

The lead agency shall coordinate the site visits with the Virginia Department of Health (VDH) Statewide Peer Review Committee. These reviews are conducted with half of the subcontractors each year between September 1 and November 30.

The lead agency will forward copies of the review documents to the subcontractors each year upon receipt from VDH.

10 or 10% (whichever is greater) of the subcontractor's records will be reviewed at each site visit. These records will be selected at random the day of the review from the subcontractor's billing records.

The site visit will normally begin with a site walk-through.

The review team will be looking for only those services that are funded by Ryan White Part B. The composition of the team will reflect the funded services and may include:

- Virginia Department of Health Representative Technical support (all sites)
- Lead Agency Representative Administrative review (all sites)
- Nurse Practitioner Medical record review
- Licensed Social Worker Case management and/or mental health record review
- Dentist Dental care record review
- Client Client interview (in person or by phone)

Subcontractors paying for services rendered by an off site third party have the option of obtaining the records from the provider or obtaining permission for the review team members to review records at the provider site.

The review team will conduct an exit interview at the end of the review to inform the subcontractor of the team's findings. In the event that a full team is not present for the review, the site visit will not be deemed complete until all reviewed components are completed.

The chairperson for the team will take the review documentation and prepare a report noting strengths and deficiencies within 14 working days of the conclusion of the site visit. This report will contain recommendations for corrective action. This report will be submitted to the Virginia Department of Health.

Once approved, VDH will forward the site visit report to the lead agency. The lead agency will have 14 working days to review and then forward the report to the subcontractor.

Within 30 working days of receipt, the subcontractor must submit a corrective action plan based upon the report to the lead agency. The report should be time phased and contain measurable goals.

Depending on the corrective action required, if any, the lead agency may conduct a follow-up site visit within 30 days of the corrective action deadline in the report to verify corrective actions have been met.

Failure to implement the corrective action plan may result in further corrective and/or disciplinary action up to and including suspension or termination of subcontract.

When a subcontractor is cited for a deficiency, it is a requirement of VDH that a Corrective Action Plan (CAP) be submitted by the lead agency for each deficiency cited. VDH requires the lead agency to work with or otherwise assure that subcontractors complete an appropriate CAP.

Purpose:

- To ensure that standards of care are being provided
- To show resolution of the deficiency and the action/intent to solve the situation.

Time Frame:

- Lead agencies must set a time limit for subcontractors to return completed CAP. Time limit must be 30 days or less.
- The lead agency must forward a copy of the CAP to VDH within 14 days of receipt.

Format of Presentation:

VDH does not require a specific format be used for submission of information. The format may be narrative or chart form. However, there are certain elements that must be present in the report:

1. The name of the Subcontractor
2. The date of the site visit
3. The date of the submission of the CAP to the lead agency
4. The name of the person submitting the CAP
5. Each individual deficiency must be addressed.
 - Identify the service category of the deficiency
 - Identify the deficiency.
 - State each action (step) to correct deficiency. Each action should contain:
 - Who is responsible for the action
 - How the action is to be measured
 - What is the time frame for accomplishment of each action
6. Statement of anticipated correction of deficiency and anticipated date of resolution.

Points to consider when creating Corrective Action Plans:

1. You may use the SMART method for the plans:
 - S=Specific (be clear in your intent)
 - M=Measurable (use time frames, numbers, percentages)
 - A=Achievable (is there a solution, if not what can be done as an alternative)
 - R=Realistic (evaluate your time frames, actions and goals)
 - T=Time-phased [your commitment as to when action(s) will start and finish].
2. When an action plan involves evaluation/data collection the time frame for the reviews should be at least quarterly.
3. Select specific people to be responsible for specific components of the plans (this does not have to be a specific name, may be a position)