

Procedures for Subrecipient Invoice Submittal by Service Category and Documentation Approval

BACKGROUND:

To evaluate the allowability of the presented invoices by service category by assuring compliance with service definitions on Title XXVI of the Public Health Service Act, 42 USC. Section 300ff-11s as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L.111-87) and Policy Clarification Notice #16-02. In addition, this procedure assures that ISDH will maintain adequate records to support all the expenses charged to the Ryan White Part B grant as required on 45 CFR 420.

PROCEDURE:

Evaluation of Subrecipient Invoices by Service Category: To be conducted by the HIV Services Contracts and Budget Specialist:

A. Administration

1. **Administrative Expenses** – Subrecipient administrative expenses are expenses that are directly related to administration as defined by Title XXVI of the Public Health Service Act, 42 USC. Section 300ff-11s as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L.111-87) 2618 (b) 3 (i-iii). These expenses relate to the management of the Ryan White Part B program. Administrative activities include:
 - a. Usual and recognized overhead activities, including established indirect rates for agencies;
 - b. Management oversight of specific programs funded under Part B;
 - c. Other types of program support such as quality assurance, quality control, and related activities.

B. Core Medical Services

1. **Outpatient/Ambulatory Medical Care** - The provision of professional diagnostic and therapeutic services rendered by a licensed physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight. Emergency room or urgent care services are not considered outpatient settings. Services include diagnostic testing, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health and prevention issues, behavioral risk assessment, subsequent counseling, and referral, preventive care and screening, pediatric developmental assessment, treatment adherence and referral to and provision of specialty care (*includes all medical subspecialties, even ophthalmic and optometric services*). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care

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must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

- a. **Payment Methodology** – Direct cost/categorical line-item methodology. The Subrecipient will submit invoices based on the line-item budget that was approved by the recipient. Expenses will be listed by personnel, personnel benefits, consultants, contractual expenses, supplies, equipment, travel, and all other approved line items. The invoice will consist of a section for administrative costs and a section for the service costs.
- b. **Documentation** – Support documentation that will be provided with the invoice would include:
 - **Personnel** – Includes all salaries, and allowances, paid to staff directly contributing to the activities of the service category. Time sheets or payroll reports and certification of "effort".
 - **Personnel Benefits** – Schedule of benefits with list of actual expenditures. Documentation can be provided by employee or in the aggregate for all employees. When using percentages of salary, the Subrecipient must provide a worksheet that shows the allocation.
 - **Consultants** – All expenses related to acquiring the services of a person who provides expert advice professionally for a specific activity within the service category. The consultant's rate must be specified. Costs may include travel, accommodation, living expenses, and support services hired directly by the consultant. A trainer, a speaker, etc. Consultant invoice that reflects the job performed, rate and hours.
 - **Contractual Expenses** – An agreement between private parties creating mutual obligations enforceable by law. Usually specifies the scope of service and a specific payment. The Subrecipient must submit invoices that meet the payment arrangements specified in the agreement and that are properly approved.
 - **Supplies/Other Direct Costs** – Include items which will be used for completing the service goals. Separate office supplies from medical and educational purchases. The Subrecipient should provide copies of vendor invoices for all supply purchases.
 - **Equipment/Supplies** – Include items which will be used for completing the service goals. Separate office supplies from medical and educational purchases. The Subrecipient should provide copies of invoices for all purchases of equipment or for all other special purchases.
 - **Travel** – International costs are not permitted. The out of state travel needs prior approval. The costs should include: airfare, ground transportation, accommodation, meals/per diem, etc. For airfare, economy class must be used at all times. Note: Refer to Subrecipient travel policy). Supporting documentation will consist of properly approved invoices.
 - **All other budgeted items**- Includes all other costs that do not fall under the definition of Personnel, Travel, Consultant, Contractual, Supplies and Equipment. Documented through properly approved invoices. Examples: Copier rental, facility rent, telephone that can be directly allocated to the service publication cost, etc. Supporting documentation will consist of properly approved vendor invoices.

