

# Ryan White Part B Overview: Highlights for Indiana State Health Department (ISDH) Sub- Recipients

May 11, 2018



# zoom

## Helpful Hints

- Press esc to exit full screen
- Hover over the top to change “view” options
- Place yourselves on “mute” until you’re ready to pose a question or make a comment
- Use the “chat” room to pose questions and make comments
- Meeting will be **recorded** and available for sharing after the meeting

- Please enter the agency name and list all participants in the “chat” room

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# Why Are We On This Webinar?

- ★ Your agency is now receiving Ryan White Part B Supplemental funds
  - ★ You are “Sub-recipients”
- ★ There are requirements for receiving these funds
- ★ Monthly webinars have been occurring since January to explain the funding and conditions
  - ★ Past webinars will be posted on the ISDH website
- ★ Monthly webinars will continue at 11 a.m. every third Tuesday of the month



### **Local Consultants**

- Thomas Bartenbach
- Michael Wallace
- Paula French

# Ryan White Part B Funds



- ★ Part B funds are awarded to States and Territories by the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB)
  - ★ Part A funds are awarded to cities
  - ★ Part C funds are awarded to clinics
  - ★ Rules vary by Part
- ★ Ryan White Part B funds must be:
  - ★ Used for HIV-related services for HIV-positive people
  - ★ Provided to eligible low-income people
    - ★ States define low-income
  - ★ Used for specific services
    - ★ HRSA provides clarification in Policy Clarification Notice #16-02, “Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds”
    - ★ Usually some of the awards fund HIV services, and some of the awards fund medication access including insurance assistance

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***Ryan White HIV/AIDS Program Services:  
Eligible Individuals & Allowable Uses of Funds***

*Policy Clarification Notice (PCN) #16-02 (Revised 12/05/16)*

*Replaces Policy #10-02*

<https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters>

# RWHAP ALLOWABLE SERVICES

## CORE MEDICAL SERVICES

- ✦ AIDS Drug Assistance Program Treatments
- ✦ AIDS Pharmaceutical Assistance
- ✦ **Early Intervention Services (EIS)**
- ✦ Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
- ✦ Home and Community-Based Health Services
- ✦ Home Health Care
- ✦ Hospice Services
- ✦ **Medical Case Management, including Treatment Adherence Services**
- ✦ **Medical Nutrition Therapy**
- ✦ **Mental Health**
- ✦ Oral Health
- ✦ **Outpatient/Ambulatory Health Services**
- ✦ **Substance Abuse Outpatient**

## SUPPORT SERVICES

- ✦ Child Care Services
- ✦ **Emergency Financial Assistance**
- ✦ **Food Bank/Home Delivered Meals**
- ✦ **Health Education/Risk Reduction**
- ✦ **Housing**
- ✦ Linguistic Services
- ✦ **Medical Transportation**
- ✦ **Non-Medical Case Management**
- ✦ Other Professional Services
- ✦ **Outreach Services**
- ✦ **Psychosocial Support Services**
- ✦ Referral for Health Care and Support Services
- ✦ Rehabilitation Services
- ✦ Respite Care
- ✦ **Substance Abuse Services (residential)**

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# Allowability

- ★ Recipients must assess whether services paid for and provided are allowable under law and policy, and are HIV-related.
  - ★ Consequences can include recouping funds that may have already been paid. If activities have been deemed unallowable, contractors may have to pay the state back, and the state may have to pay the federal government back.
- ★ Resources used to assess for allowability include:
  - ★ [Public Health Service Clinical Treatment Guidelines](#)
  - ★ [HRSA Policy Notice 16-02, “Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds”](#):
  - ★ [HRSA National Monitoring Standards](#)
  - ★ [Ryan White law](#)
  - ★ [HRSA Policies and Program Letters](#)



# Ryan White Eligibility

- ★ Clients must be:
  - ★ HIV positive
  - ★ Low income
    - ★ At or below 300% of the Federal Poverty Level (FPL) in Indiana
  - ★ Residents of Indiana
  - ★ Screened for all other payors including Medicaid
    - ★ Services must be billed to other coverage first
- ★ Eligibility must be recertified every 6 months
  - ★ Annual recertifications involve obtaining updated documents
  - ★ Six-month recertifications are done through “self-attestation”
    - ★ Clients attest to “no change” in eligibility status, or provide information about what has changed.
- ★ ISDH’s 2018 Eligibility Policy will be available on the ISDH Website



