



LAS VEGAS TGA
PART A HIV/AIDS PROGRAM
CLARK | MOHAVE | NYE COUNTIES

Las Vegas TGA / Office of HIV Policies & Procedures

Applicable to Recipient, Subrecipients, & Contractors
Applicable to all Office of HIV Programs
Updated April 2025



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See also <https://lasvegastga.com/standards/> for:

- Universal Service Standards
- Category Specific Service Standards and corresponding Policies & Procedures
- Referral Policy



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Acceptable Use of Client Incentives	Effective Date: September 5, 2023
	Review/Revise Date: March 18, 2025
Applicable Regulations: 42 CFR 422.134, 2 CFR 200.423, 2 CFR part 200, subpart E, 2 CFR 200.334, Policy Clarification Notice 16-02, DHHS Program Letter (February 28, 2023)	
Policy Applies to: <input checked="" type="checkbox"/> Ryan White Part A & Minority AIDS Initiative <input checked="" type="checkbox"/> Recipient <input checked="" type="checkbox"/> Subrecipient <input checked="" type="checkbox"/> Contractor <input checked="" type="checkbox"/> Ending the HIV Epidemic <input checked="" type="checkbox"/> Status Neutral	
POLICY STATEMENT	
<p>Subrecipients may allocate grant funds to provide incentives to clients within certain Core Medical and Support Service Categories.</p> <p>This policy only pertains to incentive, which is defined as a reward that encourages or motivates a person to engage in a desired behavior.</p> <p>This policy does not pertain to regular service delivery that may be provided using gift cards or vouchers. For example, bus passes or gas cards provided to a client to attend HIV-related medical and support service appointments by a Medical Transportation program are not considered incentives and not subject to this policy. Refer to Las Vegas TGA Service Standards and Policies for individual Service Categories for further guidance.</p>	
PROCEDURE	
<p>The purpose of this administrative policy is to outline allowability of use and accepted processes by which subrecipients can provide incentives to eligible clients accessing services funded by the CCSS Office of HIV. For the purpose of this policy, incentives include vouchers, gift cards and tangible incentive items.</p> <p>Allowable Service Categories: The use of incentives is allowable under the following Ryan White/MAI Core Medical and Support Service categories:</p> <ul style="list-style-type: none">• Mental Health Services• Substance Abuse Services• Early Intervention Services (EIS)• Health Education/Risk Reduction (HERR)• Psychosocial Support Services <p>The use of incentives under the Ending the HIV Epidemic and Status Neutral programs may be allowable depending on the HRSA Notice of Funding Opportunity, Project Officer-approved activities and/or an agency's contract with Clark County.</p> <p>General Rules for Use of Incentives: An incentive program may include various types of incentives whose primary goal is aimed at supporting and encouraging clients' engagement in care and positive health outcomes.</p> <p>Incentives must:</p> <ul style="list-style-type: none">• Have a programmatic benefit and be consistent with the goal of the specified category for	



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which they will used. Examples include:

- A pre-paid phone card offered with the provision that the client is expected to “check in” with the subrecipient at least once a month.
- A blank book or notebook given to a client to journal thoughts and emotions.
- A pedometer given to a client to encourage walking or running for exercise.
- Not include items that are offered as services provided under other Core/Support Service Categories (examples: Medical Transportation and Food Bank/Home Delivered Meals);
- Must not exceed **\$25** in value for a single incentive;
- Not exceed [Federal Per Diem](#) Rates for a provided meal;
- Be redeemable only at specific retailers or retail chains or for a specific category of items or services;
- Be offered equitably to all eligible clients who perform the target activity;
- Not be offered in the form of cash, cash equivalents, or other monetary rebates. An item is classified as a cash equivalent if it:
 - Is convertible to cash (such as a check); or
 - Can be used like cash (such as a general-purpose prepaid debit or credit card).
- Not involve elements of chance (such as a lottery ticket);
- Not be able to be used for the purchase of alcohol, tobacco, illegal drugs or other illegal substances, or firearms; and
- Not be used for clothing or any other unallowable purpose listed in the Las Vegas TGA’s Unallowable Cost Policy and HRSA Policy Clarification Notice 16-02.
 - b. All use of funds for incentives are subject to review and written approval by the Recipient Office **prior** to their distribution.
 - c. Incentives cannot amount to more than 10% of a category budget.

Letter of Requesting Use of Incentives

Prior to expending funds for incentives, subrecipients of CCSS Office of HIV must submit a letter to the Office of HIV requesting approval for the use of grant funds for this purpose. The letter must include:

1. The service category under which the incentives will be used;
2. Type of incentive(s) (voucher/gift card/tangible item);
3. The programmatic purpose of the incentive and anticipated impact on the client’s HIV-related health outcomes;
4. The expected number of incentives to be acquired and cost per item;
5. A narrative justification for the incentive describing the type of incentive, and frequency for distribution.

Subrecipient Policy and Procedure

Subrecipients shall develop and implement policies and procedures regarding the use and distribution of incentives that include but are not limited to:

1. The criteria for determining who receives an incentive;
2. The general programmatic purpose of the incentive and anticipated impact on the client’s HIV-related health outcomes;
3. Frequency of distribution;
4. Systems in place for secure storage (i.e., lockbox or safe);



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5. Statements that ensure cash payments to clients are not permitted under any circumstances;
6. Statements that funds may not be used to purchase of items for anyone other than eligible clients (i.e. subrecipient staff);
7. Statements that incentives may not be used for the purchase unallowable items as listed in the Las Vegas TGA's Unallowable Cost Policy and HRSA Policy Clarification Notice 16-02, including, but not limited to, purchase of clothing, alcohol, tobacco, illegal drugs or other illegal substances, or firearms;
8. Individual recipients of gift card incentives must sign a statement acknowledging and agreeing to the purpose(s) and restrictions (unallowable costs) on the incentives; and
9. Process for tracking incentives which must include, at a minimum:
 - URN of individual receiving the incentive;
 - Date client received the incentive;
 - Type of incentive;
 - Number of incentives received;
 - Dollar value of each incentive; and
 - Signature of client.
10. A confidentiality and privacy statement that all information related to the incentive program, including clients' participation and reward history, shall be treated with strict confidentiality and in compliance with applicable federal, state, and local privacy laws.

Subrecipients should understand that the use of certain reward items may have potential Internal Revenue Service (IRS) tax implications for clients.



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Administrative Caps and Salary Limitations	Effective Date: March 1, 2013
	Review/Revise Date: April 4, 2025
Applicable Regulations: PHS Act § 2604(h); HAB PCNs 16-02, 15-01, and FAQs; RWHAP Part A Manual	
Policy Applies to: <input checked="" type="checkbox"/> Ryan White Part A & Minority AIDS Initiative <input checked="" type="checkbox"/> Recipient <input checked="" type="checkbox"/> Subrecipient <input checked="" type="checkbox"/> Contractor <input checked="" type="checkbox"/> Ending the HIV Epidemic <input checked="" type="checkbox"/> Status Neutral	
POLICY STATEMENT	
<p>Administrative Caps</p> <p>Administrative Caps Section 2604(h) of the PHS Act defines administrative activities for RWHAP Part A recipients and subrecipients and limits the amount RWHAP Part A recipients can spend on such costs. Administrative costs are capped at 10 percent and include indirect costs.</p> <p>Subrecipient administrative costs are capped at 10 percent in the aggregate. Per the RWHAP legislation, administrative costs relate to oversight and management of RWHAP funds and include items such as contracting, accounting, data reporting, PC/PB support, quality assurance, and subrecipient monitoring.</p> <p>Any costs associated with direct service delivery by the recipient or through subawards do not count toward the recipient administrative cap. PCN #15-01, Treatment of Costs under the 10 percent Administrative Cap for Ryan White HIV/AIDS Program Parts A, B, C, and D, provides additional guidance on what costs must be charged to administration and where there is flexibility on charging costs toward direct service. A recipient must determine the amounts necessary to cover its administrative and program support activities.</p> <p>In addition, PC/PB support costs are considered part of the recipient administrative budget and together are capped at 10 percent. The recipient also must ensure adequate funding for PC/PB-mandated functions within the administrative line item. PC support should cover reasonable and necessary costs associated with carrying out legislatively mandated functions.</p> <p>Salary Rate Limitation</p> <p>The Annual Appropriations Act provides a salary rate limitation. The law restricts the amount of salary that may be paid to an individual under an HHS grant, cooperative agreement, or applicable contract to a rate no greater than Executive Level II of the Federal Executive Pay Scale. Executive Level Pay Tables are available at https://www.opm.gov/policy-dataoversight/pay-leave/salaries-wages/.</p> <p>Recipients, subrecipients, and contractors must ensure that salaries paid with RWHAP grant funds do not exceed the current rate. RWHAP program income cannot be used to pay a salary rate in excess of the salary limitation. For additional information and examples of how to apply the salary limitation, see the HRSA SF424 Application Guide.</p>	
PROCEDURE	
Recipient and Subrecipients Salary Rate Limitations	



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Recipient and subrecipients shall:

- Monitor staff salaries to determine whether the salary rate limitation is being exceeded.
- Monitor prorated salaries to ensure that the salary, when calculated at one hundred percent, does not exceed the HRSA Salary Rate Limitation.
- Monitor staff salaries to determine that the salary rate limitation is not exceeded when the aggregate salary funding from other federal sources, including all parts of the RWHAP, does not exceed the limitation.
- Review payroll reports, payroll allocation journals, and employee contracts.
- Monitor to ensure that when an employee's salary exceeds the salary rate limitation, the fringe benefit contribution is limited to the percentage of the maximum allowable salary.

Recipient

Administrative Caps

Recipient staff shall:

- Clearly define administrative cost caps and allowable activities in RFPs, RFAs, contracts, provider agreements, MOUs/LOAs, and/or statements of work.
- Monitor subrecipient expenditures to ensure that:
- They meet the legislative definition of administrative activities.
- In the aggregate, they do not exceed 10 percent of service dollars.
- Identify and describe all expenses within the recipient budget that are categorized as administrative costs, and ensure that these expenses do not exceed 10 percent of the Part A grant awarded to providers for core medical and support services
- Review all subrecipient budgets to ensure compliance.

Salary Rate Limitations

Recipient staff shall:

- Monitor prorated salaries to ensure that the salary, when calculated at one hundred percent, does not exceed the Executive Level II rate.
- Monitor staff salaries to determine that the salary rate limitation is not exceeded when the aggregate salary funding from other U.S. Department of Health and Human Services (HHS) and HRSA sources, including the HRSA Bureau of Primary Health Care, Maternal and Child Health Bureau, and any other RWHAP funding (Parts A, B, C, D, and F) do not exceed the rate limitation.
- Review all subrecipient budgets to ensure compliance.
- Review payroll reports, payroll allocation journals, and employee contracts.
- Interview employees if payroll or income documentation is not available from the subrecipient.
- Monitor to ensure that when an employee's salary exceeds the salary rate limitation, the fringe benefit contribution is limited to the percentage of the maximum allowable salary.



