

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

Title: Part C Legislative Update: Budget and Programmatic Requirements

Track: Administration/Fiscal

Date/Time: August 28, 2008, 8:00 AM

Moderator: Maria Rios, MD, MPH
Department of Health and Human Services
Health Resources and Services Administration
HIV/AIDS Bureau

Presenters: Kathleen Treat, MSW, MS



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What does the law say?

- The applicant must agree to expend the grant **ONLY** for:
 - Core Medical Services
 - Support Services
 - Administration

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Hepatitis B and C

- Included in increasing burden
- Included in post-test counseling
- Core medical services with respect to HIV includes co-occurring conditions

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Early Intervention Services (EIS)

- A. Post-test Counseling
- B. Laboratory Testing
- C. Referrals
- D. Clinical and Diagnostic Services
- E. Therapeutic Measures

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HIV Counseling and Testing

- If funded by Ryan White Program
- Pre-test counseling optional
- Informed consent- voluntary testing
- Post-test counseling required- specific elements listed

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Referrals

- Linkages to community-based providers
- Mechanism to make referrals
- Follow-up required in the law

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EIS minimum

- All EIS services available through the grantee
- EIS services B-E must be at least 50% of the grant
- HIV post-test counseling is not included in the 50%

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Core Medical Services

- A. Outpatient and ambulatory health services
- B. AIDS Drug Assistance Program AIDS pharmaceutical assistance.
- C. Oral health care.
- D. Early intervention services
- E. Health insurance premium and cost sharing assistance

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Core Medical Services- cont'd

- G. Home health care
- H. Medical nutrition therapy
- I. Hospice services
- J. Home and community-based health services
- K. Mental health services
- L. Substance abuse outpatient care
- M. Medical case management, including treatment adherence services

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Core Medical Services minimum

- Deduct Administration and clinical quality management (CQM) from the grant
- Core medical services must be 75% of the remainder
- Core Medical Services waiver- FRN June 11, 2008

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Support Services

- to achieve medical outcomes
- outcomes affect the HIV-related clinical status of an individual with HIV/AIDS

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Support Services

- a. Case Management (non-medical)
- b. Health Education/ Risk Reduction
- c. Linguistic Services
- d. Medical Transportation
- e. Outreach
- f. Psychosocial Support

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Support Services- Cont'd

- g. Referral (non-medical personnel)
- h. Rehabilitation
- i. Respite
- j. Treatment Adherence (non-medical personnel)

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Administration

- Administrative expenses
- Includes planning and evaluation
- Maximum 10% of grant
- CQM is not included in the 10% cap

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Administrative expenses

- Program Coordination
- Clerical, financial and management staff **not directly related to patient care**
- Rent, utilities, facility costs
- Program evaluation
- Data collection for evaluation
- Telecommunications
- Postage
- Liability insurance
- Audits
- Computer hardware/software **not directly related to patient care**
- Indirect costs

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Clinical Quality Management

- Are services consistent with guidelines?
- Strategies to ensure consistency with guidelines
- Address improvements in access to and quality of HIV health services

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Consumer Involvement

- Community input into design and implementation
- Purpose of community and consumer input is to improve services- CQM

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Travel- What is the purpose?

- To provide services- EIS/Core or Support
- To access services- Support
- To improve services- CQM
 - Training and technical assistance
 - Coordination across grantee sites
 - Networking, participation in planning bodies, community input

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Other Requirements

- Medicaid provider status
- Maintenance of support- **Applicant** Expenditures
- Payor of last resort in relation to:
 - State compensation program
 - Insurance policy
 - Federal or State health benefits program, except Indian Health Service

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Other Requirements- cont'd

- Not expend grant for any other purpose
- Procedures for fiscal control and fund accounting
- Proper disbursement and accounting

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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 \leq 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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Included in Grant Application

- Specification of **Applicant** Expenditures
- Relate expenditures to Parts A/B planning
- How expenditures will improve client outcomes under State plan
- Process for community input
- Activities/results under Minority AIDS Initiative
- Program consistent with Statewide Coordinated Statement of Need

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