Pennsylvania Department of Health

Response to the Project Officer’s Site Assessment/Technical Assistance Report

Health Resources and Services Administration

Ryan White Care Act Title II

Grant #X07HA00021; Award # 2 X07HA00021-22-00

**Department Of Health General Comments:**

Following receipt of the January 14 – 16, 2020 site assessment report, the Department of Health (DOH) has reviewed the comments and has included the following responses for the review of the Pennsylvania Ryan White Part B Project Officer, Amy Griffin.

The DOH accepts this responsibility; seeks to engage in a collaborative process with stakeholders, consumers and providers; and welcomes the critical role HRSA must play in providing leadership, technical assistance and support for these changes.

# Administrative Findings/Recommendations

1. Administrative Findings - Programmatic Finding - Health Insurance Cost Effectiveness Methodology

The recipient could not demonstrate the methodology used to determine adherence to the following requirements when purchasing health insurance for clients: a) the cost of paying for the health care coverage (including all other sources of premium and cost sharing assistance) is cost-effective in the aggregate versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services, and b) health insurance plans must, at a minimum, provide comprehensive primary health care services, deemed adequate by the state.

Citation: Policy Clarification Notice (PCN) #18-01, [*Clarifications Regarding the*](https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/18-01-use-of-rwhap-funds-for-premium-and-cost-sharing-assistance.pdf)[*Use of Ryan White HIV/AIDS Program Funds for Health Care Coverage*](https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/18-01-use-of-rwhap-funds-for-premium-and-cost-sharing-assistance.pdf)[*Premium and Cost Sharing Assistance*](https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/18-01-use-of-rwhap-funds-for-premium-and-cost-sharing-assistance.pdf)

1. Recommendations:
2. The recipient must document a cost benefit methodology and resulting analysis when paying insurance premiums as described in PCN #18-01. This methodology must be provided upon request.
3. The recipient must implement a process for ensuring that health insurance purchased through the RWHAP meet requirements regarding HIV primary care and prescription services.
4. The analysis should be conducted annually to remain relevant to plans that may be newly available each year.
5. The recipient should document the methodology and process for conducting analysis in policy and procedure documents

**DOH Response:**

Agreed in part.

The AIDS Drug Assistance Program (ADAP) currently maintains documentation to show cost effectiveness of the Medicare Part C and Part D plans purchased by ADAP and all plans meet the formulary and Ryan White policy requirements. The ADAP does not currently purchase commercial insurance plans for clients and a cost effectiveness analysis for commercial plans is currently not required.

The DOH will be requiring the regional Ryan White grantees and sub-providers to submit health insurance cost effectiveness analysis’ in accordance to Ryan White requirements to the Department on a yearly basis. The Department will include the review of the cost effectiveness analysis in the annual monitoring of the regional offices.

**Target Date:** July 31, 2020

1. Administrative Findings- Improvement Option #1: -Administrative Structure and Management -Training and Succession Plans

The recipient does not have formal plans to support orientation and transfer of duties during staff transitions.

* 1. Recommendations

1. The recipient should develop succession plans for key roles. Formal plans support a greater level of program stability by preparing staff assuming new or vacated positions and clarifying accountability for all functions of the position
2. The recipient should develop a formalized orientation and training process that ensures consistent onboarding for new staff. A training plan over several months provides new employees opportunities to meet with other staff in related program areas to understand their relationship within the context of the program, as well as ensure training on RWHAP and state policies, procedures, and legislation.
3. The National Alliance of State and Territorial AIDS Directors (NASTAD) released a resource to guide training and succession plan development located at:

<https://www.nastad.org/resource/ryan-white-part-b-program-and-adap-policy-and-procedure-manuals-and-institutional>that the recipient may want to reference.

**DOH Response:**

Agreed.

The DOH will consider making this enhancement in the next calendar year. This project will be added to the Clinical Quality Management (CQM) Quality Improvement (QI) Project lists to properly discuss, document, and possibly implement as an improvement.

