

**HIV/AIDS Bureau, Division of Service Systems
Monitoring Standards for Ryan White Part A and B Grantees:
Universal Standards
(Covers Both Fiscal and Program Requirements)**

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Standard	Performance Measure/ Method	Grantee Responsibility	Provider/Subgrantee Responsibility	Source Citation
Section A: Access to Care				
1. Structured and ongoing efforts to obtain input from clients in the design and delivery of services	<ul style="list-style-type: none"> • Documentation of Consumer Advisory Board and public meetings – minutes and/ or • Documentation of existence and appropriateness of a suggestion box or other client input 	<ul style="list-style-type: none"> • Review documentation at the subgrantee level to determine methods used for obtaining consumer input into the delivery of services • Use results of 	<ul style="list-style-type: none"> • Maintain file of materials documenting Consumer Advisory Board (CAB) membership and meetings, including minutes • Regularly implement client satisfaction survey tool, focus 	RW Part A 2602(b)(6) RW Part A 2605 (a)(7)(B) RW Part B 2616 (c)(4) RW Part B 2617 (b)(7)(A)

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	mechanism and/or <ul style="list-style-type: none"> • Documentation of content, use, and confidentiality of a client satisfaction survey or focus groups conducted at least annually 	same or similar methods in the design and refinement of the HIV continuum of care	groups, and/or public meetings, with analysis and use of results documented <ul style="list-style-type: none"> • Maintain visible suggestion box or other client input mechanism 	
2. Provision of services regardless of an individual's ability to pay for the service	Subgrantee billing and collection policies and procedures do not: <ul style="list-style-type: none"> • Deny services for non-payment • Deny payment for inability to produce income documentation • Require full payment prior to service • Include any other procedure that denies services for non-payment 	<ul style="list-style-type: none"> • Review subgrantee's billing, collection, co-pay, and sliding fee policies and procedures to ensure that they do not result in denial of services • Investigate any complaints against the subgrantee for denial of services • Review file of refused clients and client complaints 	<ul style="list-style-type: none"> • Have billing, collection, co-pay, and sliding fee policies that do not act as a barrier to providing services regardless of the client's ability to pay • Maintain file of individuals refused services with reasons for refusal specified; include in file any complaints from clients, with documentation of complaint review and decision reached 	RW Part A 2605(a)(7)(A)(i) RW Part B 2617(b)(7)(B)(i)
3. Provision of services regardless of the current or past health condition of the individual to be served	<ul style="list-style-type: none"> • Documentation of eligibility and clinical policies to ensure that they do not: • Permit denial of services due to pre- 	<ul style="list-style-type: none"> • Review subgrantee eligibility and clinical policies • Investigate any complaints of subgrantee 	<ul style="list-style-type: none"> • Maintain files of eligibility and clinical policies • Maintain file of individuals refused services 	RW Part A 2605(a)(7)(A) RW Part B 2617(b)(7)(B)(i)

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	existing conditions <ul style="list-style-type: none"> Permit denial of services due to non-HIV-related conditions (primary care) Provide any other barrier to care due to a person's past or present health condition 	"dumping" or "cherry picking" patients		
4. Provision of services in a setting accessible to low-income individuals with HIV disease	<ul style="list-style-type: none"> A facility that is handicapped accessible, accessible by public transportation Policies and procedures that provide, by referral or vouchers, transportation if facility is not accessible to public transportation No policies that may act as a barrier to care for low-income individuals 	<ul style="list-style-type: none"> Inspect service subgrantee facility accessibility and with regard to access to public transportation Review policies and procedures for providing transportation assistance if facility is not accessible by public transportation 	<ul style="list-style-type: none"> Comply with Americans with Disabilities Act (ADA) requirements Ensure that the facility is accessible by public transportation or provide for transportation assistance 	RW Part A 2605(a)(7)(B) RW Part B 2617(b) (7)(B)(ii) RW Part B 2616(c)(4)
5. Efforts to inform low-income individuals of the availability of HIV-related services and how to access them	Availability of informational materials about subgrantee services and eligibility requirements such as: <ul style="list-style-type: none"> Newsletters 	Review documents indicating activities for promotion and awareness of the availability of HIV services	Maintain file documenting subgrantee activities for the promotion of HIV services to low-income individuals, including copies of HIV program	RW Part A 2605 (a)(7)(C) RW Part B 2617 (b)(7)(B)(iii) RW Part B 2616(c)(5)

