



OCT 16 1995

CIN: A-01-95-01504

The Honorable Thomas M. Menino
Mayor, City of Boston
Boston City Hall
One City Hall Plaza
Boston, Massachusetts 02201

Dear Mayor Menino:

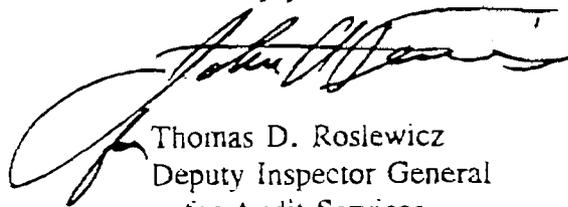
Enclosed are two copies of the U.S. Department of Health and Human Services, Office of Inspector General, Office of Audit Services' report entitled *Audit of the Ryan White Comprehensive AIDS Resources Emergency Act of 1990 in the Boston Metropolitan Area for Fiscal Year 1994*.

Final determination as to actions taken on all matters reported will be made by the HHS action official named below. We request that you respond to the HHS action official within 30 days from the date of this letter. Your response should present any comments or additional information that you believe may have a bearing on the final determination.

In accordance with the principles of the Freedom of Information Act (Public Law 90-23), Office of Inspector General (OIG), Office of Audit Services (OAS) reports issued to the Department's grantees and contractors are made available, if requested, to members of the press and general public to the extent information contained therein is not subject to exemptions in the Act which the Department chooses to exercise. (See 45 CFR Part 5.)

To facilitate identification, please refer to Common Identification Number A-01-95-01504 in all correspondence relating to this report.

Sincerely yours,



Thomas D. Roslewicz
Deputy Inspector General
for Audit Services

Enclosure - as stated

Direct Reply to HHS Action Official

Chief, Cost Advisory and Audit Resolution Branch
Division of Grants and Procurement Management
Health Resources and Services Administration
Public Health Service
U.S. Department of Health and Human Services
Parklawn Building, Room 13A-27
5600 Fishers Lane
Rockville, Maryland 20857

cc: Thomas Traylor, Commissioner, Boston Department of Health and Hospitals w/report
Thomas Driscoll, Deputy of Business and Administrative Services, Trustees of Health
and Hospitals of the City of Boston, Inc. w/report
Richard Stevens, Assistant Deputy Commissioner, Director Public Health AIDS
Services, Department of Health and Hospitals, City of Boston w/report

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**AUDIT OF THE RYAN WHITE
COMPREHENSIVE AIDS RESOURCES
EMERGENCY ACT OF 1990 IN THE
BOSTON METROPOLITAN AREA FOR
FISCAL YEAR 1994**



**JUNE GIBBS BROWN
Inspector General**

OCTOBER 1995

A-01-95-01504

EXECUTIVE SUMMARY

BACKGROUND

The Ryan White Comprehensive AIDS Resources Emergency Act of 1990 (CARE Act) was created as a comprehensive response to the Human Immunodeficiency Virus (HIV) epidemic and its impact on individuals, families, communities, cities and states. The CARE Act was intended to establish services for HIV clients who would otherwise have no access to health care and to provide emergency relief funding to communities with the highest number of reported AIDS cases, as confirmed by Department of Health and Human Services' (HHS), Centers for Disease Control and Prevention.

The HHS, under Title I of the CARE Act, has awarded the City of Boston, Department of Health and Hospitals (Boston EMA) \$23,249,056 during the past 5 years to provide services to clients with HIV disease and their families. The Boston EMA enters into contracts with local service providers in eastern and central Massachusetts and southern New Hampshire. These service providers include hospitals, ambulatory care facilities, community health centers, community-based organizations, and hospices, among others.

OBJECTIVE

The objective of this audit was to determine whether the Boston EMA and its CARE Act service providers ensure that all CARE Act clients are individuals with HIV disease and their families.

SUMMARY OF FINDINGS

Two of the three service providers we visited did not have documentation regarding the HIV disease for 102 of the 113 CARE Act case files we requested for review. The third provider had a system to test each of its clients for HIV disease. We found documentation of HIV disease for all CARE Act clients reviewed at the third provider.

We believe that the reason two of the three service providers visited have not documented HIV disease for all CARE Act clients is that the Boston EMA has not given guidance to service providers for the implementation of a system to ensure that all CARE Act clients are individuals with HIV disease and their families. It is important to determine HIV disease status because CARE Act clients can be referred to and receive services such as housing, food, dental, transportation, mental health and substance abuse which are not specific to individuals with HIV disease and their families. As such, the Boston EMA does not have assurance that services, especially support services, are reaching the intended population. Had the Boston EMA fulfilled its monitoring responsibility to make site visits to service providers, there is a likelihood that this problem could have already been corrected.

