

Denver Office of HIV Resources

This Compliance Plan is designed to help your organization and programs come in to compliance with the new HRSA Monitoring Standards. The Denver Office of HIV Resources (DOHR) understands that this will be a large undertaking and our office is here to support you in becoming fully compliant.

The following Compliance Plan puts forth exactly what actions are needed to ensure full compliance. In order to help us understand and support you in this process we are asking you to fill out the plan with target dates for completion of key tasks and a written plan of what you are going to do to bring your program into full compliance.

Please turn in your plan to **Anthony Stamper by January 14, 2011**. Reviewing each organization’s plan will help us organize our technical assistance efforts to assist you in this process. We will also be reviewing the progress you have made on your plan during our FY 2010 Fiscal Site Visits which will occur in January and February 2011. While we understand the great challenge these Standards present, we feel that at the end of this process we have a stronger system.

<b>Standard I Documentation &amp; Eligibility Screening</b>	<b>Target Date:</b>	<b>Plan to reach compliance:</b>
Providers will ensure appropriate screening and reassessment of all participants to determine eligibility. <ul style="list-style-type: none"> <li>• HIV Status: confirm at initiation of service only.</li> <li>• Participant is low income, less than or equal to 400 percent of Federal Poverty Level, with documented proof on file every six months.</li> <li>• Participant’s insurance status is uninsured or underinsured, with documented proof on file every six months.</li> <li>• Participant resides in the Denver TGA, with documented proof on file every six months.</li> <li>• Providers are to use the participant's legal name attained. Confirm at initiation of service only.</li> </ul>		
Provider will document that all staff involved in eligibility determination have participated in a comprehensive training in eligibility determination requirements.		
Ensure agency client level data reporting is consistent with funding requirements, and demonstrates that eligible participants are receiving allowable services.		

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<b>Standard II Access to Care</b>	<b>Target Date:</b>	<b>Plan to reach compliance:</b>
Policies and Procedures will document how provider will comply with the ADA, and maintain a file of all ADA complaints and/or grievances, with documentation of the review process and decision.		
Provider will ensure that the facility is accessible by public transportation or provide for transportation.		
Provider will implement structured and ongoing efforts to obtain input from participants in the design and delivery of services. This should include: 1. documenting Consumer Advisory Board processes, 2. consumer suggestion box, and 3. implement a satisfaction tool, focus group and/or other public meetings. Provider should document how this input is analyzed and utilized.		
Policies and Procedures document provider’s billing, collection, co-pay and sliding fee policies and demonstrate that they do not act as a barrier to providing services regardless of the participant’s ability to pay.		
Policies and Procedures will document that services are provided regardless of pre-existing conditions.		
Provider will maintain file of individuals refused services with reasons for refusal.		
Providers will document efforts to inform low-income individuals of the availability of HIV-related services and how to access them.		

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<b>Standard VI Anti-Fraud, Anti-Kickback</b>	<b>Target Date:</b>	<b>Plan to reach compliance:</b>
<p>Policies and Procedures must demonstrate structured and ongoing efforts to avoid fraud, waste and abuse (mismanagement) in any federally funded program. For Medicare/Medicaid providers, this should be documented through:</p> <ul style="list-style-type: none"> <li>• Corporate Compliance Plan (Medicare/Medicaid providers only).</li> <li>• Code of Ethics or Standards of Conduct policy</li> <li>• Board bylaws and board policies (non-profit providers)</li> <li>• Maintain file documentation of complaints and/or actual violation of the Code of Ethics by an employee or board member.</li> </ul>		
<p>Policies and Procedures must demonstrate how employees (as individuals or entities) are prohibited from soliciting or receiving remuneration for inducing referrals of items or services covered by Medicare, Medicaid, or any other federally funded program. This documentation will include:</p> <ul style="list-style-type: none"> <li>• Service contracts that discourage agency payments for service referral.</li> <li>• Key employee background checks.</li> <li>• Recruitment practices that prohibit exorbitant signing bonuses.</li> <li>• Audit findings on internal controls.</li> <li>• Procurement policies with conflict of interest clauses.</li> <li>• Prohibition of higher charges for Medicare/Medicaid services.</li> <li>• Compliance audits or compliance checks.</li> </ul>		

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<p>Policies and Procedures will document how employees (as individuals or entities) are prohibited, 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. The policy must document how provider discourages soliciting cash or in-kind payments for:</p> <ul style="list-style-type: none"> <li>• Awarding contracts.</li> <li>• Referring participants.</li> <li>• Purchasing goods or services and/or</li> <li>• Submitting fraudulent billings.</li> </ul>		
<p>Policies and Procedures will discourage:</p> <ul style="list-style-type: none"> <li>• The hiring of persons with a criminal record.<sup>1</sup></li> <li>• The hiring of persons being investigated by Medicare or Medicaid.</li> <li>• Large signing bonuses.</li> </ul>		
<p>Policies and Procedures, Compliance Plan, and/or Employee standard of Conduct will differentiate between conduct that merits agency penalties and conduct that represents a possible felony. The policy will:</p> <ul style="list-style-type: none"> <li>• Delineate penalties and disclosure procedures for conduct deemed to be felonies.</li> <li>• Include and describe the safe harbors<sup>2</sup> laws.</li> <li>• Include the procedure for reporting of non-compliance with the policy.</li> </ul>		
<p>Policies and Procedures, Compliance Plan, and/or Employee standard of Conduct will describe conduct that merits exemption from anti-kickback regulations (safe-harbors).</p>		

