition on use of property, information or position without approval or to advance personal interest • Fair dealing – engaged in fair and open competition • Confidentiality • Protection and use of company assets • Compliance with laws, rules, and regulations • Timely and truthful disclosure of significant accounting deficiencies • Timely and truthful disclosure of non-compliance 	1. Maintain and review file documentation of: <ul style="list-style-type: none"> • Corporate Compliance Plan (required by CMS if providing Medicare-or Medicaid-reimbursable services) • Personnel Policies • Code of Ethics or Standards of Conduct • Bylaws and Board policies • File documentations of any employee or Board Member violation of the Code of Ethics or Standards of Conduct • Documentation of any complaint of violation of the Code of Ethics or Standards of Conduct and its resolution 2. For not-for-profit subcontractors/subrecipient organizations, ensure documentation of Bylaws, Board Code of Ethics, and business conduct practices	Universal NMS, Section C.1. PHS Act 42 U.S.C. 1320a 7b(b)

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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	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	<p>1. Have adequate policies and procedures to discourage soliciting cash or in-kind payments for:</p> <ul style="list-style-type: none"> • Awarding contracts • Referring clients • Purchasing goods or services, and/or • Submitting fraudulent billings <p>2. Have employee policies that discourage:</p> <ul style="list-style-type: none"> • The hiring of persons who have a criminal record relating to or are currently being investigated for Medicaid/Medicare fraud • Large signing bonuses 	<p>Universal NMS, Section C.2.</p> <p>PHS Act 42 U.S.C. 1320 7b(b)</p>
Section D: Recipient Accountability			
1. Proper stewardship of all grant funds including compliance with programmatic requirements	<p>Policies, procedures, and contracts that require:</p> <ul style="list-style-type: none"> • Timely submission of detailed fiscal reports by funding source, with expenses allocated by service category • Timely submission of programmatic reports • Documentation of method used to track unobligated balances and carryover funds • A documented reallocation process 	<p>Meet contracted programmatic and fiscal requirements, including:</p> <ul style="list-style-type: none"> • Provide financial reports that specify expenditures by service category and use of Ryan White funds as specified by the Recipient • Develop financial and subrecipient Policies and Procedures Manual that meet federal and Ryan White program requirements • Closely monitor any subrecipients/subcontractors 	<p>Universal NMS, Section D.1.</p> <p>45 Code of Federal Regulations (CFR) 75 - §75.300</p> <p>45 CFR 75 - §75.301</p>

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	<ul style="list-style-type: none"> Report of total number of funded subrecipients/contractors A-133 or single audit Auditor management letter 	<ul style="list-style-type: none"> Commission an independent audit; for those meeting thresholds, an audit that meets A-133 requirements Respond to audit requests initiated by the Recipient 	
2. Recipient accountability for the expenditure of funds it shares with lead agencies (usually health departments), subrecipients, and/or consortia	<ol style="list-style-type: none"> A copy of each contract Fiscal, program site visit reports and action plans Audit reports Documented reports that track funds by formula, supplemental, service categories Documented reports that track unobligated balance and carryover funds Documented reallocation process Report of total number of funded subrecipients/contractors Subrecipient A-133 or single audit conducted annually and made available to the Recipient annually Auditor management letter 	<p>Establish and implement:</p> <ol style="list-style-type: none"> Fiscal and general policies and procedures that include compliance with federal and Ryan White programmatic requirements Flexible fiscal reporting systems that allow the tracking of unobligated balances and carryover funds and detail service reporting of funding sources Timely submission of independent audits (A-133 audits if required) to the Recipient 	<p>Universal NMS, Section D.2.</p> <p>Part A Manual</p>
3. Business management systems that meet the requirements of the Office of Management and Budget code of federal regulations, programmatic expectations outlined in the Recipient assurances and the Notice of Grant Award	<ol style="list-style-type: none"> Review of subrecipient contracts Fiscal and program site visit reports and action plans Policies and Procedures that outline compliance with federal and Ryan White programmatic requirements Independent audits Auditor management letter 	<p>Ensure that the following are in place:</p> <p>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>Universal NMS, Section D.3.</p> <p>Fiscal NMS, Sections E and K</p> <p>45 CFR 75</p> <p>45 CFR 75 -</p>

