

**State of NH Ryan White: Part B Universal SUBRECIPIENT Checklist**

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Ryan White Part B Provider

Total Clients served during review period

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January 1, 2019

Ryan White Part B Services

Date of review

Subrecipient maintains file with:		Compliance		
		Yes	No	N/A
Standard	Measure			
Section A: 4. Aggregated recipient administrative expenses total not more than 10% of Part B dollars	Current operating budgets and expense/allocation reports, with sufficient detail to allow identification of administrative expenses			
Section D: 1. Ensure recipient and subrecipient policies and procedures specify a publicly posted schedule charges (e.g. sliding fee scale) to clients for services, which may include a documented decision to impose only nominal charge	Financial activity reports/accounting system for obtaining and documenting client charges and payments.			
Section B: 1. The recipient shall provide to all Part B subrecipients definitions of allowable costs	Maintain a file with signed contract agreement			
Section E: Revisions to approved budget of federal funds that involve significant modifications of project costs made by the grantee only after approval from DHHS, DPHS, NH CARE Program	Correspondence and budget revision approvals			
Section F: 1 Recipients and subrecipient tracking of and reporting on tangible nonexpendable personal property, including exempt property, purchased directly with Ryan white part B funds and having: A useful life of more than one year, and an acquisition cost of \$5,00 or more per unit (Lower limits may be established, consistent with recipient policies	Asset inventory list and depreciation schedule for an acquisition cost of \$5,000 or more per unit.			
<b>All Services Subrecipient Responsibilities:</b>				
Establish and implement policies and staff training on the requirement that Ryan White be the payer of last resort. Screening for insurance coverage and eligibility, and help with applying for such insurance, shall be documented in client records.				
Document and maintain file information Medicaid status. <ul style="list-style-type: none"> <li>▪ Maintain file of contracts with Medicaid insurance companies.</li> <li>▪ If no Medicaid certification, document current status i.e., request for certification or waiver.</li> </ul>				
NH CARE P&P Manual: Schedule of Fee's Policy Per the Ryan White Treatment Extension Act of 2009.	<p>Follows the NH Ryan White CARE Program policy sliding fee scale and cap on charges policy.</p> <p><b>Schedule of Fee's Policy</b></p> <p>The Ryan White HIV/AIDS Part B Program requires a schedule of charges policy per the Ryan White Treatment Extension Act of 2009. See Section D: Imposition &amp; Assessment of Client Charges of the Part B Fiscal Monitoring Standards, pgs. 15-17, for the appropriate reference to the legislation at <a href="http://hab.hrsa.gov/manageyourgrant/files/fiscalmonitoringpartb.pdf">http://hab.hrsa.gov/manageyourgrant/files/fiscalmonitoringpartb.pdf</a>.</p> <p>CARE Program providers are eligible for reimbursement for outpatient/ambulatory medical care, oral health, mental health, substance abuse treatment and home care, visits, tests, labs and procedures at NH Medicaid rates. The CARE Program has established a "schedule of charges/sliding fee scale policy that discounts all fees and charges to \$0 for clients up to 500% of the Federal Poverty Level (FPL)." If a provider bills the CARE Program, the provider may not balance bill the client, or charge the client beyond that which has been billed to the CARE Program.</p>			
Subrecipient agreements with <b>for profit</b> entities require compliance with federal standards for financial management and allowable costs (45 CFR 74 & 92).				
Subrecipient agreements with <b>non-profit</b> organizations ensure Subrecipient staff familiarity with the Combined Circular effective with FY16 contacts. <a href="https://www.gpo.gov/fdsys/pkg/FR-2013-12-26/pdf/2013-30465.pdf">https://www.gpo.gov/fdsys/pkg/FR-2013-12-26/pdf/2013-30465.pdf</a>				

2 CFR Chapter I, Chapter II, Part 200, et al., Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; Final Rule. 200.302 Financial Management page 36-37 of document above. Subpart E – Cost Principles begin on page 51 through page 74 of document.			
Provide access to Grantee of all financial activity reports (Revenue, G/L, AP, Billing, collection).			
Must have in place systems that can provide expenses and client utilization data in sufficient detail to calculate unit cost.			
Must provide, per requirement in the subcontract agreement, reports that detail performance and allow review of the Subrecipient's budget, cost of services and unit cost methodology.			
Document all requested and approved Budget Revisions.			
Use prescribed spreadsheet format when submitting the line item budget and budget justification per contract section Exhibit B.			
Develop and maintain a current, complete and accurate inventory list with acquisition date and funding source. Asset inventory list and depreciation schedule for an acquisition cost of \$5,000 or more per unit.			
Must submit most recent financial audit or A133 audit to the Grantee. Subrecipient must maintain a policy for auditor selection.			
Provide primary source documentation to the Grantee with Subrecipient payroll records, verification that payroll taxes have been paid, and accounts payable paid invoices with back-up documentation on request.			
Establish and consistently implement: <ul style="list-style-type: none"> <li>▪ Billing and collection policies and procedures</li> <li>▪ Billing and process and/or electronic system</li> <li>▪ Documentation of accounts receivable</li> </ul>			
Submit medical claim forms on time monthly, with complete Explanation of Benefits Form (EOB) when applicable.			
Bill, track, and report to the Grantee all Part B income billed and obtained.			
Calculate Year to Date and Budget Variance monthly.			
Use allocation based on timesheet where employee is involved in activities supported by several funding activities.			
Will provide expense documentation with every payment management system invoice/drawdown, as requested by the Grantee.			
<b>Case Management, Outpatient Medical, Mental Health &amp; Substance Misuse, Skilled Nursing Visits and Home Health Care Services</b>			
Client eligibility determinations must be in the client records.			
Establish and maintain medical practice management systems for billing.			
<b>Case Management</b>			
On a quarterly basis conduct "Time and effort" (analysis) reporting of Part B funds.			
Prior approval is needed for any unit of equipment \$300 or greater.			
Document In-Kind contributions.			