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- c. **Data Support** – The recipient can check the number of clinical visits provided by the Subrecipient during the billing period in two ways:
 - The recipient can check the number of visits that are reported in the CAREWare data system prior to approving the invoice.
 - The recipient can request that the Subrecipient report the number of visits that took place during the course of the month (billing period). Accuracy of data to be verified during the annual monitoring site visit.
 - d. **Laboratory Procedures** – The Outpatient/Ambulatory Medical Care service category may also include funds used to support laboratory tests integral to the treatment of the infection and related complications and ophthalmic and optometric specialty vision services rendered by licensed providers.
 - **Payment Methodology** – The reimbursement methodology should be based on the actual cost of the laboratory along with an additional administrative fee that was approved in the Subrecipient’s approved budget. The Subrecipients that utilize a reference lab to provide laboratory services should bill at the reference lab rate. Subrecipients that operate internal laboratories should bill at Medicaid rate or at a rate that was agreed upon during the budget process. The administrative fee should be charged on a per unit basis that was agreed upon in the Subrecipient’s budget.
 - **Documentation** – The Subrecipient will submit a list of all the patients/unique identifiers and laboratory procedures that were provided and billed for within the billing period. The invoice will provide the date of service, patient unique identifier and the laboratory procedures that were provided and the cost of the individual laboratory service. Subrecipients that utilize a reference lab should include a copy of the reference lab invoice. If the reference lab invoice includes all of the necessary documentation, this invoice will be sufficient to approve payment.
 - **Data Support** - Laboratory data can be checked in the CAREWare system or at the annual monitoring visit.
- 2. AIDS Pharmaceutical Assistance (Local)** – Local pharmacy assistance programs that provide medications to clients of Ryan White Part B recipients. Local Pharmaceutical Assistance Programs (LPAPs) are operated by a RWHAP Part B Recipient or Subrecipient as a supplemental means of providing medication assistance when an ADAP has a restricted formulary, waiting list and/or restricted financial eligibility criteria. RWHAP Part B Recipients using the LPAP service category must establish the following:
- Uniform benefits for all enrolled clients throughout the service area;
 - A recordkeeping system for distributed medications;
 - An LPAP advisory board;
 - A drug formulary approved by the local advisory committee/board;
 - A drug distribution system;
 - A client enrollment and eligibility determination process that includes screening for ADAP and LPAP eligibility with rescreening at minimum of every six months;
 - Coordination with the state’s RWHAP Part B ADAP;
 - A statement of need that specifies restrictions of the state ADAP and the need for the LPAP; and
 - Implementation in accordance with requirements of the 340B Drug Pricing

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Program and the Prime Vendor Program.

- a. **Payment Methodology** – The reimbursement methodology should be based on the actual cost of the medications along with an additional administrative fee that was approved in the Subrecipient's approved budget. Subrecipients should be obtaining 340b and Prime Vendor pricing for the purchase of medications under the Ryan White Part B Program.
 - b. **Documentation** – The Subrecipient will submit a list of all the patients and medications that were provided and billed for within the billing period. The invoice will provide the date of service, patient unique identifier and the medication provided.
 - c. **Data Support** – Pharmacy data system.
- 3. Oral Health Care** – Oral Health Care services provide outpatient diagnostic, preventive, and therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.
- a. **Payment Methodology** - Direct cost/categorical line-item methodology. The Subrecipient will submit invoices based on the line-item budget that was approved by the recipient. Expenses will be listed by personnel, personnel benefits, consultants, contractual expenses, supplies, equipment, travel, and all other approved line items. The invoice will consist of a section for administrative costs and a section for the service costs.
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 - **Consultants** – All expenses related to acquiring the services of a person who provides expert advice professionally for a specific activity within the service category. The consultant's rate must be specified. Costs may include travel, accommodation, living expenses, and support services hired directly by the consultant. A trainer, a speaker, etc. Consultant invoice that reflects the job performed, rate and hours.
 - **Contractual Expenses** – An agreement between private parties creating mutual obligations enforceable by law. Usually specifies the scope of service and a specific payment. The Subrecipient must submit invoices that meet the payment arrangements specified in the agreement and that are properly approved.
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Subrecipient should provide copies of invoices for all purchases of equipment or for all other special purchases.

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- c. **Data Support** – The CAREWare data system should reflect dates of service for patient care. If the provider does not enter date in CAREWare, then the data should be confirmed during the annual fiscal monitoring site visit.

- 4. Early Intervention Services** - Defined as a mix of services limited to: a) targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be HIV- infected; b) referral services to improve HIV care and treatment services at key points of entry; c) access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care; and d) Outreach Services and Health Education/Risk Reduction services related to HIV diagnosis.

NOTE: All 4-program components must be present for a program to be considered an early intervention services program but all components do not need to be funded by RW Part B.

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- c. **Data Support** – The recipient can check the number of EIS visits provided by the Subrecipient during the billing period in two ways:
1. The recipient can check the number of EIS activities that are reported in the data system prior to approving the invoice.
 2. The recipient can request that the Subrecipient submit a schedule of EIS visits that took place during the course of the month (billing period). The schedule should include date of service, patient unique identifier, and type of service received.
- 5. Medical Case Management** - The provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication). Key activities include:
- Initial assessment of service needs;
 - Development of a comprehensive, individualized care plan;
 - Timely and coordinated access to medically appropriate levels of health and support services and continuity of care;
 - Continuous client monitoring to assess the efficacy of the care plan;
 - Re-evaluation of the care plan at least every 6 months with adaptations as necessary;
 - Ongoing assessment of the client’s and other key family members’ needs and personal support systems;
 - Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments;
 - Client-specific advocacy and/or review of utilization of services.