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	<ul style="list-style-type: none"> • Brochures • Posters • Community Bulletins • Any other types of promotional materials 		materials promoting services and explaining eligibility requirements	
Section B: Eligibility Determination/ Screening				
<p>1. Screening and reassessment of clients to determine eligibility as specified by the EMA, TGA, state, or ADAP:</p> <ul style="list-style-type: none"> • Screening of clients to determine eligibility for Ryan White services within a predetermined timeframe • Reassessment of clients every 6 months to determine continued eligibility 	<ul style="list-style-type: none"> • Documentation of eligibility required in client records, with copies of documents (e.g., proof of HIV status, proof of residence, proof of income eligibility based on the income limit established by the EMA, TGA, State or ADAP (for Part A can be established by the grantee or the planning council), proof of insurance, uninsured or underinsured), using approved 	<ul style="list-style-type: none"> • Establish an EMA, TGA or Statewide process and policies for determining eligibility • Conduct site visits to review client files for appropriate documentation that meets the requirements • Provide training to new and existing agencies and new staff on eligibility, assessment and reassessment of 	<ul style="list-style-type: none"> • Develop and maintain client files that contain documentation of client's eligibility, including the following: <ul style="list-style-type: none"> ○ HIV/AIDS diagnosis ○ Low income (Note: for ADAP supplemental, low income is defined as not more than 200% of the Federal Poverty Level) ○ Uninsured or underinsured status (Insurance verification as proof) ○ Determination of eligibility and enrollment in other third party 	<p>RW Part B 2616 (b) (1-2)</p> <p>RW Part B 2617 (b) (7) (B)</p> <p>RW Part B/ADAP 2616 (b) (1-2)</p> <p>Funding Opportunity Announcement</p>

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	<p>documentation as required by the EMA, TGA or the State</p> <ul style="list-style-type: none"> • Eligibility and Determination and Enrollment forms for other third party payers such as Medicaid and Medicare • Eligibility policy and procedures on file • Documentation that all staff involved in eligibility determination has participated in required training • Subgrantee client data reports are consistent with eligibility requirements specified by funder. • Documentation of reassessment of client's eligibility status every six months • Training provided 	<p>clients</p> <ul style="list-style-type: none"> • Provide training to subgrantees on third party payment sources • Monitor the receipt and use of third party payments by subgrantees as an indication of the use of third party payers by subgrantees • Review data reports for accuracy • Use monthly, and quarterly progress reports to identify and address problems in the process of determining eligibility • Work with fiscal department to ensure eligible clients are receiving allowable services that are fundable with Ryan White 	<p>insurance programs including Medicaid and Medicare</p> <ul style="list-style-type: none"> ○ For underinsured, ineligibility for service ○ Proof of compliance with eligibility as defined by the EMA, TGA or State • Document that the process for establishing eligibility, assessment, and reassessment takes place within time frames established by the EMA, TGA or State • Document that all staff involved in eligibility determination have participated in required training • Subgrantee client data reports are consistent with eligibility requirements specified by funder, which demonstrates eligible clients are receiving allowable services [See Program Monitoring section for a list of allowable 	

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	by the Grantee/contractor to ensure understanding of the policy and procedures	dollars • Monitor client utilization and expenditure reports by subgrantee, by service category and by EMA, TGA or State	services.] •	
2. Eligibility policies that do not deem a veteran living with HIV ineligible for Ryan White services due to eligibility for Department of Veterans Affairs (VA) health care benefits	Documented evidence that the subgrantee's eligibility policies (written or verbal) do not consider VA health benefits as the veteran's primary insurance and deny access to Ryan White services citing "payer of last resort"	Ensure that those subgrantees funded to assess eligibility are aware of and are consistently implementing the veteran classification policy	Ensure that policies and procedures classify veterans receiving VA health benefits as uninsured, thus exempting these veterans from the "payer of last resort" requirement	HAB Policy Notice 04-01 Dr. Parham-Hopson Letter 8/04 HAB Policy Notice 07-07
Section C: Anti-Kickback Statute				
1. Demonstrated structured and ongoing efforts to avoid fraud, waste and abuse (mismanagement) in any federally funded program	<ul style="list-style-type: none"> • Employee Code of Ethics including: <ul style="list-style-type: none"> ○ Conflict of Interest ○ Prohibition on use of property, information or position without approval or to 	<ul style="list-style-type: none"> • Require by contract that subgrantees have: <ul style="list-style-type: none"> ○ Employee Code of Ethics ○ For Medicare and Medicaid subgrantees, a 	<ul style="list-style-type: none"> • Maintain and review file documentation of: <ul style="list-style-type: none"> ○ Corporate Compliance Plan (required by CMS if providing Medicare- or Medicaid-reimbursable services) 	42 USC 1320a 7b(b)

