

## Purpose

To establish guidelines for STD/HIV Program to evaluate, monitor, and provide technical assistance through program reviews to contracting agencies to ensure the delivery of appropriate HIV/STD services in Louisiana.

## Authority

Title II of the Ryan White Comprehensive AIDS Resources Emergency Act of 1990 and amendments of 1996.

## Background

The STD/HIV Program (SHP) is responsible for conducting reviews of programs funded. In an effort to evaluate the quality of HIV services provided, SHP must develop monitoring systems, conduct program reviews, and provide written reports to contracting agencies and appropriate LDH staff.

## Contract Monitoring

To fulfill the requirements of monitoring and reporting program performance as described in §92.40 of the CFR, the STD/HIV Section will assess program compliance and the quality, quantity, and appropriateness of services being delivered by conducting on-site program reviews.

SHP staff responsible for program monitoring will prioritize program reviews annually by applying a risk assessment on each contracting agency. Reviews will be prioritized into three categories: Priority I, Priority II, and Priority III. Special reviews will not fall under these categories and may be conducted as deemed appropriate.

## *Provider Responsibility*

- Providers are required to maintain an individual case record for each client served.
- All billed services match services documented in records inclusive of case notes.
- All records are kept in a secure place and in an organized fashion.
- Providers review and are familiar with service monitoring tools.
- Assembling and preparing all necessary records and materials for completion of the service monitoring tools by the Recipients.
- Have knowledgeable staff available to answer questions that may arise.
- Make available to SHP staff all materials requested during monitoring visit.

## *Risk Assessments*

Section programs must establish risk assessment tools to evaluate contractors before prioritizing them. Such assessment tools will consider elements important to successful contractor administrative and program performance. For example:

- stable, ongoing programming,
- completion of client satisfaction surveys with appropriate scores as determined by LDH,
- correction of problems identified in past LDH reviews,
- high level of compliance with program standards,
- appropriate staffing patterns,
- accurate and timely reports,
- meeting program objectives,
- quality documentation systems, and
- timely resolution of client complaints.

To the extent that contractors have these elements in place for a LDH contract, that contract will receive a lower priority rating (II or III). A priority rating should not be construed as a predictor of success or failure; it is simply a gauge for SHP staff who are responsible for oversight of contract work to determine the need for program monitoring and technical assistance for each contract.

## *Timelines*

Section programs are responsible for developing procedures for conducting program reviews. Procedures should clearly indicate the time lines in which reviews will be completed.

**Exception:** Special reviews may be conducted by appropriate LDH staff at any time.

## *Monitoring Tools*

Program review monitoring tools must be developed for documenting findings, recommendations, and the quality of performance of contractors. The Services Manager must approve monitoring tools prior to use. Any deviation from using the standardized monitoring tool for a routine review must be approved by the Services Manager their designee in advance.

## Completion of Reviews and Notification of Findings

Monitoring tools should be completed and distributed to the contractor reviewed within 90 calendar days after the review is conducted. The program must provide written notification to the contractor and provide a copy to the Services Manager or their designee when unable to complete the monitoring tool within the 90-day deadline. Notification to the contractor must include the expected completion and distribution date of the report. A summary of findings and recommendations will be provided to appropriate LDH staff.