

Ryan White HIV/AIDS Program Part F Community Based Dental Partnership Program (CBDPP): It All Adds Up!

December 2018

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Disclosures

Presenter(s) has no financial interest to disclose.

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Commercial Support was not received for this activity.



Health Resources and Services Administration (HRSA) Overview

- Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically vulnerable through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities
- Every year, HRSA programs serve tens of millions of people, including people living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care



HIV/AIDS Bureau Vision and Mission

Vision

Optimal HIV/AIDS care and treatment for all.

Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people living with HIV/AIDS and their families.



Ryan White HIV/AIDS Program

- Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people living with HIV
 - More than half of people living with diagnosed HIV in the United States – more than 550,000 people – receive care through the Ryan White HIV/AIDS Program (RWHAP)
- Funds grants to states, cities/counties, and local community based organizations
 - Recipients determine service delivery and funding priorities based on local needs and planning process
- Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available
- 84.9% of Ryan White HIV/AIDS Program clients were virally suppressed in 2016, exceeding national average of 59.8%



Source: HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2016; CDC. HIV Surveillance Supplemental Report 2016;21(No. 4)



Agenda

- Learning Objectives
- RWHAP Part F Dental (CBDPP) Program Requirements and Expectations
- RWHAP Part F Dental (CBDPP) Fiscal Requirements: Parts of a Budget
- Reporting Requirements
- Question and Answer Session

Learning Objectives



- Describe the necessary components of a budget submission that meets RWHAP Part F Dental (CBDPP) legislative & programmatic requirements.
- Identify usual and customary costs associated with a RWHAP Part F Dental CBDPP budget.
- Identify the required documentation for submitting a budget modification and a carryover.

RWHAP Part F Dental (CBDPP) Requirements and Expectations



- RWHAP Part F Dental (CBDPP) Overview
- Program Requirements/Expectations
- Legislative Requirements

Purpose

- To improve access to oral health care services for low- income, underserved, and uninsured people living with HIV (PLWH) in underserved geographic areas
- To provide education and clinical training for dental students, dental hygiene students, dental residents, or other dental providers in community-based settings

Program Requirements and Expectations

- Oral health care service delivery
- Education and training
- Partnerships
- PLWH involvement