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Annual Deliverables	Effective Date: October 1, 2022
	Review/Revise Date: April 8, 2025
Applicable Regulations: Contract/interlocal agreement with Clark County	
Policy Applies to: <input checked="" type="checkbox"/> Ryan White Part A & Minority AIDS Initiative <input type="checkbox"/> Recipient <input checked="" type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor <input checked="" type="checkbox"/> Ending the HIV Epidemic <input checked="" type="checkbox"/> Status Neutral	
POLICY STATEMENT	
Subrecipients are required to submit documents referred to as deliverables as part of grant and contractual compliance.	
PROCEDURE	
Subrecipients shall submit deliverables annually within 45 days of request from the recipient's office, including but not limited to: <ul style="list-style-type: none">• Unique Entity Identifier (UEI)• SAM Registration• List of Board Members• Annual Fiscal Funding Summary• Annual Risk Assessment• Annual, updated CLAS Standard Assessment and Action Plan• Most Current Financial OMB 133 Financial Audit• Medicare/Medicaid Certification Numbers• Proof of Insurance for County-owned vehicles• Inventory Purchased with Ryan White Grant Funds• IRS 501(c)3 Exempt Organization Affirmation Letter• Federally Negotiated Indirect Cost Rate Agreement• Certificate Workers' Compensation Coverage• Certificate of Liability Insurance	



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Anti-Kickback Policies	Effective Date: March 1, 2013
	Review/Revise Date: March 18, 2025
Applicable Regulations: Anti-Kickback Statute [42 U.S.C. § 1320a-7b(b)]	
Policy Applies to: <input checked="" type="checkbox"/> Ryan White Part A & Minority AIDS Initiative <input type="checkbox"/> Recipient <input checked="" type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor <input checked="" type="checkbox"/> Ending the HIV Epidemic <input checked="" type="checkbox"/> Status Neutral	
POLICY STATEMENT	
<p>All subrecipients, to ensure compliance with the federally required Anti-Kick Back Statute, must adhere/demonstrate compliance to the following policies:</p> <ol style="list-style-type: none"> 1. Demonstrated structured and ongoing efforts to avoid fraud, waste and abuse (mismanagement) in any federally funded program 2. Prohibition of employees (as individuals or entities) from soliciting or receiving remuneration for inducing referrals of items or services covered by Medicare, Medicaid, or any other federally funded program 3. Prohibition of employees (as individuals or entities), from soliciting or 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. 4. Requirement that entities providing Medicaid/Medicare billable services have a Compliance Plan/employee standard of conduct that distinguishes and describes conduct that merits agency penalties from conduct that represent a possible felony 5. Requirement that any Compliance Plan and/or employee standard of conduct describe conduct that merits exemption from anti-kickback regulations (safe-harbors) 	
PROCEDURE	
<p>To ensure compliance with the Anti-Kickback Statute, all subrecipients must develop, implement and adhere to the following procedures:</p> <ul style="list-style-type: none"> • Employee Code of Ethics including: <ul style="list-style-type: none"> ○ Conflict of interest ○ Prohibition on use of agency property, information, or position without approval or to 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 or significant accounting deficiencies ○ Timely and truthful disclosure of non-compliance • For Medicare/Medicaid providers, a Corporate Compliance Plan (required by HCFA) that provides for: <ul style="list-style-type: none"> ○ Compliance officer ○ Compliance committee ○ Formal training programs ○ Effective lines of communication to report suspected non-compliance ○ Auditing (breaks in internal controls) ○ Corrective action plans 	



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- Instance and format to report non-compliance to Medicare and Medicaid anti-kickback regulation
- Nonprofit agency Bylaws or Board policies that include standards of conduct for members, including:
 - Conflict of interest
 - No use of agency assets for personal use
- Procedures for open door communication
- Contracts that discourage agency payments for service referral
- Provider recruitment practices that prohibit exorbitant signing bonuses
- Audit findings on internal controls
- Procurement policies with conflict-of-interest clauses
- Prohibition of higher charges for Medicare/Medicaid services
- Key employee background checks
- Any other documentation required by the Compliance Plan or employee conduct standards
- Compliance Plan and/or employee standard of conduct and/or not for profit agency bylaws that detail types of conduct that merit agency penalties versus types of conduct that are possible felonies that require:
 - Timely and truthful disclosure of non-compliance to federal agency
 - If convicted, a fine of not more than \$25,000 or imprisoned for not more than five years, or both

Information is found in the compliance plan/employee standards of conduct that describes practices that are exempt from prosecution; included are:

- Some investments in ambulatory surgical centers
- Agencies in under-served areas that:
 - Enter into Joint Ventures
 - Have practitioner recruitment plans
 - Sell physician practices to hospitals
 - Give subsidies for obstetrical malpractice insurance
 - Have specialty referral arrangements between providers
 - Cooperative agreements with 501 (e) hospitals



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Corrective Action Plans	Effective Date: April 1, 2025
	Review/Revise Date:
Applicable Regulations: Contract/interlocal agreement with Clark County	
Policy Applies to: <input checked="" type="checkbox"/> Ryan White Part A & Minority AIDS Initiative <input type="checkbox"/> Recipient <input checked="" type="checkbox"/> Subrecipient <input checked="" type="checkbox"/> Contractor <input checked="" type="checkbox"/> Ending the HIV Epidemic <input checked="" type="checkbox"/> Status Neutral	
POLICY STATEMENT	
A Corrective Action Plan (CAP) will be submitted for all deficiencies as identified and recommendations issued as a result of a monitoring and/or investigative site visit. An additional CAP may be required for recurring citations by subrecipients who have recurring citations and must submit a CAP describing the action they will take to address recurring problems cited.	
PROCEDURE	
<ol style="list-style-type: none"> Subrecipients will have thirty (30) calendar days from the date on the Site Visit Report to submit a completed Corrective Action Plan to the Ryan White Grant Administrator. The plan must minimally include: <ul style="list-style-type: none"> The cause of the citation Language which specifies the actions to be taken to address each citation A reasonable timeframe for completion of the CAP The recipient's office will provide the agency with a written notice of approval or denial of the CAP within five (5) business days of receipt of the plan of corrective action. If the plan is approved, the recipient's office will schedule a follow-up visit in approximately 60 calendar days after approval to review the progress and/or implementation of the plan. The agency will be notified at least two business days prior to the visit. If the plan is not approved, the recipient's office will return the CAP to the subrecipient with comments and recommendations. The subrecipient will have five (5) business days to re-submit a revised plan. Once the plan is approved, a follow-up site visit will be scheduled as described above. If a plan is not received, the recipient's office will send one written reminder. The subrecipients office will be given five calendar days to submit the plan. If an appropriate plan is not received, the Recipients office will schedule a meeting with the subrecipient to develop the plan. The follow-up visit will be scheduled, and the review will be based on the plan developed. Because services are monitored in the year following the delivery service, an agency may no longer be under contract but may be required to participate in an on-site monitoring visit. The process outlined above will still be in effect for those agencies. 	



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Debarment & Suspension	Effective Date: March 1, 2013
	Review/Revise Date: April 4, 2025
Applicable Regulations: Executive Order 12549, 13 CFR 400.109	
Policy Applies to: <input checked="" type="checkbox"/> Ryan White Part A & Minority AIDS Initiative <input checked="" type="checkbox"/> Recipient <input checked="" type="checkbox"/> Subrecipient <input checked="" type="checkbox"/> Contractor <input checked="" type="checkbox"/> Ending the HIV Epidemic <input checked="" type="checkbox"/> Status Neutral	
POLICY STATEMENT	
Federal agencies shall not award assistance to applicants that are debarred or suspended, or otherwise excluded from or ineligible for participation in Federal assistance programs. The recipient's office shall establish procedures for the effective use of the List of Parties Excluded from Federal Procurement or Nonprocurement programs to ensure that they do not award assistance to listed parties. Agencies shall also establish procedures to provide for effective use and/or dissemination of the list to assure that the recipient, subrecipients, and contractors at any tier do not make awards in violation of the nonprocurement debarment and suspension common rule.	
PROCEDURE	
To ensure that no federal funds are contracted to, provided to, or paid to entities that are debarred or suspended by the federal government, the recipient and its contracted service providers must develop and implement policies that do the following: <ol style="list-style-type: none">1. Provide an assurance that no entities or agencies are debarred or suspended in the eyes of the federal government,2. Provide documentation those entities that may/will receive federal funds that equal or exceed \$25,000, have been reviewed to ensure they are not debarred or suspended. To ensure this requirement has been met, the following activities will be required to occur at a minimum annually (recipient level) or immediately when a subcontracted entity may receive funds equal to or exceeding \$25,000 (contracted provider level): <ol style="list-style-type: none">1. All agencies to receive federal funds equal to, or exceeding, \$25,000 will be checked against the Debarred and Suspended List. The Excluded Parties List System (EPLS) can be accessed at https://www.sams.gov/.2. Documentation of the review of entities against the EPLS shall be maintained in recipient/provider files for review during site visits by the administrative agent. (Documentation of the review can be fulfilled by printing and maintaining on file a screen shot of the search results from the EPLS system.)	



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Grievance Policy	Effective Date: February 14, 2013
	Review/Revise Date: April 8, 2025
Applicable Regulations:	
Policy Applies to: <input checked="" type="checkbox"/> Ryan White Part A & Minority AIDS Initiative <input type="checkbox"/> Recipient <input checked="" type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor <input checked="" type="checkbox"/> Ending the HIV Epidemic <input checked="" type="checkbox"/> Status Neutral	
POLICY STATEMENT	
<p>Grievance means an oral or written communication, submitted by a client or by their representative, which addresses issues with any aspect of a subrecipient's operations, activities, or behavior that pertains to the availability, delivery, or quality of care, including utilization review decisions, that are believed to be adverse by the client. The expression may be in whatever form of communication or language that is used by the client or their representative but must state the reason for the dissatisfaction and the client's desired resolution.</p> <p>The subrecipient is the first point of access for all grievances and is responsible for responding, investigating, and attempting to resolve the client's grievance before the client or subrecipient refers the grievance to a funder or governing entity.</p> <p>No retaliatory actions will be taken against any client or client representative filing a grievance. The client shall be assured that information pertaining to the grievance issue is kept confidential except to the extent that sharing of such information between the recipient and the subrecipient and other persons authorized by the client, is necessary to resolve the issue.</p>	
PROCEDURE	
<p>Subrecipients shall develop and implement an agency-wide grievance policy that clearly explains all of the following, at minimum:</p> <ul style="list-style-type: none">• The definition of a grievance• How a person may submit a grievance• The steps the subrecipient will take to address a grievance• The appeal process• The definition of retaliation• What the subrecipient does to prevent retaliation after a person submits a grievance• How the subrecipient addresses any retaliation that may occur• The entity the person may contact when the grievance is not resolved at the agency level (Note: this will be dependent on the agency's funding sources, for example The City of Las Vegas, SAPTA, Clark County)• That the subrecipient is the first point of access for all grievances and is responsible for responding, investigating, and attempting to resolve the client's grievance before the client or subrecipient refers the grievance to a funder or governing entity• Aligns with the Nevada Ryan White Parts ABCD Common Guidance Document 17-06, Grievance Protocol Guidance https://endhivnevada.org/wp-content/uploads/2025/04/17-06-Grievance-Protocol-Guidance.pdf <p>Subrecipients shall ensure:</p>	



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- The grievance policy and forms are available in English and Spanish
- Each client served is aware of and understands the grievance policy
- That at each location where funded services are provided:
 - The grievance policy and procedure are posted in plain sight.
 - Grievance forms are always available in an area clients can access without needing staff permission.
 - There is a locked suggestion box easily accessible to clients to submit input, including grievances. This box must be checked by subrecipient at least weekly to ensure timely response.

Subrecipients shall supply a client or their representative with any of the following, upon client's request:

- A blank agency grievance form
- A copy of their completed agency grievance form
- A pre-addressed and pre-stamped envelope addressed to the subrecipient's Executive Director
- A pre-addressed and pre-stamped envelope addressed to Clark County's HRSA Grants Project Director at the Office of HIV

Grievances are one source of information to evaluate the quality of access, service, or clinical care. Thus, each subrecipient shall submit a completed Grievance Log to the recipient's office on a quarterly basis with the agency's quarterly report. Logs will be tracked and trended by the recipient's office for quality improvement purposes.

Subrecipients shall record each oral and written grievance on the Grievance Log.

- If a grievance covers more than one category, subrecipients shall record the grievance in the predominant category.
- For each grievance listed on the log, documentation must also be submitted to include, at minimum:
 - Copy of written grievance or transcript of oral grievance
 - Records of analysis, investigation, and resolution of the grievance
 - Copy of written notification to the client of the disposition of the grievance and the way to appeal the outcome of the grievance, including contact information of the recipient's office, if grievance was not resolved to the client's satisfaction.