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	<ul style="list-style-type: none"> advance personal interest ○ Fair dealing – engaged in fair and open competition ○ Confidentiality ○ Protection and use of company assets ○ Compliance with laws, rules, and regulations ○ Timely and truthful disclosure of significant accounting deficiencies ○ Timely and truthful disclosure of non-compliance 	<ul style="list-style-type: none"> Corporate Compliance Plan ○ Bylaws and policies that include ethics standards or business conduct practices ● During site visits, verify compliance with contract anti-kickback conditions 	<ul style="list-style-type: none"> ○ Personnel Policies ○ Code of Ethics or Standards of Conduct ○ Bylaws and Board policies ○ File documentations of any employee or Board Member violation of the Code of Ethics or Standards of Conduct ○ Documentation of any complaint of violation of the Code of Ethics or Standards of Conduct and its resolution ● For not-for-profit contractors/grantee organizations, ensure documentation of subgrantee Bylaws, Board Code of Ethics, and business conduct practices 	
2. Prohibition of employees (as individuals or entities), from soliciting or	<ul style="list-style-type: none"> ● Any documentation required by the Compliance Plan or employee conduct standards that 	Maintain file documentation and do on-site assessment that cover:	<ul style="list-style-type: none"> ● Have adequate policies and procedures to discourage soliciting cash or in-kind payments for: 	42 USC 1320 7b(b)

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receiving payment in kind or cash for the purchase, lease, ordering, or recommending the purchase, lease, or ordering, of any goods, facility services, or items.	prohibits employees from receiving payments in kind or cash from suppliers and contractors of goods or services	<ul style="list-style-type: none"> • Contracts, MOU, agreements • Recruitment policies and procedures that discourage signing bonuses • Conflict of interest • Prohibition of exorbitant signing packages • Policies that discourage the use of two charge masters, one for self pay clients and a higher one for insurance companies. • Proof of employee background checks • Purchasing policies that discourage kickbacks and referral bonuses 	<ul style="list-style-type: none"> ○ Awarding contracts ○ Referring clients ○ Purchasing goods or services and/or ○ Submitting fraudulent billings • Have employee policies that discourage: <ul style="list-style-type: none"> ○ The hiring of persons who have a criminal record relating to or are currently being investigated for Medicaid/Medic fraud. ○ Large signing bonuses 	
Section D: Grantee Accountability				
1. Proper stewardship	Policies, procedures,	• Track and be able	• Meet contracted	45 CFR 74.21

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of all grant funds including compliance with programmatic requirements	<p>and contracts that require:</p> <ul style="list-style-type: none"> • Timely submission of detailed fiscal reports by funding source, with expenses allocated by service category • Timely submission of programmatic reports • Documentation of method used to track unobligated balances and carryover funds • A documented reallocation process • Report of total number of funded subgrantees • A-133 or single audit • Auditor management letter 	<p>to provide financial information to the federal government:</p> <ul style="list-style-type: none"> ○ By funding source (formula, supplemental, MAI, ADAP and ADAP Supplemental) ○ By allowable uses core, support, administration ○ By service categories (outpatient medical care, etc.) • Provide reports that include financial information as needed to meet federal requirements • Include in subgrantee 	<p>programmatic and fiscal requirements, including:</p> <ul style="list-style-type: none"> ○ Provide financial reports that specify expenditures by service category and use of Ryan White funds as specified by the grantee ○ Develop financial and subgrantee Policies and Procedures Manual that meet federal and Ryan White program requirements ○ Closely monitor any subcontractors ○ Commission an independent audit; for those meeting thresholds, an audit that meet A-133 requirements 	<p>45 CFR 92.20 2 CFR 215.200</p> <p>Funding Opportunity Announcement</p> <p>Part B Manual 2003 Section II 4</p>

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		<p>contracts clear and concise language that outlines programmatic and fiscal requirements, including requirements for:</p> <ul style="list-style-type: none"> ○ A programmatic and fiscal monitoring system that includes monthly and or quarterly timeframes for ensuring compliance ○ Reports that provide financial information as needed to enable grantee to meet federal requirements ○ An independent audit, which shall be an A-133 audit for those meeting 		