Fiscal Requirements: Budget



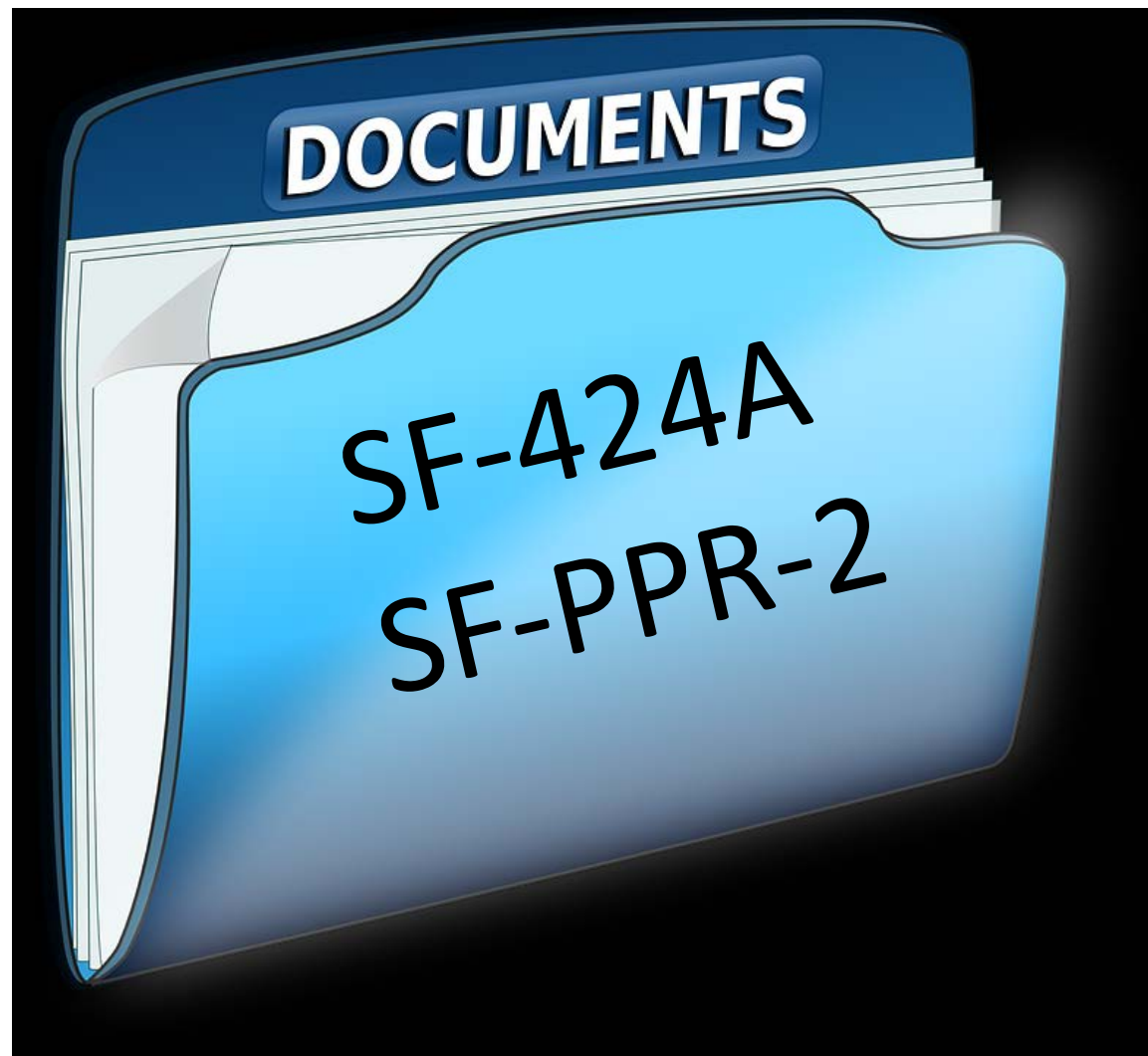
- Determining FTE allocations
- Salary limitations
- Allowable services
- Helpful budget tips

Parts of a Budget Submission

- **Four Parts**
 - **SF-424A Budget Information for Non-Construction Programs**
 - **Program Specific Line Item Budget**
 - **Budget Justification Narrative**
 - **Staffing Plan**



Budget Documents



Budget Forms

SF-424A/SF-PPR-2 Forms

- **SF-424 applies to the Competitive Application**, reference the Application Guide for instructions to complete Sections A through F of the SF-424A Budget Information Non Construction Programs Form
- **SF-PPR-2 applies to the Noncompeting Application (NCC)**, specific instructions are in the NCC EHB user guide document available within EHB. Complete the SF-PPR-2 form electronically in EHB.
- Please note, directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov
- Reminder: The Total Project of Program Costs are the total allowable costs (inclusive of direct and indirect costs) incurred to carry out the project.



Budget Documents



RWHAP Part F Dental (CBDPP) Sample Line Item Budget

Part F Line Item	Annual FTE Salary	Part F FTEs	Dental Costs	Program Costs	CQM Costs	Admin Costs	Program TOTAL
PERSONNEL							
Name and Position	Salary	FTE					
SUBTOTAL PERSONNEL							
Fringe Benefit Rate							
TOTAL PERSONNEL							
TRAVEL							
TOTAL TRAVEL							
SUPPLIES							
TOTAL SUPPLIES							
CONTRACTUAL							
TOTAL CONTRACTUAL							
OTHER							
TOTAL OTHER							
TOTAL DIRECT COSTS							
Indirect Costs							
GRAND TOTAL							
Budget % by Cost Category			%	%	%	%	



Program Specific Line Item Budget

- Describe each line-item specific to the cost category in table format, listing the program cost categories (i.e., Dental Cost, Program Cost, CQM, and Administrative costs) across the top and object class categories (e.g., Personnel, Fringe Benefits, Travel) in a column down the left hand side.
- The total amount requested on the SF-424A and the total amount listed on the line item budget must match.
- List personnel separately and be consistent with names, position titles, and FTEs across budget documents including the staffing plan.
- Ensure adherence to current salary limitation rate (2018 - \$189,600). Include detail when salary and FTE meet salary limitation requirements.