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In addition to providing the medically oriented services above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

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 - c. **Data Support** – The recipient can check the number of medical case management visits by reviewing the data submitted into CAREWare for the billing period or at the annual monitoring site visit.
- 6. Mental Health Services** – Mental Health Services are the psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized. Within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.
- a. **Payment Methodology** – Direct cost/categorical line-item methodology. The Subrecipient will submit invoices based on the line-item budget that was approved by the recipient. Expenses will be listed by personnel, personnel benefits, consultants, contractual expenses, supplies, equipment, travel, and all other approved line items. The invoice will consist of a section for administrative costs and a section for the service costs.
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- c. **Data Support** – The recipient can check the number of mental health visits provided by the Subrecipient during the billing period in two ways:
- The recipient can check the number of mental health visits that are reported in the data system prior to approving the invoice.
 - The recipient can request that the Subrecipient submit a schedule of mental health visits that took place during the course of the month (billing period). The schedule should include date of service, patient unique identifier, and type of service received. Accuracy of data to be verified at the time of the annual monitoring site visit.

7. Substance Abuse Outpatient Services – The provision of medical or other treatment and/or counseling for the treatment of drug or alcohol use disorders. Services include:

- Screening
 - Assessment
 - Diagnosis, and/or
 - Treatment of substance use disorder, including:
 - Pretreatment/recovery readiness programs
 - Harm reduction
 - Behavioral health counseling associated with substance use disorder
 - Outpatient drug-free treatment and counseling
 - Medication assisted therapy
 - Neuro-psychiatric pharmaceuticals
 - Relapse prevention
- a. **Payment Methodology** – Direct cost/categorical line-item methodology. The Subrecipient will submit invoices based on the line-item budget that was approved by the recipient. Expenses will be listed by personnel, personnel benefits, consultants, contractual expenses, supplies, equipment, travel, and all other approved line items. The invoice will consist of a section for administrative costs and a section for the service costs.
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- **Personnel Benefits** – Schedule of benefits with list of actual expenditures. Documentation can be provided by employee or in the aggregate for all employees. When using percentages of salary, the Subrecipient must provide a worksheet that shows the allocation.
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- c. **Data Support** – The recipient can check the number of outpatient substance abuse visits provided by the Subrecipient during the billing period in two ways.
1. The recipient can check the number of outpatient substance abuse visits that are reported in the recipient data system prior to approving the invoice.
 2. The recipient can request that the Subrecipient submit a schedule of outpatient substance abuse visits that took place during the course of the month (billing period). The schedule should include date of service, patient unique identifier, and type of service received.

8. Medical Nutrition Therapy – includes:

- Nutrition assessment and screening;
- Dietary/nutritional evaluation;
- Food and/or nutritional supplements per medical provider's recommendation;
- Nutrition education and/or counseling.

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These services can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services. All services performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Services not provided by a registered/licensed dietician should be considered Psychosocial Support Services under the RWHAP.

- a. **Payment Methodology** – Direct cost/categorical line-item methodology. The Subrecipient will submit invoices based on the line-item budget that was approved by the recipient. Expenses will be listed by personnel, personnel benefits, consultants, contractual expenses, supplies, equipment, travel, and all other approved line items. The invoice will consist of a section for administrative costs and a section for the service costs.
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9. Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. To use RWHAP funds for health insurance premium and cost-sharing assistance, a RWHAP Part recipient must implement a methodology that incorporates the following requirements:

- RWHAP Part recipients must ensure that clients are buying health coverage that, at a minimum, includes at least one drug in each Antiretroviral therapeutics from the [Department of Health and Human Services \(HHS\) treatment guidelines](#) along with appropriate HIV outpatient/ambulatory health services
- RWHAP Part recipients must assess and compare the aggregate cost of paying for the health coverage option versus paying for the aggregate full cost for medications and other appropriate HIV outpatient/ambulatory health services, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective
- The service provision consists of either or both of the following:
 1. Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services and pharmacy benefits that provide a full range of HIV medications for eligible clients
 2. Paying cost-sharing on behalf of the client

Program Guidance:

Traditionally, RWHAP Parts A and B funding support health insurance premiums and cost-sharing assistance. If a RWHAP Part C or D recipient has the resources to provide this service, an equitable enrollment policy must be in place and it must be cost-effective and sustainable.