Due to the significance of the problem identified at one of the providers, we provided the Boston EMA with a list of the provider's clients for whom we were unable to obtain documentation of HIV disease. We wanted to provide the Boston EMA with the opportunity to verify that these clients receiving CARE Act services were individuals with HIV disease and entitled to the services. Shortly after we provided the Boston EMA with a list of clients, the Boston EMA informed its service providers not to cooperate with the Office of Inspector General.

Both the Health Resources and Services Administration (HRSA) and the Boston EMA acknowledged our findings and agreed to effectuate corrective action. These officials did not believe that additional OIG work was needed to further support the need for corrective action. Because of their agreement to take corrective action based upon our limited work, we did not believe that additional work was justified in Boston.

On June 28, 1995, we provided the Boston EMA with draft findings regarding the results of our audit to date. We did this to provide the Boston EMA an early opportunity to comment. After considering its comments, we provided the City of Boston a draft report for comment on August 7, 1995. The City of Boston's relevant comments are summarized after our recommendations on page 9 of this report, and the City of Boston's written comments are appended in their entirety to this report less the supporting attachments referred to in its comments (see APPENDIX). In its written response, the City of Boston generally agreed with our recommendations as presented below and indicated that corrective action has been or will be taken. (Note: We deleted all references to names of the OIG audit team, HRSA officials and Boston EMA officials.)

RECOMMENDATIONS

We are recommending that the Boston EMA: (1) provide guidance to CARE Act service providers as to what constitutes adequate documentation to support whether CARE Act clients are individuals with HIV disease or their families, (2) visit both the Haitian Multiservice Center and SPAN, INC. to ensure that documentation of HIV disease is obtained for the 102 clients for whom we were unable to obtain documentation and that systems are implemented to document that future clients are individuals with HIV disease or their families, (3) finalize the site visit monitoring program, and (4) fulfill its obligation to make at least one site visit annually to every CARE Act service provider and ensure that CARE Act service providers maintain adequate documentation to support whether CARE Act clients are individuals with HIV disease or their families.

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INTRODUCTION

BACKGROUND

On August 18, 1990, Congress passed Public Law 101-381 entitled The Ryan White Comprehensive AIDS Resources Emergency Act of 1990 (CARE Act). The CARE Act provides emergency assistance to localities that are disproportionately affected by HIV. The CARE Act is multifaceted, with four titles directing resources to cities, states and demonstration grants. The purpose of Title I of the CARE Act is to provide resources to cities facing high HIV caseloads to develop and sustain systems of care that emphasize a continuum of services and reduce inpatient burdens.

The Department of Health and Human Services (HHS), Public Health Service (PHS), Health Resources and Services Administration (HRSA) awards Title I funds to Eligible Metropolitan Areas (EMAs). Specifically, HRSA awards grants to the chief elected official that administers the public agency providing outpatient and ambulatory services to the greatest number of individuals with AIDS. One of the EMAs is Boston, Massachusetts. The Boston EMA includes seven counties in Massachusetts and three counties in southern New Hampshire.

The Mayor of Boston delegated signature authority for the HIV Emergency Relief Grant Application (formula and supplemental) to the Commissioner of the Boston Department of Health and Hospitals (Boston EMA). In addition, the Mayor has delegated responsibility for disbursing funds and administering the grant to the Boston EMA. The Mayor has retained, however, authority to review all decision outcomes, plans, and policy as they relate to the implementation of HIV-related health and support services. The Public Health/AIDS Office of the Boston EMA is charged with the actual implementation of Title I, based on the priorities and fund allocations approved by the HIV Health Services Planning Council.

Awards to the Boston EMA under Title I of the CARE Act increased in 4 years, from \$2.2 million in 1991 to \$7.1 million in 1995. Over \$23 million has been awarded to the Boston EMA in the past 5 years.

Boston EMA - Funding in Thousands						
Title	1991	1992	1993	1994	1995	Cumulative
I	\$2,236	\$2,824	\$4,155	\$6,955	\$7,079	\$23,249

In the fiscal year (FY) 1994 Supplemental Grant Application for CARE Act funding, the Boston EMA estimated that there are 24,200 persons in the Boston EMA who are HIV positive or diagnosed with AIDS. For FY 1994, the Boston EMA entered into 119 contracts with 77 service providers in Massachusetts and New Hampshire to provide specific health and support services to clients with HIV disease and their families. These service providers

included hospitals, ambulatory care facilities, community health centers, community-based organizations, and hospices, among others. Services provided by health and support service providers include:

Health services: primary medical care, dental care, mental health therapy/counseling, case management, home health care, hospice care, rehabilitation and substance abuse treatment.

