

**RYAN WHITE PART-B/STATE SERVICES
2025-2026 SUBRECIPIENT
PROGRAM MONITORING
LOGISTICS GUIDE**



TEXAS
Health and Human
Services

Texas Department of State
Health Services

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Objectives of Subrecipient Program Monitoring

Monitoring of subrecipients is a critical component of the Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP). Subrecipient monitoring for quality assurance and program evaluation is a required grant administrative activity, and it is the responsibility of the Texas Department of State Health Services (DSHS) HIV/STD Section to ensure subrecipients:

- Undergo monitoring to measure compliance with RWHAP Part B legislative and programmatic requirements.
- Meet program service standard performance measures at minimum expectations.
- Take corrective action to address non-compliance.

In addition, the Texas Ryan White Part B and State Services (RW-B and SS) program uses data from subrecipient monitoring to:

- Identify top performers in compliance and trends of noncompliance among one or more agencies to plan individual or statewide responses and provide technical assistance.
- Select a specific set of biennial service measures requiring a corrective action plan (CAP) post-monitoring for noncompliance.
- Benchmark results of monitoring over time and across regions, providers, services, and service-specific measures.
- Inform our annual review and update of program service standards.
- Analyze results to assist in planning clinical quality management (CQM) activities and priorities for training and quality improvement projects.

Federal Health and Human Services (HHS) regulations require subrecipients to provide access to all records required by RW-B and SS program monitoring contractors to complete this process.

Quality assurance monitoring is not punitive. It is designed to identify and correct areas of non-compliance and to maintain access to consistent, quality HIV services across the state of Texas.

2025-2026 Subrecipient Monitoring Process Overview

Subrecipient monitoring consists of a standardized retrospective policy and chart review to evaluate compliance with RW-B and SS program service standards, based on each subrecipient's funding and utilization of services. The subrecipient is responsible for providing access to all required materials during the pre-scheduled time frame set by the monitoring team. Documentation offered after the entrance conference is not included in the monitoring results.

Monitoring results are recorded in the DSHS RW-B and SS monitoring database for storage and reporting functions. Health Access, LLC, a DSHS contractor, manages the database. Service standards and associated monitoring tools used to measure compliance are available on the **DSHS website**. Newly implemented measures that were not in place during the measurement period are scored as pilot measures and will not be subject to CAPs.

In 2025-2026, DSHS will use a hybrid mix of in-person and remote monitoring. Site visits, meetings, and chart review sessions will be scheduled in coordination with DSHS Care Services staff, each regional Administrative Agency (AA), and the subrecipient to be monitored. The 2025-2026 monitoring cycle will require a full Universal Standard policy upload for each subrecipient. Universal Standard policy reviews will be conducted remotely for all subrecipients using the Box HIPAA-compliant document-sharing platform. Health Access will provide a list of randomly selected Take Charge Texas (TCT) client IDs for each subrecipient and each funded service, applying the DSHS tier sampling methodology.

DSHS Tier Sampling Methodology

Number of unduplicated clients (UDCs) per service category with at least one unit of service (UOS) billed to the RW-B/SS program during the measurement period	Required number of randomized client records for sampling
1 – 24	100%
25 – 50	25
51 – 100	30
101 – 499	40
500+	50

2025-2026 Measurement Period and Monitoring Dates

Monitoring Year	Measure Period
2025	January 1, 2024 – December 31, 2024
2026	January 1, 2025 – December 31, 2025

Each subrecipient will be monitored for all RW-B and SS service categories during the timeframes listed below. Exact monitoring dates will be provided to each subrecipient within 30 calendar days of their site visit.