1. Administrative Findings - Improvement Option #2 - Administrative Structure and Management – Policy and Procedure Manual

The recipient does not have a current, comprehensive policy and procedure manual.

1. Recommendations:

The recipient should develop a policy and procedure manual that reflects current processes and daily operations, incorporates best practices, and aligns with RWHAP legislation and policy requirements. Current policies and procedures will ensure recipient and subrecipient staff understand and consistently implement key processes, such as eligibility practices, allowable services, and payor of last resort requirements.

**DOH Response:**

Agreed.

The DOH will consider making this enhancement in the next calendar year. This project will be added to the CQM QI Project lists to properly discuss, document, and draft for implementation as an improvement.

1. Administrative Findings Improvement Option #3 - Administrative Other- Service Standards

Although the recipient convened a workgroup that reviews service standards on a rolling basis, the workgroup has not established clear steps and time expectations for completing those reviews.

1. Recommendations:
2. The recipient should enhance and document an annual review process for service standards. In addition to supporting a workgroup to coordinate the review process, the recipient should establish timelines to ensure the annual review of all service standards.
3. To ensure the service standards set practical, achievable, and appropriate expectations without being too prescriptive to practitioners, the recipient should consider establishing ad hoc subject matter expert groups to review clinical or specialized service standards. Examples of such ad hoc groups may include mental health professionals, substance use treatment providers, case managers, or nutritionists.

**DOH Response:**

Agreed.

The DOH has completed the draft of the Pennsylvania service standards and has distributed them for comments from our regional grantees and sub-contracted providers. After all comments are received, they will be compiled for a secondary review from our Service Standards Workgroup. The PA Service Standards Workgroup is comprised of internal DOH staff, other state department staff, our regional office staff members and other stakeholders who have volunteered to participate. Any and all recommendations put forth by the workgroup will be reviewed and a determination made, and if necessary, the service standards will be updated. In order to ensure that our standards are updated and meet the needs of Ryan White Part B clients and their families, our team will conduct an annual assessment of our Service Standards and convene with our PA Service Standards Workgroup to finalize and publish. These assessments will be scheduled the first week of February of each calendar year.

**Target Date:** July 31, 2020

1. Administrative Findings - Improvement Option #4- Administrative Other - Statewide Allocations

Although the regional lead agencies implement procurement for direct services, the recipient guides statewide HIV service delivery and service category funding allocations decisions based on data and needs assessments. However, the recipient has not formalized subrecipient lead agency expectations and roles around service category funding decisions and allocations to align with this statewide approach.

1. Recommendations:
2. The recipient should include language in lead agency subrecipient contracts that requires lead agencies to consult with the recipient prior to funding new Requests for Proposals (RFPs) or changing service categories. Required consultation will provide the opportunity for discussion around the impact of funding service categories within the context of a statewide system of HIV care. It may also provide subrecipients additional rationale for service funding decisions.

To support this process and to better understand needs at the local level, the recipient should collect and analyze additional data already collected at the regional level, including annual client satisfaction surveys and provider surveys.

**DOH Response:**

Agreed.

The DOH will consider making this enhancement in the next contract cycle. This project will be added to the CQM QI Project list to properly discuss, document, and possibly implement as an improvement. Additionally, the department is continually developing and implementing strategies through the planning process to further define and clarify both the department and the regional roles associated with resource allocation and the need of services as identified by the department as a result of epidemiological information specific to each of the regions.

1. Administrative Findings - Improvement Option #5- Administrative Other – Subrecipient Education and Knowledge

Regional lead agencies and their subrecipients demonstrate some inconsistencies in their understanding of RWHAP Part B requirements.