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# Current Eligibility Practice

- ★ Clients start the eligibility process with a Care Coordinator
  - ★ HSP reviews the application and approves eligibility
  - ★ Eligibility Confirmation Letters are mailed to clients and Care Coordinators
  - ★ Check eligibility status through HIVE or by checking with client's recent Care Coordinator
- ★ Newly diagnosed clients
  - ★ Facilitate access to a Care Coordinator as soon as possible
  - ★ Will prepare clients to access additional services, including medical care and medications
- ★ “Lost to care” clients (those previously diagnosed, but have dropped out of care for 6 months or more)
  - ★ Check eligibility status
  - ★ If expired, facilitate access to a Care Coordinator as soon as possible
- ★ If client is not deemed eligible after a short time, services cannot be paid for

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# “Payor of Last Resort”

- ✦ By statute, RWHAP grant funds may not be used for any item or service for which payment has been made, or can reasonably be expected to be made by any other payer.
- ✦ Demonstrate that every effort is made to have other payers cover services.
  - ✦ Clients must be screened for eligibility for other coverage, like Medicaid.
  - ✦ Providers must attempt preauthorization or exception processes required by insurers before relying upon RW funds.
- ✦ Exceptions in requirement for veterans and for PLWH eligible for Indian Health Services (IHS).
- ✦ ISDH’s 2018 “Payor of Last Resort” Policy will be available on the ISDH website.

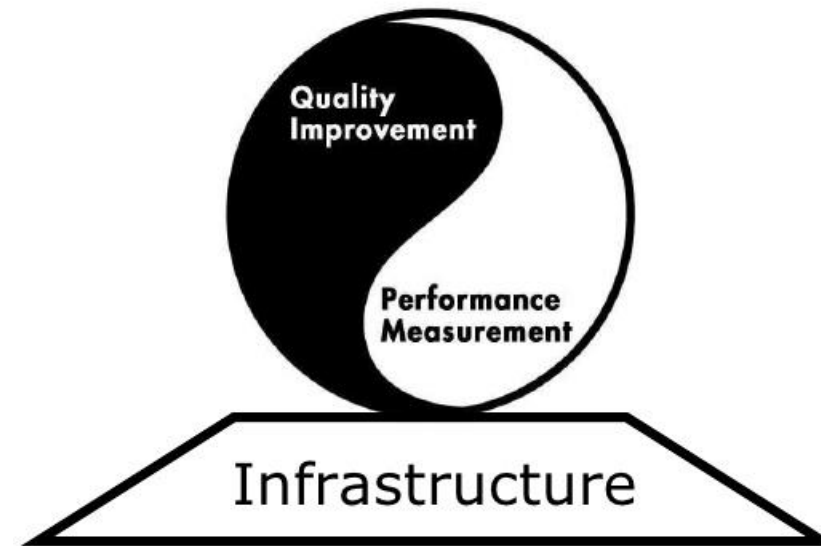
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# Service Standards

- ★ ISDH is developing Service Standards for every funded service category, and will be followed by every funded Subrecipient.
- ★ Service Standards establish minimum expectations for providing a service - the “How”.
  - ★ Foundation of a clinical quality management (QM) program and sub-recipient monitoring
  - ★ Provide a framework from which processes and outcomes are measured
  - ★ Define the core components and activities of a service category
  - ★ Used by the recipient to define expectations for service procurements.
- ★ Refer to [HAB Guidance](#) and [PCN #15-02, “Clinical Quality Management Policy Clarification Notice”](#).