Support services: adoption/foster care assistance, buddy/companion services, client advocacy, day/respice care, direct emergency assistance, food bank/home delivered meals, housing/housing related services, transportation and other services.

Many health and support service providers also deliver a range of services which are not unique to individuals who have HIV disease and their families.

SCOPE

The objective of this audit was to determine whether the Boston EMA and its CARE Act service providers ensure that all CARE Act clients are individuals with HIV disease and their families. We conducted field work at the Boston EMA and three judgmentally selected CARE Act service providers located in Boston, Massachusetts. The three service providers selected were the Haitian Multiservice Center, SPAN, INC., and the Boston Hemophilia Center.

We conducted our audit during the period December 6, 1994 through May 9, 1995 in accordance with generally accepted government auditing standards. In May 1995 the Boston EMA denied us access to client records. *Government Auditing Standards* require us to report this action.

In a letter dated May 10, 1995 the Assistant Deputy Commissioner, Director of Public Health AIDS Services, (CARE Act Director) raised an issue of client confidentiality and stated that all cooperation with the audit must be deferred until resolution of the issue. In a letter dated May 24, 1995, the CARE Act Director apprised us that the Boston EMA was no longer cooperating with our audit and that the Boston EMA had informed its service providers that they are not required to release client information.

We consulted with HHS', Office of Inspector General (OIG) Office of General Counsel on this issue. The OIG General Counsel contacted PHS' General Counsel and both Counsels are in agreement that the OIG has authority to conduct this audit and there exists no statutory bar to the reviewing and maintenance of personally identifiable information in the course of the review.

After May 10, 1995, we attempted to meet with two of the service providers contacted in this audit. They apprised us they were no longer cooperating with the audit, since the CARE Act Director informed service providers that they are not required to release client information. We did not determine the extent of the reported condition among other service providers. Both HRSA and the Boston EMA acknowledged our findings and agreed to effectuate corrective action. These officials did not believe that additional OIG work was needed to further support the need for corrective action. Because of their agreement to take corrective action based upon our limited work, we did not believe that additional work was justified in Boston.

To accomplish our objective (prior to the Boston EMA withdrawing cooperation), we:

- determined whether the Boston EMA and three judgmentally selected case management CARE Act service providers had established systems and procedures to ensure only individuals with HIV disease and their families received services,
- determined whether the Boston EMA provided CARE Act service providers policy or guidance to ensure only individuals with HIV disease and their families received services,
- determined how the Boston EMA monitors CARE Act service providers to ensure only individuals with HIV disease and their families received services,
- obtained and reviewed contracts, budgets, scope of services and reports submitted to the Boston EMA to gain an understanding of the types of services the CARE Act service providers deliver,
- reviewed the latest CARE Act service provider's quarterly report submitted to the Boston EMA,
- reviewed client case files to determine whether the case files contained evidence that clients were individuals with HIV disease or their families. We requested for review, case files for 100 percent of the CARE Act clients at the Haitian Multiservice Center and judgmentally selected case files at SPAN, INC., and the Boston Hemophilia Center, and
- gave one CARE Act service provider an opportunity to locate or obtain evidence that CARE Act clients had the HIV disease or were family members of an individual who had HIV disease. When the service provider was not forthcoming, we gave the Boston EMA an opportunity to work with the CARE Act service provider to locate or obtain such evidence.

On June 28, 1995, we provided the Boston EMA with draft findings regarding the results of our audit to date. We did this to provide the Boston EMA an early opportunity to comment. After considering its comments, we provided the City of Boston a draft report for comment on August 7, 1995. The City of Boston's relevant comments are summarized after our recommendations on page 9 of this report, and the City of Boston's written comments are appended in their entirety to this report less the supporting attachments referred to in its comments (see APPENDIX).

FINDINGS AND RECOMMENDATIONS

Two of the three CARE Act service providers we visited did not have documentation regarding the HIV disease¹ for a significant number of CARE Act clients (102 of 113 case files requested for review). We believe that the reason these two service providers have not documented HIV disease for all CARE Act clients is that the Boston EMA has not given guidance to service providers for the implementation of a system to ensure that all CARE Act clients are individuals with HIV disease and their families. As such, the Boston EMA does not have assurance that services, especially support services, are reaching the intended population. It is important to determine HIV disease status for all CARE Act clients because CARE Act clients can be referred to and receive services such as housing, food, dental, transportation, mental health and substance abuse which are not specific to individuals with HIV disease and their families. Had the Boston EMA fulfilled its responsibility to conduct site visits to service providers, the Boston EMA could have discovered this problem.