1. Recommendations:
2. The recipient should utilize regularly scheduled subrecipient lead agency meetings to routinely review federal requirements related to RWHAP Part B funds. These reviews may benefit newer subrecipient staff, as well as longer term staff who may have not been aware of evolving or revised requirements. Examples of requirements to review may include insurance plans allowed to be funded through RWHAP, including the ADAP, RWHAP service category definitions, service categories cross walked to specific activities being conducted by regional lead agencies and their subrecipients, and the use of service standards.
3. DOH Response**:** Agreed. The DOH has established a process by which the regional grantees are convened periodically for multiple day sessions in which all policies are reviewed, new initiatives are shared, and open dialog is encouraged for discussion. Recognizing the value of this process the department has focused on more specific themes for these sessions to target specific needs. Additionally, the department has initiated monthly regional calls as a means of continued open dialog.

**DOH Response:**

Agreed.

As a Quality Improvement Activity, the Department has created a SharePoint site for the regional grantees as a direct means of sharing, receiving and storing information. This repository becomes a permanent library of information always accessible regardless of changes to personnel.

**Target Date:** COMPLETED

1. Administrative Findings -Improvement Option #6- Administrative Other -Information Systems and Sharing

The recipient should pursue additional opportunities to obtain and utilize data to better evaluate the public health impact and effectiveness of the program

1. Recommendations:
2. Since the 2016 Comprehensive Site Visit, the recipient better uses and analyzes data to make program decisions. Despite this improvement, there remains gaps in the health and epidemiological data available to evaluate the full impact of services. Data obtained from Medicaid, HIV and STD Surveillance, Tuberculosis and Corrections programs, among others, can better describe the needs of clients with HIV, indicate emerging trends, and contribute to the effectiveness of funded services. Evaluation of effectiveness should include cost effectiveness, impact on client health care outcomes, and impact on community public health

**DOH Response:**

Agreed.

The DOH, Bureau of Epidemiology has made several attempts to obtain Medicaid data from DHS. We have submitted a Memorandum of Understanding for consideration and the legal team is in communication with the Department of Human Services. We are hopeful that this data will be made available to the program as soon as possible. We have also obtained access to STD data and Tuberculosis data. We will consider making this data available at the subrecipient level.

**Target Date:** September 1, 2020

## Fiscal Findings/Recommendations

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1. Fiscal Findings – Legislative Finding – Time & Effort

Lack of compliance with documentation requirements for time and effort charged to the grant.

The recipient is not performing or documenting the time and effort analysis required to validate the FTE percentage budgeted in comparison with the actual time devoted by program staff.

Citation: 45 CFR Sec. 75.430(i), Subpart F

1. Recommendations:
2. The recipient should develop a methodology that would allow a proper validation of the budgeted FTEs against the actual time devoted by the staff to RWHAP activities. The methodology for tracking time and effort should be the same regardless of whether the PA DOH uses rebates or grant funding for the FTE.
3. The recipient should include procedures for implementing the methodology in a policy and procedure manual.

**DOH Response:**

Agreed.

The DOH has previously recognized and complied with the identification of time and effort for staff who were not dedicated or completely funded with grant funds/rebates. This finding broadened the definition of what is required for use of the federal funds. With the new understanding that the requirement also includes staff who are entirely funded with grant funds/rebates, the department will adopt the process of tracking time and effort across all staff. This policy will be formalized and included in a procedure manual currently in compilation.

**Target Date:** June 30, 2020

1. Fiscal Finding #2- Legislative- Assignment of Subrecipient Administrative Expenses

Lack of compliance with appropriate subrecipient assignment of RWHAP administrative expenses.

The recipient does not have a time and effort analysis verification item on their subrecipient monitoring tool. As a result, the recipient has no way to document that subrecipients validate staff FTE percentages budgeted in comparison with the actual time devoted by the program staff.

Citation: 45 CFR Sec. 75.430(i), Subpart F and sections 301, 341, 342 and 352

1. Recommendations:
2. The recipient should include a section on the subrecipient monitoring tool to ascertain proper verification of compliance with time and effort analysis requirements, as stated on the on the subrecipients’ contracts.