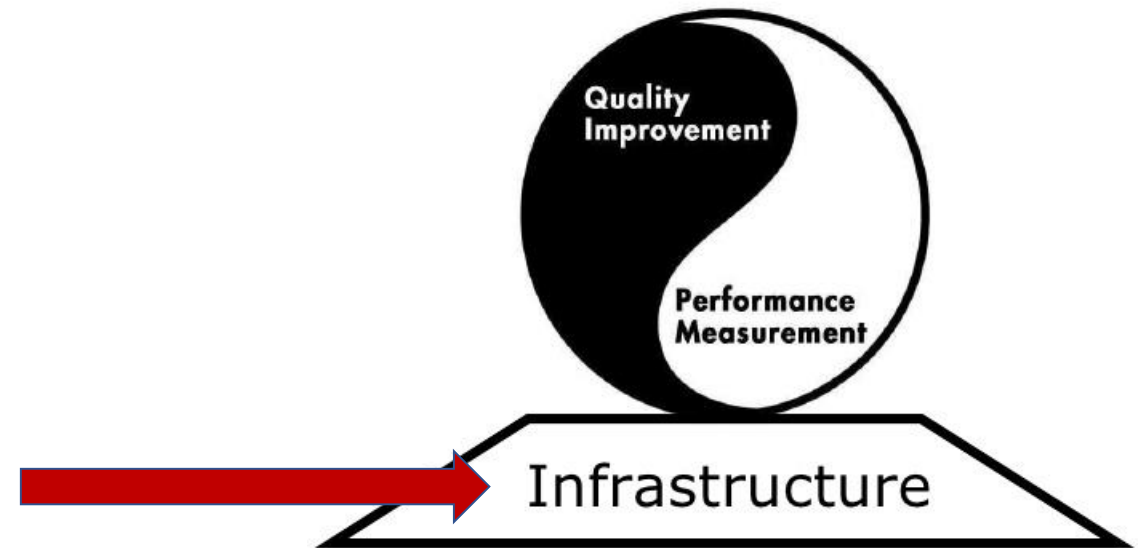
# Components of a CQM Program

- ★ CQM programs coordinate activities aimed at improving patient care and patient satisfaction to drive health outcomes improvement
- ★ CQM activities should be continuous and fit within and support the framework of grant administrative functions



# Infrastructure

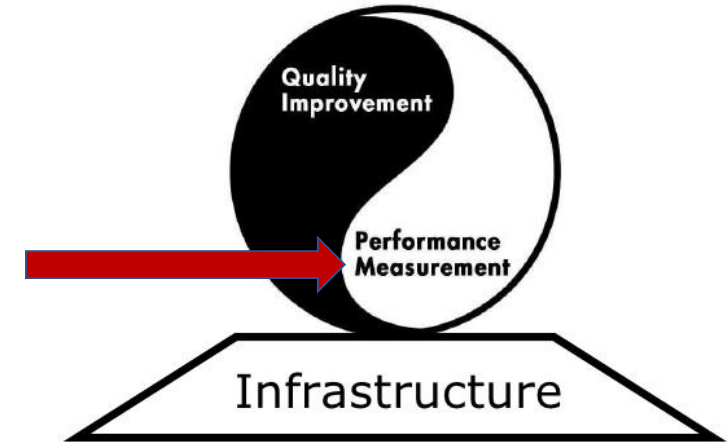
- ✦ Leadership
- ✦ Quality Management Committee
- ✦ Dedicated Resources & Staffing
- ✦ Evaluation
- ✦ Quality Management Plan