<sup>1</sup> The HRSA requirement cites 42 U.S.C. 13207b(b) for this standard. Here is a link, but it doesn't fully support this requirement. Clarification from HRSA required.  
[http://www.law.cornell.edu/uscode/uscode42/usc\\_sec\\_42\\_00001320---a007b.html](http://www.law.cornell.edu/uscode/uscode42/usc_sec_42_00001320---a007b.html)

<sup>2</sup> Safe Harbor is a legal provision to reduce or eliminate liability as long as good faith is demonstrated.

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<b>Standard VII Limitation on, and Unallowable Uses of Part A Funding</b>	<b>Target Date:</b>	<b>Plan to reach compliance:</b>
<p>Provider will prepare project budget and track expenses with sufficient detail to allow identification of administrative expenses.</p>		
<p>Providers will have appropriate systems in place to assure compliance with Ryan White unallowable cost policy, including:</p> <ol style="list-style-type: none"> <li>1. No uses of Part A funds to purchase or improve land, or to purchase, construct, or permanently improve any building or other facility, (other than minor remodeling).</li> <li>2. No cash payments to service recipients</li> <li>3. No use of Part A funds to develop materials designed to promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual.</li> <li>4. No use of Part A funds for the purchase of vehicles without written Grants Management Officer (GMO) approval</li> <li>5. No use of Part A funds for:               <ul style="list-style-type: none"> <li>• Non-targeted marketing promotions or advertising about HIV services that target the general public (poster campaigns for display on public transit, TV or radio public service announcements, etc.)</li> <li>• Broad-scope awareness activities about HIV services that target the general public</li> </ul> </li> <li>6. No use of Part A funds for outreach activities that have HIV prevention education as their exclusive purpose</li> <li>7. No use of Part A funds for influencing or attempting to influence members of Congress and other Federal personnel</li> <li>8. No use of Part A funds for foreign travel</li> </ol>		

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<b>Standard VIII Income from fee for services</b>	<b>Target Date:</b>	<b>Plan to reach compliance:</b>
<p>Provider’s Policies and Procedures document the requirement that Ryan White be the payor of last resort and how that requirement is met, including documentation of billing and collection from third party funding sources, which include:</p> <ul style="list-style-type: none"> <li>• Medicaid</li> <li>• State Children’s Health Insurance Programs (SCHIP)</li> <li>• Medicare (including the Part D prescription drug benefit) and</li> <li>• Private insurance</li> </ul>		
<p>Provide staff training on the requirement that Ryan White be the payor of last resort and how that requirement is met.</p>		
<p>If a participant is eligible for insurance or third party programs they are assisted applying and referred appropriately.</p>		
<p>Carry out internal reviews of files and billing system to ensure that Ryan White resources are used only when a third party payor is not available.</p>		
<p>For medical providers: establish and maintain medical practice management systems for billing.</p>		
<p>Provider must document retention of program income derived from Ryan White-funded services and use of such funds in one or more of the following ways:</p> <ul style="list-style-type: none"> <li>• Funds added to resources committed to the project or program, and used to further eligible project or program objectives.</li> <li>• Funds used to cover program costs.</li> </ul>		

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<b>Standard IX Imposition of Participant Charges</b>	<b>Target Date:</b>	<b>Plan to reach compliance:</b>
Policies and Procedures specify Sliding fee discount policy.		
Policies and Procedures specify the current fee schedule.		
Policies and Procedures specify the process for charging, obtaining, and documenting participant charges through a medical practice information system, manual or electronic.		
Policies and Procedures specify that the sliding fee discount policy and schedule do not allow participants below 100% of FPL to be charged for services.		
Policies and Procedures specify that the sliding fee discount policy for people earning more than 100% of FPL is based on a percent of the person’s annual income (see specific limits in the Standards).		
Policies and Procedures specify who has responsibility for annually evaluating participants to establish individual fees and caps.		
Policies and Procedures specify a process for alerting the billing system that the participant has reached the cap and should not be further charged for the remainder of the year.		
Provider’s system must track Part A charges or medical expenses inclusive of enrollment fees, deductible, co-payments, etc.		