**DOH Response**:

Respectfully Disagree.

The DOH program and regional fiscal monitoring forms include the following language:

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**Target Date:** COMPLETED

1. Fiscal Findings - Improvement Option #1 – Fiscal Management & Oversight

The recipient is currently reflecting on its latest FFR a significant amount of unobligated grant funds, over $9,000,000, which represents 18 percent of the total federal grant funds authorized for the period.

1. Recommendations:
2. The recipient should continue to explore some of the following options discussed during the site visit for utilizing all available resources:

* Funding efforts to build provider capacity;
* Expanding patient services, such as dental, mental health and laboratory;
* Hiring additional administrative or program operational staff;
* Expanding medical transportation services; and/or
* Expanding outreach efforts to attract clients and promote program services in the community, including social media presence to attract and reach the younger generation.

**DOH Response:**

Agreed in Part.

The DOH program and administrative staff have been working diligently in each grant fiscal year to reduce the amount of unobligated funds resulting at the close of the grant. In each of the last three grant years, the unobligated balance has significantly and continuously decreased. Continued review, planning and evaluation of rebate intake and program expenditures will occur with the goal to minimize the potential for unobligated funds.

1. Fiscal Findings - Improvement Option #3 – Subrecipient Monitoring

The contracts between the regional lead agencies and their subrecipients do not contain language to formalize the frequency and nature of required on-site monitoring visits.

1. Recommendations:
2. The recipient should ensure that the regional lead agencies prepare contract addendums that include language that document the frequency (annually) and nature (program, fiscal, ADAP and CQM) of required monitoring site visits to their subrecipients.

**DOH Response:**

Agreed.

The DOH will consider making this enhancement in the next calendar year. This project will be added to the CQM QI Project list to properly discuss, document, and possibly implement as an improvement.

# Clinical Findings – None

# Clinical Quality Management Findings/Improvement Options

1. CQM Finding #1 - Lack of compliance with CQM Program requirement.

The recipient does not have a comprehensive CQM Program led by the recipient.

Citation: Title XXVI of the Public Health Service Act §§ 2604(h)(5) and CQM Policy Clarification Notice (PCN) 15-02: Clinical Quality Management.

1. Recommendations:

The recipient needs to establish and implement a CQM Program that includes all of the elements of infrastructure per PCN 15-02.

1. CQM Committee: The recipient should develop a CQM Committee in order to address the requirements of the RWHAP Part B. The committee should include ADAP representation, people with HIV, subrecipients, and stakeholder involvement. The committee should meet quarterly at a minimum.
2. CQM Plan: The recipient should update the CQM Plan to include all of the necessary elements needed to guide the program. The CQM Plan is the roadmap for the CQM Program and should describe all of the aspects of the CQM Program, such as infrastructure, priorities, PMs, QI activities, an action plan listing timelines and responsible parties, and the evaluation of the CQM Program. The plan should also describe how leadership is involved in the implementation of the CQM Program, the staff responsible for CQM duties, the current CQM activities and/or activities to be undertaken by the recipient, and the current QI projects.

**DOH Response:**

Agreed.

The DOH previously recognized this and on September 30, 2019, a CQM Coordinator was hired to develop the CQM plan and lead the activities required in the infrastructure of PCN 15-02. At the time of the site visit, the plan was still in draft as the department had dedicated time towards de-duplication of CAREWare data to ensure that CQM performance measures would be appropriately counted.

The CQM Committee will meet on a quarterly basis as part of the Ryan White Part B Grantee meetings. Provider performance reports will be shared with the seven contracted Regional Grantees. New Quality Improvement (QI) Projects will be discussed and possibly initiated or sunset during this forum.

The CQM Plan draft has been updated to include the aspects of the CQM Program, the infrastructure, priorities, Performance Measures, QI activities, an action plan listing the timelines and responsible parties, and the evaluation process for the CQM Plan.