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Imposition of Charges	Effective Date: March 1, 2013
	Review/Revise Date: April 8, 2025
Applicable Regulations: Section 2605(e) of the PHS Act	
Policy Applies to: <input checked="" type="checkbox"/> Ryan White Part A & Minority AIDS Initiative <input checked="" type="checkbox"/> Recipient <input checked="" type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor <input type="checkbox"/> Ending the HIV Epidemic <input type="checkbox"/> Status Neutral	
POLICY STATEMENT	
<p>Imposition of charges is a term used to describe all activities, policies, and procedures related to assessing RWHAP client charges as outlined by legislation. RWHAP Part A recipients and subrecipients must impose a charge for billable services provided to RWHAP-eligible clients with individual annual gross incomes above 100 percent of the federal poverty level (FPL). Imposition of charges is based on income of the individual, not on total household income or family income. No charges are to be imposed on clients with individual annual gross incomes at or below 100 percent of the FPL. The legislation requires imposing a charge for clients whose incomes are greater than the FPL, and it sets limits for annual charges. Further, there is a prohibition on the denial of services due to a client's inability to pay.</p> <p>The recipient and its subrecipients are required to have a publicly available schedule of charges. A schedule of charges are fees imposed on the client for services based on the individual's annual gross income. RWHAP clients with income at or below 100 percent of the FPL may not be assessed a charge. However, clients with income above 100 percent of the FPL must be assessed a charge. The charge may take the form of a flat rate or a varying rate (e.g., sliding fee scale or nominal charge). A schedule of charges applies to uninsured clients only, as insurance companies are billed the full price (fee schedule) for insured RWHAP clients. For those recipients with no billable services, a policy must be in place to monitor subrecipients' implementation of imposition of charges requirements.</p> <p>The RWHAP legislation establishes limitations on amounts of annual aggregate charges (i.e., caps on charges) in a calendar year for RWHAP services imposed on clients, which are based on the percent of a client's annual individual gross income, as follows:</p> <ul style="list-style-type: none">• 5 percent for clients with individual annual gross incomes between 101 percent and 200 percent of the FPL;• 7 percent for clients with individual annual gross incomes between 201 percent and 300 percent of the FPL; and• 10 percent for clients with individual annual gross incomes greater than 300 percent of the FPL. <p>In addition, the legislation explicitly defines and includes as part of "cumulative charges" the charges for HIV-related services performed by providers other than the recipient or its subrecipients. That is, the cap on charges to clients applies to any charges made to clients for all HIV services performed by RWHAP providers as well as any out-of-pocket costs, such as enrollment fees, premiums, deductibles, cost sharing, co-payments, and coinsurance. Unlike</p>	



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the schedule of charges, cap on charges applies to all RWHAP clients, regardless of income or healthcare coverage.

Recipients and subrecipients must have a written policy for imposition of charges. The policy should include:

- Publicly available schedule of charges that is based on a nominal fee or a varying rate (e.g., sliding fee scale). Client placement on the schedule of charges must be based on the client's individual annual gross income, although client eligibility for RWHAP services may be based on family income, if that is the policy of the recipient. Schedule of charges indicates clients with individual annual gross incomes less than or equal to 100 percent of the FPL are not charged for RWHAP services;
- Process to capture documentation of the RWHAP client's annual gross income needed to determine placement on the schedule of charges and annual cap on charges;
- Process to track imposed charge by the provider and payments received from clients, including out-of-pockets costs;
- Process to assess, document, and track charges imposed by other RWHAP providers toward a client's cap on charges; and
- Process to ensure charges for RWHAP services cease when a client has reached the annual cap on charges based on their annual individual gross income.

The policy must align with all RWHAP Part A requirements. HRSA HAB considers it a best practice to align such policies within an RWHAP Part A jurisdiction across the RWHAP Parts, if possible.

Staff should be familiar with and trained on the policy to ensure consistency of implementation.

Recipients and subrecipients should incorporate the policy in all provider agreements (e.g., subawards, contracts, fee for service agreements, and other legal agreements).

Recipients and subrecipients should develop materials about the imposition of charges policy for clients including tools (e.g., worksheets, business reply envelopes, etc.) to inform them of their role in the imposition of charges (e.g., tracking charges across all RWHAP providers and other out-of-pocket costs).

PROCEDURE

To ensure compliance with federal requirements related to the imposition and assessment of charges to clients for services provided under the Ryan White Part A authorizing language, every Ryan White Part A funded subrecipient must develop and implement:

1. Policies and procedures that:
 - a) Specify charges to clients for services, which may include a documented decision to impose only a nominal charge
 - b) Ensure no charges imposed on clients with incomes below 100% of the Federal Poverty Level (FPL)
 - c) Specify charges to clients with incomes greater than 100% of poverty that are based on a discounted fee schedule and a sliding fee scale. Cap on total annual charges for Ryan White services based on percent of client's annual income as follows:
 - 5% for clients with incomes between 100% and 200% of FPL
 - 7% for clients with incomes between 200% and 300% of FPL



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- 10% for clients with incomes greater than 300% of FPL
 - d) Specify how clients can apply for sliding fee scale
 - e) Specify how client charges are made and received
- 2. A system to track/record charges, payments, and adjustments
- 3. A process to review charges and payments to ensure that charges are discontinued once the client has reached his/her annual cap



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Maintenance of Effort (MOE)	Effective Date: March 1, 2013
	Review/Revise Date: March 18, 2025
Applicable Regulations: PHS Act § 2605(a)(1) RWHAP Part A Manual	
Policy Applies to: <input checked="" type="checkbox"/> Ryan White Part A & Minority AIDS Initiative <input checked="" type="checkbox"/> Recipient <input type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor <input type="checkbox"/> Ending the HIV Epidemic <input type="checkbox"/> Status Neutral	
POLICY STATEMENT	
<p>RWHAP Part A recipients are to maintain, as a condition of award, EMA/TGA expenditures for HIV-related core medical and support services at a level equal to the fiscal year preceding the fiscal year for which the recipient is applying to receive an RWHAP Part A grant. RWHAP Part A recipients must document that they will meet the Maintenance of Effort (MOE) requirement annually. Recipients attest to their compliance with this requirement by signing agreements and compliance assurances in either the RWHAP Part A competitive application or NCC Progress Report.</p> <p>To demonstrate compliance with the MOE provision, EMAs/TGAs must maintain adequate systems for consistently tracking and reporting on HIV-related expenditure data for core medical and support services from year-to-year. The system must define the methodology used, be written and auditable, and ensure that federal funds do not supplant EMA/TGA spending but instead expand and enhance such activities.</p> <p>In order to receive an RWHAP Part A award, EMAs/TGAs must comply with MOE requirements, which include submission of the following documents with the RWHAP Part A application and NCC Progress Report: Signed assurance that MOE has been maintained; identification of the baseline aggregate non-federal EMA/TGA political subdivision expenditures for HIV-related core medical and support services for the recipient's most recently completed fiscal year prior to the new application deadline; estimate for the next fiscal year; and description of the process, methodology, and elements used to determine the amount of expenditures in the MOE calculations</p>	
PROCEDURE	
<p>The process by which the Recipient's Office identifies and tracks MOE from is as follows:</p> <ol style="list-style-type: none"> 1. University Medical Center (UMC) is the entity in the Las Vegas TGA that provides services to people with HIV using local funds. 2. UMC is contacted annually in writing to provide maintenance of effort data no less than 30 days from the date MOE information is due to HRSA. 3. The written contact includes: a sample report detailing the applicable service categories as defined by HRSA, a column for the specific governmental budget line-item expenditures or cost, and a column for each applicable fiscal year. Requirements for the line item back up include dollar amount and the formula for calculating the Maintenance of Effort. This method ensures consistency from year to year. 4. The Recipient's Office provides MOE information to HRSA on annual basis through the Ryan White Part A grant application or the non-competing continuation application. 	



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Monitoring Appeals	Effective Date: April 1, 2025
	Review/Revise Date:
Applicable Regulations: Contract/interlocal agreement with Clark County	
Policy Applies to: <input checked="" type="checkbox"/> Ryan White Part A & Minority AIDS Initiative <input type="checkbox"/> Recipient <input checked="" type="checkbox"/> Subrecipient <input checked="" type="checkbox"/> Contractor <input checked="" type="checkbox"/> Ending the HIV Epidemic <input checked="" type="checkbox"/> Status Neutral	
POLICY STATEMENT	
<p>This policy outlines the process for subrecipients to appeal findings or corrective actions resulting from the annual site review conducted by the Office of HIV Ryan White Recipients Office. A subrecipient may appeal a finding(s) based on one (or more) of the following:</p> <ul style="list-style-type: none">• Errors in the review process;• Misinterpretation of compliance requirements;• New evidence that was not available during the review.	
PROCEDURE	
<p>1. Appeal Submission: Appeals must be submitted to the recipients office within 30 days of receipt of final review and findings. Appeals must be in written form (including email). The appeal should include:</p> <ul style="list-style-type: none">• A detailed explanation of the disagreement.• Supporting documentation or evidence.• A request for reconsideration. <p>2. Review and Resolution: The appeal will be reviewed by the recipient's office to assess the appeal. The review process may involve additional documentation requests and/or interviews.</p> <ul style="list-style-type: none">• A final decision will be provided to the subrecipient within 10 days of receipt of request. <p>3. Final Decision: The decision of the appeals panel is final.</p> <ul style="list-style-type: none">• If the appeal is upheld, corrective actions may be revised or removed.• If the appeal is denied, the original findings remain, and compliance measures must be implemented.	



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Payor of Last Resort	Effective Date: June 19, 2020
	Review/Revise Date: April 11, 2025
Applicable Regulations: Sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1) and 2671(i) of the Public Health Service (PHS) Act, and Section 300ff-27(b)(7)(F) of Title 42 under the US Code	
Policy Applies to: <input checked="" type="checkbox"/> Ryan White Part A & Minority AIDS Initiative <input checked="" type="checkbox"/> Recipient <input checked="" type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor <input checked="" type="checkbox"/> Ending the HIV Epidemic <input type="checkbox"/> Status Neutral	
POLICY STATEMENT	
<p>By statute, the RWHAP funds may not be used for any item or service “for which payment has been made or can reasonably be expected to be made” by another payment source. Additionally, DD300ff-15(a)(1)(A) states that all funds received under the grant are added to “to supplement not supplant State funds” to provide HIV related services. Which means Federal statutes require that any eligible services to a Medicaid eligible Ryan White client must be billed to Medicaid rather than Ryan White. Likewise, all services an eligible Ryan White client receive that is covered by their existing insurance coverage, benefits/assistance program must be billed to that other payer.</p> <p>At the individual client level, this means that recipients must assure that funded providers make reasonable efforts to secure non-RWHAP funds whenever possible for services to individual clients. Consistent with past communication from HRSA/HAB, recipients and their contractors are expected to vigorously pursue Medicaid enrollment as well as other funding sources (e.g., Medicaid, CHIP, Medicare, state-funded HIV/AIDS Programs, employer-sponsored health insurance coverage, and/or other private health insurances, etc.) to extend finite RWHAP resources to clients, and that such eligibility is consistently assessed and enrollment pursued. These requirements reflect the condition that Ryan White funding will be the last resource used to pay for HIV related services, making the funding the payor of last resort. The service contractor/provider assumes the financial risk for providing series for which other sources of funding could reasonably have been anticipated or determined.</p>	
PROCEDURE	
<p>Subrecipients must ensure that eligible individuals are referred, encouraged and assisted in enrolling in other private and public, service programs and that RWHAP funds are not used to pay for any costs covered by other programs in which the individual is enrolled. To do so, the subrecipient/provider must:</p> <ul style="list-style-type: none"> • All subrecipients must create a written policy and procedure in place addressing screening requirements: <ul style="list-style-type: none"> ○ To ensure that client(s) with other payor coverage access that coverage before Ryan White resources are used. ○ To retroactively bill other payer sources for covered services. If a client become eligible for other payment sources, the provider must retroactively bill for services within ninety days of service date. • Subrecipients with the authority to conduct eligibility determination are responsible at time of eligibility and/or reassessment to screen clients for eligibility to receive services through other programs (e.g., Medicaid, Medicare, VA benefits, private health insurance) 	



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and perform insurance verification to ensure that every effort to identify primary payer verifications has been made.