Administrative Agency Monitoring Schedule

Regional AA	Year of Subrecipient Monitoring	Month of Subrecipient Monitoring	Site Visit Platform <i>(Subject to change as needed at the discretion of DSHS)</i>
Tarrant County	2025	January, February, March, and April	Hybrid

South Texas Development Council	2025	April, May, and June	Hybrid
Dallas County Health and Human Services	2025	June, July, and August	Hybrid
University Health	2025	August and September	Hybrid
The Resource Group	2026	March, April, and May	Hybrid
Brazos Valley Council of Governments	2026	June, July, August, and September	Hybrid

Contractor Subrecipient Service Monitoring Assignments

Services categories are divided among the Health Access team and the AA of the subrecipient to be monitored.

2025-2026 Service Monitoring Assignments for Health Access, LLC.	
1. Local Pharmaceutical Assistance Program (LPAP)	6. Outpatient/Ambulatory Health Services (OAHS)
2. Medical Case Management Services (MCM)	7. Referral for Healthcare and Support Services (RHCS)
3. Mental Health (MH)	8. Health Insurance Premium and Cost Sharing Assistance (HIA)
4. Non-Medical Case Management Services (NMCM)	9. Universal Standards – Eligibility, All Services
5. Oral Health (OH)	10. Universal Standards – Policy Review, All Services

2025-2026 Service Assignments for Administrative Agencies

1. Child Care Services	11. Medical Nutrition Therapy
2. Early Intervention Services (EIS)	12. Medical Transportation Services (MT)
3. Emergency Financial Assistance (EFA)	13. Other Professional Services
4. Food Bank (FB)	14. Outreach Services
5. Health Education/Risk Reduction (HERR)	15. Psychosocial Support Services (PSS)
6. Home and Community-Based Health Services	16. Rehabilitation Services
7. Home Health Care	17. Respite Care
8. Hospice	18. Substance Abuse Services Outpatient
9. Housing Services	19. Substance Abuse Services Residential
10. Linguistic Services	

Monitoring Entrance and Exit Conferences

Monitoring visits include an entrance conference from 9:00 to 10 a.m. on the start date of scheduled monitoring for each subrecipient. The entrance conference requires participation from the following:

- DSHS Care Services staff
- Compliance and other leadership staff from the AA that funds the subrecipient
- Subrecipient leadership and key front-line staff
- Health Access and the AA monitoring team assigned to the site visit

During the entrance conference:

- Health Access will lead introductions of participants.
- The subrecipient will give a brief presentation about their agency, how they use program funding to provide services, and any other information they would like to share. Presentations are to be 15 minutes or less.
- The monitoring teams will provide a brief overview of what to expect during the scheduled dates of the monitoring site visit and will resolve any pending monitoring preparation needs.
- The monitoring teams will confirm who the point of contact is at the subrecipient agency for each service to assist the monitoring staff with any questions that may arise during monitoring.
- Subrecipient staff will be given time to ask questions and voice comments and concerns about the monitoring site visit.

Monitoring will officially begin immediately after the entrance conference. The monitoring teams will provide updates to all stakeholders throughout the duration of the site visit or remote monitoring process.

The Health Access monitoring team will schedule the exit conference on the last day of the scheduled monitoring visit.

During the exit conference:

- Health Access will lead introductions of all participants.
- The monitoring teams will present a high-level overview of monitoring results for each service, including recognition of program strengths and areas with opportunities for improvement.
- The monitoring teams will review details of priority service measures that require a CAP in response to the preliminary monitoring results.
- The monitoring teams and DSHS staff will provide technical assistance on

- any additional measures noted to be noncompliant.
- Time will be provided for the subrecipient to ask questions, provide comments, and raise concerns.

For subrecipients who are required to complete a CAP, the subrecipient's AA will provide information regarding timelines and process.

Subrecipient Monitoring Preparation

DSHS will send the AA an electronic monitoring logistic survey in advance of the anticipated month(s) of monitoring to collect basic information and assist in planning the detailed monitoring schedule for each region.

The AA is responsible for responding to the survey within the deadlines set by DSHS. If the AA does not respond to the monitoring logistics survey within the deadline set, DSHS will proceed with scheduling monitoring without input from the AA.