# Performance Measurement

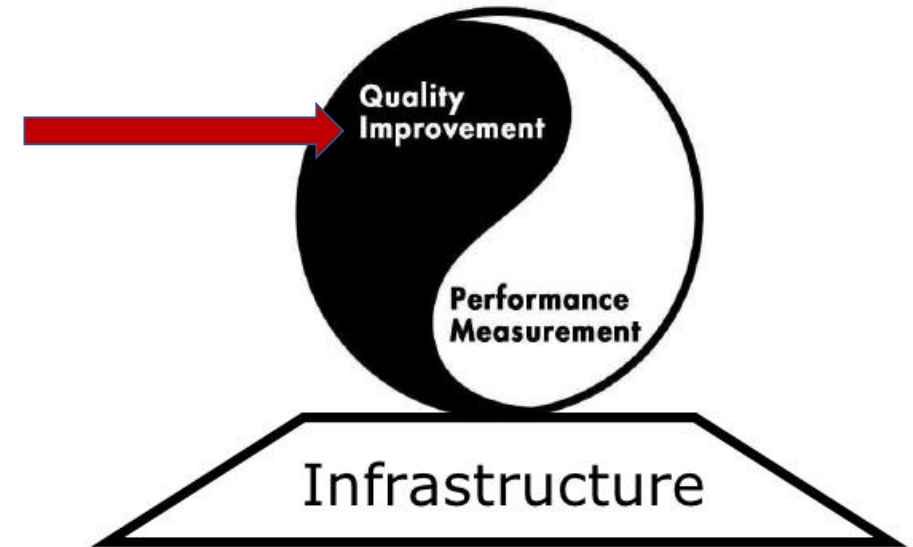


**WHEN?**



# Quality Improvement Projects

- ★ Implement activities aimed at improving patient care, health outcomes and patient satisfaction
- ★ A defined methodology or approach to quality improvement is to be utilized







# Data Collection and Reporting

- ★ Data will be required to be collected and entered into an ISDH-required data system throughout the year
  - ★ Data for each month must be entered by the 15<sup>th</sup> of the following month