- Subrecipients must coordinate with all Ryan White Program Parts (Parts A, B, C, D and F) when similar services are provided. This is essential in avoiding duplication of providing services or payments.
- Clients must be referred to apply for other qualifying coverage when Open Enrollment periods occur, when a qualifying event occur, or when they otherwise come eligible for coverage.
- RWHAP staff make final determination of a client's eligibility if such determination is in question and has the right to request further income and health coverage plan documentation at any time.
- RWHAP will assess sub-recipient's compliance with payer of last resort requirements during annual sub-recipient site visits.
- The provider further certifies that any and all revenue recovered as a result of Ryan White services provided will be reported as Program Income and any Program Income funds recovered through Medicaid or other payor sources will be used within the agency to expand HIV services. The Contractor shall request approval in writing of its proposed use of these Program Income funds. No such revenue shall be allocated without the written endorsement of the Ryan White Program.

GUIDANCE:

The guidance and policies set forth herein apply to all subrecipient agencies and providers. Subrecipients are expected to exhaust mandatory Medicaid dollars before utilizing discretionary Ryan White Program Funds.

- Clients may continue to access Ryan White services while other coverage applications are pending, or during periods of time outside of Open Enrollment without a qualifying event.
- If a client is enrolled in private or public health coverage program (including Medicaid, Medicare, health insurance) then they are only eligible for RW Part services that are not covered or only partially covered by the coverage.
- Collect income, health insurance and other public benefits information during client intake, annual reassessment and/or at 6-month self-attestation to determine eligibility for services as well as payer status.
- Non-medical/medical case managers will assist client(s) in applying for health insurance and other public benefits.
- Insurance coverage must be verified at minimum every 6 months.
- Client(s) with Medicaid or SNAP (Supplemental Nutrition Assistance Program) service are not eligible for Transportation or Food Vouchers, unless a hardship can be demonstrated.
- Clients who refuse to apply for Medicaid or private insurance in the health coverage marketplace may be deemed ineligible to receive Ryan White services.
- Clients who falsify income, insurance coverage or public benefits information may lose their eligibility status.
- If a client becomes retroactively eligible for Medicaid for services provided within the last 90 days agencies must bill Medicaid for those services.
- Ryan White Program subrecipients who provide Medicaid covered services must be Medicaid certified.



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- Ryan White Program subrecipients are expected to vigorously pursue Medicaid enrollment for individuals who are eligible for Medicaid coverage.
- Ryan White Program subrecipients must seek payment from Medicaid when they provide a Medicaid covered service or a Medicaid beneficiary.
- Ryan White Program subrecipients must back bill Medicaid for any Ryan White funded service provided to Medicaid eligible clients once Medicaid eligibility is determined.

REQUIRED DOCUMENTATION:

All billed services must have supporting documentation. Documentation of retroactive billing must be uploaded into CAREware.

- Document client eligibility.
- When an agency is able to bill for Medicaid, they should monitor their ability to bill Medicaid before billing Ryan White.
- If a client becomes retroactively eligible for Medicaid for services provided within the last 90 days, agencies must bill Medicaid for those services and documentation for these services is to be reflected in CAREWare case notes.
- If providing a Medicaid compensable service, the Provider must obtain a Medicaid number and must maintain documentation of Medicaid certification.
- Sub-recipients must document actions taken to identify and assess client's third-party coverage according to agency record keeping protocols.
- Documentation must be available for review by Ryan White upon request.
- Providers must complete the insurance assessment in the Benefits tab in CAREWare.

PROCESSING TIMEFRAME:

- All case management services provided to clients are required to be documented within 5 days of service delivery.
- Billing for any service provided must be submitted by the 15th of each month, for services provided in the previous month.

EXCEPTIONS:

There are exceptions in the payer of last resort requirement for veterans and for PLWH eligible for Indian health Services (HIS). (Refer to *RWPB SS16-11: Payer of Last Resort Exemptions*, *PCN 16-01: Clarifications on Ryan White Program (RWHAP) Policy on Services Provided to Veterans*, and *PCN 07-01: Us of Funds for American Indians and Alaska Native and Indian Health Service programs*)



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Program Income	Effective Date: March 1, 2013
	Review/Revise Date: April 14, 2025
Applicable Regulations: Policy Clarification Notice 15-03, Policy Clarification Notice 15-04, Frequently Asked Questions-PCNs 15-03 and 15-04, 45 CFR § 75.307(f)	
Policy Applies to: <input checked="" type="checkbox"/> Ryan White Part A & Minority AIDS Initiative <input checked="" type="checkbox"/> Recipient <input checked="" type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor <input checked="" type="checkbox"/> Ending the HIV Epidemic <input type="checkbox"/> Status Neutral	
POLICY STATEMENT	
<p>Program income means gross income earned by the non-Federal entity that is directly generated by a supported activity or earned as a result of the Federal award during the period of performance except as provided on 45 CFR § 75.307(f). Program income includes but is not limited to income from fees for services performed, the use or rental of real or personal property acquired under Federal awards, the sale of commodities or items fabricated under a Federal award, license fees and royalties on patents and copyrights, and principal and interest on loans made with Federal award funds. Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulation, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them. 340B generated revenue IS considered program income.</p> <p>All gross income earned by a subrecipient that is directly generated by a Federal grant-funded (Ryan White Part A, Minority AIDS Initiative, or Ending the HIV Epidemic) activity or earned as a result of a Federal grant-funded activity will be monitored and tracked for identity of the source, amount earned and expenditures of the income.</p> <p>The acceptable use of program incomes is considered additive, meaning program income must be used for the purposes for which the award was made, and may only be used for allowable costs under the award. Allowable costs are limited to core medical and support services, clinical quality management, and administrative expenses (including planning and evaluation) as part of a comprehensive system of care for low-income individuals living with HIV.</p> <p>Program income may be utilized for elements of the program that are otherwise limited by statutory provisions, such as administrative and clinical quality management activities that might exceed statutory caps, or unique services that are needed to maintain a comprehensive program approach but that would still be considered allowable under the award.</p>	
PROCEDURE	
<p>Recipient: The recipient's office does not receive program income. In the event that program income is received, it will be tracked effectively and reported on the Federal Financial Report.</p> <p>Subrecipient: Subrecipients must:</p> <ul style="list-style-type: none">• Establish and maintain a working knowledge of Policy Clarification Notices 15-03 and 15-04 as well as the corresponding Frequently Asked Questions https://ryanwhite.hrsa.gov/program-letters/policy-notice;	



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- Develop and implement written policies, procedures, and practices related to program income that facilitate compliance with Policy Clarification Notices 15-03 and 15-04 as well as the corresponding Frequently Asked Questions;
- Submit complete, accurate reports to the recipient's office as described in this procedure; and
- Maintain records of program income that can be accessed and viewed at a site visit.

Subrecipients are required to provide the following to the recipient's office:

1. Program Income Expected Budget

The subrecipient shall submit this to recipient's office when Annual Budgets (are due. This is an estimate only, of the sources and amounts that subrecipient may receive.

2. Program Income Quarterly Report

The subrecipient shall submit this to the recipient's office by the due dates indicated below, which shall include actual amounts of program income earned during the reporting period and:

- Sources of program income;
- The amount of program income received from each source;
- Amount of program income expended;
- How program income funds were spent;
- Amount of unspent program income at the end of the reporting period.

3. Program Income Annual Report

The subrecipient shall submit this to the recipient's office by the due date indicated below, which shall include actual amounts of program income earned during the grant year and:

- Sources of program income;
- The amount of program income received from each source;
- Amount of program income expended;
- How program income funds were spent;
- Amount of unspent program income at the end of the grant year.

SUBMISSION	REPORTING PERIOD	DUE DATE
1 st Quarterly Report	March 1 – May 31	10 th business day of June
2 nd Quarterly Report	June 1 – August 31	10 th business day of September
3 rd Quarterly Report	September 1 – November 30	10 th business day of December
4 th Quarterly Report	December 1 – February 28(9)	10 th business day of March
Annual Report	March 1 – February 28(9)	April 30 th



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<h3>Quarterly Progress Reports</h3>	Effective Date: June 1, 2022															
	Review/Revise Date: April 8, 2025															
<p>Applicable Regulations: Section 2604(h) of Title XXVI of the PHS Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87), 45 CFR 75.351-75.353, 74 CFR 74.51(a), 2 CFR 215.51(a), 2 CFR 75 Subpart F – Audit Requirements, HIV/AIDS Bureau, Division of Metropolitan HIV/AIDS Programs & Division of State HIV/AIDS Programs National Monitoring Standards for Ryan White Part A and Part B Recipients: Universal – Part A and B, NOA Program Specific Terms, Clark County Ryan White Part A Contract/Agreement</p>																
<p>Policy Applies to:</p> <p><input checked="" type="checkbox"/> Ryan White Part A & Minority AIDS Initiative <input type="checkbox"/> Recipient <input checked="" type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor</p> <p><input checked="" type="checkbox"/> Ending the HIV Epidemic</p> <p><input type="checkbox"/> Status Neutral</p>																
<h4>POLICY STATEMENT</h4>																
<p>Subrecipients shall provide timely quarterly reports to the recipient's office with the information required by the recipient.</p>																
<h4>PROCEDURE</h4>																
<ol style="list-style-type: none"> 1. Subrecipients shall provide timely quarterly reports to the recipient's office with the information required by the Ryan White Part A Program Office. The report template can be found at https://lasvegastga.com/formspoliciesmanuals/ or requested from the recipient's office. 2. Subrecipients must submit Quarterly Progress Reports which shall consist of, but not be limited to, narrative, qualitative and quantitative information indicating progress toward meeting stated goals and objectives of the program. 3. Quarterly Reports are due to the Office of HIV not later than the 10th calendar day after the close of the quarter. If a deadline falls on a weekend, the report must be received on the Friday prior to the deadline to be considered on time. 																
<table border="1"> <thead> <tr> <th>SUBMISSION</th> <th>REPORTING PERIOD</th> <th>DUE DATE</th> </tr> </thead> <tbody> <tr> <td>1st Quarterly Report</td> <td>March 1 – May 31</td> <td>10th business day of June</td> </tr> <tr> <td>2nd Quarterly Report</td> <td>June 1 – August 31</td> <td>10th business day of September</td> </tr> <tr> <td>3rd Quarterly Report</td> <td>September 1 – November 30</td> <td>10th business day of December</td> </tr> <tr> <td>4th Quarterly Report</td> <td>December 1 – February 28(9)</td> <td>10th business day of March</td> </tr> </tbody> </table>		SUBMISSION	REPORTING PERIOD	DUE DATE	1 st Quarterly Report	March 1 – May 31	10 th business day of June	2 nd Quarterly Report	June 1 – August 31	10 th business day of September	3 rd Quarterly Report	September 1 – November 30	10 th business day of December	4 th Quarterly Report	December 1 – February 28(9)	10 th business day of March
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<ol style="list-style-type: none"> 4. All Quarterly Progress Reports must be submitted on the standard "Quarterly Report Form" and shall contain narrative descriptions that are concise and informational, including sufficient detail to allow evaluation of funded efforts. Tables and exhibits may be substituted for narrative descriptions, where appropriate. 5. The "Quarterly Report Form" must be approved by the agency's designee. 6. Subrecipients must include all required information for services provided by their subcontractors (if applicable). 7. Subrecipients may be held in non-compliance if they do not meet the reporting requirements listed above. This includes non-submission of required information and incorrect or incomplete submission. If submitted reporting is incorrect and/or incomplete, it will be returned to the subrecipient, and the subrecipient will be required 																



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to submit new report with corrected information within 10 working days of non-compliance notification.

8. Formal extensions of the deadlines for quarterly reporting may only be granted by the Compliance/Monitoring Management Analyst and/or Project Director.



