

new efa **Ryan White HIV/AIDS Program** new act **Grantee Meeting and 11th Clinical Update**


Title: Maximizing the Juice From the Squeeze: Community Health Centers Managing Both Ryan White Part C EIS and BPHC Grants

Track: Administration/Fiscal

Date/Time: Thursday, August 28th 2008, 10:00-11:30 AM

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Health Resources and Services Administration
HIV/AIDS Bureau, Division of Community Based Programs

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Maximizing the Juice From the Squeeze:

Community Health Centers Managing Both Ryan White Part C EIS and BPHC Grants

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Presentation Outline

- Ryan White Part C Early Intervention Services (EIS) Background & Purpose
- Part C EIS Structure and Expectations
- Program Reporting Requirements
- Organizational Challenges
- Program Outcomes
- Transition/Conclusion

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Ryan White Part C EIS Background

- Originated in the Bureau of Primary Health Care (BPHC)
 - The First Ryan White Comprehensive AIDS Resources Emergency (CARE) Act in 1990, Title III Program
- Administered in the HIV/AIDS Bureau (HAB) since 1997
- *Title XXVI of the Public Health Service Act, as amended by Ryan White HIV/AIDS Treatment Modernization Act of 2006 (as Part C, EIS)*

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Ryan White HIV/AIDS Program's Relationship to CHCs

- Supplements CHCs' existing primary care program to treat people with HIV/AIDS (PWAH)
- Ryan White funds in relation to CHCs' total primary care budget
- Includes Part C and all other Parts of the Ryan White HIV/AIDS Program

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Ryan White Part C EIS Purpose

- To provide a comprehensive continuum of outpatient HIV primary care in a targeted service area to low income, medically underserved people

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Part C EIS Structure & Expectations

- No one will be refused treatment based on ability to pay
- Annual Cap on Charges
- Sliding Fee Scale
- Budget Categories: EIS, Core Medical Services, Support Services, CQM and Administration
 - 10% of funds for admin.
 - 5% for CQM,
 - 75% for Core Medical Services
- Line Items: Personnel, Fringe, Travel, Equipment, Supplies and Contractual

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What does the Ryan White law say?

- The applicant must agree to expend the grant ONLY for:
 - Core Medical Services
 - Support Services
 - Administration
- Funds must be used only for the purposes of the program
- Grantees must have fund accounting and fiscal control

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Sample Line-Item Budget

Line Item	Salary	% FTE	Early Intervention Services (EIS) Primary Care	Core Medical Services	Clinical Quality Management	Support Services	Admin	Total Ryan White Funds
Personnel								\$0
Dr. Green	\$100,000	0.8	\$80,000	\$80,000				\$80,000
Ms. Green- C/T, Outreach	\$40,000			\$20,000		\$20,000		\$40,000
Mr. Black- prog coord	\$50,000	0.5			\$12,500	\$12,500		\$25,000
Subtotal Salaries	\$190,000		\$80,000	\$100,000	\$12,500	\$20,000	\$12,500	\$145,000
Fringe Benefits (25%)	\$47,500		\$20,000	\$25,000	\$3,125	\$5,000	\$3,125	\$38,250
Subtotal Personnel	\$237,500		\$100,000	\$125,000	\$15,625	\$25,000	\$15,625	\$183,250
Travel						\$2,000		\$2,000
AVM						\$2,000		\$2,000
Total Travel	\$0	\$0	\$0	\$0	\$2,000	\$0	\$0	\$2,000
Equipment								\$0
Total Equipment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Supplies			\$2,000	\$2,000				\$2,000
medical supplies			\$2,000	\$2,000				\$2,000
Total Supplies	\$2,000		\$2,000	\$2,000	\$0	\$0	\$0	\$2,000
Contractual			\$25,000	\$25,000				\$25,000
Specialty care			\$25,000	\$25,000				\$25,000
Total Contractual	\$25,000		\$25,000	\$25,000	\$0	\$0	\$0	\$25,000
Other			\$20,000	\$20,000				\$20,000
Laboratory			\$20,000	\$20,000				\$20,000
Total Other	\$20,000		\$20,000	\$20,000	\$0	\$0	\$0	\$20,000
Total Direct Expenses	\$147,000		\$172,000	\$172,000	\$17,625	\$25,000	\$15,625	\$229,250
Indirect Expenses							\$1,815	\$1,815
Total Requested Grant Funds	\$147,000		\$172,000	\$172,000	\$17,625	\$25,000	\$17,440	\$232,065
Percent of total grant	83.34%		74.12%	74.12%	7.59%	10.77%	7.52%	
Percent of total grant after administrative quality management								87.81%

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Ryan White Part C EIS Funds Cannot Be Used For:

- Inpatient services
- Residential treatment
- Clinical research
- Nursing home care
- Needle exchange services
- Making cash payments to clients
- Purchasing or improving real property

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Ryan White Program Specific Reporting Requirements

- Program Annual Data Report
- Financial Status Reports (FSR)
 - Including program income
- New Reporting Requirements
 - Client level data
 - Allocation reports
 - Expenditure reports

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Charges to Clients

- Publicly available fee scale
- Annual cap on charges- calendar year
 - Based on charges imposed
 - Individuals
 - Annual gross income

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Annual Cap on Charges

- Must be tracked
- No charges ≤100% Federal Poverty Level (FPL)
- Will charge >100% FPL
- No more than % of annual gross income-
 - 101-200% FPL 5%
 - 201-300% FPL 7%
 - 301+% FPL 10%

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Reporting Requirements

- Ryan White Program Data Report
- Allocation and Expenditure Reports- starting FY09, OMB 0915-0318
- Client Level Data- starting FY 09, OMB approval in process

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Reporting Requirements- Cont'd

- Financial Status Report SF-269 long form, including program income
- Payment Management Reports
- OMB Circular A-133 Audit
- Report to State Agency every two years
 - A-133 Audit
 - Client Level Data

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Organizational Challenge

- How can CHCs effectively integrate and fully maximize the benefits of both BPHC and Ryan White Part C EIS Program funds?
- Two different programs with related yet different requirements

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Models that work

- CHC that is fully integrated with an HIV specialist on staff to provide HIV specific expertise on site
- CHC with an additional clinic specific to HIV with specialists and must be able to access other primary care services provided by the CHC

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Program Outcomes

- Enhanced primary care for people with HIV/AIDS at CHCs
- Maximum benefit for PWHA from leveraging multiple HRSA funds

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