The Health Access team will then coordinate with the AA staff to:

- Set final monitoring dates and schedule for regional monitoring by AA.
- Conduct an individual monitoring logistics call with the regional AA and each regional subrecipient at least 30 calendar days prior to the start date of monitoring.
- Receive a client service utilization list from the regional AA, randomize the monitoring list, randomize the monitoring sample list and upload it to the Box HIPAA-compliant document-sharing platform at least 30 calendar days prior to the start of monitoring.
- Set up access to Box for appropriate AA and subrecipient staff within 24 hours after the logistics call.
- Coordinate, facilitate, and schedule monitoring entrance and exit conferences based on the monitoring schedule.
- Ensure subrecipients receive final monitoring reports no later than 60 calendar days after the exit conference.

The subrecipient will be responsible for the following activities:

- Attend and participate in the monitoring logistics meeting.
- Confirm receipt of notification of monitoring as requested in the DSHS Contract Management Section (CMS) letter of notification of monitoring.
- Create and upload to Box a crosswalk of TCT client IDs to agency client record IDs by 10 calendar days prior to the start of scheduled monitoring.

- Ensure policies and related documents required for monitoring of Universal Standards – Policies and Procedures are uploaded to Box at least 14 calendar days prior to the start of monitoring.
- For services that will be monitored remotely, ensure all uploads are completed at least one day before the start of scheduled monitoring.
- For services and meetings that are conducted in-person:
 - Ensure a conference room is reserved for the entrance conference and ready to go at the start of scheduled monitoring.
 - Notify monitoring team(s) of any agency requirements, such as parking instructions, agency check-in processes, or other need-to-know information, at least 1 day before the start of scheduled monitoring.
 - Reserve one or more quiet rooms for the monitoring team(s) to conduct policy and chart reviews. If records are electronic and remote access using the monitoring team(s) laptops is not allowable per agency policy, ensure access to agency desktops or other computers is available to the monitoring team(s).
- Ensure all service documentation required to meet applicable measures is available and accessible to the monitoring team(s) at the start of the entrance conference (i.e., electronic health record).
- Attend and participate in the program monitoring entrance and exit conferences.
- Ask questions and share comments or concerns as needed.

Open communication across all stakeholders is welcomed and encouraged throughout the monitoring process.

Building Individualized Monitoring Plans

During the logistics meeting, the Health Access team will facilitate building an individualized monitoring plan for each subrecipient, to provide an efficient and productive monitoring experience for all stakeholders.

Key details will be collected during the monitoring preparation activities, including:

- Funded services during the measurement period.
- Client record-keeping platforms for each service (if different).
- Designated points of contact for communication and uploading of policies to Box, and points of contact for each funded service category for questions or other issues (name and email address).

- Any agency requirements for accessing client records, such as confidentiality agreements, etc.
- Confirmation of agency name or dba listed on contract(s) for reporting purposes.

This information will assist the monitoring teams in planning and scheduling monitoring, conducting monitoring efficiently and effectively, and reporting monitoring results.

Self-Monitoring

Subrecipients are encouraged yet not required to self-monitor program service compliance using the same sampling list Health Access will provide them. This helps ensure all records are present and organized and prevents any last-minute delays. This practice also provides the subrecipient a preview of monitoring results and the opportunity to organize any questions for DSHS or the monitoring team(s) about the service standards or monitoring in general. The service standards and associated monitoring tools are available on the DSHS **HIV taxonomy webpage**.

