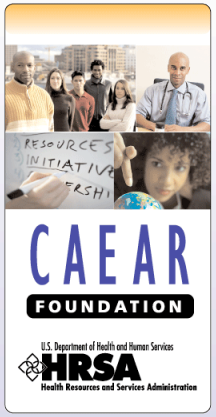

Communities Learning Together

Advancing HIV Care and Support through Fiscal Management and Organizational Development

Income/Revenue Diversification

April 20, 2007

Rick Crane

Developed under cooperative agreement with HHS, HRSA, HAB
Access Ryan White TA at careacttarget.org

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Curriculum Agenda

- Curriculum Objectives
- Module 1: Introduction to Income/Revenue Diversification
- Module 2: Income trend analysis & Case Study
- Module 3: Sources of Funding
- Module 4: Funding Trends/Funding strategies & Issues for Ryan White providers
  - *Win As Much as You Can Activity*
- Closing Thoughts
  - *"A" as in Accountability*
- Resources
- Questions and Answers

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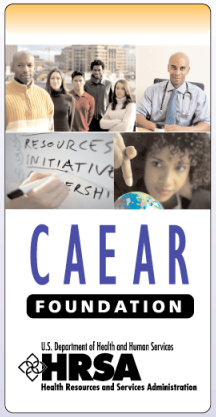
Training Objectives

- Know the different kinds of revenue streams available to a non profit.
- Be able to conduct an income trend analysis and follow up issues
- Understand the concepts behind a sliding fee schedule
- Be able to prepare a sliding fee schedule
- Become familiarized with funders' expectations of, and best practices of, agency accountability for funds
- Become familiarized with online resources to build additional skills and knowledge



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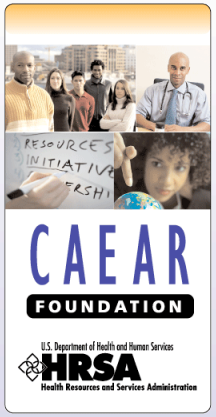
Module 1:

Introduction to Income/Revenue Diversification



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Why Have Multiple Income Streams?

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Why Have Multiple Income Streams?

- Sustain or expand services
- Strengthen or stabilize agency's overall financial position
- Avoid excessive dependence on any single revenue source
- Reduce the risk of financial crises and/or interruptions in funding that would result in negative effect on services, clients and agency mission

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GROUP QUESTION:

What Kinds of Revenue does your agency have?

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Types of Income

Contributed Income

- **Institutional Fundraising**
  - Foundations
  - Corporations
  - Churches, Civic Groups
- **Individual Fundraising**
  - Direct mail/phone
  - Membership
  - Donations/Gifts
  - Planned Gifts (bequests)
- **In kind Goods and Services**

Earned Income

- **Related Income**
  - Government contracts & grants
  - Fee for service (3rd party reimbursement and patient fees)
  - Service subcontracts
  - Interest, investment income
- **Unrelated Income**
  - Rental income (equipment, property)
  - Social enterprise/business

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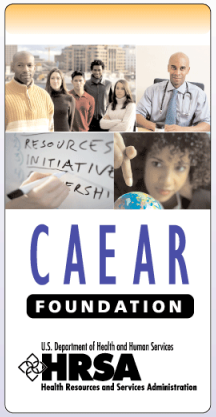
WHAT IS THE RIGHT DISTRIBUTION OF TYPES OF FUNDS FOR AN AGENCY?



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ANSWER:

- THERE IS NO RIGHT ANSWER OR "RULE OF THUMB"
- IT IS ALL BASED ON THE CIRCUMSTANCES OF YOUR AGENCY AND YOUR ABILITY TO RAISE FUNDS.

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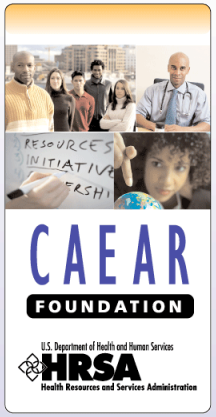
Assessing Your Agency's Revenue Diversity

- Conduct an income trend analysis to see changes in different revenue streams.
- Based on the income trend analysis, determine what is the overall "financial health" of the organization



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Module 2:

Income Trend Analysis and Case Study

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Conducting an Income Trend Analysis

- Identify categories of income. These should follow your agency's Chart of Accounts (methods by which you categorize income).
- Prepare Table which includes income source (with appropriate levels of detail) and amount for last 3 years.
- Calculate income source as percentage of total income
- Compare total income and percentages of income groups over time.