  - ★ Required data is based on the Ryan White services that the client receives
- ★ Data are reported to HRSA/HAB in the Ryan White HIV/AIDS Program Services Report (RSR) annually
  - ★ Federal due date is last Monday in March; first RSR is due March 2019
  - ★ Recipient (ISDH) will establish earlier deadlines to assist with report completion

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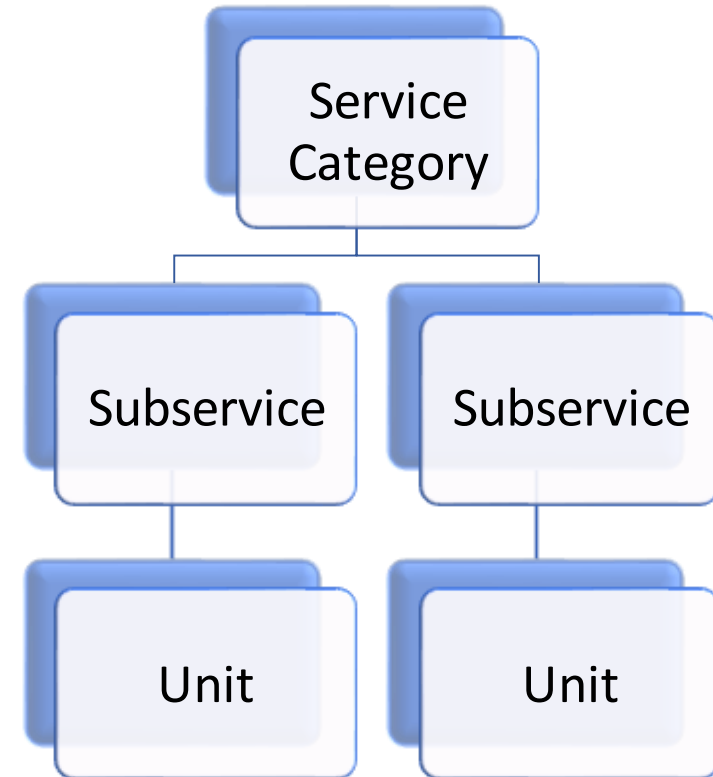
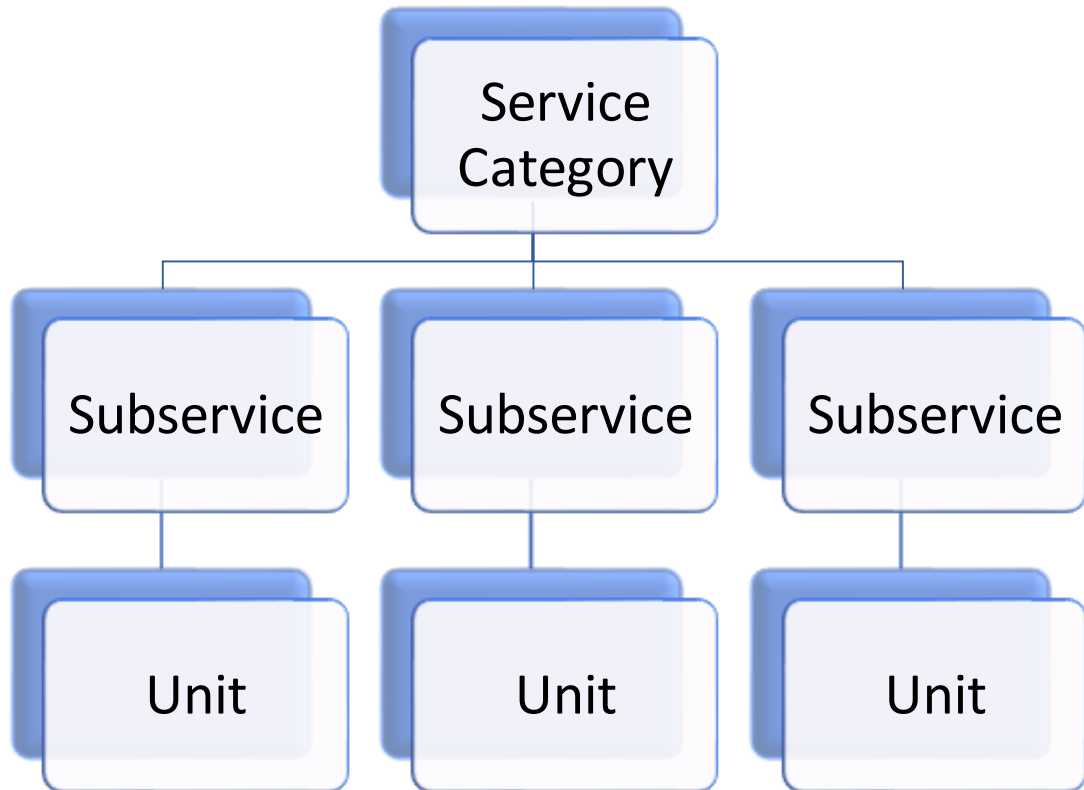
# Interim Data Reporting Requirements