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 - **Travel** – International costs are not permitted. The out of state travel needs prior approval. The costs should include: airfare, ground transportation, accommodation, meals/per diem, etc. For airfare, economy class must be used at all times. Note: Refer to Subrecipient travel policy). Supporting documentation will consist of properly approved invoices.
 - **All other budgeted items** – Includes all other costs that do not fall under the definition of Personnel, Travel, Consultant, Contractual, Supplies and Equipment. Documented through properly approved invoices. Examples. Copier rental, facility rent, telephone that can be directly allocated to the service publication cost, etc. Supporting documentation will consist of properly approved vendor invoices.
- c. **Data Support** – The CAREWare data system should reflect dates of service for patient care. If the provider does not enter date in CAREWare, then the data should be confirmed during the annual fiscal monitoring site visit

C. Support Services

1. **Case Management – Non-Medical** - Provides guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical case management services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance

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Marketplace plans. This service category includes several methods of communication including face-to-face, phone contact, and any other forms of communication deemed appropriate by the RWHAP Part recipient. Key activities include:

- Initial assessment of service needs;
 - Development of a comprehensive, individualized care plan;
 - Continuous client monitoring to assess the efficacy of the care plan;
 - Re-evaluation of the care plan at least every 6 months with adaptations as necessary;
 - Ongoing assessment of the client's and other key family members' needs and personal support systems.
- a. **Payment Methodology** – Direct cost/categorical line-item methodology. The Subrecipient will submit invoices based on the line-item budget that was approved by the recipient. Expenses will be listed by personnel, personnel benefits, consultants, contractual expenses, supplies, equipment, travel, and all other approved line items. The invoice will consist of a section for administrative costs and a section for the service costs.
- b. **Documentation** – Support documentation that will be provided with the invoice would include:
- **Personnel** – Includes all salaries, and allowances, paid to staff directly contributing to the activities of the service category. Time sheets or payroll reports and certification of "effort".
 - **Personnel Benefits** – Schedule of benefits with list of actual expenditures. Documentation can be provided by employee or in the aggregate for all employees. When using percentages of salary, the Subrecipient must provide a worksheet that shows the allocation.
 - **Consultants** – All expenses related to acquiring the services of a person who provides expert advice professionally for a specific activity within the service category. The consultant's rate must be specified. Costs may include travel, accommodation, living expenses, and support services hired directly by the consultant. A trainer, a speaker, etc. Consultant invoice that reflects the job performed, rate and hours.
 - **Contractual Expenses** – An agreement between private parties creating mutual obligations enforceable by law. Usually specifies the scope of service and a specific payment. The Subrecipient must submit invoices that meet the payment arrangements specified in the agreement and that are properly approved.
 - **Supplies/Other Direct Costs** – Include items which will be used for completing the service goals. Separate office supplies from medical and educational purchases. The Subrecipient should provide copies of vendor invoices for all supply purchases.
 - **Equipment/Supplies** – Include items which will be used for completing the service goals. Separate office supplies from medical and educational purchases. The Subrecipient should provide copies of invoices for all purchases of equipment or for all other special purchases.
 - **Travel** – International costs are not permitted. The out of state travel needs prior approval. The costs should include: airfare, ground transportation, accommodation, meals/per diem, etc. For airfare, economy class must be used at all times. Note:

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Refer to Subrecipient travel policy). Supporting documentation will consist of properly approved invoices.

- **All other budgeted items** – Includes all other costs that do not fall under the definition of Personnel, Travel, Consultant, Contractual, Supplies and Equipment. Documented through properly approved invoices. Examples: Copier rental, facility rent, telephone that can be directly allocated to the service publication cost, etc. Supporting documentation will consist of properly approved vendor invoices.
 - c. **Data Support** – The recipient can check the number of non-medical case management visits by reviewing the data submitted into CAREWare for the billing period or during the annual monitoring site visit.
- 2. Food Bank/Home Delivered Meals** - Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following: Personal hygiene products; Household cleaning supplies and water filtration/purification systems in communities where issues of water safety exist.
- a. **Payment Methodology** - Direct cost/categorical line-item methodology. The Subrecipient will submit invoices based on the line-item budget that was approved by the recipient. Expenses will be listed by personnel, personnel benefits, telephone, supplies, food costs, travel and all other approved line items. The invoice will consist of a section for administrative costs and a separate section for direct service cost.
 - b. **Documentation** – Support documentation that will be provided with the invoice would include:
 - **Personnel** – Includes all salaries, and allowances, paid to staff directly contributing to the activities of the service category. Time sheets or payroll reports and certification of "effort".
 - **Personnel Benefits** – Schedule of benefits with list of actual expenditures. Documentation can be provided by employee or in the aggregate for all employees. When using percentages of salary, the Subrecipient must provide a worksheet that shows the allocation.
 - **Consultants** – All expenses related to acquiring the services of a person who provides expert advice professionally for a specific activity within the service category. The consultant's rate must be specified. Costs may include travel, accommodation, living expenses, and support services hired directly by the consultant. A trainer, a speaker, etc. Consultant invoice that reflects the job performed, rate and hours
 - **Contractual Expenses** – An agreement between private parties creating mutual obligations enforceable by law. Usually specifies the scope of service and a specific payment. The Subrecipient must submit invoices that meet the payment arrangements specified in the agreement and that are properly approved.
 - **Supplies/Other Direct Costs** – Include items which will be used for completing the service goals. Separate office supplies from medical and educational purchases. The Subrecipient should provide copies of vendor invoices for all supply purchases.
 - **Equipment/Supplies** – Include items which will be used for completing the service goals. Separate office supplies from medical and educational purchases. The