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Income Trend Analysis Case Study

- Divide into teams of 4.
- You are members Alpha Beta Health Center Board of Directors.
- Your Director of Finance and Development have prepared the following table on income over the past three fiscal years.
- Select 1 person to facilitate the discussion; 1 person to serve as the reporter back to the full group.
- Review the income statement on the next page
- What can you conclude about the agency's income and revenues?

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Alpha Beta Health
Income Trend Analysis, 2003-2005

	2003		2004		2005	
Funding Source	$	%	$	%	$	%
GOVERNMENT CONTRACTS	**325,000**	**50.0 %**	**300,000**	**50.8 %**	**275,000**	**52.4%**
FOUNDATION GRANTS	**175,000**	**26.9 %**	**145,000**	**24.5 %**	**125,000**	**23.8 %**
FUNDRAISING	**145,000**	**22.3 %**	**140,000**	**23.7 %**	**125,000**	**23.8 %**
Annual Fund Campaign	***25,000***		***20,000***		***15,000***	
Major Gifts	***45,000***		***55,000***		***50,000***	
Events	***75,000***		***65,000***		***60,000***	
INTEREST	**5,000**	**0.8 %**	**5,000**	**0.8 %**	**---**	**0.0 %**
TOTAL	**650,000**	**100.0**	**590,000**	**100.0**	**525,000**	**100.0**

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What might we conclude from the trend analysis?

- Not solely dependent on any one source of funds.
- Agency is well diversified with multiple sources of public and private funding.
- Overall decline over past two years in total revenue (~ 20 %, from $ 650,000 in 2003 to 525,000 in 2005).
- Agency has not been able to offset loses in government grants with additional funding from Foundations or through private fundraising.
- Elimination of interest income in 2005 suggests that agency has used “reserves” (savings, investments) to support agency operations.

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What additional information would you like to know (either financial or operations) to help inform the discussion ?

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- What has been the impact of the loss of government contracts and foundation grants?
  - Staff layoffs
  - Elimination of programs and services
- Examine the audited financial statements for the past 3 years.
  - **Have we reduced our overall expenses?**
  - **How? Eliminate administrative staff? Operating expenses?**
- In each of these years, did we generate an operating surplus or deficit?
- If there is a deficit, how did we fund it? Did we use or deplete our reserves?

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What Now?

- What “strategies” should the Health Center consider in response to their financial situation?

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Planning for the Agency's Future: Possible Strategies

- Are there assets we haven't been leveraging?
  - Are there Board restricted funds available?
- Are there ways of raising additional funds?
  - Do we have any long time supporters of our organization (individuals, businesses or corporations, foundations or government agencies) to approach?
  - Do we consider undertaking a (new) major donor program or event?
  - Do we explore new Foundation or corporate support?

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Possible Strategies

- Have we advocated with our local or state elected officials?
- Can we generate media attention to our advantage?
- What set of mission focused activities should be our highest priority?
  - Do we continue to provide all the services we currently provide?
  - Do we consider eliminating programs that we cannot financially support but still allow us to provide what is most “essential” in terms of our agency and our community?

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Possible Strategies

- How else can we streamline our agency?
  - Do we have adequate administrative infrastructure to support our agency?
  - Can we reorganize our management system to be more efficient?
- Should we contract out some services or functions?
- Should we consider greater collaboration with other agencies?

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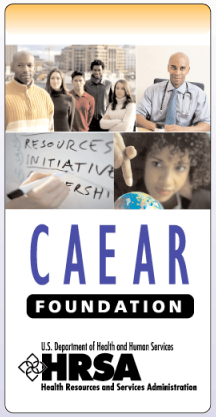
Who Should Be Involved?

- **First and foremost, The Agency's Board of Directors**
- **The Executive Director**
- **The Director of Finance**
- **Senior Staff**
- **Depending on the circumstances:**
  - All staff
  - The community



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Module 3:

Sources of Funding

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Where does the Money Come From: A Quiz

- Where does most of the funds for all non profits come from?
- For health and social service nonprofits?
- For HIV/AIDS Services?