- ★ If you provide a Ryan White Part B Supplemental funded service to a client, please collect the following information:
  - ★ Client Name
  - ★ Date of Birth
  - ★ Gender
  - ★ Name of service received including date of service
- ★ Collect information on paper form and store securely in a locked file cabinet.
  - ★ Please wait to enter data into a data system until you receive further guidance from ISDH
  - ★ If your agency does not use a paper form, an Excel tool can be provided by ISDH
- ★ If you have questions or need additional guidance, please contact ISDH

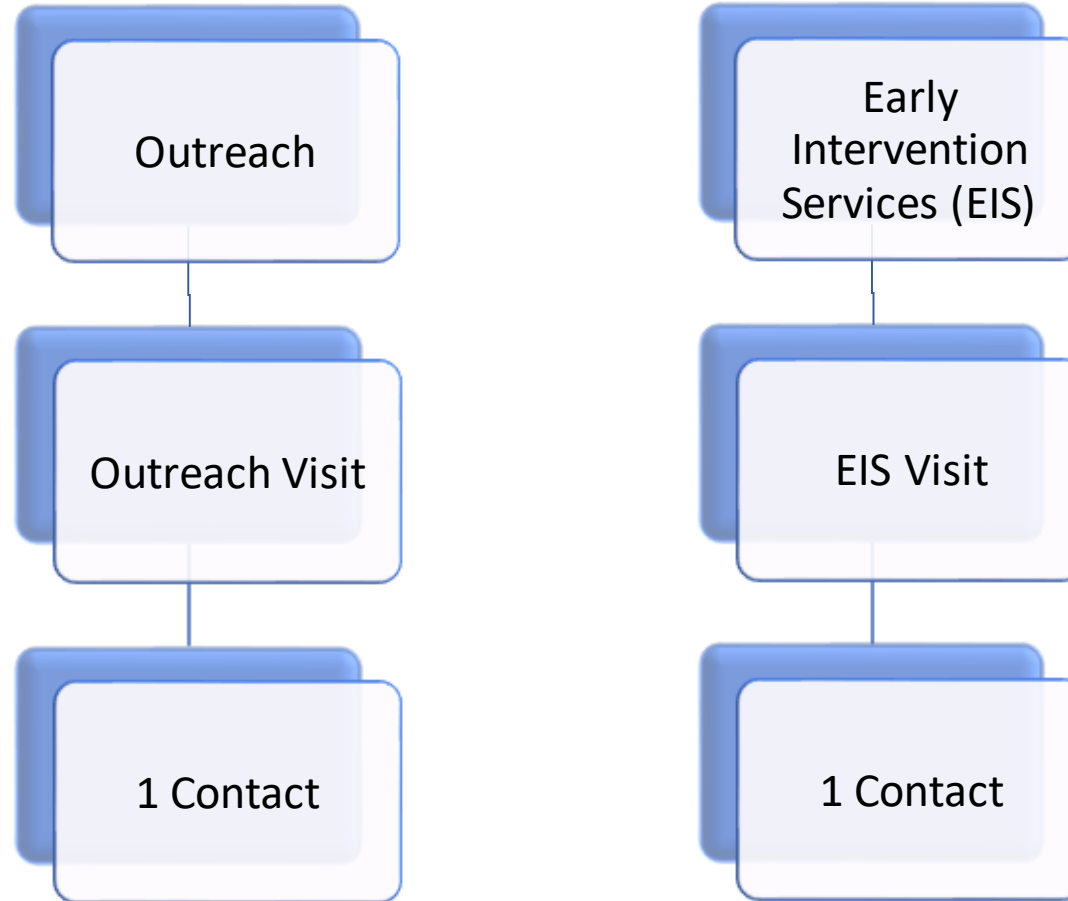
# Data Reporting Requirements

A	B	C	D	E	F	G
Agency Name (Choose one from drop-down list)	First Name	Last Name	Date of Birth (mm/dd/yyyy)	Current Gender Identity (Choose one from drop-down list)	Date of Service (mm/dd/yyyy)	Service Category (Choose one from drop-down list)
				Male Female Unknown Transgender Male to Female Transgender Female to Male Transgender Other		

# Service Category, Subservice and Units



# Service Category, Subservice and Units



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# What's Next?

- ★ A Table of Service Categories, Service Definitions, Subservices and Service Units will be provided to you
- ★ Individual meetings as needed
  - ★ Clarify service provision and align with allowable activities
- ★ Continue to collect the data discussed during the last webinar
  - ★ You need to understand subservices and service units to think about how you are structuring your services
  - ★ Eventually, you will capture subservices and units in the ISDH-approved data system

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# Subrecipient Monitoring

- ★ “Subrecipient monitoring” includes all activities that ensure Subrecipients are meeting the terms of their agreements, complying with state and federal and policies and laws, and are providing services that positively impact PLWH.
- ★ Subrecipient monitoring includes
  - ★ Monthly, quarterly and annual activities.
  - ★ Programmatic and fiscal annual site visits for all Subrecipients/providers as noted in the [National Monitoring Standards](#)
- ★ If a Subrecipient subcontracts out services, they are responsible for monitoring of their Subrecipients, following the same mandates.





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# Frequently Asked Questions

- ★ Do we need to have eligibility documentation in the file for every client we serve?**
- ★ What is the referral form we need to get from other agencies that documents that the client is eligible for RW Part B? Is it an electronic system?**
- ★ If someone is already enrolled in ISDH MSP or the TGA RW Part A program, do we have to re-enroll them in a Part B program enrollment?**
- ★ Are we going to receive slides for technical assistance calls?**

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# Resources

- ★ [Ryan White HIV/AIDS Program Legislation](#)
- ★ [HRSA HAB Policy Notices and Program Letters](#)
- ★ [HRSA Part B Manual](#)
- ★ [Ryan White HIV/AIDS Program Part A and B Monitoring Standards](#)
- ★ [2017 HRSA/HAB DSHAP Part B Virtual Administrative Reverse Site](#)
- ★ [TARGET center \(TA for Ryan White\)](#)
- ★ [NASTAD](#)
- ★ [MATEC - Indiana](#)