Title I of the CARE Act, section 2604 (b)(1) states:

...The chief elected official shall use amounts...to provide direct financial assistance...for the purpose of delivering or enhancing HIV-related-

(A) outpatient and ambulatory health and support services, including case management and comprehensive treatment services, *for individuals and families with HIV disease* [emphasis added]; and....

The Mayor's designee, in the Boston EMA's application agreements and compliance assurances for CARE Act funds, certified:

...as required...funds received under this Title will be utilized...to provide HIV-related services to individuals with HIV disease;....

¹For purposes of this report, the term "HIV disease" refers to individuals with HIV disease and their family members.

The Boston EMA's standard CARE Act provider agreement states:

...the purpose of this grant is to provide emergency relief to eligible cities to enable them to deliver or enhance HIV-related...services for individuals and families with HIV disease....

Two of the three service providers we visited did not have documentation regarding the HIV disease for 102 of 113 case files. The third provider, the Boston Hemophilia Center, had a system to test each of its clients for HIV disease. We found documentation of HIV disease for all CARE Act clients whose case files we reviewed at the Boston Hemophilia Center. The following is background information on each service provider we visited and the results at each provider.

Boston Hemophilia Center

The Boston Hemophilia Center (BHC) has been in service for about 20 years. Currently BHC provides care to over 150 individuals with bleeding disorders. About one-third of BHC clients are CARE Act funded. Most of

BHC's clients are patients who have been receiving services for many years before the CARE Act.

The BHC has a system whereby every patient is initially tested for HIV disease. Testing of this nature is done because of the risk factors associated with bleeding disorders. We reviewed case files for five CARE Act clients and found documentation of HIV disease in all files.

SPAN, INC.

SPAN, INC. (SPAN), is a private multiservice center for the offender (inmates)/ex-offender population. Its mission is to provide caring respectful services to responsibly empower those who wish to improve their lives. SPAN has been providing services to

HIV positive offenders and ex-offenders since 1984, 6 years prior to the CARE Act. SPAN provides a broad range of HIV/AIDS education, advocacy and case management as part of their regular program for reintegrating offenders into the community. Currently, CARE Act funds (case management services, housing, case finding, and emergency assistance) account for 54 percent of SPAN's total revenue. SPAN reported in its October to December 1994 quarterly report to the Boston EMA 77 clients as receiving case management services under the CARE Act.

Due to restrictions the Boston EMA placed on access to records, we reviewed case files of only 14 CARE Act clients who received case management services. We found that five case files contained documentation of HIV disease. Of the nine CARE Act clients for which SPAN had no documentation of HIV disease, two were

ex-offenders who were considered walk-in clients and seven were referred to SPAN by correctional institutions.

With respect to the seven individuals referred by the correctional institutions, SPAN officials informed us that SPAN advised the correctional institutions to refer only HIV positive offenders for case management services. Therefore, SPAN and Boston EMA officials stated that they believed the seven clients with undocumented HIV disease to be HIV positive. However, at the time of our field work, SPAN did not have documentation indicating that individuals referred had HIV disease. It is important to note that SPAN, prior to becoming a CARE Act provider, was servicing in the correctional system individuals with and without HIV disease and continues within the correctional system to provide services to both individuals with and without HIV disease.

Subsequent to our field work, SPAN was provided written assurances from both the Correctional Medical Services, which provides health services to the State prison system, and the Suffolk County House of Correction that they would refer to case management only individuals who are HIV positive. Nevertheless, there should be available documentation at the provider or at the correctional institution to verify whether the offender has HIV disease. Three of the seven offenders we reviewed did not come from the State correctional system or the Suffolk County House of Correction. Further, for the three offenders who came from the State correctional system there was no documentation that the offenders were referred by the Correctional Medical Services. As such, we still believe that there is a risk that CARE Act case managers may service future clients that do not have HIV disease. Therefore, it remains necessary to obtain and maintain documentation of HIV disease for offenders referred from other than the State prison system and the Suffolk County House of Correction.

Haitian Multiservice Center

The Haitian Multiservice Center (Center) provides a variety of services to the Haitian community in the greater Boston area. At the Center, the CARE Act funds 10 percent of the Center's total revenue (CARE Act funding is provided for case management services). The Center has

approximately 660 clients and reported in its October to December 1994 quarterly report 99 clients as receiving services under the CARE Act. The Center has five major programs which are available to all their clients whether or not they have HIV disease. These programs are: (1) adult education, (2) pre-GED program, (3) prenatal care, (4) day care, and (5) refugee and related immigration services. In addition, the Center refers CARE Act clients to other CARE Act providers for medical, housing, food, transportation, legal, substance abuse, and other support services. Further, Center officials stated that case management services are provided for all clients not just CARE Act clients.