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Where Does the Money Come From?

- For All nonprofits:
  - 75% is from individual gifts or bequests
- For Health and Social Services agencies:
  - Government grants and contracts
- For HIV services (Federal only—FY 2004)
  - Medicaid 49% ($5.4 B)
  - Medicare 24% ($2.6 B)
  - Ryan White Care Act 19% ($2.0 B)
  - Other 8 % ($0.9B)

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Potential Sources of Funding

- Identify potential sources of funding for your agency

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Government Contracts & Grants

- Centers for Disease Control: Prevention grants
- SAMHSA (Substance Abuse and Mental Health Services Administration)

  State government: Service and Prevention Grants
- State Health Department

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Government Contracts & Grants

Continued

- State Office of AIDS
  City/County Government
- Health Department
- Department of Social Services
- Community Development or Social Service Block Grant funds

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Other Fund Development Strategies

- Individual gifts (donations)
- Direct mail solicitations
- Bequests from wills
- Events
- Newsletters
- Merchandise
- Outside Business

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If you can't do it alone…

- **Create partnerships and strategic alliances:**
  - Arrangements where 2 or more organizations come together to do something more easily or better than they could independently.

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- **What are some reasons why an agency would engage in a strategic alliance?**

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Reasons for strategic alliances

- Enhance services
- Increase efficiency
- No more costs can be reduced
- No additional revenue can be earned
- Part of strategic mission to create alliances
- Organizational survival

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Overview of Earned Income

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Earned Income: 3rd Party Reimbursement

- Medicaid and Medicare are entitlement programs:
  - Qualified, eligible recipients are provided covered benefits.
- Medicaid and Medicare are main sources of funds for HIV/AIDS services (predominantly medical care services).
- Health Resources and Services Administration (HRSA) is primary federal agency for improving access to health care for uninsured, isolated and medically vulnerable.
- HRSA provides 90% of funds to grants to community-based, non profit agencies who serve the under- and uninsured, people living with HIV/AIDS and pregnant women, mothers and children.

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Earned Income: 3rd Party Reimbursement

Continued

- **Ryan White Program as "payer of last resort":**
  - Ryan White Program legislation, requires that grantees seek whatever 3rd party reimbursement is available before using Ryan White Program grant funds to pay for services.
  - Many HRSA grantees rely on multiple sources of funds to maintain operations, only part of which comes from HRSA grants.
  - In effect, diversifying revenue, securing long term viability, improve access to health care and maintain and expand their services.

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Medicaid

- **Medicaid is the "safety net" for low income Americans**
- **Medicaid is a joint program run by the federal government and the states:**
  - States have flexibility in terms of who is served and the benefits it provides.
- **Medicaid is largest public payer of HIV care, serving 55% of people living with AIDS and 90% of HIV children.**

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Medicaid Continued

- Most people with HIV enter Medicaid through disability (criteria established by Supplemental Social Security (SSI) program; some states use a more restrictive definition. Can delay eligibility and access to needed services.
- Must also meet income and asset requirements, which are set by the state and differ widely by state to state. Enrollment eligibility susceptible to variations in state budgets.

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Medicaid Continued

- **Medicaid benefits divided into 2 categories:**
  - Mandatory (12 services, including MD visits, lab and x-ray, inpatient care)
  - Optional (prescription drugs, targeted case management, etc.)
- **Optional services vary from state to state. All states cover prescriptions and some optional services.**
- **Medicaid reimbursement is low and typically doesn't cover costs of providing care. Many private practitioners and hospitals choose not to accept Medicaid patients.**

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Medicare

- **Medicare is the federal program that serves the elderly and disabled adults, with no income or asset requirements.**
- **Most people with HIV qualify through disability:**
  - Must have worked specified period of time and paid into Social Security system
  - Have medically documented and verified disability
  - Completed 2 year waiting period

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Medicare Continued

- **Medicare benefits:**
  - Part A: inpatient hospital services, skilled nursing facility benefits, home health & hospice
  - Part B: Voluntary (individuals pay monthly premium) covers MD and outpatient services, lab, x-rays and basic health screenings such as mammograms and pap smears.
  - Part C: Managed care enrollment for both Parts A and B
  - Part D: New Prescription drug plan.
  - Medicare has relatively high cost sharing for clients