The CQM Plan has also been updated to include the various committees, their respective required attendees, and their responsibilities. The plan has also been updated to include the current QI project to create a SharePoint site for the Regional Grantees.

**Target Date:** COMPLETED

1. CQM Finding - CQM Performance Measurement

Lack of compliance with collection and/or analysis of performance measure data requirement.

The recipients do not have identified PMs for funded service categories including ADAP as outlined in PCN 15-02 based on service utilization data.

Citation: Title XXVI of the Public Health Service Act §§ 2604(h)(5) and CQM Policy Clarification Notice (PCN) 15-02: [*Clinical Quality Management* .](https://hab.hrsa.gov/sites/default/files/hab/Global/CQM-PCN-15-02.pdf)

1. Recommendations:
2. The recipient should review service utilization data and identify PMs for service categories as indicated in PCN 15-02

**DOH Response**:

Agreed.

At the time of the site visit, the CQM plan was still in draft using 2018 data. The plan has since been updated using 2019 CAREWare and ADAP data. Five Performance Measures are now required and are listed within the plan for the service categories of: Outpatient/Ambulatory Health Services, ADAP, Medical Case Management, Food Bank/Home Delivered Meals, and Health Education/Risk Reduction.

**Target Date:** COMPLETED

1. CQM Finding - Programmatic- Lack of Compliance with QI project requirement

Lack of compliance with QI project requirement.

1. Recommendations:
2. The recipient should develop and implement QI activities in response to the performance measures data results. The activities should be aimed at improving patient care, health outcomes, and patient satisfaction. Additionally, QI activities should be conducted for at least one funded service category at any given time. Activities should be conducted in accordance with PCN 15-02.

**DOH Response:**

Agreed.

The DOH has developed a QI activity to create a SharePoint site for the Regional Grantees based on improving health outcomes and patient satisfaction. The recipient will strengthen their communication of requirements, deadlines, policy clarifications, and other guidance in a consistent, timely, and accessible fashion to the Regional Grantees. Previously, information had been disseminated via email and the trail of such information was difficult to obtain when the recipient’s inbox was no longer accessible due to staff turnover.

**Target Date:** COMPLETED

## ADAP Findings/Recommendations

1. ADAP Finding – Legislative – Back Billing

Lack of compliance with the requirement to back-bill other payors (including Medicaid) when client eligibility has been determined for a service for which ADAP paid.

The recipient does not perform Medicaid back-billing. The recipient has developed a process by which to implement Medicaid back-billing, but in order to implement they process they must gain access to clients’ Medicaid ID.

Citation: Section 2617(b)(7)(F) of the Ryan White HIV/AIDS Treatment Act of 2009

a. Recommendations:

1. The recipient must establish a mechanism to recoup Medicaid payments for clients who have obtained medications through ADAP, but who became Medicaid eligible during the time ADAP medications were provided.
2. Until the DOH establishes that mechanism, the recipient can reduce the risk of expending ADAP funds for Medicaid-eligible services by conducting a monthly match of ADAP clients to Medicaid enrollment data and then ensuring clients access medications through Medicaid if they are enrolled.

**DOH Response**:

Agreed.

The DOH has been working diligently to implement a Medicaid recovery program and continues to address key issues and barriers to move forward with the implementation of the recovery process. A process has been developed to recover the funds from Medicaid utilizing a third-party vendor to perform the recovery services. At this time, the DOH has been working with the Department of Aging to modify the contract between the vendor and Department of Aging to add the additional funding and contract language needed to implement the Medicaid recovery program. In addition, the DOH has been requesting the addition of the Medicaid ID number on data matching files between Medicaid and ADAP which is a key component in the recovery process.