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		financial thresholds <ul style="list-style-type: none"> Review A-133 or other audits when submitted by subgrantees 		
2. Grantee accountability for the expenditure of funds it shares with lead agencies (usually health departments), subgrantees, and/or consortia	<ul style="list-style-type: none"> A copy of each contract Fiscal, program site visit reports and action plans Audit reports Documented reports that track funds by formula, supplemental, service categories Documented reports that track unobligated balance and carryover funds Documented reallocation process Report of total number of funded subgrantees Grantee A-133 or single audit conducted annually and made available to the state every two years Auditor 	<ul style="list-style-type: none"> Ensure timely submission to HRSA of fiscal and programmatic reports Include clear and concise contract language that outlines programmatic and fiscal requirements Develop a programmatic and fiscal monitoring system that includes monthly and or quarterly timeframes for ensuring compliance Review A-133 and other audits submitted by subgrantees Submission of subgrantee audit reports to the 	Establish and implement:: <ul style="list-style-type: none"> Fiscal and general policies and procedures that include compliance with federal and Ryan White programmatic requirements. Flexible fiscal reporting systems that allow the tracking of unobligated balances and carryover funds and detail service reporting of funding sources Timely submission of independent audits (A-133 audits if required) to grantee 	Part B Manual 2003 Section II Chapter 4 Part A Manual 2009 Section II (1)(D)

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	management letter	State every two years		
3. Business management systems that meet the requirements of the Office of Management and Budget code of federal regulations, programmatic expectations outlined in the grantee assurances and the Notice of Grant Award	<ul style="list-style-type: none"> • Review of subgrantee contracts • Fiscal and program site visit reports and action plans • Policies and Procedures that outline compliance with federal and Ryan White programmatic requirements • Independent audits • Auditor management letter 	<ul style="list-style-type: none"> • Comply with and require subgrantee compliance with the requirements in the following documents. • Ryan White Part A and B assurances • 45 CFR 74 or 45 CFR 92 or • 2 CFR 215 or 230 or 220 • HHS Grant Policy Statement (Terms and Conditions) • Notice of Award (NOA) Program conditions, terms and reporting requirements 	Ensure that the following are in place: documented policies and procedures and fiscal/programmatic reports that provide effective control over and accountability for all funds in accordance with federal and Ryan White programmatic requirements	2 CFR 215.17(b)3 OMB A-102 45 CFR 92.3
4. Responsibility for activities that are supported under the Ryan White Program as outlined by Office of Management and Budget, Code of Federal Regulations, HHS Grant Policy Statement (Terms	Desk audits of budgets, applications, yearly expenses, programmatic reports; audit reports or on-site review when assessing compliance with fiscal and programmatic requirements	<ul style="list-style-type: none"> • Develop monitoring systems to enforce and ensure compliance • Ensure that systems require the maintenance of documentation 	Ensure policies and procedures and flexible fiscal and programmatic systems that can meet compliance with federal and Ryan white programmatic requirements	2 CFR 215.17(b)3 OMB A-102 45 CFR 92.3 45 CFR 74.2

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and Conditions), Program Assurances, and Notice of Grant Award (NOA)		that supports proof of compliance <ul style="list-style-type: none"> • Include contract language that requires compliance with OMB, CFR, program assurances, Notice of Grant Award terms, and standards 		
Section E: Reporting				
1. Submission of standard reports as required in circulars as well as program-specific reports as outlined in the Notice of Grant Award See Appendix Tables for Report Due Dates: Parts A/MAI & B/MAI ADAP	Records that contain and adequately identify the source of information pertaining to: <ul style="list-style-type: none"> • Federal award revenue, expenses, obligations, unobligated balances, assets, outlays, program income, interest • Client level data • Aggregate data on services provided; clients served, client demographics, and 	<ul style="list-style-type: none"> • Assess financial and program performance of recipients (grantees, subgrantees/ subgrantees), who are required to submit the grantor standard report • Comply with HRSA/HAB/DSS annual instruction and formats for the Part A program reporting requirements 	Ensure: <ul style="list-style-type: none"> • Submission of timely subgrantee reports • File documentation or data containing analysis of required reports to determine accuracy and any reconciliation with existing financial or programmatic data. Example: Test program income final FFR with calendar year RDR. • Submission of periodic financial reports that document the 	Part A Manual 2009 Section VI (2) Part A Manual 2009 Section III 2-4 A-C Part B Manual 2003 Section III 1-4 45 CFR 74.50-51 45 CFR 92.40-41