We asked Center officials for the case files of the 99 clients reported to the Boston EMA in the quarterly report as receiving services. They advised us that client case files did not exist. Center officials put together various notes and forms for 78 CARE Act clients. The case files for 21 CARE Act clients were never provided to us. We reviewed the case files provided for the 78 CARE Act clients and found that only 6 case files had documentation of HIV disease. Seventy-two case files did not contain documentation of the clients' HIV disease. We provided the Center the opportunity to obtain documentation of HIV disease for the 72 clients without documentation. The Center was unable to provide further documentation. Therefore, because of the significance of the problem, we referred this matter to the Boston EMA.

Subsequent to our field work, the Boston EMA conducted a site visit at the Center and confirmed the lack of an internal process for record keeping resulting in poor documentation. In this respect, the EMA reviewed 79 case files and found that all had: no proof of HIV status; very little or no service plan/service followup documentation; and incomplete intakes and assessments; no assurances that clients are aware of their rights regarding confidentiality at the time of enrollment; and no assurances that the clients permission for release of confidential information is obtained. Further, the EMA has indicated that it has informed the Center that existing case files need to be completed and that additional documentation and record keeping training needs to occur by July 31, 1995. The Boston EMA also stated that failure to perform will result in disciplinary action up to and including contract termination.

CARE Act at Risk

At least 62 percent of all CARE Act funding at the Boston EMA provides funds for services which may not be unique to individuals with HIV disease. For FY 1993 (April 1, 1993 to March 31, 1994) the Boston EMA spent about 36 percent (\$1.5 million) of its total funding on services such as housing related services, food, transportation and dental which are services not unique to individuals with HIV disease. Further, within the Day/Respite Care and Other services categories (combined \$1.1 million) there would be additional services which may not be unique to individuals with HIV disease. All of the services mentioned are of a type which a great number of individuals need whether or not they live with HIV disease. As such, the risk is high that individuals who do not have HIV disease can receive CARE Act services.

The Boston EMA has no assurance that services are delivered to the intended population (individuals with HIV disease and their families). As such, the Boston EMA is at risk of providing services to individuals not intended to be serviced by the CARE Act and creating an environment where provider and client abuses may occur.

EMA Guidance and Monitoring

We believe that two of the three service providers have not documented HIV disease for all CARE Act clients because the Boston EMA has not given guidance to service providers for the implementation of a system at the service provider level to ensure that all CARE Act clients are individuals with HIV disease and their families. Further, had the Boston EMA conducted site visits at service providers, the Boston EMA possibly would have identified and corrected this problem.

The Boston EMA stated in its application to HRSA for CARE Act funding that it would conduct a site visit to every service provider in FY 1994. Further, in the Boston EMA's standard CARE Act Provider Agreement the Boston EMA is committed to performing at least one site visit and as many as six for monitoring purposes. Per the Boston EMA's CARE Act Director, the Boston EMA did not fulfill this obligation in FY 1994. The Director stated that the Boston EMA conducted site visits at only 20 of its 77 providers (26 percent) for which it was committed. We, however, were unable to verify this as the Boston EMA maintained no record of site visits. Further, the Boston EMA did not have a written program to detail the procedures to be used in site visits. On February 7, 1995 the Boston EMA's CARE Act Director informed us that the EMA will hire a consultant to develop a program to be utilized in site visits.

In July 1995, the Boston EMA provided us with a copy of the monitoring program. This guide does have steps to review documentation of HIV disease. The guide does not specifically state what documentation to review. However, had Boston EMA officials, prior to our review, performed site visits utilizing the guide, we believe they may have become aware of the problems disclosed in this report and possibly instituted corrective action.

Recommendations

We are recommending that the Boston EMA:

- Provide guidance to CARE Act service providers as to what constitutes adequate documentation to support whether CARE Act clients are individuals with HIV disease or their families,
- Visit both the Haitian Multiservice Center and SPAN, INC. to ensure that documentation of HIV disease is obtained for the 102 clients for whom we were unable to obtain documentation and that systems are implemented to document that future clients are individuals with HIV disease or their families,
- Finalize the site visit monitoring program, and

- Fulfill its obligation to make at least one site visit annually to every CARE Act service provider and ensure that CARE Act service providers maintain adequate documentation to support whether CARE Act clients are individuals with HIV disease or their families.

Auditee Comments

The City of Boston generally concurred with the recommendations and has indicated that corrective action has been or will be taken. See the City of Boston's response to our draft report, in the Appendix, page 7, of this report. In this regard, the Boston EMA (1) will develop and implement an HIV Eligibility Determination Policy, (2) has been working with the Haitian Multiservice Center and SPAN to obtain documentation of HIV disease and initiated an intense monitoring process for the Haitian Multiservice Center, (3) has completed and is using its Program and Fiscal Monitoring instrument, and (4) has set an administrative goal to monitor each CARE Act service provider on an annual basis. However, the Boston EMA believes that it did not find sufficient deficiencies at SPAN to support the OIG findings at SPAN. The Boston EMA maintains that referrals to SPAN are based on a strict protocol. In this regard, Correctional Medical Services and the Suffolk County House of Correction provided the Boston EMA letters dated July 7, 1995 and March 28, 1995, respectively, assuring that only HIV positive individuals are referred to SPAN.