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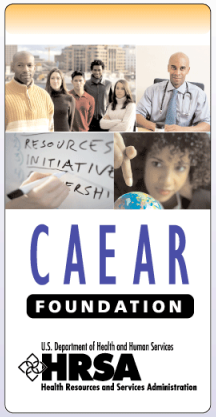
Medicare Continued

- **Dual Eligibles:**
  - More than 55,000 PLWH/A eligible for both Medicaid and Medicare (dual eligible).
  - Medicare covers basic health services; Medicaid pays for Part B premium and Medicare cost share, and based on the state, client can access other optional services not covered by Medicare (such as vision, dental, mental health, substance abuse treatment).



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Module 4:

Trends in Funding/Funding Strategies and Issues for Ryan White Providers

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Trends in Funding:

Welcome to the Monkey House

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Local Funding Environment

- Cook County Financial Crisis
- Uncertain Funding of Chicago EMA under Ryan White Program, Part A
- Reconfiguration of Funding Priorities and Services under Part A

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Trends in Medicaid Policy

- **Efforts to control costs on federal and state levels due to budget crises**
- **Reduction in Federal and State expenditures for Medicaid:**
  - Reduction in scope of benefits, (optional Medicaid benefits)
  - Tighten income and asset requirements: limit enrollees
  - Increase share of costs for clients: create financial barriers to access care
  - Reduce provider payments: reduce government costs while eliminating provider participation in programs.
  - Growth of managed care plans.
  - Capacity to effectively manage complex, costly HIV/AIDS regimens?
  - Capacity to effectively manage complex, costly HIV/AIDS regimens?

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Trends in Medicare Policies

- **Forecasted bankruptcy of Medicare due to increasing numbers of aging baby boomers**
- **Increases in Part B premiums and share of costs**
- **Part D, Prescription Drug Plan, is confusing and complex:**
  - Unclear as to adequacy of HIV drug formularies from plan to plan
  - Will new HIV drugs be added quickly as they become available

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Trends in Medicare Policies

- **Pay 4 Performance**
  - Medicare demonstration projects testing various methods to contain costs, triage and prioritize access to services, et al with financial incentives for providers to meet benchmarks.
  - How will that impact chronically ill, including people with HIV/AIDS
- **Enrollment in Managed Care Plans**
  - Ability to provide comprehensive services to people with HIV/AIDS

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Becoming Medicare/Medicaid Certified

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Becoming Medicaid/Medicare Certified

- If your agency provides HIV medical services, should consider becoming Medicaid/Medicare certified.
- Advantages:
  - Expand access to services
  - Provide ongoing revenue stream
  - Eligible to apply for federal grants (such as Ryan White Program and Community Health Center funds)
- Must have clinic organization, clinical staffing and procedures and business functions in place.

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Becoming Medicaid/Medicare Certified: Assessing Your Organization's Readiness

- Contact your State Medicaid Office and State Primary Care Association for information on certification.

- Using the information as the guidelines, conduct a review of your agency's current capacity and capabilities:
  - Do you have the necessary staff in place?
  - Do you have operating policies and procedures?
  - Do you have the necessary facilities?
  - Do they meet State licensing requirements?
  - Are they ADA compliant?

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Becoming Medicaid/Medicare Certified: Assessing Your Organization's Readiness

- Do they meet State health and safety standards?
- Do you have appropriate infection control procedures?
- Do you have systems in place to ensure client confidentiality and security of records (HIPAA)?
- Do you have appropriate financial and business systems in place?
- How will you do billing?

- Once the assessment is completed, determine what needs to be done to be in compliance.

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Lessons Learned/Best Practices

- Identify a lead person to be responsible for coordinating the “action plan” to get your agency in compliance.
- Prepare a plan that is time framed, with responsibilities and timelines clearly laid out.
- Review progress on a regular basis.
- Utilize the resources of the State Medicaid Office and your State’s Primary Care Association to get assistance, as needed..
- Contact other “friendly” agencies to obtain copies of policies and procedures, other sources of information.

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Lessons Learned/Best Practices

- Identify possible sources of technical assistance, including hiring a consultant to assist you in doing your organization's assessment and preparing an action plan to get your agency "prepared."
- Be prepared and patient. Certification is often long and difficult.
- May take you just as long to get a provider I.D. and begin billing.

