

new OFA Ryan White HIV/AIDS Program new ACT Grantee Meeting and 11th Clinical Update

Part D Legislative Update: Budget and Programmatic Requirements

Track: Administration / Fiscal

Date/Time: August 27, 2008, 8:00 AM - 9:30 AM

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“Part D Legislative Update: Budget and Programmatic Requirements”

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Expectations of Grantees

- Immediate implementation in 2007
- Reallocation of funds to meet new requirements

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Part D Program Expectations

- ✓ Provide a comprehensive system of care
- ✓ Educate clients about research & and the benefits of research participation and how to enroll in research
- ✓ Involve consumers in the planning, implementation and evaluation of HIV program
- ✓ Recruit and retain women in care
- ✓ Prevent perinatal transmission
- ✓ Link those not in care to needed resources & services
- ✓ Provide education on preventing infection

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Budget Expectations

- Your budget should coincide with the activities identified in your Work Plan.
- Budget period is for one year.
- HAB recommends a Project Coordinator with at least 50% effort.

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Emphasis on Primary Care

Part D grant funds are for the purpose of providing family centered care involving outpatient or ambulatory care (directly or through contracts) for women, infants, children, and youth with HIV/AIDS. *This means all Part D grantees are expected to directly provide or contract for the provision of primary medical care to the clients they serve.*

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Cultural and Linguistic Competence

Policy Operations Memo POM-2007-01
January 22, 2007

- HRSA supports and promotes a unified health communication perspective that addresses cultural competency, limited English proficiency, and health literacy in an integrated approach in order to develop the skills and abilities needed by HRSA-funded providers and staff to deliver the best quality health care effectively to the diverse populations served

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Cultural and Linguistic Competence, cont.

Cultural competence-related objective, as stated in the HRSA Strategic Plan:

- Promote effectiveness of health care services
 - Ensure that HRSA funded programs providing clinical care have demonstrated ability to deliver culturally competent care

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Additional Services for Patients and Families

- Family Centered Care including Case management
- Referrals
 - Inpatient hospital services
 - Treatment for substance abuse and mental health services
 - Referrals to other support services
- Other social and support services, as appropriate, including services designed to recruit and retain youth with HIV.
- Provision of information and education on clinical research

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Coordination With Other Entities

Programs are expected to:

- Coordinate activities with other providers of health care services under the PHS Act, such as
 - Title V of the Social Security Act,
 - Including programs promoting the reduction and elimination of the risk of HIV/AIDS for youth
- Participate in the statewide coordinated statement of need and in revisions of such statement

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Administration

No more than 10% may be spent on:

- Program Coordination
- Clerical, financial and management staff **not directly related to patient care**
- Rent, utilities, facility costs
- Program evaluation
- Data collection for evaluation

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Administration (Cont.)

No more than 10% may be spent on:

- Telecommunications
- Postage
- Liability insurance
- Audits
- Computer hardware/software **not directly related to patient care**

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ADMINISTRATIVE EXPENSES

- **Please note INDIRECT COSTS are separate from administrative expenses.**
- If indirect costs are included in the budget, then any direct costs for rent, utilities, phone will be scrutinized.

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ADMINISTRATIVE EXPENSES

- Please note, the administrative and indirect costs for sub-contractors under the Part D grants do not lose their administrative nature by being part of a contract, and are **included in the limitation of administrative costs**

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Indirect Costs

No cap on indirect costs

- Grantees must submit a copy of their Negotiated Indirect Cost Agreement
- The agreement must cover "Other Sponsored Activities"
- Agreements covering only research and/or education are not eligible
- Indirect costs for sub-contractors should be listed under administration in the sub-contractors budgets

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Clinical Quality Management Program

Programs are expected to have a clinical quality management program to assess:

- HIV health services are consistent with most recent PHS guidelines for the treatment of HIV/AIDS and related opportunistic infections, and
- To develop strategies for ensuring such services are consistent with the guidelines for improvement in the access to and quality of HIV health services

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BUDGET LAYOUT AND RECOMMENDED FORMAT

Line Item	Salary	% FTE	Service Related	Clinical Quality Management	Administrative Costs (not to exceed 10%)	Total
Personnel						
Subtotal Salaries						
Fringe Benefits						
Subtotal Personnel						
Travel						
Total Travel						
Equipment						
Total Equipments						
Supplies						
Total Supplies						
Contractual						
Total Contractual						
Other						
Total Other						
Total Direct Expenses						
Indirect Expenses						
Total Requested Grant Funds						

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Workplan Changes

In FY 08 Part D programs are to include:

- Hepatitis B and C
- Information and education
- Primary Medical Care
- Support Services- needed for individuals to achieve their medical outcomes
- Clinical Quality Management

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