Additional OIG Comments

Since the letters provided by Correctional Medical Services and the Suffolk County House of Correction were provided to SPAN subsequent to the referral of the individuals, SPAN has no assurance that the subject clients had HIV disease. Further, as discussed on page 6 of this report, three of the offenders did not come from the State correctional system or the Suffolk County House of Correction. For the three offenders who came from the State correctional system, there was no documentation that they were referred by Correctional Medical Services, as opposed to another section of the State correctional system. Because SPAN provides services to offenders with and without HIV disease, it is essential that SPAN obtain and maintain: (1) documentation that offenders who come from the State correctional system or the Suffolk County House of Correction were referred by Correctional Medical Services or the Suffolk County House of Correction, and (2) documentation of HIV disease for offenders who are not from the State correctional system or the Suffolk County House of Correction.

APPENDIX



534-5365

THOMAS M. MENINO
MAYOR

THOMAS P. TRAYLOR
COMMISSIONER

August 18, 1995

Richard J. Ogden
Regional Inspector General for Audit Services
Office of Audit Services - Region I
John F. Kennedy Federal Building
Boston, Massachusetts 02203

Re: Ryan White Audit #A-01-95-01504

Dear Mr. Ogden:

On behalf of the City of Boston I am writing in response to the material which you sent to Mayor Thomas Menino on August 7, 1995 concerning the above cited audit.

We have taken the opportunity to update our original corrective action plan previously submitted on July 11, 1995 in order to respond to your most recent letter. We share your concerns and appreciate the opportunity afforded to us to improve our HIV eligibility documentation system. We have attached, for your convenience, a copy of the original as well as our amended response.

I look forward to meeting with you at the planned exit conference to further discuss your findings.

Sincerely yours,

Thomas P. Traylor
Commissioner of Health
and Hospitals

/jr

cc: The Honorable Thomas Menino

**BOSTON EMA GRANTEE RESPONSE TO OFFICE OF INSPECTOR GENERAL'S
RYAN WHITE CARE ACT'S TITLE I AUDIT FINDINGS**

The Office of the Inspector General - Region I began its audit of the Ryan White Title I CARE Act in Boston on December 6, 1994. The audit manager, introduced the local audit team consisting of _____ and _____. We were informed this team would conduct the local audit. The audit process would include tests to assure that adequate fiscal and program controls were in place. The audit could last up to more than eight months. At the end of the audit, draft findings would be released to allow for a management letter of response from the Boston grantee. This communication serves as the City of Boston response to the August 7, 1995 draft report entitled Audit of the Ryan White Comprehensive AIDS Resources Emergency Act of 1990 in the Boston Metropolitan Area for Fiscal Year 1994. (Attachment 1, pages 7-18). It follows a July 11, 1995 response to the Findings and Recommendations document of the Office of the Inspector General distributed at the 6/28/95 Washington D.C. meeting.

The Boston EMA grantee provided the audit team with an introductory binder (Attachment 2, page 19), secure office space, security card, keys, as well as complete access to its records and files. During the months that the team was on-site, there was full cooperation with the audit process including constant communication with the director of the project as well as lengthy meetings to discuss in detail the various aspects of implementing and managing a complex service delivery program.

The Boston EMA grantee for Year 04 of the Ryan White CARE Act was faced with some very significant challenges. The eligible geographic area for service delivery expanded from the original Boston, Cambridge, Somerville Metropolitan area to include seven counties of Massachusetts and three counties of southern New Hampshire. This expansion required a significant increase in community organizing and planning across a diverse urban, suburban, and rural region. Included in this process was a total reconfiguration of the Boston EMA HIV/AIDS Services Planning Council to assure EMA-wide representation. Four distinct and separate local bid processes for client services were conducted. These included an RFP for services from the original EMA; for case management services under the Collaboration; for services for the expanded parts of the EMA; and for program evaluation. As a result, the Boston EMA expanded from 63 programs in 1993 to 122 programs in 1994. This required additional technical assistance and extensive provider training. As a condition of federal award, the AAR data reporting system had to be designed and implemented so that all programs would report client utilization information for a minimum of six months. In addition, timely monthly fiscal billing had to be assured as actual monthly expenditure data would be used as the baseline 1995 HRSA award.