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Subrecipient should provide copies of invoices for all purchases of equipment or for all other special purchases.

- **Travel** – International costs are not permitted. The out of state travel needs prior approval. The costs should include: airfare, ground transportation, accommodation, meals/per diem, etc. For airfare, economy class must be used at all times. Note: Refer to Subrecipient travel policy). Supporting documentation will consist of properly approved invoices.
 - **All other budgeted items**- Includes all other costs that do not fall under the definition of Personnel, Travel, Consultant, Contractual, Supplies and Equipment. Documented through properly approved invoices. Examples: Copier rental, facility rent, telephone that can be directly allocated to the service publication cost, etc. Supporting documentation will consist of properly approved vendor invoices.
- c. Data Support** – The recipient can check the number of food bank/home delivered meals that are provided by the Subrecipient during the billing period in two ways.
- The recipient can check the number of food bank/home delivered meals that are reported in the CAREWare data system prior to approving the invoice.
 - The recipient can request that the Subrecipient submit a schedule of food bank/home delivered meals that took place during the course of the month (billing period). The schedule should include date of service, patient unique identifier, and type of service received.

3. Psychosocial Support Services -- Psychosocial Support Services provide group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns. Services may include:

- Bereavement counseling
- Caregiver/respite support (RWHAP Part D)
- Child abuse and neglect counseling
- HIV support group
- Nutrition counseling provided by a non-registered dietitian (see Medical Nutrition Therapy Services)
- Pastoral care/counseling services

Program Guidance:

Funds under this service category may not be used to provide nutritional supplements (See Food Bank/Home Delivered Meals). RWHAP-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation. Funds may not be used for social/recreational activities or to pay for a client's gym membership.

- a. Payment Methodology** - Direct cost/categorical line-item methodology. The Subrecipient will submit invoices based on the line-item budget that was approved by the recipient. Expenses will be listed by personnel, personnel benefits, consultants, contractual expenses, supplies, equipment, travel, and all other approved line items. The invoice will consist of a section for administrative costs and a section for the service costs.

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- b. **Documentation** – Support documentation that will be provided with the invoice would include:
- **Personnel** – Includes all salaries, and allowances, paid to staff directly contributing to the activities of the service category. Time sheets or payroll reports and certification of "effort".
 - **Personnel Benefits** – Schedule of benefits with list of actual expenditures. Documentation can be provided by employee or in the aggregate for all employees. When using percentages of salary, the Subrecipient must provide a worksheet that shows the allocation.
 - **Consultants** – All expenses related to acquiring the services of a person who provides expert advice professionally for a specific activity within the service category. The consultant's rate must be specified. Costs may include travel, accommodation, living expenses, and support services hired directly by the consultant. A trainer, a speaker, etc. Consultant invoice that reflects the job performed, rate and hours.
 - **Contractual Expenses** – An agreement between private parties creating mutual obligations enforceable by law. Usually specifies the scope of service and a specific payment. The Subrecipient must submit invoices that meet the payment arrangements specified in the agreement and that are properly approved.
 - **Supplies/Other Direct Costs** – Include items which will be used for completing the service goals. Separate office supplies from medical and educational purchases. The Subrecipient should provide copies of vendor invoices for all supply purchases.
 - **Equipment/Supplies** – Include items which will be used for completing the service goals. Separate office supplies from medical and educational purchases. The Subrecipient should provide copies of invoices for all purchases of equipment or for all other special purchases.
 - **Travel** – International costs are not permitted. The out of state travel needs prior approval. The costs should include: airfare, ground transportation, accommodation, meals/per diem, etc. For airfare, economy class must be used at all times. Note: Refer to Subrecipient travel policy). Supporting documentation will consist of properly approved invoices.
 - **All other budgeted items** – Includes all other costs that do not fall under the definition of Personnel, Travel, Consultant, Contractual, Supplies and Equipment. Documented through properly approved invoices. Examples: Copier rental, facility rent, telephone that can be directly allocated to the service publication cost, etc. Supporting documentation will consist of properly approved vendor invoices.
- c. **Data Support** – The recipient can check the number of psychosocial support service visits by reviewing the data submitted into CAREWare for the billing period or at the annual monitoring site visit.
- 4. Emergency Financial Assistance** - Emergency Financial Assistance provides limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential utilities, housing, food (including groceries, and food vouchers), transportation, and medication. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program. Direct cash payments to clients are not permitted.

