



POLICY AND PROCEDURE NOTICE: PPPN-035 QUALITY MANAGEMENT SITE VISITS

Summary and Purpose of PPN: To guide the monitoring of the Ryan White Part A Quality Management Program to ensure legislative, contractual, and quality management (QM) requirements are being met by Part A- funded subrecipients.

Authority:

- Title XXVI of the Public Health Service (PHS) Act §§ 2604(h)(3), 2604(h)(5), 2618(b)(3)(E), 2664(g)(5), and 2671(f)(2)
- HAB PCN #15-02
- US Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau, Ryan White HIV/AIDS Program Part A Manual – Revised 2013
- Fulton County Ryan White Part A Contract/Agreement

Policies and Procedures:

1. The Ryan White Part A Program shall perform comprehensive and standardized programmatic site visits of all subrecipients receiving Ryan White Part A funds annually. This visit shall include a quality management component (see: [FCRW PPPN-034 Annual Programmatic Site Visits](#))
2. As part of the Site Visit Team, the Part A QM Specialist will review quality management requirements with subrecipient. QM site visits may be held concurrently with programmatic and fiscal site visits unless otherwise indicated.
3. Each site visit will include a review of processes necessary to ensure appropriate and sufficient infrastructure of the QM program and execution of quality improvement activities.
4. In order to facilitate the process, the following documents should be provided to the QM Specialist within one week of receiving the monitoring visit notification (**note: documents must be provided in electronic format**):
 - A. Policy and procedures to ensure compliance with HHS Guidelines and EMA Standards of Care
 - B. Current Quality Management Plan and updated Work Plan
 - C. QM Committee/team meeting minutes
 - D. Latest performance measures data reports and
 - E. Quality improvement project storyboards, project plans or other documentation.

Entrance Conference

1. During the entrance conference, the QM Specialist will review any new policies, standards or HHS clinical guidelines which the subrecipient will be expected to comply.
2. All standards of care for the service(s) funded by Ryan White will be reviewed to ensure compliance with applicable federal, state, and local laws, rules and regulations.
3. General topics covered during the site visit include, but not be limited to:
 - A. Previous Year Closeout Review
 - Review of 4th Quarter QM Report
 - Results of Client Satisfaction Survey
 - Progress toward satisfying requirements of any corrective action plan
 - Results of quality improvement projects
 - B. Current Year Programmatic Review
 - Quality management program
 - Process for training of staff on HHS Guidelines, HRSA, and Eligible Metropolitan Area (EMA) Standards
 - Monitoring of EMA Standards
 - Process for collecting and reporting performance measure data
 - Progress on quality improvement projects
 - Review of QM Program goals and objectives
 - Technical assistance needs
 - Review of components of CQM Program (see: HRSA Policy Clarification Notice 15-02)
 - Chart Review Results
 - Consumer Advisory Board membership list, meeting notices, and meeting minutes.
 - Client satisfaction survey tools, analysis and documented use of results.
 - Reports
 - QM Plan
 - Quarterly QM Reports

Chart Review

1. Chart reviews are conducted and/or led by the Part A QM team to measure compliance with HHS Guidelines, HRSA national monitoring standards, EMA standards, and professional standards. Ryan White Part A Program may choose to have subcontractors for some or all of the service categories, such as clinical chart reviews for outpatient ambulatory health services.
2. Client records will be reviewed against the applicable monitoring tool, Standards of Care, and contractual requirements to ensure compliance. All funded service

categories will be reviewed within the three year grant cycle. Eligibility records will be reviewed each year.

3. Chart reviews are a retrospective process hence the Part A QM team will review a sample from the previous calendar year based on submitted RSR service utilization data.
4. Prior to the site visit (or before any chart review if scheduled separately) the Part A Data Manager will forward a protected file via secure e-mail to the Programmatic and QM Designee indicating the URNs for the client charts. The Ryan White Data Manager will use a randomizer program to select the URNs for the client charts to be reviewed during the site visit. (See: [Citations and Plan of Corrective Action in FCRW PPPN-034 Annual Programmatic Site Visits](#)).
5. Any findings will be included in the final site visit report. Recommendations for technical assistance (see: [FCRW PPPN-021 Technical Assistance](#)) or nomination for recognition will be communicated to subrecipient.
6. Subrecipients that are out of compliance will receive corrective action plans for the areas in need of significant improvement (see: [FCRW PPPN-064 Corrective Action Plans and FCRW PPPN-034 Annual Programmatic Site Visits](#)).

Exit Conference

The QM Team will have an exit conference which will conclude the site visit. The exit conference will address the identified strengths and weaknesses identified during site visit.

Post Site Visit

Site Visit Report:

The final report will include background of the services, the scope of the review, and the results will be emailed to the subrecipient's Executive Director, Programmatic Designee and QM Designee within 30 working days following the exit conference. This report will acknowledge the QM program's strengths, identify areas in need of improvement any findings, and recommendations for program.

Verification:

- Documentation of content, use, and outcomes of a quality improvement project
- Review of survey results, analysis, and use of results, if applicable.
- Verify the presence of visible changes in agency related to quality improvement projects such as presence and/or absence of physical objects or materials.
- Documentation that the subrecipient has in place a Clinical Quality Management Program that includes at a minimum:

- QM Plan
- Quality expectations for providers and services
- A method to report and track expected outcomes
- Monitoring of program compliance with HHS Guidelines and the EMA's approved service category definition for each funded service

Approved: July 2019

Reviewed: March 2021