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Fee for Service:

What Options are available?
What options are feasible with the populations you serve?

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Fee-for-Service

- **Description:**

  Charging constituents for services in order to recover costs

- **Payment methods**
  - 3rd party payments (Medicaid, Medicare, Private Insurance)
  - Patient fees
  - Discounted fee schedules

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What is a discounted/sliding fee schedule?

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Agency determined discounts to address how to fairly charge patients for services rendered.

Required by Ryan White Program services and other Federal grant programs (such as Section 330 Community Health Center funding)

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What are the Main Features of Sliding Fee Schedule

- Fees are set based on federal poverty guidelines.
- Patient eligibility is determined by annual income and family size.
- Schedule of fees set up so that a uniform and reasonable charge is consistently used.
- Policies and procedures set up and are in writing.
- For those patients whose income place them below poverty, a “typical” nominal fee is charged.

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How should a discounted sliding fee schedule be developed?

- Policy must be in writing and non-discriminatory
- No patient is denied services due to inability to pay
- Signage is posted so that clients are aware of sliding fee schedule
- Patients must provide information on family size and income to determine eligibility
- A patient's privacy is protected
- Records are kept for each visit and corresponding charges'
- Patients below poverty level are charged nominal fee or not at all
- Providers may establish any range of discount "pay classes" based on income levels and at what income level are 100% (or full) charges applied.
- Staff must be fully trained

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How and When is patient eligibility determined?

- Ryan White Program requires some form of income verification such as current pay stubs, unemployment, pension or disability documentation.
- Eligibility should be reviewed on an annual or semi-annual basis.
- Staff should ask at each visit whether there is any change in income since the last visit.
- If income has changed, recalculation of fee discount would be triggered.

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What are federal poverty guidelines?

- Version of income thresholds used by Census Bureau to estimate people living in poverty.
- Thresholds expressed as annual income levels below which the person or family members are considered living in poverty.
- The income threshold increases for each additional family member.

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DISCOUNT/SLIDING FEE SCHEDULE
Example: Family Unit Size= 1

Annual Income (% OF FPL)	< 9,799 (< 100 %)	9, 800 to 14,699 (100-149%)	14,700 to 19,599 (150 – 199%)	19,600 to 29,399 (200 – 299%)	> 29,400 (> 300 %)
Discount	100 %	75 %	50 %	25 %	0 %
Sliding Fee	Nominal fee	Pay 25% of charges	Pay 50% of charges	Pay 75% of charges	Pay Full Charges
Client Fee	$ 5/visit or $ 0.	$ 15	$ 30	$ 45	$ 60

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Discussion

- What policies have you put into place regarding patient fees?

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DISCOUNT/SLIDING FEE SCHEDULE

- **Must determine collection policy for unpaid client fees**
  - Ask at each visit
  - Send letter/invoices
  - Staff function as collection agent (by phone) or outsource to collection agency
  - Must document effort
  - Determine cut-off for writing off as bad debt

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WIN AS MUCH AS YOU CAN GAME

- 1 volunteer co-facilitator is needed
- The objective of the game is to “Win as Much as You Can.”

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Rules

- Divide into 4 teams
- Each team takes a name
- For 6 consecutive rounds, each team will choose either an X or Y and fill out a scoresheet.
- The scoresheets will be collected and scored.
- After the 2nd and 4th rounds, a member from each team will meet to confer with member from each team.
- After the 6th round, the winner will be announced and prizes given.

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Closing Thoughts

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Accountability

- No matter how you fund your agency, you must be Accountable
- Agencies must demonstrate ensuring the integrity of funding
- Funds are used in accordance with conditions of award.

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"A" as in Accountability: Some take home lessons!