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- a. **Payment Methodology** – The reimbursement methodology should be based on the actual cost of the emergency financial assistance provided.
 - b. **Documentation** – The Subrecipient will submit a list of all the patients and emergency financial assistance services that were provided and billed for within the billing period. The invoice will provide the date of service, patient unique identifier and the service provided.
 - c. **Data Support** – Emergency financial assistance may be confirmed in the CAREWare data system if the system is designed to capture this data. Otherwise the data to confirm the provision of emergency financial assistance services should be reviewed during the annual Subrecipient fiscal monitoring visits.
- 5. Medical Transportation** – Medical Transportation is the provision of nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services.

Medical transportation may be provided through:

- Contracts with providers of transportation services;
- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject);
- Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle;
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed);
- Voucher or token systems;

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients;
 - Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle;
 - Any other costs associated with a privately-owned vehicle such as lease, loan payments, and insurance, license, or registration fees.
- a. **Payment Methodology** – The reimbursement methodology should be based on the actual cost of the transportation services. Example voucher, taxi negotiated fee and/or transportation provided agency vehicle.
 - b. **Documentation** – The Subrecipient will submit a list of all the patients and *transportation services that were provided and billed for within the billing period. The invoice will provide the date of service, patient unique identifier and the service provided.
 - c. **Data Support** – Transportations services may be confirmed in the CAREWare data system if the system is designed to capture this data. Otherwise the data to confirm the provision of emergency financial assistance services should be reviewed during the annual Subrecipient fiscal monitoring visits.

- 6. Outreach** – Outreach Services include the provision of the following three activities:

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- Identification of people who do not know their HIV status and linkage into Outpatient/Ambulatory Health Services;
- Provision of additional information and education on health care coverage options;
- Reengagement of people who know their status into Outpatient/Ambulatory Health Services.

Outreach programs must be:

- Conducted at times and in places where there is a high probability of reaching individuals with HIV infection and/or exhibiting high-risk behavior
- Designed to provide quantified program reporting of activities and outcomes to accommodate local evaluation of effectiveness
- Planned and delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort
- Targeted to populations known, through local epidemiologic data or review of service utilization data or strategic planning processes, to be at disproportionate risk for HIV infection

- a. **Payment Methodology** - Direct cost/categorical line-item methodology. The Subrecipient will submit invoices based on the line-item budget that was approved by the recipient. Expenses will be listed by personnel, personnel benefits, consultants, contractual expenses, supplies, equipment, travel, and all other approved line items. The invoice will consist of a section for administrative costs and a section for the service costs.
- b. **Documentation** – Support documentation that will be provided with the invoice would include:
 - **Personnel** – Includes all salaries, and allowances, paid to staff directly contributing to the activities of the service category. Time sheets or payroll reports and certification of "effort".
 - **Personnel Benefits** – Schedule of benefits with list of actual expenditures. Documentation can be provided by employee or in the aggregate for all employees. When using percentages of salary, the Subrecipient must provide a worksheet that shows the allocation.
 - **Consultants** – All expenses related to acquiring the services of a person who provides expert advice professionally for a specific activity within the service category. The consultant's rate must be specified. Costs may include travel, accommodation, living expenses, and support services hired directly by the consultant. A trainer, a speaker, etc. Consultant invoice that reflects the job performed, rate and hours.
 - **Contractual Expenses** – An agreement between private parties creating mutual obligations enforceable by law. Usually specifies the scope of service and a specific payment. The Subrecipient must submit invoices that meet the payment arrangements specified in the agreement and that are properly approved.
 - **Supplies/Other Direct Costs** – Include items which will be used for completing the service goals. Separate office supplies from medical and educational purchases. The Subrecipient should provide copies of vendor invoices for all supply purchases.
 - **Equipment/Supplies** – Include items which will be used for completing the service goals. Separate office supplies from medical and educational purchases. The

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Subrecipient should provide copies of invoices for all purchases of equipment or for all other special purchases.