AGENCY AUDITS

The findings of the Inspector General's Office focus on site visits to three programs funded in 1994 for case management services. These programs represent 2.5% of the total 122 CARE Act programs funded for this period. They also represent 3 of 28 programs funded under the Federal, State, and City Collaborative of 1994 for Case Management Services for Boston, Cambridge, and Somerville. This coordinated effort grew out of a mutual recognition that multiple funding cycles, uncoordinated releases of RFP's, multiple data collection systems, multiple formats for reporting to funders and multiple contract managers created an undue burden on funders and providers. Through this collaborative, the state and the city share a commitment to 1) jointly issue and review proposals for all case management related services in the Boston area through a single process, 2) establish a single system for data collection on all case management and client services, 3) establish a single time schedule and format for reports on program activity, 4) to designate a single funding stream for programs with a single contracts manager, 5) and to fund a single entity to standardize and coordinate case management activities across all collaborative providers. John Snow, Inc. (JSI) began its work in September of 1994.

After a short orientation period, JSI conducted an on-site needs assessment of each of the 28 agencies. In their final report, released in April of 1995 (Attachment 3, pages 20-27), JSI found that client documentation varied from the most basic information to a very comprehensive assessment of needs. The consistency and completeness of the documentation related to the client's level of involvement with the agency and the agency's internal process for record keeping. As part of their contracted service, JSI is currently developing a standardized intake instrument which will be used by all providers of the collaborative. Included in this instrument will be documentation of HIV disease.

The Inspector General's audit team found that two of the three service providers did not have sufficient documentation regarding HIV status.

SPAN, INC.

The audit findings state... "we reviewed case files of only 14 CARE Act clients who received case management services. We found that five case files contained documentation of HIV disease. Of the nine CARE Act clients for which SPAN had no documentation of HIV disease, two were ex-offenders who were considered walk-in clients." Seven were referred to SPAN by correctional institutions with established referral protocols.

As explained to the audit team, referrals from the correctional institutions are based on a strict protocol. Correctional Medical Services, which provides health services to the state prison system, and the Suffolk County House of Corrections will only refer to the program individuals who are HIV positive. (Attachment 4 and Attachment 5, pages 28-29). As medical care providers, the referral protocol serves as documentation. Of the two remaining individuals, one was referred from a health care center with documentation of HIV disease located at the center and the final individual was seen for one visit and did not return. If the individual had returned, the agency would have secured sufficient documentation as outlined in its Policy and Procedures for Documentation of HIV/AIDS status (Attachment 6, pages 30-31). We do not find sufficient deficiencies in this agency's records to support the OIG findings.

HAITIAN MULTISERVICE CENTER

The audit findings state...*"We reviewed the case files provided for the 78 CARE Act clients and found that only 6 case files had documentation of HIV disease. Seventy-two files did not contain documentation of the client's HIV disease...Therefore, because of the significance of the problem, we referred this matter to the Boston EMA"*

Haitian Multiservice Center's case management program represents 0.8% of the total 122 CARE Act funded programs for 1994. The award allocation represents 1.9% of the total federal award.

On May 9, 1995, the Inspector General's audit team requested of the Boston EMA grantee verification of HIV status of a list of clients who received services from the Center (Attachment 7, page 32). This list included name, social security number, agency client code, HIV verification status, and service codes for the 78 clients. There was immediate concern on the part of the Boston grantee, that a significant breach of confidentiality had occurred. Individual personal identifier information had been removed from a local program by a federal agency. This agency then developed a data file line list of this information and requested the grantee to disclose the HIV status of the individuals named without their specific informed consent for such disclosure. The Boston EMA grantee immediately responded by fax and letter (Attachment 8, page 33). The Boston EMA grantee informed HRSA of the OIG request and HRSA also responded (Attachment 9, page 34).

On May 10, 1995, both _____ of the Boston EMA grantee office and _____ of HRSA's Division of HIV Services talked with _____ of the Region I Inspector General's office regarding our concerns and request for the OIG to immediately and permanently cease from removing from CARE funded programs personal identifying information about clients.

We were assured that all activities related to the audit would stop until this issue was resolved.

On May 11, 1995, we were informed by the Haitian Multiservice Center that _____ of the OIG was attempting to access agency records and files. These attempts continued, and on May 24, 1995 the Boston EMA grantee again communicated with the OIG (Attachment 10, page 35). The previous evening, at a meeting of the Boston EMA HIV/AIDS Health Services Planning Council, members expressed concern regarding the actions of the OIG and directed that all providers be alerted to our concerns relating to the conduct of the audit process (Attachment 11, page 36).

