



<p>District of Columbia Department of Health Ryan White HIV/AIDS Program Policies and Procedures</p> <p>Remediation and Corrective Action Plans</p>		<p>Policies and Procedures Implementing Office: HAHSTA Care and Treatment Division Ryan White HIV/AIDS Program (RWHAP)</p> <p>Training Required: Yes</p> <p>Originally Issued: <i>October 6, 2023</i></p> <p>Revised/Reviewed: <i>N/A</i></p>
<p>Program Approval:</p>  <p>_____ Ebony Fortune Ryan White Program Manager</p>	<p>Recipient Authorization:</p>  <p>_____ Avemaria Smith Ryan White Recipient</p>	<p>Valid Through Date: <i>September 30, 2024</i></p>
<p>I. SUBJECT Ryan White HIV/AIDS Program (RWHAP) Services Remediation and Corrective Action Plans</p>		
<p>II. PURPOSE The purpose of this policy is to provide guidance on the issuance and use of remediation and corrective action plans by HAHSTA Ryan White monitoring staff.</p>		
<p>III. Definitions and Acronyms</p>	<p>Burn Rate – the rate at which a sub-recipient spends its awarded funds on a periodic basis, typically monthly.</p> <p>Compliance – the demonstration of a sub-recipient’s ability to meet the requirements outlined in the terms and conditions of the grant.</p> <p>Corrective Action Plan (CAP) – A plan that details the action steps to be completed by sub-recipients to address repeat and/or urgent deficiencies and findings.</p> <p>Deficiency – a significant weakness or the failure to meet a grant requirement that prevents the program from reaching expected goals and outcomes.</p> <p>Findings – specific information identified and analyzed during routine monitoring activities that illustrate non-compliance with grant requirements.</p> <p>Grants Management Specialist (GMS) – The HAHSTA staff assigned to monitor the fiscal aspects for a sub-grant.</p> <p>Monitoring – routine oversight of sub-recipient compliance with-programmatic and fiscal activities as required by the terms and conditions in grant agreements.</p>	

	<p>Non-compliance – the failure of sub-recipients to meet the required regulations and expectations of the grant award.</p> <p>Notice of Grant Award (NOGA) - the authorized legal document detailing amount of funds awarded to a sub-recipient. The NOGA also includes attachments detailing the grant requirements necessary to ensure that DC HEALTH has accurate, current, and complete accounting of funds awarded, the number of customers served, the quality of services, and the outcomes of services render.</p> <p>Office of Grants Management (OGM) – the office within the Office of the Director (OD) that creates policies and procedures to ensure that local and federal funds are utilized according to current standards and regulations; monitored by responsible DC Health personnel and made available to community partners through a process that is open, fair and competitive.</p> <p>Performance – the measurement of a sub-recipient’s efforts towards meeting identified goals, objectives, and programmatic requirements.</p> <p>Program Officer (PO) - The HAHSTA staff assigned to monitor programmatic compliance for sub-recipients.</p> <p>Remediation Plan – A plan developed by sub-recipients to address performance issues that can be resolved through technical assistance.</p> <p>Triggers – Any action by a sub-recipient that identifies the need for a remediation plan or corrective action plan.</p>
<p>IV. Procedures</p>	<p>Remediation Plan A remediation plan is reserved for minor performance issues commonly addressed through technical assistance. The areas for remediation are identified through various triggers.</p> <p><u>Remediation Plan Triggers</u> Examples of triggers that warrant a remediation plan may include, but not be limited to sub-recipients with:</p> <ul style="list-style-type: none"> • Under-performance relating to achievement of contract or grant program targets as identified in the sub-recipient’s Scope of Service and Work Plan. • Over-spending and or under-spending (e.g., less than or greater than 5% of ideal burn rates). • Non-compliance with reporting (e.g., late, incomplete, and/or inaccurate reporting; data reporting; quality reporting; etc.). • Untimely and/or unsuccessful implementation of changes and/or adjustments requested by HAHSTA monitoring staff. • Other unmet program requirements and expectations such as noncompliance with Service Standards.

Remediation Plan (RP) Process

Program Officer shall:

- Send formal correspondence on DC Health HAHSTA letterhead to inform sub-recipient of non-compliance and need to submit a Remediation Plan
- Provide the RP template, technical assistance, and or support to ensure the development of a Remediation Plan to address identified areas of non-compliance. (The Remediation Pan must include action steps, list staff responsible for completing the action steps, and provide due dates)
- Review the Remediation Plan submission, notify the sub-recipient of the need for revisions (if necessary), and send confirmation of approval.
- Use the approved RP plan as an ongoing supplemental monitoring tool.
- Notify sub-recipients, in writing, when non-compliance issues have been resolved and remediation plan is closed.

Implications

If the Remediation Plan does not resolve an issue within the allotted timeframe, a Corrective Action Plan is required.

Corrective Action

Corrective Action is required when noncompliance with federal requirements and standards are identified.

Corrective Action Plan Triggers

Triggers that prompt the issuance of a Corrective Action plan include, but are not limited to:

- Inappropriate use of funds or allocations for costs that are not allocable, allowable and/or reasonable.
- Compromised facilities and environments that could potentially jeopardize customer safety.
- The failure to ensure and maintain customer privacy and confidentiality.
- Lack of written policies and procedures
- Missing customer records
- Violations of any local or federal laws and regulations

Corrective Action Plan (CAP) Process

Program Officer shall:

Meet with the Program Manager and Grants Management Specialist to confirm and document the areas of non-compliance that warrant the issuance of a CAP.

- Send formal correspondence on letterhead to inform sub-recipient of non-compliance and need to submit a Corrective Action Plan (*due* within 10 business days of notice)
- Provide the CAP template, technical assistance, and/or support to ensure development of a Corrective Action Plan addresses areas of non-compliance. (The

	<p>CAP must include action steps, list staff responsible for completing the action steps, and provide due dates)</p> <ul style="list-style-type: none"> • Review the Corrective Action Plan submission, notify the sub-recipient of the need for revisions (if necessary), and send confirmation of approval. • Use the approved CAP as an ongoing supplemental monitoring tool. • Notify the sub-recipient and Program Manager, in writing, when non-compliance issues have been resolved and Corrective Action Plan is closed. <p>Implications:</p> <ul style="list-style-type: none"> • Sub-recipients under a CAP will receive at least one site visit to verify whether areas of non-compliance have been resolved and not recurred. The site visit with the sub-recipient’s management team may occur virtually or in-person, based on the PO’s discretion. • Sub-recipient’s documented history of non-compliance and corrective action plans may be used during future funding considerations. • If for any reason, the CAP fails to address the areas of non-compliance or does not comply with the expected time allowed for completion, the sub-recipient is at risk of delayed reimbursements, disallowed expenses and/or a terminated grant award.
<p>VI. Key Contacts</p>	<p>Ebony Fortune, Ryan White HIV/AIDS Program Manager, 202.671.4900 or Ebony.Fortune@dc.gov</p>
<p>VII. Related Documents, Forms and Tools</p>	<p>Refer to Remediation and Corrective Action Plan Resources for the resources listed below:</p> <ul style="list-style-type: none"> • Remediation/Corrective Action Letter template • Remediation/Corrective Action Closeout Letter template • Remediation/Corrective Action Plan template • OGM Policy: SOP 419 Programmatic Monitoring of Grants • OGM Policy: SOP 418.000 Fiscal Monitoring of Grants