- **Travel** – International costs are not permitted. The out of state travel needs prior approval. The costs should include: airfare, ground transportation, accommodation, meals/per diem, etc. For airfare, economy class must be used at all times. Note: Refer to Subrecipient travel policy). Supporting documentation will consist of properly approved invoices.
 - **All other budgeted items** – Includes all other costs that do not fall under the definition of Personnel, Travel, Consultant, Contractual, Supplies and Equipment. Documented through properly approved invoices. Examples: Copier rental, facility rent, telephone that can be directly allocated to the service publication cost, etc. Supporting documentation will consist of properly approved vendor invoices.
- c. **Data Support** – The recipient can check the number of outreach visits or contacts by reviewing the data submitted into CAREWare for the billing period or at the annual monitoring site visit.

7. Health Education/Risk Reduction - Health Education/Risk Reduction is the provision of education to clients Living with HIV about HIV transmission and how to reduce the risk of HIV Transmission. It includes sharing information about medical and psychosocial Support services and counseling with clients to improve their health status. Topics covered may include:

- Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention;
- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage);
- Health literacy;
- Treatment adherence education.

Health Education/Risk Reduction services cannot be delivered anonymously.

- a. **Payment Methodology** - Direct cost/categorical line-item methodology. The Subrecipient will submit invoices based on the line-item budget that was approved by the recipient. Expenses will be listed by personnel, personnel benefits, consultants, contractual expenses, supplies, equipment, travel, and all other approved line items. The invoice will consist of a section for administrative costs and a section for the service costs.
- b. **Documentation** – Support documentation that will be provided with the invoice would include:
- **Personnel** – Includes all salaries, and allowances, paid to staff directly contributing to the activities of the service category. Time sheets or payroll reports and certification of "effort".
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- **Consultants** – All expenses related to acquiring the services of a person who provides expert advice professionally for a specific activity within the service category. The consultant's rate must be specified. Costs may include travel, accommodation, living expenses, and support services hired directly by the consultant. A trainer, a speaker, etc. Consultant invoice that reflects the job performed, rate and hours.
 - **Contractual Expenses** – An agreement between private parties creating mutual obligations enforceable by law. Usually specifies the scope of service and a specific payment. The Subrecipient must submit invoices that meet the payment arrangements specified in the agreement and that are properly approved.
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 - **Equipment/Supplies** – Include items which will be used for completing the service goals. Separate office supplies from medical and educational purchases. The Subrecipient should provide copies of invoices for all purchases of equipment or for all other special purchases.
 - **Travel** – International costs are not permitted. The out of state travel needs prior approval. The costs should include: airfare, ground transportation, accommodation, meals/per diem, etc. For airfare, economy class must be used at all times. Note: Refer to Subrecipient travel policy). Supporting documentation will consist of properly approved invoices.
 - **All other budgeted items** – Includes all other costs that do not fall under the definition of Personnel, Travel, Consultant, Contractual, Supplies and Equipment. Documented through properly approved invoices. Examples: Copier rental, facility rent, telephone that can be directly allocated to the service publication cost, etc. Supporting documentation will consist of properly approved vendor invoices.
- c. **Data Support** – The recipient can check the number of outreach visits or contacts by reviewing the data submitted into CAREWare for the billing period or at the annual monitoring site visit.
- 8. Housing** - Housing services provide limited short-term assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain outpatient/ambulatory health services. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with these services.

Housing services are transitional in nature and for the purposes of moving or maintaining a client or family in a long-term, stable living situation. Therefore, such assistance cannot be provided on a permanent basis and must be accompanied by a strategy to identify, relocate, and/or ensure the client or family is moved to, or capable of maintaining, a long-term, stable living situation.

Eligible housing can include housing that provides some type of medical or supportive services (such as residential substance use disorder services or mental health services, residential foster care, or assisted living residential services) and housing that does not provide direct medical or supportive services, but is essential for a client or family to gain

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or maintain access to and compliance with HIV-related outpatient/ambulatory health services and treatment.

RWHAP Part recipients must have mechanisms in place to allow newly identified clients access to housing services. Upon request, RWHAP recipients must provide HAB with an individualized written housing plan, consistent with RWHAP Housing.

Housing services funds cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments.