RWHAP Part F Dental (CBDPP) Budget Cost Categories

- Dental Costs
- Clinical Quality Management (CQM)
- Program Costs
- Administrative Costs



Budget Object Class Categories

- Personnel and Fringe
- Travel
- Equipment
- Supplies
- Contractual
- Other
- Indirect Costs



Determining Full-Time Equivalent (FTE)

- Jane Doe works **16 hours a week with the Part F program**. Her full time salary is \$40,000.
 - **4 hours** a week are spent on **CQM activities**
 - **12 hours** are spent as a **dental case manager**

Total Hours Worked	FTE Calculation	Part F Budget Allocation
16 hours x 52/2,080	0.4 FTE under Part F	\$16,000 Total
4 hours x 52/2,080	0.1 FTE under CQM	\$4,000 for CQM
12 hours x 52/2,080	0.3 FTE for Program Costs	\$12,000 for Program Costs

Salary Rate Limitation

Please note that effective January 7, 2018, the salary rate limitation applicable to RWHAP domestic grants and cooperative agreements increased from \$187,000 to \$189,600.

- The Consolidated Appropriations Act, 2017, states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.”
- As a reminder, RWHAP funds and program income generated by RWHAP awards may NOT be used to pay salaries in excess of the rate limitation.



Salary Rate Limitation Example

- Individual's full time salary: \$255,000

50% of time will be devoted to project	
Direct salary	\$127,500
Fringe (25%)	\$31,875
Total Amount	\$159,375

- Amount that may be claimed on the federal RWHAP award due to the legislative salary limitation
 - Individual's base full time salary adjusted to Executive Level II: \$189,600

50% of time will be devoted to project	
Direct salary	\$94,800
Fringe (25%)	\$23,700
Total Amount	\$118,500



Budget Documents



Justification Narrative



- Explain the cost for each proposed line item amount
 - Provide a formula or calculation that includes estimated cost per unit and estimated number of units
- Include an explanation if contractual is fee for service or if paying FTEs
 - Include actual annual salary for FTEs
 - Adhere to the salary limitation requirement

Justification Narrative

Justification Narrative MUST:

- Be divided according to Cost Categories and sub-divided according to object class categories
- Descriptions must be **SPECIFIC and JUSTIFY** the allowable allocation of each line within the budget
- Describe how each item will support the achievement of proposed cost category activities



Sample Justification Narrative

HRSA HAB National Ryan White Conference

3 Staff to Attend Conference		
Airfare	3 staff x \$400 =	\$1,200
Lodging	3 staff x 3 nights x \$100 =	\$900
Per diem	3 staff x 4 days x \$60 =	\$720
<u>Transportation</u>	3 staff x \$50 =	<u>\$150</u>
TOTAL		\$2,970



Sample Justification Narrative

Dr. Sam Doe:

Annual salary = \$160,000 x 0.2 FTE = \$32,000

Dental Cost

Dr. Doe will be providing direct dental services to PLWH attending the program for .1FTE.

CQM cost

The remaining .1 FTE of Dr. Doe's personnel's costs are CQM costs related to his role on the Quality Management team. He is responsible for establishing quality improvement cycles and analyzing associated data.

Sample Justification Narrative

Dental Supplies

Dental Impression Material (Alginate)	\$20.00/1lb Can *125lbs	\$2,500
Local Anesthetic (Lidocaine HCl 2% w/1:100K Epi)	\$25.00/ 1Pk * 40Pks	\$1,000
Bus Passes	115 passes X \$5/each = (Average 50 clients @ 2-3 passes/client)	\$575

Tips for Developing the Budget Justification Narrative

- Review the most applicable Notice of Funding Opportunity announcement!!
- Allow enough time to prepare and obtain approval of documents
- Double check figures and correlation between all budget documents
- Check calculations (verify Excel formulas not miscalculating totals)
- Verify legislative requirement met for percentages to Early Intervention services, Core Medical and Administration)
- Verify budget total match total award

Staffing Plan



Staffing Plan

- For ALL staff vital to program operations and the provision of the RWHAP Part F CBDPP, including key staff NOT funded by the grant, include:
 - Role, responsibilities, qualifications of proposed project staff
 - Corresponding time and effort of proposed project staff
 - ALL funding sources for each staff member
 - Description of the organization's timekeeping process