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Requests for Reimbursement	Effective Date: March 1, 2013
	Review/Revise Date: April 4, 2025
Applicable Regulations:	
Policy Applies to: <input checked="" type="checkbox"/> Ryan White Part A & Minority AIDS Initiative <input checked="" type="checkbox"/> Recipient <input checked="" type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor <input checked="" type="checkbox"/> Ending the HIV Epidemic <input checked="" type="checkbox"/> Status Neutral	
POLICY STATEMENT	
The purpose of this policy is to serve as a guide to the subrecipients for the submission of monthly Requests for Reimbursement. This policy also provides clear guidance to recipient Administrative Specialists to accept, review and approve Requests for Reimbursement from subrecipients. In addition the policy provides guidance related to the documentation and data that is required to approve invoices and a guide to determining whether the cost of a service is reasonable.	
PROCEDURE	
<i>Subrecipients Request for Reimbursement (RFR) Submission</i> Subrecipients must submit a Request for Reimbursement (RFR) to the Office of HIV at CCHIVFiscal@ClarkCountyNV.gov by the 15 th of each month. Subrecipients shall: <ol style="list-style-type: none">1. Submit only one RFR per email.2. Include the following attachments in each email:<ol style="list-style-type: none">a. The RFR summary face sheet and invoice form which will be provided by the Office of HIV when the subrecipient's budget has been approvedb. Required supporting documentationc. All Services Report in Excel or CSV format. Instructions for pulling the report from CAREWare can be found at https://youtu.be/2uMfY1Md44I.3. Format the subject line as "Agency Name; Program or Service; RFR Month/Year or Invoice #" (Examples: Heather's Healthcare Center; Part A Services; September 2023; Coolest Contracting Company; U=U Campaign; Invoice #07-23)	
<i>Summary Face Sheet</i> The summary sheet should include total annual Budget, Current Period invoice Expenditure to date and unexpended balance for administration and funded service categories for: <ol style="list-style-type: none">1. Administrative Expenses2. Funded core, support, and initiative services3. Total expenditures for the billing period (monthly)	
<i>RFR/Invoice Form</i> Invoice for each funded service and administration. The form to include <ol style="list-style-type: none">1. Administrative Expenses Detail – by line-item as it appears in the subrecipient approved budget.2. Service Expenses Detail – by line-item as it appears in the subrecipient approve budget.3. Total Monthly Expenditures for the billing period (Face Sheet column 2 Current Period Invoice).	



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4. Reporting of Program Income that was received during the billing period.

Documentation

The supporting documentation that is required for approval of subrecipient RFRs is outlined in the section of this policy and procedure entitled Evaluation of Subrecipient RFR by Service Category. This section provides a detailed description of the supporting documentation that must be submitted for each funded service category.

Data Support

For most services, the data support that needs to be provided to justify the payment of invoices is included in the CAREWare Data System, which is why subrecipients are required to submit an All Services Report with each RFR.

If the subrecipient does not enter data into CAREWare or if the information entered into CAREWare is not sufficient to justify payment, then the subrecipient will need to include supporting documentation to prove that services were provided.

Recipient Review and Approval Process – to be Managed by Administrative Specialists

1. *Time stamp* – All invoices received for payment for contractual and program expenses should be time stamped when they are received. In lieu of a time stamp, the Administrative Specialist shall print the email through which the subrecipient submitted the RFR and include this with the RFR packet for tracking purposes.
2. *Contractual and program invoices* should be reviewed by Administrative Specialist and either approved or denied within 5 business days after they were originally time stamped as received in the office.
3. *Invoice approval process.*
 - a. Review Program Expenses – by line item. Compare to the approved budget. Subrecipients should not be exceeding 1/12th of the overall line-item or budget within a given month without an explanation. If needed call the subrecipient and determine why the subrecipient is spending funds faster than anticipated. Review of Program Expenses shall also include verification that the staff on the RFR are part of the subrecipient's approved budget. If one or more staff members included on the RFR is not on the approved budget, the Administrative Specialist shall deny the RFR and may instruct the subrecipient to revise the invoice or submit a budget modification.
 - b. Review Administrative Expenses – by line item. The total amount of administrative expenses charged on an invoice should not exceed 10% of the total program expenses. (The exception would happen if the subrecipient has been under-spending their administrative budget on prior invoices or specified in the contract.) Review of Administrative Expenses shall also include verification that the staff on the RFR are part of the subrecipient's approved budget. If one or more staff members included on the RFR is not on the approved budget, the Administrative Specialist shall deny the RFR and may instruct the subrecipient to revise the invoice or submit a budget modification.
 - c. Review Administrative Expenses – by line item. The total amount of administrative expenses charged on an invoice should not exceed 10% of the total program expenses. (The exception would happen if the subrecipient has



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- been under-spending their administrative budget on prior invoices or specified in the contract.)
- d. Compare Total Expenses to the Subrecipient Year-To-Date Expenses. The subrecipient should not be underspending or overspending their funds. Also, before an invoice may be approved it must be determined that the Finance Department has an allocation and that the subrecipient has sufficient funds left in their budget to cover the current expenditures.
 - e. Any changes or corrections to the amount of payment should be noted on the Request for Reimbursement form and the person entering the corrections or changes should initial the Request for Reimbursement form.
 - f. When a Request for Reimbursement is approved, the Administrative Specialist will enter the applicable information in the internal fiscal tracking spreadsheet.
 - g. Upon approval of invoices, they should be forwarded first to Office of HIV Assistant Manager (Project Director) and then to Social Service Deputy Director for approval and signature.
 - h. Upon approval by the Clark County Social Service Department, the RFRs need to be forwarded to the Finance Department for payment via SAP.
4. *Handling of Denied Invoices* – Invoices may be denied for a variety of reasons. The subrecipient might not have added correctly on the RFR form or may not have included the appropriate documentation or data support. Denied invoices should be resolved as quickly as possible.
- a. Upon the discovering a problem with a subrecipient RFR:
 - i. The Administrative Specialist should make written notation and initial and date the RFR form as to the issue(s) preventing payment.
 - ii. The quickest method of resolution is to call the subrecipient accounting staff or program manager and explain the question that has caused the invoice to be withheld for payment. The Administrative Specialist may also email the subrecipient including a detailed explanation of the issue(s) preventing payment.
 - iii. If the issue(s) is resolved during a phone call or virtual meeting, the Administrative Specialist must note the details of the resolution on the RFR packet.
 - iv. Written correspondence needed to resolve the issue(s) and additional documentation should both be printed and included with the RFR packet.
 - b. The Administrative Specialist shall make two attempts per week to resolve the issue(s) with the subrecipient. If, after two attempts per week over a period of two weeks, there is no resolution, the Project Director should be notified about the issue(s) and attempts made to resolve

Internal Accounting Spreadsheet to Track Recipient & Subrecipient Spending and Variances

A comprehensive fiscal tracking spreadsheet for each grant will be used to track the use of funds during the course of the program year. The spreadsheet should track all expenditures including recipient administrative, Clinical Quality Management, contractual, and program expenditures. The system should include the loading of the starting year's budget by line item. The administrative, program and contractual expenses should all be entered by line-item from the approved budgets. In addition, the spreadsheet should be able to track subrecipient



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administrative expenses and subrecipient expenses by service category. Lastly, develop a report that show spending variances when compared to budget over the course of the grant year.

1. The Administrative Specialist shall:
 - a. Prepare a Fiscal Tracking spreadsheet for each of their assigned grant on an annual basis. The Project Director shall provide additional guidance in the development of spreadsheets.
 - b. Update the spreadsheet at least weekly with information from the subrecipient RFR.
 - c. Balance expenses against Clark County's SAP accounting system at least monthly.

Monthly tasks of Administrative Specialists

1. Must have access to the County Finance Department Accounting System, SAP.
2. Administrative Specialists will need to check the loading of grant budgets and subsequent budget revisions and reallocations, to ensure that the Finance Department matches the budget of the program.
3. Check all administrative charges to the Ryan White budget that are entered during the course of the grant year to ensure that they are actual grant-related expenses.
4. Enter all charges that the Finance Department has charged to grants in the Fiscal Tracking Spreadsheet for the relevant grant.
5. Prepare the following financial reports for each grant and submit to the Project Director and/or designee(s):
 - a. Consolidated Program Expenditure Report – with YTD Variances
 - b. Service Category Expenditure Report – with YTD Variance
 - c. Expenditure Report for each subrecipient– with YTD Variances

Evaluation of Subrecipient RFR by Service Category

With direction as to the payment methodology, documentation required for payment and data support necessary for payment for each specific service category.

A. Core Medical Services

Early Intervention Services

1. Payment Methodology - Direct cost/categorical line-item methodology. The subrecipient will submit invoices based on the line-item budget that was approved by the recipient. Expenses will be listed by personnel, personnel benefits, telephone, supplies, travel and all other approved line items. The invoice will consist of a section for administrative costs and a separate section for direct service cost/program costs.
2. Documentation – Support documentation that will be provided with the invoice would include:
 - Personnel – Time sheets or payroll reports.
 - Benefits – Schedule of benefits with list of actual expenditures. Documentation can be provided by the subrecipient per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual subrecipient fiscal monitoring site visit.



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- Phone/Supplies/Travel and Other Personnel Related Expenditures – Documentation can be provided by the subrecipient per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual subrecipient fiscal monitoring site visit.
 - Equipment – The subrecipient should provide copies of invoices for all purchases of equipment or for all other special purchases.
3. Data Support – The recipient can check the number of EIS encounters provided by the subrecipient during the billing period by reviewing CAREWare All Services Report prior to approving the invoice.

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals

1. Payment Methodology - Direct cost/categorical line-item methodology. The subrecipient will submit invoices based on the line-item budget that was approved by the recipient. Expenses will be listed by personnel, personnel benefits, telephone, supplies, travel and all other approved line items. The invoice will consist of a section for administrative costs and a separate section for direct service cost/program costs.
2. Documentation – Support documentation that will be provided with the invoice would include:
 - Personnel – Time sheets or payroll reports.
 - Benefits – Schedule of benefits with list of actual expenditures. Documentation can be provided by the subrecipient per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual subrecipient fiscal monitoring site visit.
 - Phone/Supplies/Other Personnel Related Expenditures – Documentation can be provided by the subrecipient per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual subrecipient fiscal monitoring site visit.
 - Equipment – The subrecipient should provide copies of invoices for all purchases of equipment or for all other special purchases.
3. Data Support – The recipient can check the number of HIP-CSA encounters provided by the subrecipient during the billing period by reviewing CAREWare All Services Report prior to approving the invoice.

Medical Case Management

1. Payment Methodology - Direct cost/categorical line-item methodology. The subrecipient will submit invoices based on the line-item budget that was approved by the recipient. Expenses will be listed by personnel, personnel benefits, telephone, supplies, travel and all other approved line items. The invoice will consist of a section for administrative costs and a separate section for direct service cost/program costs.
2. Documentation – Support documentation that will be provided with the invoice would include:
 - Personnel – Time sheets or payroll reports.
 - Benefits – Schedule of benefits with list of actual expenditures. Documentation can be provided by the subrecipient per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual subrecipient fiscal monitoring site visit.



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- Phone/Supplies/Other Personnel Related Expenditures – Documentation can be provided by the subrecipient per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual subrecipient fiscal monitoring site visit.
 - Equipment – The subrecipient should provide copies of invoices for all purchases of equipment or for all other special purchases.
3. Data Support – The recipient can check the number of medical case management encounters provided by the subrecipient during the billing period by reviewing CAREWare All Services Report prior to approving the invoice.

Medical Nutrition Therapy

1. Payment Methodology - Direct cost/categorical line-item methodology. The subrecipient will submit invoices based on the line-item budget that was approved by the recipient. Expenses will be listed by personnel, personnel benefits, telephone, supplies, travel and all other approved line items. The invoice will consist of a section for administrative costs and a separate section for direct service cost/program costs.
2. Documentation – Support documentation that will be provided with the invoice would include:
 - Personnel – Time sheets or payroll reports.
 - Benefits – Schedule of benefits with list of actual expenditures. Documentation can be provided by the subrecipient per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual subrecipient fiscal monitoring site visit.
 - Phone/Supplies/Other Personnel Related Expenditures – Documentation can be provided by the subrecipient per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual subrecipient fiscal monitoring site visit.
 - Equipment – The subrecipient should provide copies of invoices for all purchases of equipment or for all other special purchases.
3. Data Support – The recipient can check the number of medical nutrition encounters provided by the subrecipient during the billing period by reviewing CAREWare All Services Report prior to approving the invoice.