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<p>Quarterly ADAP reports : Due the last day of the month following the end of the quarters, which are April-June, July-September, October-December, and January-March, since April 1 is the start date</p>	<p>selected financial information</p>	<ul style="list-style-type: none"> Obtain from subgrantees the information (data or reports) needed to meet Ryan White Part A, Part B, and ADAP reporting requirements 	<p>expenditure of Ryan White funds, positive and negative spending variances, and how funds have been reallocated to other line-items or service categories</p>	
<p>2. Federal Funding Accountability and Transparency Act of 2006 (FFATA)</p>				<p>Ryan White Program grants do not currently require FFATA reporting. In the future, applicants will be informed of the new requirements in the Funding Opportunity Announcements and legally informed of obligations in Notices of Award.</p>
<p>Section F: Monitoring</p>				
<p>1. Any grantee or subgrantee or individual receiving federal funding required to monitor for compliance with federal requirements and programmatic</p>	<p>Development and consistent implementation of policies and procedures that establish uniform administrative requirements</p>	<ul style="list-style-type: none"> Develop policies and procedures that establish uniform administrative requirements Document in subgrant 	<ul style="list-style-type: none"> Participate in and provide all material necessary to carry out monitoring activities. Monitor any service contractors for compliance with federal and 	<p>45 CFR 74.51 45 CFR 92.40 2 CFR 215.51</p> <p>Funding Opportunity Announcement</p> <p>Part B Manual 2003 Sec II Chapter 5</p>

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expectations	governing the monitoring of awards	agreements or service contracts the frequency, reports and expectations of monitoring activities	programmatic requirements	Part A Manual 2009 II 3 A-D
<p>2. Monitoring activities expected to include annual site visits of all Provider/Sub grantee.</p> <p>Note: Code of Federal Regulations (45 CFR 74.51; 92.40 and 215.51) states that the HHS awarding agency will prescribe the frequency of monitoring activities</p>	<p>Review of the following program monitoring documents and actions:</p> <ul style="list-style-type: none"> • Policies and procedures • Tools, protocols, or methodologies • Reports • Corrective site action plans • Progress on meeting goals of corrective action plans 	<ul style="list-style-type: none"> • Use a combination of several of the following to monitor program compliance: program reports, annual site visits, client satisfaction reviews, capacity development/ technical assistance, and chart or records reviews • Keep to a reasonable level the time and resources contractors must spend to meet their reporting obligations • Review the following program monitoring documents: 	<ul style="list-style-type: none"> • Establish policies and procedures to ensure compliance with federal and programmatic requirements • Submit auditable reports <p>Provide the grantee access to financial documentation</p>	<p>Part A Manual 2009 II 3 A</p> <p>45 CFR 74.51 45 CFR 92.40 2 CFR 215.51</p>

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		<ul style="list-style-type: none"> ○ Policies and procedures ○ Tool, protocol, or methodology ○ Reports ○ Corrective site action plan <p>Progress on meeting goals of corrective action plan</p>		
<p>3. Performance of fiscal monitoring activities to ensure that Ryan White funding being used for approved purposes</p>	<p>Review of the following fiscal monitoring documents and actions:</p> <ul style="list-style-type: none"> ● Fiscal monitoring policy and procedures ● Fiscal monitoring tool or protocol ● Fiscal monitoring reports ● Fiscal monitoring corrective action plans ● Compliance with goals of corrective action plans 	<ul style="list-style-type: none"> ● Have documented evidence of: <ul style="list-style-type: none"> ○ Fiscal monitoring activities ○ Records reviews ○ Supporting documentation of paid expenditures ○ An annual financial audit by a qualified independent accountant ● Have on file a copy of all subgrantee procurement documents including 	<p>Have documented evidence that federal funds have been used for allowable services and spent in accordance with Federal requirements and Ryan White expectations</p>	<p>Part A Manual 2009 Introduction 3 A-D</p> <p>Part B Manual 2003 Section II</p> <p>Funding Opportunity Announcement</p> <p>Inspector General 2004 OEI-02-01-00641</p>