The ADAP has a daily match in place with Medicaid and any ADAP client found to have prescription coverage in Medicaid is immediately cancelled from the ADAP to ensure ADAP funds are not spent on clients enrolled in Medicaid. To re-iterate, the issue with overlapping coverage between Medicaid and ADAP is due to the retroactive coverage period given to Medicaid clients when clients are newly enrolled in Medicaid. Medicaid provides up to 90 days of retroactive coverage to certain clients. The Medicaid recovery program that the Department of Health is working to implement will allow the ADAP to recover funds from Medicaid for clients given retroactive coverage where the ADAP originally paid the full cost of the drug claim and it was later determined that the client received retroactive coverage in Medicaid during the same coverage period in ADAP

**Target Date:** October 1, 2020

1. ADAP Finding #2- Legislative – Contractor Monitoring

The recipient does not document monitoring of their MOU with PDA. Because the MOU established PDA as a contractor, SPBP does not need to conduct annual audit and monitoring visits; however, SPBP must create a process to document that PDA met the responsibilities outlined in the MOU.

Citation: 45 CFR 75.351; 45 CFR 75.342

1. Recommendations:
2. The recipient must document a process by which they conduct at least annual monitoring of the MOU.

**DOH Response:**

Agreed.

The DOH will be implementing a tool to document that the MOU between the DOH and Department of Aging is being monitored and administered appropriately based on the terms of the MOU. This monitoring will be done on at least an annual basis and more regularly when appropriate.

**Target Date:** July 1, 2020

1. ADAP Finding #2 – Programmatic- Emergency Preparedness – Continuity of Operations Plan

Although the recipient indicated that the broader Bureau emergency preparedness plan includes the SPBP, the recipient could not identify a program specific emergency preparedness plan. Magellan maintains a business resumption plan in the event they are unable to function.

Citation: ADAP Manual Section II, Chapter 7

1. Recommendations:
2. The recipient must develop an SPBP-specific emergency preparedness plan that includes, at minimum, a CoOP.

**DOH Response:**

Agreed.

The DOH will formalize a specific Continuation of Operation Plan to detail the response and activities to ensure continuation of services in an emergency.

**Target Date**: September 1, 2020

1. ADAP Improvement Option #1- ADAP Health Insurance Assistance

The recipient does not currently provide commercial insurance premium support for SPBP clients. After pursuing an unsuccessful internal process to implement a commercial insurance premium program, the recipient decided to implement a competitive procurement process to establish a contractual relationship with an insurance benefits manager (IBM). In the interim, the DOH has encouraged regional lead agencies to provide commercial insurance premium assistance. While all regions have established a process to provide this support, access to this service is non- equivalent (lack of robustness and consistency) based on region and within regions.

1. Recommendation
2. The recipient should further plan to develop and release a Request for Proposal (RFP) to establish an SPBP commercial insurance premium assistance program. SPBP should investigate cost-effectiveness of current commercial plans, as well as how plan access may change as Pennsylvania transitions from a federally facilitated marketplace to state-based marketplace for the 2021 open enrollment period.

**DOH Response:**

Agreed.

The DOH will further explore the opportunity to develop and release a Request for Proposal for this service.

**Target Date:** April 1, 2021

1. ADAP Improvement Option #2 – ADAP Other

The recipient has developed both an SPBP and a RWHAP Part B Care data warehouse (two repositories). The SPBP data warehouse has been de-duplicated, creating a single record per SPBP client; and the Care data warehouse has been de-duplicated by service provider, representing multiple records per client in the event a client encounters a different provider per service category. However, as a result of inconsistencies in the reporting of name spelling, gender, etc., from providers and clients, some clients have multiple unique client identifiers in the data warehouses.

SPBP and RWHAP Care have not been able to resolve this issue to create a complete record for multiply identified clients.

a. Recommendation:

1. The recipient should continue its efforts to de-duplicate SPBP and Care data warehouses to create a complete and accurate client service record that includes only one record per client that encompasses all of their services and the SPBP data

**DOH Response:**

Agreed.

The DOH continues to work to improve data quality. The de-duplication of the SPBP and the Care data has been completed.

**Target Date:** COMPLETED