Mental Health Services

1. Payment Methodology - Direct cost/categorical line-item methodology. The subrecipient will submit invoices based on the line-item budget that was approved by the recipient. Expenses will be listed by personnel, personnel benefits, telephone, supplies, travel and all other approved line items. The invoice will consist of a section for administrative costs and a separate section for direct service cost/program costs.
2. Documentation – Support documentation that will be provided with the invoice would include:
 - Personnel – Time sheets or payroll reports.
 - Benefits – Schedule of benefits with list of actual expenditures. Documentation can be provided by the subrecipient per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual subrecipient fiscal monitoring site visit.



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- Phone/Supplies/Other Personnel Related Expenditures – Documentation can be provided by the subrecipient per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual subrecipient fiscal monitoring site visit.
 - Equipment – The subrecipient should provide copies of invoices for all purchases of equipment or for all other special purchases.
3. Data Support – The recipient can check the number of mental health encounters provided by the subrecipient during the billing period by reviewing CAREWare All Services Report prior to approving the invoice.

Oral Health Care

1. Payment Methodology – The reimbursement methodology for the Oral Health Care should be based on a fee-for-Part A service reimbursement. The reimbursement rate should be based on an acceptable fee schedule, such as Medicaid rate or 125% /150% of Medicaid rate. The reimbursement rate should be defined in the subrecipient approved budget. The recipient may pay for an administrative cost related to the provision of the dental services. The administrative cost should be defined in the approved budget.
2. Documentation – The subrecipient will submit a list of all dates of service, clients/unique identifiers and dental services that were provided during the billing period. If costs exceed the cap indicated in the [Oral Healthcare Policy and Procedure](#), documentation of prior approval from the recipient's office is required.
3. Data Support – The CAREWare data system should reflect dates of service for client care.

Outpatient/Ambulatory Health Services

1. Payment Methodology - Direct cost/categorical line-item methodology. The subrecipient will submit invoices based on the line-item budget that was approved by the recipient. Expenses will be listed by personnel, personnel benefits, telephone, supplies, travel and all other approved line items. The invoice will consist of a section for administrative costs and a separate section for direct service cost/program costs.
2. Documentation – Support documentation that will be provided with the RFR shall include:
 - Personnel – Time sheets or payroll reports.
 - Benefits – Schedule of benefits with list of actual expenditures. Documentation can be provided by the subrecipient per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual subrecipient fiscal monitoring site visit.
 - Phone/Supplies/Travel and Other Personnel Related Expenditures – Supporting documentation will consist of properly approved invoices.
 - Medical Supplies/Other Direct Medical Costs – The subrecipient should submit aggregate actual expenditures in the summary invoice. The justification for charging the grant program for the expenditure can be verified during the annual subrecipient fiscal monitoring visit.
 - Equipment – The subrecipient should provide copies of invoices for all purchases of equipment or for all other special purchases.
3. Data Support – The recipient can check the number of clinical visits provided by the subrecipient during the billing period by reviewing CAREWare All Services Report prior to approving the invoice.



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4. Laboratory Procedures – The Outpatient/Ambulatory Health Services service category may also include funds used to support laboratory tests integral to the treatment of HIV infection and related complications and ophthalmic and optometric specialty vision services rendered by licensed providers.
 - Payment Methodology – The reimbursement methodology should be based on the actual cost of the service along with an additional administrative fee that was approved in the subrecipient’s approved budget. The subrecipients that utilize a reference lab to provide laboratory services should bill at the reference lab rate. Subrecipients that operate internal laboratories should bill at Medicaid rate or at a rate that was agreed upon during the budget process. The administrative fee should be charged on a per unit basis that was agreed upon in the subrecipient’s budget.
 - Documentation – The subrecipient will submit a list of all the clients/unique identifiers and laboratory procedures that were provided and billed for within the billing period. The invoice will provide the date of service, client unique identifier and the laboratory procedures that were provided and the cost of the individual laboratory service. Subrecipients that utilize a reference lab should include a copy of the reference lab invoice. If the reference lab invoice includes all of the necessary documentation, this invoice will be sufficient to approve payment.
 - Data Support - Laboratory data can be checked in the CAREWare system through a review of CD4 and Viral Load test results and dates of services.

Substance Abuse Services – Outpatient

1. Payment Methodology - Direct cost/categorical line-item methodology. The subrecipient will submit invoices based on the line-item budget that was approved by the recipient. Expenses will be listed by personnel, personnel benefits, telephone, supplies, travel and all other approved line items. The invoice will consist of a section for administrative costs and a separate section for direct service cost/program costs.
2. Documentation – Support documentation that will be provided with the invoice would include:
 - Personnel – Time sheets or payroll reports.
 - Benefits – Schedule of benefits with list of actual expenditures. Documentation can be provided by the subrecipient per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual subrecipient fiscal monitoring site visit.
 - Phone/Supplies/Other Personnel Related Expenditures – Documentation can be provided by the subrecipient per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual subrecipient fiscal monitoring site visit.
 - Equipment – The subrecipient should provide copies of invoices for all purchases of equipment or for all other special purchases.
3. Data Support – The recipient can check the number of substance abuse-outpatient encounters provided by the subrecipient during the billing period by reviewing CAREWare All Services Report prior to approving the invoice.

B. Support Services

Emergency Financial Assistance



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1. **Payment Methodology** – The reimbursement methodology should be based on the actual cost of the emergency financial assistance provided along with an additional administrative fee that was approved in the subrecipient's approved budget.
2. **Documentation** – The subrecipient will submit a list of all the clients and emergency financial assistance services that were provided and billed for within the billing period. The invoice will provide the date of service, client unique identifier and the service provided.
 - **Personnel** – Time sheets or payroll reports.
 - **Benefits** – Schedule of benefits with list of actual expenditures. Documentation can be provided by the subrecipient per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual subrecipient fiscal monitoring site visit.
3. **Data Support** – The recipient can check the number of emergency financial assistance services provided by the subrecipient during the billing period by reviewing CAREWare All Services Report prior to approving the invoice.

Food Bank/Home Delivered Meals

1. **Payment Methodology** - Direct cost/categorical line-item methodology. The subrecipient will submit invoices based on the line-item budget that was approved by the recipient. Expenses will be listed by personnel, personnel benefits, telephone, supplies, food costs, travel and all other approved line items. The invoice will consist of a section for administrative costs and a separate section for direct service cost/program costs.
2. **Documentation** – Support documentation that will be provided with the invoice would include:
 - **Personnel** – Time sheets or payroll reports.
 - **Benefits** – Schedule of benefits with list of actual expenditures. Documentation can be provided by the subrecipient per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual subrecipient fiscal monitoring site visit.
 - **Phone/Supplies/Other Personnel Related Expenditures** – Documentation can be provided by the subrecipient per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual subrecipient fiscal monitoring site visit.
 - **Equipment** – The subrecipient should provide copies of invoices for all purchases of equipment or for all other special purchases.
 - **Food for Meals** – Separate documentation should be provided that shows the cost of the food purchased that is provided to Ryan White clients.
3. **Data Support** – The recipient can check the number of food bank services provided by the subrecipient during the billing period by reviewing CAREWare All Services Report prior to approving the invoice.

Health Education/Risk Reduction

1. **Payment Methodology** - Direct cost/categorical line-item methodology. The subrecipient will submit invoices based on the line-item budget that was approved by the recipient. The subrecipient is also required to submit sign-in sheets for each health education/risk reduction class held. Expenses will be listed by personnel, personnel benefits, telephone, supplies, travel and all other approved line items. The invoice will consist of a



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section for administrative costs and a separate section for direct service cost/program costs.

2. Documentation – Support documentation that will be provided with the invoice would include:
 - Personnel – Time sheets or payroll reports.
 - Benefits – Schedule of benefits with list of actual expenditures. Documentation can be provided by the subrecipient per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual subrecipient fiscal monitoring site visit.
 - Phone/Supplies/Other Personnel Related Expenditures – Documentation can be provided by the subrecipient per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual subrecipient fiscal monitoring site visit.
 - Equipment – The subrecipient should provide copies of invoices for all purchases of equipment or for all other special purchases.
3. Data Support – The recipient can check the number of health education/risk reduction encounters provided by the subrecipient during the billing period by reviewing CAREWare All Services Report prior to approving the invoice.

Linguistic Services

1. Payment Methodology – The reimbursement methodology should be based on the actual cost of the linguistic services along with an additional administrative fee that was approved in the subrecipient's approved budget.
2. Documentation – The subrecipient will submit a list of all the clients and transportation services that were provided and billed for within the billing period. The invoice will provide the date of service, client unique identifier and the service provided.
 - Personnel – Time sheets or payroll reports.
 - Benefits – Schedule of benefits with list of actual expenditures. Documentation can be provided by the subrecipient per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual subrecipient fiscal monitoring site visit.
 - Phone/Supplies/Other Personnel Related Expenditures – Documentation can be provided by the subrecipient per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual subrecipient fiscal monitoring site visit.
 - Equipment – The subrecipient should provide copies of invoices for all purchases of equipment or for all other special purchases.
3. Data Support – The recipient can check the number of linguistic services provided by the subrecipient during the billing period by reviewing CAREWare All Services Report prior to approving the invoice.

Medical Transportation

1. Payment Methodology – The reimbursement methodology should be based on the actual cost of the transportation services along with an additional administrative fee that was approved in the subrecipient's approved budget.



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2. Documentation – The subrecipient will submit a list of all the clients and transportation services that were provided and billed for within the billing period. The invoice will provide the date of service, client unique identifier and the service provided.
 - Personnel – Time sheets or payroll reports.
 - Benefits – Schedule of benefits with list of actual expenditures. Documentation can be provided by the subrecipient per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual subrecipient fiscal monitoring site visit.
3. Data Support – The recipient can check the number of medical transportation services provided by the subrecipient during the billing period by reviewing CAREWare All Services Report prior to approving the invoice.

Psychosocial Support Services

1. Payment Methodology - Direct cost/categorical line-item methodology. The subrecipient will submit invoices based on the line-item budget that was approved by the recipient. Expenses will be listed by personnel, personnel benefits, telephone, supplies, travel and all other approved line items. The invoice will consist of a section for administrative costs and a separate section for direct service cost/program costs.
2. Documentation – Support documentation that will be provided with the invoice would include:
 - Personnel – Time sheets or payroll reports.
 - Benefits – Schedule of benefits with list of actual expenditures. Documentation can be provided by the subrecipient per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual subrecipient fiscal monitoring site visit.
 - Phone/Supplies/Other Personnel Related Expenditures – Documentation can be provided by the subrecipient per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual subrecipient fiscal monitoring site visit.
 - Equipment – The subrecipient should provide copies of invoices for all purchases of equipment or for all other special purchases.
3. Data Support – The recipient can check the number of psychosocial encounters provided by the subrecipient during the billing period by reviewing CAREWare All Services Report prior to approving the invoice.

Referral for Healthcare and Supportive Services

1. Payment Methodology - Direct cost/categorical line-item methodology. The subrecipient will submit invoices based on the line-item budget that was approved by the recipient. Expenses will be listed by personnel, personnel benefits, telephone, supplies, travel and all other approved line items. The invoice will consist of a section for administrative costs and a separate section for direct service cost/program costs.
2. Documentation – Support documentation that will be provided with the invoice would include:
 - Personnel – Time sheets or payroll reports.
 - Benefits – Schedule of benefits with list of actual expenditures. Documentation can be provided by the subrecipient per employee or in the aggregate for all employees.



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The verification of the expenditures for employee benefits should be reviewed during the annual subrecipient fiscal monitoring site visit.

