

## INTRODUCTION TO THE NEW HRSA/HAB STANDARDS

Preparation tools to reach compliance

## HRSA mandates and TGA process for CHANGE

- Year-long process
- Team of experts
- Tools to assist your process
- Feedback through site visits
- TA for implementation

## Intro to your technical assistance team

Denver Office of HIV Resources  
 Denver HIV Resources Planning Council  
 Diverse Management Solutions  
 Dann Milne, Ph.D.: Health Policy Consulting  
 Bob Fabry, CPA CVA: Knight Field Fabry, LLP

## Eligibility and Payor of Last Resort

- Dann and Health Policy Consulting
- Define the issues
- Clarify DOHR and TGA policy
- Identify tools available
- Provide Technical Assistance for implementation

## New Financial Standards

**Bob Fabry: Knight Field Fabry, LLP**  
**Anthony Stamper: DOHR**

- Operationalize the Common Standards to be used in the Fiscal Site Visits
- GY 2010 Fiscal Site Visits in Jan-Feb 2011

## Preparation Tools

- 1) Draft Common Standards-revised
  - [www.dhrpc.org/default/index.cfm/planning-](http://www.dhrpc.org/default/index.cfm/planning-)
- 2) Common Standards Checklist
- 3) Compliance Plan
- 4) Draft Policies (available in January)

Common Standards of Care		
<p><b>Standard I Documentation &amp; Eligibility Screening:</b> The following information should be in all participant charts and will be checked during site visits. Agencies should not use participant self reports for any required documentation. 1</p>		
Requirement	Indicator	Data Source
<p>Providers will ensure appropriate screening and reassessment of all participants to determine eligibility.</p>	<p>Verification of the participant's HIV status should be from a medical provider (i.e. lab work results or a letter on letterhead signed by medical staff personnel).</p>	<p>Participant's file contains confirmation of HIV status. <b>This must be confirmed at initiation of services.</b></p>
	<p>Participant must qualify as low income, less than or equal to 100 percent of Federal Poverty Level. 2</p>	<p>Participant's file contains paycheck or stub, bank statement, or other adequate proof. If the participant is reporting no income, then the provider must document how the participant is subsisting.</p>
<p><b>Tool #1: Denver Standards of Care-DRAFT</b></p>		
<p>Planning Council Website: <a href="http://www.DHRPC.org">www.DHRPC.org</a></p>		

## Preparation Tools: TGA Standards

- 1) Draft Common Standards
  - www.dhrpc.org/default/index.cfm/planning-council/data-reports/
  - Please get us feedback.
  - MDASC meeting discussion on December 21st
  - Planning Council vote and finalized January 6th

Site Visit Preparation Checklist-Common Standards Page | 1  
 Denver Office of HIV Resources

**Policies/Procedures**

**Standard II Access to Care:**

- Provider's Procedures demonstrate that providers must have a full range of service referrals available. To establish this base of referrals, providers need to network with other AIDS service organizations and prevention programs as well as city, state, and private organizations providing similar or complimentary services in the community.
- Policy demonstrates that when requested or needed, appropriate accommodations is made to meet language or other needs such as illiteracy, visual or hearing impairment.
- Procedures demonstrate that the provider effectively networks with other service providers, and has established a full range of service referrals.
- Policies and Procedures will document how provider will comply with the ADA.
- 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.

**Standard V Confidentiality**

**Tool #2: Site Visit Checklist**

Organized by type of documentation required (Policy, Client File, etc.)

Compliance Plan-Common Standards Page  
 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 sets 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 Stamer** 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.

Standard I Documentation & Eligibility Screening	Target Date:	Plan to reach compliance:
Providers will ensure appropriate screening and reassessment of all participants to determine eligibility. <ul style="list-style-type: none"> <li>• No Stated: confirm all initiation of service only.</li> <li>• Participant is low income, less than or equal to 100 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 obtained, confirm all initiation of service entry.</li> </ul>		

**Tool #3 Compliance Plan-Due January 14, 2011**

Tool to help you succeed, and DOHR to understand your TA needs.

**Provider Name/Header**

<b>PROGRAM:</b>	Ryan White Program: Denver Transitional Grant Area
<b>POLICY NAME:</b>	Unallowable Costs within Ryan White Part A Funding
<b>PURPOSE:</b>	To clarify unallowable uses of Ryan White Part A Funding.
<b>POLICY:</b>	The organization will comply with the following guidance documenting costs which are not allowed with Ryan White Part A funds. All budgets and expenses will be tracked in sufficient detail to document that they do not include the following unallowable costs: <ol style="list-style-type: none"> <li>1. No use 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</li> </ul> </li> </ol>

**Tool #4: Policy Templates**

Available end of December

## Highlights

- Eligibility Screening
- Access to Care
- Anti-Fraud, Anti-Kickback
- Limitations on, and unallowable uses of Part A Funding
- Income from fee for services
- Imposition of participant charges
- Fiscal Management
- Cost Principles
- Auditing Requirements
- Matching or Cost Sharing Funds
- Fiscal Procedures

## Eligibility Screening

- Insurance screen (must be uninsured or underinsured)—Payor of Last Resort
- Income limit
- Screen every 6 months
- Need alignment with how services are entered/exported into CAREWare

*Note: This standard may change as Dann Milne begins his work.*

## Access to Care

- ADA compliance
- Consumer feedback requirements
- No exclusion based on pre-existing conditions
- Document efforts to inform low income individuals of availability of services

## Anti-Fraud, Anti-Kickback

- Corporate Compliance Plan (Medicaid Providers)
- Code of Ethics or Standards of Conduct Policy
- Documentation of violations
- Policies prohibiting receiving payment/compensation for: awarding contracts, referring participants, purchasing goods/services, submitting fraudulent billings
- Hiring practices (Criminal Records, people being investigated by Medicare/Medicaid, large signing bonuses)
- Policies document exemptions from anti-kickback regulations (Safe-Harbors: a legal provision to reduce or eliminate liability as long as good faith is demonstrated. )

## Income from fee for services

- Payor of Last Resort: Documentation of eligibility screening, billing and collection practices from third party funding sources
- Documentation of internal compliance checks
- Documentation of program income derived from Ryan White funded services (co-pays, etc.)

## Imposition of participant charges

- Sliding Scale fee policies—no fees for individuals with income below 100% FPL
- Sliding Scale fee policies—detailed guidance on fees for individuals with incomes above 100% FPL)
- Must track Part A charges or medical expenses inclusive of enrollment fees, deductible, co-payments, etc.

*Note: This applies across RW providers and possibly across RW Parts.*

## Cost Principles

- Documentation that services are cost based, and procedure for determining the reasonableness of costs.
- Unit Cost calculation based on historical data and then reconciled with actual unit costs.

## Next Steps

**Dec 21, 2010:** Provide Feedback on Draft Standards  
—MDASC Meeting, 9:30 @ ARTS

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**Jan 2011:** Policy Templates available

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**Jan 14, 2011:** Complete Compliance Plan

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**Jan-Feb 2011:** GY 2010 Fiscal Site Visits

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**June 2011:** GY 2011 Programmatic Site Visits