Monitoring Toolbox

See table below of helpful links for information related to Ryan White Program Monitoring:

TX DSHS HIV Program Service Standards and Associated Monitoring Tools	dshs.texas.gov/hivstd/taxonomy/
TX DSHS HIV/STD Program Policies and Procedures	<u>HIV/STD Policies and Procedures</u>
Federally Approved Medical Practice Guidelines for HIV/AIDS	<u>clinicalinfo.hiv.gov/en/guidelines</u>
HRSA/HAB Clinical Quality Management <ul style="list-style-type: none">• Performance Measure Portfolio• CQM FAQs	<u>Performance Measure Portfolio (hrsa.gov)</u>
HRSA/HAB National Monitoring Standards	<u>Program Monitoring Standards Part B (hrsa.gov)</u>

About the DSHS HIV/STD Program

The DSHS HIV/STD Program has the duty to identify, report, prevent, and control HIV, AIDS, and STDs in the State of Texas. The Program is dedicated to preventing the spread of HIV and other STDs while minimizing complications and costs. This is achieved primarily through education, prevention counseling, screening, and testing, partner elicitation and notification, and the provision of medical and social services. While some of these services are directly provided, most are provided through contracts with community-based agencies.

The HIV/STD Program is part of the HIV/STD Section and includes staff from five units:

- HIV/STD Prevention Unit
- HIV Care and Medications Unit
- Operations Unit
- HIV/STD/HCV Epidemiology and Surveillance Unit
- Pharmacy Unit

HIV/STD Program Mission Statement

Our mission is to prevent, treat, and/or control the spread of HIV, STDs, and other communicable diseases to protect the health of the citizens of Texas. In keeping with this mission, we procure, allocate, and manage fiscal and human resources so that we may:

- Provide HIV/STD education and information
- Collect, interpret, and distribute data relating to HIV and STD
- Provide guidance to those who oversee, plan for, or provide HIV and STD services
- Provide medication and supplies to prevent, manage, and treat communicable diseases

In pursuit of this mission, we will make every effort to assure that the citizens of Texas receive quality services.

Contact Information

DSHS Program Staff	Regional AA Staff	Health Access, LLC. Staff
HIV Care Services Manager: Janina Vazquez <u>janina.vazquez@dshs.texas.gov</u>	This is updated for each region as applicable to monitoring scheduling	Health Access, LLC., Vice President: Rhonda Stewart <u>rstewart@healthaccess-llc.com</u>
HIV Care Services Team Lead: Jessica Conly <u>jessica.conly@dshs.texas.gov</u>		Health Access, LLC., Director of Operations: Stacy Cuzick (RN) <u>scuzick@healthaccess-llc.com</u>
HIV Care Services Contract and Project Specialist: Edward Lucio <u>edward.lucio@dshs.texas.gov</u>		Health Access, LLC., Consultants: Luis F. Ortega, Manager <u>lortega@healthaccess-llc.com</u>
HIV Care Services Clinical Nurse Consultant: Emily Linnemeier <u>emily.linnemeier@dshs.texas.gov</u>		Jenny R. McFarlane, Manager <u>jmcfarlane@healthaccess-llc.com</u> Kathleen Conway, Senior Consultant <u>kconway@healthaccess-llc.com</u>
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HIV Care Services Consultant for TC and TRG: Noel Scott <u>noel.scott@dshs.texas.gov</u>		Katie Slattery Hart <u>kslatteryhart@healthaccess-llc.com</u> Marco Sebastian <u>msebastian@healthaccess-llc.com</u>
HIV Care Services Consultant for BVCOG and DCHHS: Tara Scarbrough <u>tara.scarbrough@dshs.texas.gov</u>		
HIV Care Services Consultant for STDC and UH Stephen Galvin <u>stephen.galvin@dshs.texas.gov</u>		

References:

Access to Records, Record Retention and Access, 45 Code of Federal Regulations § 75.364. [ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75/subpart-D/subject-group-ECFR7492b9ccc78b4d5/section-75.364](https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75/subpart-D/subject-group-ECFR7492b9ccc78b4d5/section-75.364)

Ryan White HIV/AIDS Program, Ryan White Part-B Manual, pg.44, April 2022. ryanwhite.hrsa.gov/sites/default/files/ryanwhite/resources/hab-part-b-manual.pdf