- Phone/Supplies/Other Personnel Related Expenditures – Documentation can be provided by the subrecipient per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual subrecipient fiscal monitoring site visit.
 - Equipment – The subrecipient should provide copies of invoices for all purchases of equipment or for all other special purchases.
3. Data Support – The recipient can check the number of referral encounters provided by the subrecipient during the billing period by reviewing CAREWare All Services Report prior to approving the invoice.

C. EHE Initiative Services

Rapid stART Response Team

1. Payment Methodology - Direct cost/categorical line-item methodology. The subrecipient will submit invoices based on the line-item budget that was approved by the recipient. Expenses will be listed by personnel, personnel benefits, telephone, supplies, travel and all other approved line items. The invoice will consist of a section for administrative costs and a separate section for direct service cost/program costs.
2. Documentation – Support documentation that will be provided with the invoice would include:
 - Personnel – Time sheets or payroll reports.
 - Benefits – Schedule of benefits with list of actual expenditures. Documentation can be provided by the subrecipient per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual subrecipient fiscal monitoring site visit.
 - Phone/Supplies/Travel and Other Personnel Related Expenditures – Documentation can be provided by the subrecipient per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual subrecipient fiscal monitoring site visit.
 - Equipment – The subrecipient should provide copies of invoices for all purchases of equipment or for all other special purchases.
3. Data Support – The recipient can check the number of Rapid stART Response Team encounters provided by the subrecipient during the billing period by reviewing CAREWare All Services Report prior to approving the invoice.



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Subrecipient Submission of OMB Audit	Effective Date: March 1, 2013
	Review/Revise Date: April 4, 2025
Applicable Regulations: PHS Act § 2602(b)(4), PHS Act § 2617(b)(7)(A), RWHAP Part A Manual, RWHAP Part B Manual, 45 CFR Part 75, Subpart F, 45 CFR § 75.501	
Policy Applies to: <input checked="" type="checkbox"/> Ryan White Part A & Minority AIDS Initiative <input type="checkbox"/> Recipient <input checked="" type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor <input checked="" type="checkbox"/> Ending the HIV Epidemic <input checked="" type="checkbox"/> Status Neutral	
POLICY STATEMENT	
The federal government requires that any agency that expends \$1,000,000 or more in Federal awards in a fiscal year (FY) must have Single Audits conducted in accordance with 45 CFR Part 75, Subpart F and submit the related audit reports to the Federal Audit Clearinghouse (FAC) within 9 months after the end of their audit periods.	
PROCEDURE	
<p>All agencies receiving funding equal to or in excess of \$1,000,000 shall have performed by an outside auditing firm, an OMB 45 CFR 75 compliant audit. This audit shall be submitted to the Office of HIV upon its completion.</p> <p>Ryan White Program staff and Clark County Social Service Fiscal Department staff shall review in its entirety the submitted audit with particular reference to any finds and/or conditions that related to Ryan White Part A funds.</p> <p>Upon review, Ryan White Program staff shall:</p> <ol style="list-style-type: none"> a) In the event of a clean audit (no significant finds or conditions) shall inform in writing the submitting agency or the receipt, review and filing of the audit. b) In the event of significant findings or conditions, shall inform the submitting agency of the identification of the findings and/or conditions and shall perform the following <ol style="list-style-type: none"> a. Shall request the development (if not already provided in the report) a management response, b. Shall stipulate a timeframe for the corrective action in the management's response, and, c. Shall follow up with the submitting agency within the timeframe stipulated to confirm the appropriate actions were developed and implemented to address fully and satisfactorily, the identified findings/conditions. <p>All communication noted above shall be done in writing and shall be maintained in the subrecipient's master file in the Ryan White program offices.</p>	



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Time & Effort-Documentation of Personnel Expenses	Effective Date: March 1, 2013
	Review/Revise Date: April 4, 2025
Applicable Regulations: 45 CFR 75.430(i), 2 CFR 200.430	
Policy Applies to: <input checked="" type="checkbox"/> Ryan White Part A & Minority AIDS Initiative <input checked="" type="checkbox"/> Recipient <input checked="" type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor <input checked="" type="checkbox"/> Ending the HIV Epidemic <input checked="" type="checkbox"/> Status Neutral	
POLICY STATEMENT	
<p>Recipient and subrecipients shall ensure that charges to federal awards for salaries and fringe are based on records that accurately reflect the actual work performed; are supported by a system of internal controls that reasonably assure that the charges are accurate, allowable, and properly allocated; and are incorporated in the official policies and procedures of the organization/clinic.</p> <p>Time and effort procedures must include a review process where employees and their supervisors can make sure that the hours they report are equal to the actual hours worked and billed to the proper project code.</p> <p>Budget estimates (<i>i.e.</i>, estimates determined before the services are performed) alone do not qualify as support for charges to Federal awards, but may be used for interim accounting purposes, provided that:</p> <ul style="list-style-type: none">• The system for establishing the estimates produces reasonable approximations of the activity actually performed;• Significant changes in the corresponding work activity (as defined by the non-Federal entity's written policies) are identified and entered into the records in a timely manner. Short term (such as one or two months) fluctuation between workload categories need not be considered as long as the distribution of salaries and wages is reasonable over the longer term; and• The non-Federal entity's system of internal controls includes processes to review after-the-fact interim charges made to a Federal awards based on budget estimates. All necessary adjustment must be made such that the final amount charged to the Federal award is accurate, allowable, and properly allocated. <p>Federal regulations do not prescribe a specific form or style or reporting. Timesheets are one example of an acceptable system.</p> <ul style="list-style-type: none">• Time & Effort reporting must account for employees' compensated time and must not exceed 1 FTE• Time sheet should include a statement similar to "I/we certify that to the best of our knowledge the above allocation of time expended performing Federal, State, and other program duties is true and accurate." <p>Because practices vary as to the activity constituting a full workload (for IHEs, IBS), records may reflect categories of activities expressed as a percentage distribution of total activities. It is recognized that teaching, research, service, and administration are often inextricably intermingled in an academic setting. When recording salaries and wages charged to Federal</p>	



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awards for IHEs, a precise assessment of factors that contribute to costs is therefore not always feasible, nor is it expected.

PROCEDURE

Subrecipients

Subrecipients shall develop and implement a policy, procedure, and forms that ensure compliance with this policy. Subrecipient compliance with time and effort shall be monitored by the recipient on a monthly basis during the review of requests for reimbursement, and through annual site reviews. Subrecipients found to be out of compliance shall be placed on a Corrective Action Plan in alignment with established Office of HIV Monitoring Standards and relevant policies & procedures.

Recipient Staff

1. Recipient staff shall utilize a County-approved biweekly payroll certification form through which time and effort can be recorded daily on each project. All compensated hours including time worked (including overtime) and leave are to be recorded.
2. The Project Director or designee shall provide training to recipient staff as part of the initial training plan and as needed during staff meetings and 1:1 sessions.
3. Recipient staff shall submit completed payroll certifications to the direct supervisor within 10 calendar days after the close of each pay period. Clark County pay periods end every other Friday, and thus the timesheet shall be
4. Staff and supervisor shall review the payroll certification to assess accuracy of recorded time and effort.
5. If revisions are needed, the staff member will have 2 business days to make the needed changes and resubmit to the supervisor.
6. When the supervisor is confident that the payroll certification is complete and accurate, both the staff member and supervisor shall sign it.
7. The staff member shall scan the signed payroll certification and save it to shared P: drive folder using a consistent naming convention: "Last Name, First Name PPE mm/dd/yyyy" (Example: Smith, Sara-PPE 02282025)
8. The Project Director or designee shall submit completed payroll certification for all recipient staff on a monthly basis to Clark County Finance.

PPE=Pay Period Ending



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Unallowable Costs	Effective Date: March 1, 2013
	Review/Revise Date: March 18, 2025
Applicable Regulations: Policy Clarification Notice 16-02, 2 CFR Part 200, n 45 CFR Part 75—Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards	
Policy Applies to: <input checked="" type="checkbox"/> Ryan White Part A & Minority AIDS Initiative <input checked="" type="checkbox"/> Recipient <input checked="" type="checkbox"/> Subrecipient <input checked="" type="checkbox"/> Contractor <input checked="" type="checkbox"/> Ending the HIV Epidemic <input checked="" type="checkbox"/> Status Neutral	
POLICY STATEMENT	
<p>HRSA RWHAP funds may not be used to make cash payments to intended clients of HRSA RWHAP-funded services. This prohibition includes cash incentives and cash intended as payment for HRSA RWHAP core medical and support services. Where direct provision of the service is not possible or effective, store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used.</p> <p>HRSA RWHAP recipients are advised to administer voucher and store gift card programs in a manner which assures that vouchers and store gift cards cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards.</p> <p>Other unallowable costs include:</p> <ul style="list-style-type: none"> • Clothing • Employment and Employment-Readiness Services, except in limited, specified instances (e.g., Non-Medical Case Management Services or Rehabilitation Services) • Funeral and Burial Expenses • Property Taxes • Pre-Exposure Prophylaxis (PrEP) • Non-occupational Post-Exposure Prophylaxis (nPEP) • Materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual • International travel • The purchase or improvement of land • The purchase, construction, or permanent improvement of any building or other facility <p>Specific service categories may have additional unallowable costs noted in their respective policies and procedures. https://lasvegastga.com/standards/</p>	
PROCEDURE	
Subrecipients shall provide documentation to the Recipient's Office identifying all expenditures prior to reimbursement that ensure no funds have been used for unallowable costs.	



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Vendor/Contractor Monitoring	Effective Date: November 1, 2024
	Review/Revise Date: April 8, 2025
Applicable Regulations: 2 CFR 200.32, 2 CFR 200.29, 2 CFR 200.303	
Policy Applies to: <input checked="" type="checkbox"/> Ryan White Part A & Minority AIDS Initiative <input checked="" type="checkbox"/> Recipient <input type="checkbox"/> Subrecipient <input checked="" type="checkbox"/> Contractor <input checked="" type="checkbox"/> Ending the HIV Epidemic <input checked="" type="checkbox"/> Status Neutral	
POLICY STATEMENT	
<p>The Las Vegas TGA RWHAP Part A Program monitors RWHAP program-specific professional vendor contracts with the purpose to ensure that: a) all contractual obligations, including the Scope of Work (SOW), are met as specified, b) all parties perform contracted services in a timely manner and do so exactly as stipulated in the contract, c) there is consistent quality of contracted services, and d) there is no overlooking of sub-optimal performance, potential risks (including financial) and other red flags.</p> <p>It is the policy of the Las Vegas TGA RWHAP Part A Program that it establishes a formal, protocol driven <i>RWHAP Vendor/Contract Monitoring</i> process to ensure that RWHAP contracts perform as intended and all contractual obligations are met as specified.</p> <p><i>RWHAP vendor/contract monitoring process applies only to RWHAP funded entities classified as independent contractors and/or vendors.</i> This policy does not apply to subrecipient contracts which are monitored in accordance with Las Vegas TGA subrecipient monitoring process.</p>	
PROCEDURE	
<p>Ensuring that RWHAP vendor/contract monitoring is as seamless as possible requires a disciplined, organized, and consistent approach. Throughout the contract term, there shall be regular monitoring and comparison of actual performance, benchmarks, and deliverables against the performance objectives outlined within the contracts. The following procedures, therefore, will be set forth:</p> <ol style="list-style-type: none">1. Las Vegas TGA designates its Project Director to spearhead its vendor/contract monitoring process.<ul style="list-style-type: none">• There shall be formal information handover process to ensure that those who will be monitoring contracts are aware of all pertinent contract information, such as deliverables, key dates, milestone and timeframes.• Based on the contract, Scope of Work, RWHAP requirements and Las Vegas TGA monitoring capabilities, the Office of HIV will determine what <i>performance metrics/key performance indicators</i> will be used to monitor and measure contract performance for every RWHAP funded vendor/contract.• Office of HIV will review current subrecipient monitoring tools to assess their suitability for RWHAP vendor/contract monitoring process.• If necessary, Office of HIV will develop a separate set of monitoring tools specific to the RWHAP vendor/contract monitoring process.	