NOTE: A table format is recommended



Sample Staffing Plan

Name, Position	Education/ Credentials	% Time Funding	Project Role	Experience
Dr. Doe, Project Director	DDS, MPH	13% CBDPP Funding 87% Program Income	Responsible for overall program management, oversight, reporting, and coordination	Project Director since 2003; extensive research on oral health care for PLWHA; extensive mentorship of trainees
Dr. Lewis, Dental Director	DDS	25% CBDPP Funding 75% Part A	Treatment of PLWHA and training dental students (trainees)	Clinician to PLWHA and instructor of AEGD and pre-doctoral students
Mrs. Jones, Program Coordinator	MPH, MSW	25% CBDPP Funding 75% Program Income	Responsible for day-to-day assurance of services to PLWHA including scheduling of trainees, management of inter-institutional referrals, liaison between trainees and partner service sites	Project Coordinator for Pre-doctoral, Post-doctoral, and Faculty training grants, FY13-FY18

Common Issues with Budgets

- ALL budget documents do not match
- Costs are allocated to an incorrect cost category
- Budget category totals are incorrect
- Personnel salary or hourly rate exceeds the salary limitation
- Unallowable costs are included
- Documents are not in proper format
- Budget grand total does not match total award amount

Helpful Budget Tips

- List ALL staff names and position titles to be funded
- Be consistent with names, position titles and FTEs on all budget documents including the staffing plan
- Describe each line item specific to the cost category
- Include details of subcontractors by cost category
- Include details of salary and FTE that meets salary limitation requirements
- Include calculations for all items in the justification narrative (unit cost, total units and number of persons to be served)



REMEMBER! Be Clear and Concise!

Post Award Submissions



- Budget Modification
- Carryover Request

Budget Modification

- **Submit a Budget Modification if:**
 - Cumulative reallocation of costs throughout budget period reach 25% or \$250,000 (whichever is less) of total budget award
 - Changing scope of program: changing model of care, transferring substantive work from personnel to contractual and/or adding new line items not approved on original budget
 - **PLEASE NOTE:** Simple modifications that do not meet the above criteria can be completed by notifying your Project Officer. **Discuss ALL budget changes with your Project Officer!**



Budget Modification- Required Documentation

- **SF-424A**
 - Include entire budget
- **Line Item Modification**
 - Reflect entire budget
 - Include any approved carryover to be used during this budget period (be sure to identify carryover line items)
- **Justification Narrative**
 - Reflect costs being reallocated
- **Cover Letter**
 - Must include explanation/justification for the requested budget modification (i.e., service is being reduced to make up the cost of a proposed activity, explain why or if it is now funded by another source)
 - Include total amount being reallocated on template cover letter



Sample Budget Modification

Description	Original Dental Cost	Adjustment Dental Cost	New Dental Cost Total
Personnel			
Provider Name	\$0	\$6,750	\$6,750
Provider Name	\$42,259	- \$24,782	\$17,477
Provider Name	\$0	\$12,207	\$12,207
Provider Name	\$33,638	\$9,825	\$43,463
Supplies			
Dental Supplies	\$850	\$0	\$850
Carryover Dental Supplies	\$575	\$0	\$575



Budget Modification



- Submit as **Prior Approval** through Electronic Handbook (EHB)
- **MUST** submit prior to **60 days** before the end of budget period

Carryover Request

- **Unobligated Balance**

- The portion of the federally authorized award that has not been obligated by the recipient during the project period.

- **Carryover**

- Recipient may request carryover of unobligated federal funds remaining at the end of the budget period that may be carried forward to cover allowable costs during that budget period.

Carryover Request

- **Carryover Funds**

- Unobligated balance from the previous budget period that is authorized to be used to cover one-time expenses in the current budget period.
- **Carryover funds CANNOT be used to cover ongoing personnel expenses!**

Carryover Request Submission

- **SF-424A**
 - Reflect the requested unobligated amount
- **Line Item Budget**
- **Budget Justification Narrative**
- **Federal Financial Report (FFR)**
 - Reflect previous budget period, if one has not been submitted
- **Cover Letter**
 - Include a narrative description of the amount of unobligated funds and the reason(s) for the unobligated balance



Contact Information

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