On May 30, 1995, the OIG again attempted to gain access to records and files at SPAN, Inc. In discussion with _____, the Boston EMA grantee was informed that the OIG at all levels was in agreement that no violation of client confidentiality occurred and that the audit was to proceed. The grantee clearly stated to _____ that the issue related to client confidentiality was not resolved and that Boston would continue to defer cooperation with the audit until it was. The Region I OIG never responded to our concerns. It was not until June 2, 1995, that _____, Assistant Inspector General for Audit Policy and Oversight in Washington, D.C. responded to our repeated requests. (Attachment 12, page 37).

While efforts to resolve issues related to client confidentiality were being made, the Boston EMA grantee took seriously the findings of the OIG at the Haitian Multiservice Center.

On May 11, 1995, a Boston CARE Act program site visit was conducted at the agency to monitor the quality and consistency of the client records and service care plans. We reviewed 79 files and found that all of the files were incomplete and that the following patterns were consistent throughout all of the files: there was very little or no service plan/service followup documentation; no proof of HIV status; incomplete intakes and assessments; no assurances that clients are aware of their rights regarding confidentiality at time of enrollment; no assurances that client's permission for release of confidential information is obtained. This poor documentation is a direct result of the agency's lack of an internal process for record keeping and the minimal skill set of the case management team. The agency has been formally notified that existing file records need to be completed and that additional documentation and record keeping training for case managers needs to occur.

An intensive monitoring process has been initiated for this agency based upon a task performance plan of action with completion set for September 1, 1995 (Attachment 13, pgs 38-41). Failure to perform will result in disciplinary action up to and including contract termination.

EMA GUIDANCE AND MONITORING

The Boston EMA grantee set as a goal for FY 1994 that it would conduct a site visit to every provider of service. As outlined on page 1, due to the significant challenges of 1994, it became clear that this goal was unrealistic. The CARE Act program did conduct 20 provider site visits on an informal basis.

The Guidance monitoring tool used in previous years did not fully reflect the needs of a complete program and fiscal monitoring process. An administrative goal for Year 04 was to develop an improved protocol and instrument for use in conducting site visits. This monitoring tool has been completed and will be used by program and fiscal staff as they conduct site visits at all agencies.

In FY 1994, given the increased federal emphasis on client data and fiscal expenditure reporting by program, the Boston EMA grantee established an interim mechanism to assure program/fiscal reporting compliance.

Each quarter, letters of non-compliance including an expectation of a time specific response were sent to each agency which had not submitted the required program/fiscal reports. For the four quarters of program Year 04, a total of 163 agency non-compliance letters were mailed representing 231 programs.

Agencies which continued to be in non-compliance were sent a letter suspending payments until documentation was received. Thirty-five agencies had payment suspensions during this period.

The payment suspension was lifted upon receipt of documentation. Thirty-two agencies had payment suspensions lifted upon receipt of documentation.

100% fiscal/programmatic compliance was achieved for each of the four quarters of the fiscal year.

RECOMMENDATIONS FOR THE BOSTON EMA:

- 1) *Provide guidance to CARE Act service providers as to what constitutes adequate documentation to support whether CARE Act clients have HIV disease*

Absent specific federal guidelines, the Boston EMA grantee will develop and implement a HIV Eligibility Determination Policy to assist CARE ACT service providers in their documentation. The grantee has distributed a mandatory open-ended survey to all agencies. The information collected is currently under review. The information gathered from current practice will be used to more fully develop a functional policy driven process. In addition, specific types of documentation will be identified as acceptable for eligibility determination. This guidance policy will be completed and is anticipated to be in effect by late summer of 1995. Actual date will depend on local policy compatibility with federal guidelines to be finally released this summer.

- 2) *Visit both the Haitian Multiservice Center and SPAN, INC. to ensure that documentation of HIV disease is obtained for the 102 clients for whom we were unable to obtain documentation and that systems are implemented to document that future clients have HIV disease*

The Boston EMA grantee has been working with the two agencies to obtain documentation. The documentation at SPAN, Inc. is complete and to acceptable standards. An intensive monitoring process has been initiated for the Haitian Multiservice Center with expectations of full and complete documentation as well as staff training to be completed by September 1, 1995.

- 3) *Finalize the draft site visit monitoring program*

The Program and Fiscal Monitoring instrument has been completed and is being used on all site visits.

- 4) *Fulfill its obligation to make at least one site visit annually to every CARE Act service provider and ensure that CARE Act service providers maintain adequate documentation to support whether CARE Act clients have HIV disease*

The Boston EMA grantee has set an administrative goal to monitor each CARE Act service provider on an annual basis. Program staff are developing the timelines to assure that this goal is achieved. In the past month, five providers have been visited using the Program and Fiscal Monitoring instrument. Documentation is included as part of the provider monitoring process.