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		subgrant agreements/ contracts, letters of agreements, MOUs, and fiscal, program and annual site visit reports <ul style="list-style-type: none"> • Report to HRSA as part of every application efforts to monitor subgrantees in accordance with these standards 		
4. Salary Limit: The, HRSA funds may not be used to pay the salary of an individual at a rate in excess of \$179,700. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to	<ul style="list-style-type: none"> • Identification and description of individual employee salary expenditures to ensure that salaries are within the HRSA Salary Limit. • Determine whether individual staff receives additional HRSA income through other subawards or subcontracts. 	<ul style="list-style-type: none"> • Monitor staff salaries to determine whether the salary limit is being exceeded. • Monitor prorated salaries to ensure that the salary when calculated at 100% does not exceed the HRSA Salary Limit. • Monitor staff salaries to determine that the salary limit is not exceeded when the aggregate 	<ul style="list-style-type: none"> • Monitor staff salaries to determine whether the salary limit is being exceeded. • Monitor prorated salaries to ensure that the salary when calculated at 100% does not exceed the HRSA Salary Limit. • Monitor staff salaries to determine that the salary limit is not exceeded when the aggregate salary funding from other federal sources including all parts of RW, BPHC, and 	Consolidated Appropriations Act, 2012, Division F, title II, Sec. 203, P.L. 112-74.

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subawards/subcontracts for substantive work under a HRSA grant or cooperative agreement.		salary funding from other HRSA sources including BPHC, MCHB and Ryan White funding (A, B, C, D and F) do not exceed the limitation. <ul style="list-style-type: none"> • Review payroll reports, payroll allocation journals and employee contracts. • Interview employees if payroll or income documentation is not available from the contractor or subcontractor provider. 	MCHB do not exceed the limitation. <ul style="list-style-type: none"> • Review payroll reports, payroll allocation journals and employee contracts. 	
5. Salary Limit Fringe Benefits: If an individual is under the salary cap limitation, fringe is applied as usual. If an individual is over the salary cap limitation, fringe is calculated on the adjusted base	Identification of individual employee fringe benefit allocation.	<ul style="list-style-type: none"> • Monitor to ensure that when an employee salary exceeds the salary limit, the fringe benefit contribution is limited to the percentage of the maximum allowable salary. 	<ul style="list-style-type: none"> • Monitor to ensure that when an employee salary exceeds the salary limit, the fringe benefit contribution is limited to the percentage of the maximum allowable salary. 	Consolidated Appropriations Act, 2012, Division F, title II, Sec. 203, P.L. 112-74.

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salary.				
<p>6. Corrective actions taken when subgrantee outcomes do not meet program objectives and grantee expectations, which may include:</p> <ul style="list-style-type: none"> • Improved oversight • Redistribution of funds • A "corrective action" letter • Sponsored technical assistance 	<ul style="list-style-type: none"> • Review corrective action plans • Review resolution of issues identified in corrective action plan • Policies that describe actions to be taken when issues are not resolved in a timely manner 	<ul style="list-style-type: none"> • Establish and implement monitoring policies that require a compliance report that lists in order of gravity the identified non-compliance activities, requires a corrective action plan, and establishes a time limit for response and implementation of measures that will bring subgrantee into compliance • Provide the awarding agency with monitoring reports, corrective action plans, and progress reports on the resolution of any findings of a monitoring report 	<p>Prepare and submit:</p> <ul style="list-style-type: none"> • Timely and detailed response to monitoring findings • Timely progress reports on implementation of corrective action plan 	<p>Part A Manual 2009 II. Introduction 3 A A-D</p> <p>Part B Manual 2003 Section II</p>
7. Federal Funding	*Ryan White Programs Part A			http://www.hrsa.gov/grants/ffata.html

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Accountability and Transparency Act Implementation (FFATA)	and Part B are not currently affected. They will, however, be subject to this requirement in the future. Please stay tuned for more information.			

Appendix 1

Table 1

Parts A/MAI & B/MAI Reports	Due Date
Revised Budget narrative	90 days after budget start period
Planned allocations A/MAI & B/MAI	90 days after budget start period
Implementation Plan	90 days after budget start period
List Providers and CRC	90 days after budget start period
Final FFR and Carryover Request	July 30 after end of budget period
WICY Report	120 days after end of budget period
Final Annual Progress Report	120 days after end of budget period
MAI Annual Report	120 days after end of budget period
Final Expenditures	150 days after end of budget period
Interim FFR (Part B Only)	150 days after start of budget period
Part B mid-year progress report	210 days after start of budget period
Calendar year RSR	March of following calendar year
MAI Final Expenditure Report	120 days after end of budget period

Table 2

ADAP Reporting	Due Date
Quarterly Report	Due 30 days after the end of each three month reporting period. Example dates: 7/29/20xx; 10/31/20xx; 1/31/20xx; 4/30/20xx