			§75.302
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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)	1. Desk audits of budgets, applications, yearly expenses, programmatic reports 2. Audit reports or on-site review when assessing compliance with fiscal and programmatic requirements	Ensure fiscal and programmatic policies and procedures are in place that comply with federal and Ryan White program requirements	Universal NMS, Section D.4. 45 CFR 75 45 CFR 75 - §75.300 (compliance with regulations)
Section E: Reporting			
1. Submission of standard reports as required in circulars as well as program-specific reports as outlined in the Notice of Grant Award	Records that contain and adequately identify the source of information pertaining to: <ul style="list-style-type: none"> Federal award revenue, expenses, obligations, unobligated balances, assets, outlays, program income, interest Client level data Aggregate data on services provided; clients served, client demographics and selected financial information 	Ensure: <ol style="list-style-type: none"> Submission of timely subrecipient reports 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. 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 	Universal NMS, Section E.1. Program NMS, Sections I and J; Fiscal NMS, Section K.10. 45 CFR 74.50-51 45 CFR 92.40-41

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Section F: Monitoring			
1. Any recipient or subrecipient or individual receiving federal funding is required to monitor for compliance with federal requirements and programmatic expectations	Development and consistent implementation of policies and procedures that establish uniform administrative requirements governing the monitoring of awards	<ol style="list-style-type: none"> 1. Participate in and provide all material necessary to carry out monitoring activities 2. Monitor any service contractors for compliance with federal and programmatic requirements 	Universal NMS, Section F.1. PCN #16-02 45 CFR 74.51 45 CFR 92.40 45 CFR 215.51 Part A Manual
2. Monitoring activities expected to include annual site visits of all providers/subrecipients Note: <i>Annual Site Visit Exemption requests may be submitted through EHB prior approval</i> Note: <i>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</i>	Review of the following program monitoring documents and actions: <ul style="list-style-type: none"> • Policies and procedures • Tools, protocols, or methodologies • Reports • Corrective site action plans • Progress on meeting goals of corrective action plans 	<ol style="list-style-type: none"> 1. Establish policies and procedures to ensure compliance with federal and programmatic requirements 2. Submit auditable reports 3. Provide the recipient access to financial documentation 	Universal NMS, Section F.2. 45 CFR 74.51 45 CFR 92.40 45 CFR 215.51 Part A Manual HRSA HAB Program Letter 10/4/2012

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3. Performance of fiscal monitoring activities to ensure that Ryan White funding is being used for approved purposes	<p>Review of the following fiscal monitoring documents and actions:</p> <ul style="list-style-type: none"> • Fiscal monitoring policy and procedures • Fiscal monitoring tool or protocol • Fiscal monitoring reports • Fiscal monitoring corrective action plans • Compliance with goals of corrective action plans 	Have documented evidence that federal funds have been used for allowable services and comply with Federal and Ryan White requirements	<p>Universal NMS, Section F.3</p> <p>Part A Manual</p> <p>Inspector General 2004 OEI-02-01-00641</p>
4. Salary Limit: HRSA funds may not be used to pay the salary of an individual at a rate in excess of the most current HRSA Executive Salary Level II. 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 sub-awards/subcontracts for substantive work under a HRSA grant or cooperative agreement.	<p>1. Identification and description of individual employee salary expenditures to ensure that salaries are within the HRSA Executive Salary Limit.</p> <p>2. Determine whether individual staff receive additional HRSA income through other subawards or subcontracts.</p>	<p>1. Monitor staff salaries to determine whether the salary limit is being exceeded</p> <p>2. Monitor prorated salaries to ensure that the salary, when calculated at 100%, does not exceed the HRSA Executive Salary Limit</p> <p>3. 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</p> <p>4. Review payroll reports, payroll allocation journals, and employee contracts</p>	Universal NMS, Section F.4.

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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.	Identification of individual employee fringe benefit allocation.	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.	Universal NMS, Section F.4.
6. Corrective actions taken when sub-recipient outcomes do not meet program objectives and recipient expectations, which may include: <ul style="list-style-type: none"> Improved oversight Redistribution of funds A “corrective action” letter Sponsored technical assistance 	1. Review corrective action plans 2. Review resolution of issues identified in corrective action plan 3. Policies that describe actions to be taken when issues are not resolved in a timely manner	Prepare and submit: <ul style="list-style-type: none"> Timely and detailed response to monitoring findings Timely progress reports on implementation of corrective action plan 	Universal NMS, Section F.6. Part A Manual