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Accountability Continued

- **Agency must have systems, policies and procedures in place to:**
  - Effectively manage funds
  - Effectively manage and deliver services (grant scope)
  - Monitor performance in meeting stated goals and objectives
  - Demonstrate the outcomes of funding
  - Conduct evaluation and report to funder

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Accountability Continued

1. **Financial Health and Performance: The Capacity to effectively manage funds**
   - Follow accounting principles (GAAP)
   - Have internal controls and financial systems in place
   - Ability to separately account for grant activity (income and expenses)

   operating best practice:
   - Program and senior management review (financial) grant activity report on a routine basis (monthly, at least quarterly)

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Accountability Continued

Report should include:

- Income and line item expenses for reporting period
- Income and line item expenses for (grant) year-to-date
- Variance analysis---Comparison of actual expenses to pro-rated expenses, dollar amounts and percentage
- Flag areas of major under spending or over spending
- Determine if budget adjustment (re-budgeting) is needed

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Accountability Continued

2. Capacity to effectively manage and deliver services

- Consistent with agency mission and expertise
- Programs outside core mission may be considered outside of agency expertise
- Agency history of providing services
- Demonstrated needs-based planning
- Board approved
- Supported by community and other providers
- “Reasonableness” of proposed goals, objectives, and activities (appropriately staffed and resources budgeted

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Accountability Continued

3. Capacity to measure success of Programs

- **Identify measures of success:**
  - Measures defined by funder or by agency
- **Determine indicators (what data elements will be collected)**
- **Determine methods to collect data**
  - Methods include: questionnaires, surveys, checklists, interviews, observation, focus groups, case studies and observable data.

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Accountability Continued

- **Ensure consistent methods in place and expertise to collect and analyze data**
- **Operating best practices:**
  - Consider hiring outside evaluator
  - Allocate 10-15% of total budget to evaluation

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Accountability Continued

- **Increasing emphasis by funders on demonstrating outcomes**
  - **Process evaluation:**
    - Answers the question of "who is being served and how are services being delivered."
    - Measure Numbers of people served, units of services provided
    - Assess degree to which contract targets were met

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Accountability Continued

- **Impact/Outcome evaluation:**
  - Did the program make a difference?
  - Change in health or social status, skills, behavior, knowledge, attitudes, et al. of those being served

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Accountability Continued

- **Utilize SMART approach:**
  - Specific (concrete, detailed, well defined)
  - Measurable (numbers, quantity, comparison)
  - Achievable (feasible, actionable)
  - Realistic (considering resources) and
  - Time-Bound (a defined time line)
  - Process Measure:

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Accountability Continued

- **Process Measure:**
  - By June 30, 2007, 100% of all new case management clients will be assessed for being enrolled in primary medical care.

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Accountability Continued

- **Impact /Outcome Measure:**
  - By June 30, 2007, 75% of all assessed case management clients will be referred to a primary care provider and enrolled in care.

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Accountability Continued

4. **Conduct program evaluation at end of grant: How well did you meet your goals and objectives, and why?**

- **Operating best practices:**
  - Monitor performance and progress in meeting goals throughout grant period:
  - Conduct periodic evaluation of process/output measures and comparison to targets (monthly, at least quarterly).
  - Make “mid course corrections” as needed, in consultation with funder.

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Accountability Continued

- **Conduct end-of-grant evaluation:**
  - Analyze quantitative and qualitative data (include participant and/or client satisfaction)
  - Identify areas for improvement
  - Record/report results and discuss with staff, Board and funders
  - Learn from successes and mistakes!

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A few parting thoughts

- Although it's tempting, don't always "follow the money."
- "If you don't know where you're going, you're probably not going to get there."
- Make sure you can do what you say you're going to do.

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Q & A

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Resources

Government Grants, Tools and Resources:

www.hrsa.gov (HRSA)
www.hab.hrsa.gov (HIV/AIDS Bureau)
www.careacttarget.org (TARGET Center: Ryan White TA)
www.cdc.gov (Centers for Disease Control and Prevention)
www.samhsa.gov (SAMHSA)
www.grants.gov (Federal Government Grants)
www.hhs.gov/grantsnet (Dept. Health & Human Services)

Foundation Grants and Fundraising

www.fdncenter.org

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More Resources

Medicaid and Medicare

www.cms.hhs.gov (Centers for Medicaid & Medicare Services)
www.hab.hrsa.gov/links.htm (HIV/AIDS)
www.kff.org (Kaiser Family Foundation)

Strategic Partnerships & Alliances

www.lapiana.org (David LaPiana)

Organizational Development and accountability

www.boardsource.org (Board Source)

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End of Presentation

Developed under cooperative agreement with HHS, HRSA, HAB
Access Ryan White TA at careacttarget.org