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<b>Standard X Fiscal Management</b>	<b>Target Date:</b>	<b>Plan to reach compliance:</b>
<p>Provider must comply with all the established standards in the Code of Federal Regulations (CFR) for nonprofit organizations, hospitals, institutions of higher education, and state and local governments. Included are expectations for:</p> <ul style="list-style-type: none"> <li>• Payments for services</li> <li>• Program income</li> <li>• Revision of budget and program plans</li> <li>• Non-federal audits</li> <li>• Purpose of property standards, including the purpose of insurance coverage, equipment, supplies, and other expendable property</li> <li>• Purpose of procurement standards, including recipient responsibilities, codes of conduct, competition, procurement procedures, cost and price analysis, and procurement records.</li> <li>• Purpose of reports and records, including monitoring and reporting, program performance, financial reports, and retention and access requirements.</li> <li>• Purpose of termination and enforcement and purpose of closeout procedures</li> </ul>		
<p>Provider will maintain comprehensive budgets and reports with sufficient detail to account for Ryan White funds by service category, administrative costs and 75/25 rule, and to delineate between multiple funding sources and show program income.</p>		
<p>Providers must develop and maintain a current, complete, and accurate asset inventory list and a depreciation schedule that lists purchases of equipment by funding source. Provider must track and report on tangible nonexpendable personal property, including exempt property, purchased directly with Ryan White Part A funds and having:</p> <ul style="list-style-type: none"> <li>• A useful life of more than one year, and</li> <li>• An acquisition cost of \$5,000 or more per unit</li> </ul>		

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<b>Standard XI Cost Principles</b>	<b>Target Date:</b>	<b>Plan to reach compliance:</b>
Providers must develop and maintain documentation that services are cost based.		
Provider must have written procedures for determining the reasonableness of costs, the process for allocations, and the policies for allowable costs, in accordance with the provisions of applicable Federal cost principles and the terms and conditions of the award.		
Requirements to be met in determining the unit cost of a service: <ul style="list-style-type: none"> <li>• Unit cost not to exceed the actual cost of providing the service.</li> <li>• Unit cost to include only expenses that are allowable under Ryan White requirements.</li> <li>• Calculation of unit cost to use a formula of allowable administrative costs plus allowable program costs divided by number of units to be provided.</li> <li>• Calculate unit costs based on historical data</li> <li>• Reconcile projected unit costs with actual unit costs on a yearly or quarterly basis.</li> </ul>		

<b>Standard XII Auditing Requirements</b>	<b>Target Date:</b>	<b>Plan to reach compliance:</b>
Recipients and sub-recipients of Ryan White funds that are institutions of higher education or other non-profit organizations (including hospitals) to be subject to the audit requirements contained in the Single Audit Act Amendments of 1996 (31 USC 7501-7507) and revised OMB Circular A-133, with A-133 audits required for all grantees and sub grantees receiving more than \$500,000 per year in federal grants.		
Selection of auditor to be based on policies and procedures established by the Board of Directors (if nonprofit).		

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<b>Standard XIII Matching or Cost Sharing Funds</b>	<b>Target Date:</b>	<b>Plan to reach compliance:</b>
<p>Providers who provide matching or cost sharing funds meet the following verification process:</p> <p>Ensure that non-federal contributions:</p> <ul style="list-style-type: none"> <li>• Are verifiable in provider records.</li> <li>• Are not used as matching for another federal program.</li> <li>• Are necessary for program objectives and outcomes.</li> <li>• Are allowable.</li> <li>• Are not part of another federal award contribution (unless authorized).</li> <li>• Are part of the approved budget.</li> <li>• Are part of unrecovered indirect cost (if applicable).</li> <li>• Are apportioned in accordance with appropriate federal cost principles.</li> <li>• Include volunteer services, if used, that are an integral and necessary part of the program, with volunteer time allocated value similar to amounts paid for similar work in the provider organization.</li> <li>• Value services of contractors at the employees' regular rate of pay plus reasonable, allowable and allocable fringe benefits.</li> <li>• Assign value to donated supplies that are reasonable and do not exceed the fair market value.</li> <li>• Value donated equipment, buildings, and land differently according to the purpose of the award.</li> <li>• Value donated property in accordance with the usual accounting policies of the recipient (not to exceed fair market value).</li> </ul>		

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<b>Standard XIV Fiscal Procedures</b>	<b>Target Date:</b>	<b>Plan to reach compliance:</b>
Establish policies and procedures for handling Ryan White revenues including program income.		
Prepare a detailed chart of accounts and general ledger that provide for the tracking of Part A revenue.		
Maintain file documentation of payroll records and accounts payable, and hard-copy expenditures data.		
<p>Providers will document employee time and effort, with charges for the salaries and wages of hourly employees. Maintain payroll records for specified employees. Establish and consistently use allocation methodology for employee expenditures where employees are engaged in activities supported by several funding sources.</p> <p>This must:</p> <ul style="list-style-type: none"> <li>• Be supported by documented payrolls approved by the responsible official.</li> <li>• Reflect the distribution of activity of each employee.</li> <li>• Be supported by records indicating the total number of hours worked each day.</li> </ul>		
<p>Provider’s fiscal staff have responsibility for:</p> <ul style="list-style-type: none"> <li>• Ensuring adequate reporting, reconciliation, and tracking of program expenditures</li> <li>• Coordinating fiscal activities with program activities <i>(For example, the program and fiscal staff’s meeting schedule and how fiscal staff share information with program staff regarding contractor expenditures, formula and supplemental unobligated balances, and program income)</i></li> <li>• Having an organizational and communications chart for the fiscal department</li> </ul>		