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2. The Office of HIV will determine the frequency and type of RWHAP contract monitoring, at a minimum the Office HIV will complete:
 - a) Quarterly Desk Monitoring which will consist of reviewing all RFRs, submitted during that period, and review of the SOW and compare to services/goods currently provided are meeting contract deliverables to:
 - Compare unit costs to contractual cost to ensure no overbilling or fiscal anomalies have occurred.
 - To ensure there that review expenditures to ensure that there are no over-expenditures, which may warrant a contract amendment.
 - b) Annual Review to determine if overall contractual obligations are being met.
 - Office of HIV will complete Appendix A: Contractor Annual Monitoring Checklist while interviewing the contractor's assigned individual with direct oversight of the contact.
3. Whenever possible, the Office of HIV will review and revise current RWHAP vendor contracts to include the language regarding the newly established RWHAP vendor/contract monitoring process and update the current monitoring forms to tailor them for RWHAP vendor/contract monitoring activities.
 - All revised/updated and newly developed RWHAP contract monitoring tools will be reviewed and approved by Clark County prior to use.
 - May need to require that RWHAP funded vendor/contracts provide a revised Scope of Work that includes transparent, time framed and quantifiable deliverables and performance measurements
4. To further assess the quality and fidelity of provided contractual services, the Office of HIV may ask third parties (e.g., Planning Council, subrecipients) for their input in the performance review of the RWHAP vendors/contractors who provide services to these third parties directly. A sample of RWHAP Vendor/Contract Services Satisfaction Survey is included with this policy as Appendix C.
5. The Office of HIV may conduct training session(s) (virtually or in-person) with vendor/contractor staff to go over the newly established RWHAP vendor/contract monitoring process to ensure everyone's clear understanding, participation and buy-in.
6. The Office of HIV will have 30 days from completion of annual review to issue an annual RWHAP vendor/contract monitoring report for each funded contract. The report should identify the areas of review (per the contract deliverables), contract compliance results, and any identified deficiencies. A corrective action plan (CAP) will be required for any compliance and performance findings.
7. The Office of HIV will consider annual RWHAP vendor/contract monitoring reports and CAPs during contract renewal negotiations and competitive bid for contracted services.



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Appendix A: Sample Payroll Certification Form

BI-WEEKLY PAYROLL CERTIFICATION (FOR EMPLOYEES "PARTIALLY" WORKING ON A FEDERAL AWARD(S)) PAYROLL PERIOD ENDING: <u>1/3/25</u>							
<i>In order to comply with the Federal requirements of 2 CFR 200, Clark County requires all employees partially working on Federally funded programs to certify their time on a bi-weekly basis. Federally funded programs awarded directly or from a pass-through agency include grants, contracts, cooperative agreements, loans, loan guarantees, property, interest subsidies, insurance, direct appropriations endowments, other non-cash assistance and indirect state or local government transfer of funds.</i>							
Source: 2 CFR 200 Subpart E Cost Principles, Sub Section 200.430 Compensation - personal services <u>200.430(i)</u> In the attached link, see Sub Section (i) Standards of Documentation Personnel Expenses.							
Charges to Federal awards for salaries and wages must be based on records that accurately reflect the work performed: 1) Be supported by a system of internal control which provides reasonable assurance that the time being charged is accurate, allowable, and properly allocated. 2) Be incorporated into the official records of the non-Federal entity. 3) Reasonably reflect the total activity for which the employee is compensated by the non-Federal entity. 4) Encompass both federally assisted and all other activities compensated by the non-Federal entity on an integrated basis. 5) Comply with the established accounting policies and practices of the non-Federal entity. 6) Support the distribution of the employee's salary or wages among specific activities or cost objectives if the employee works on more than one Federal award; a Federal award and non-Federal award, etc. 7) Budget estimates alone do not qualify as support for charges to Federal awards.							
To meet this new requirement, Clark County will continue using the existing Payroll Certification process. Documentation must be in accordance with generally accepted practice of the governmental unit and approved by a responsible official(s) of the governmental unit.							
Where employees work on multiple activities or cost objectives, a distribution of their salaries and wages will be supported by bi-weekly personnel activity reports. This is required when employees work on a) more than one Federal award, b) a Federal award and a non-Federal award, c) an indirect cost activity and a direct cost activity, d) two or more indirect activities which are allocated using different allocation bases, or e) an unallowable activity and a direct or indirect cost activity.							
<i>Please fill out a separate form for each employee. BOTH employee and supervisor will need to sign the form. Please keep the completed forms with your department's grant records where it would be readily available for audit purposes.</i>							
Employee Name: _____ Personnel Number: _____ Position ID #: _____							
<i>Note: Partial hours should be entered in quarter hour increments (ie .25, .50, .75).</i>							
SAP Grant # Fund Cost Center	Ryan White 1270.RW.T.2025 2031.000 1270111010	MAI 1270.RW.MAI.2025 2031.000 1270111010	EHE 1270.RW.ENDHIV.2025 2031.000 1270111010	Status Neutral 1270.RW.PR.VHIV.2025 2031.000 1270111010	SS General Fund 1010.000 1270111010	Total Hours	Overtime Approval (Supervisor Initials)
Date:							
12/21/2024						0.00	
12/22/2024						0.00	
12/23/2024						0.00	
12/24/2024						0.00	
12/25/2024						0.00	
12/26/2024						0.00	
12/27/2024						0.00	
12/28/2024						0.00	
12/29/2024						0.00	
12/30/2024						0.00	
12/31/2024						0.00	
1/1/2025						0.00	
1/2/2025						0.00	
1/3/2025						0.00	
Total hours spent on Federal program(s):	0.00	0.00	0.00	0.00	0.00	0.00	
Employee Certification							
Print employee name _____							
Employee signature _____				Date: _____			
Print Supervisor name _____							
Supervisor signature _____				Date: _____			

Appendix B: Subrecipient or Contractor Classification Determination Checklist



Subrecipient or Contractor Classification Determination Checklist

NAME OF OUTSIDE AGENCY: _____

DEFINITIONS FROM UNIFORM GUIDANCE (2 CFR, PART 200.330):

Subrecipient:

- §200.93 Subrecipient means a non-Federal entity that receives a subaward from a pass-through entity to carry out part of a federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a federal awarding agency.

Contractor:

- §200.23 Contractor means an entity that receives a contract as defined in §200.22 Contract.
- §200.22 Contract means a legal instrument by which a non-federal entity purchases property or services needed to carry out the project or program under a federal award.

INSTRUCTIONS: Complete sections one and two of the checklists by marking all characteristics that apply to the outside agency. The section with the greatest number of marked characteristics indicates the likely type of relationship the entity will have with the program. On occasion there may be exceptions to the type of relationship indicated by the completed checklist. In these situations, the substance of the relationship should be given greater consideration than the form of agreement between the recipient and the outside entity. Section 3 should be used to provide documentation on the use of judgment in determining the proper relationship classification.

SECTION 1 - SUBRECIPIENT

Description: A subaward is for the purpose of carrying out a portion of a federal award and creates a federal assistance relationship with the subrecipient. Characteristics which support the classification of the non-Federal entity as a subrecipient include when the contractor:

- ☐ 1. Determines who is eligible to receive what Federal assistance.
- ☐ 2. Has its performance measured in relation to whether objectives of a federal program were met?
- ☐ 3. Has responsibility for programmatic decision making.
- ☐ 4. Is responsible for adherence to applicable federal program requirement specified in the Federal award.
- ☐ 5. In accordance with its agreement, uses the Federal funds to carry out a program for a public purpose specified in authorizing statute, as

opposed to providing goods or services for the benefit of the pass-through entity.

Entities that include these characteristics are responsible for adherence to applicable Federal program requirements specified in the Federal award.

SECTION 2 – CONTRACTOR

Description: A contract is for the purpose of obtaining goods and services for the non-Federal entity's own use and creates a procurement relationship with the contractor. Characteristics indicative of a procurement relationship between the non-Federal entity and a contractor are when the non-Federal entity receiving the Federal funds:

- ☐ 1. Provides the goods and services within normal business operations.
- ☐ 2. Provides similar goods or services to many different purchasers.
- ☐ 3. Normally operates in a competitive environment.
- ☐ 4. Provides goods or services that are ancillary to the operation of the Federal program.

Entities that include these characteristics are not subject to compliance requirements of the Federal program as a result of the agreement, though similar requirements may apply for other reasons.

FINAL DETERMINATION

☐ Subrecipient ☐ Contractor

OPTIONAL -SECTION 3 – Use of Judgement (use only when the determination cannot clearly be made using the above criteria- completed by the Office of HIV Assistant Manager)

Description: In determine whether an agreement between a pass-through entity and another non-Federal entity casts the latter as a subrecipient or a contractor, the substance of the relationships more important than the form of the agreement. All of the characteristics listed above may not be present in all cases, and the pass-through entity must use judgement in classifying each agreement as a subaward or a procurement contract.

Explanation of Use of Judgment Determination:

Appendix C: Contractor Performance Customer Service Survey

CONTRACTOR PERFORMANCE CUSTOMER SURVEY:

Contract: _____

Contractor Being Evaluated: _____

CCSS Office of HIV Representative Completing the Survey: _____

Date of Survey Completion: _____

Period of Performance Being Evaluated: _____

INSTRUCTIONS:

Please answer each of the following questions with a rating that is based on objective measurable performance indicators to the maximum extent possible. Commentary to support a very high or very low rating should be noted in the comments section of this survey.

Assign each a rating of **0** (Unsatisfactory), **1** (Poor), **2** (Fair), **3** (Good), **4** (Excellent), or **5** (Outstanding). Use the following Rating Guidelines as guidance in making these evaluations.

	Quality of Product or Service	Cost Control	Timeliness of Performance	Business Relations
0-Unsatisfactory	Contractor is not in compliance and is jeopardizing achievement of contract objectives	Contractor is unable to manage costs effectively	Contractor delays are jeopardizing performance of contract objectives	Response to inquiries, technical service/administrative issues is not effective.
1-Poor	Major problems have been encountered.	Contractor is having major difficulty in managing costs effectively	Contractor is having major difficulty meeting timelines and delivery schedules	Response to inquiries, technical/service/administrative issues is marginally effective.
2-Fair	Some problems have been encountered.	Contractor is usually effective in managing costs.	Contractor is usually effective in meeting milestones and delivery schedules	Response to inquiries, technical and/or administrative issues is usually effective.
3-Good	Minor efficiencies/errors have been identified.	Contractor is usually effective in managing costs	Contractor is usually effective in meeting milestones and delivery schedules	Response to inquiries, technical and/or administrative issues is usually effective.



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4-Excellent	Contractor follows contract requirements and/or delivers quality products and/or services.	Contractors effective in managing costs and submits current, accurate and complete billings	Contractor is effective in meeting milestones and delivery schedules	Response to inquiries, technical and/or administrative issues is effective.
5 – Outstanding: The contractor has demonstrated an outstanding performance level in any of the above categories. It is expected that this rating will be used in those rare circumstance when contractors’ performance clearly exceeds the performance levels described in “Excellent”.				

RATINGS

Check the appropriate rating in each section.

I. Quality of Product/Service

	0	1	2	3	4	5
Compliance with contract requirements						
Accuracy of reports						
Level of knowledge, experience, and training of personnel						
Capability of personnel to perform required services.						
Effectiveness of personnel in performing required services.						
Overall quality of services provided.						

II. Timeliness of Performance:

	0	1	2	3	4	5
Reliability						
Responsive to technical direction.						
Meets contract delivery schedules and/or task deadlines						

III. Cost Control

	0	1	2	3	4	5
Current, accurate and complete billings.						
Cost efficiencies.						
Level of knowledge, experience and training of personnel.						

IV. Business Relations:

	0	1	2	3	4	5
Contractor Management Personnel are committed to customer satisfaction						
Contractor Onsite Facility Personnel committed to customer satisfaction.						



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ADDITIONAL COMMENTS (In this section please explain any very high or very low ratings scored above. Please reference the section and line number of rating that comment pertains to).