- a. **Payment Methodology** - Direct cost/categorical line-item methodology. The Subrecipient will submit invoices based on the line-item budget that was approved by the recipient. Expenses will be listed by personnel, personnel benefits, consultants, contractual expenses, supplies, equipment, travel, and all other approved line items. The invoice will consist of a section for administrative costs and a section for the service costs.
- b. **Documentation** – Support documentation that will be provided with the invoice would include:
 - **Personnel** – Includes all salaries, and allowances, paid to staff directly contributing to the activities of the service category. Time sheets or payroll reports and certification of "effort".
 - **Personnel Benefits** – Schedule of benefits with list of actual expenditures. Documentation can be provided by employee or in the aggregate for all employees. When using percentages of salary, the Subrecipient must provide a worksheet that shows the allocation.
 - **Consultants** – All expenses related to acquiring the services of a person who provides expert advice professionally for a specific activity within the service category. The consultant's rate must be specified. Costs may include travel, accommodation, living expenses, and support services hired directly by the consultant. A trainer, a speaker, etc. Consultant invoice that reflects the job performed, rate and hours.
 - **Contractual Expenses** – An agreement between private parties creating mutual obligations enforceable by law. Usually specifies the scope of service and a specific payment. The Subrecipient must submit invoices that meet the payment arrangements specified in the agreement and that are properly approved.
 - **Supplies/Other Direct Costs** – Include items which will be used for completing the service goals. Separate office supplies from medical and educational purchases. The Subrecipient should provide copies of vendor invoices for all supply purchases.
 - **Equipment/Supplies** – Include items which will be used for completing the service goals. Separate office supplies from medical and educational purchases. The Subrecipient should provide copies of invoices for all purchases of equipment or for all other special purchases.
 - **Travel** – International costs are not permitted. The out of state travel needs prior approval. The costs should include: airfare, ground transportation, accommodation, meals/per diem, etc. For airfare, economy class must be used at all times. Note:

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Refer to Subrecipient travel policy). Supporting documentation will consist of properly approved invoices.

- **All other budgeted items** – Includes all other costs that do not fall under the definition of Personnel, Travel, Consultant, Contractual, Supplies and Equipment. Documented through properly approved invoices. Examples: Copier rental, facility rent, telephone that can be directly allocated to the service publication cost, etc. Supporting documentation will consist of properly approved vendor invoices.
- c. **Data Support** – The recipient can check the number of outreach visits or contacts by reviewing the data submitted into CAREWare for the billing period or at the annual monitoring site visit.

9. Referral for Health Care and Support Services - Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. This service may include referrals to assist eligible clients to obtain access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

Referrals for Health Care and Support Services provided by outpatient/ambulatory health care providers should be reported under the Outpatient/Ambulatory Health Services category.

Referrals for health care and support services provided by case managers (medical and non-medical) should be reported in the **appropriate** case management service category (i.e., Medical Case Management or Non-Medical Case Management).

- a. **Payment Methodology** – Direct cost/categorical line-item methodology. The Subrecipient will submit invoices based on the line-item budget that was approved by the recipient. Expenses will be listed by personnel, personnel benefits, consultants, contractual expenses, supplies, equipment, travel, and all other approved line items. The invoice will consist of a section for administrative costs and a section for the service costs.
- b. **Documentation** – Support documentation that will be provided with the invoice would include:
 - **Personnel** – Includes all salaries, and allowances, paid to staff directly contributing to the activities of the service category. Time sheets or payroll reports and certification of "effort".
 - **Personnel Benefits** – Schedule of benefits with list of actual expenditures. Documentation can be provided by employee or in the aggregate for all employees. When using percentages of salary, the Subrecipient must provide a worksheet that shows the allocation.
 - **Consultants** – All expenses related to acquiring the services of a person who provides expert advice professionally for a specific activity within the service category. The consultant's rate must be specified. Costs may include travel, accommodation, living expenses, and support services hired directly by the

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consultant. A trainer, a speaker, etc. Consultant invoice that reflects the job performed, rate and hours.

- **Contractual Expenses** – An agreement between private parties creating mutual obligations enforceable by law. Usually specifies the scope of service and a specific payment. The Subrecipient must submit invoices that meet the payment arrangements specified in the agreement and that are properly approved.
 - **Supplies/Other Direct Costs** – Include items which will be used for completing the service goals. Separate office supplies from medical and educational purchases. The Subrecipient should provide copies of vendor invoices for all supply purchases.
 - **Equipment/Supplies** – Include items which will be used for completing the service goals. Separate office supplies from medical and educational purchases. The Subrecipient should provide copies of invoices for all purchases of equipment or for all other special purchases.
 - **Travel** – International costs are not permitted. The out of state travel needs prior approval. The costs should include: airfare, ground transportation, accommodation, meals/per diem, etc. For airfare, economy class must be used at all times. Note: Refer to Subrecipient travel policy). Supporting documentation will consist of properly approved invoices.
 - **All other budgeted items** – Includes all other costs that do not fall under the definition of Personnel, Travel, Consultant, Contractual, Supplies and Equipment. Documented through properly approved invoices. Examples: Copier rental, facility rent, telephone that can be directly allocated to the service publication cost, etc. Supporting documentation will consist of properly approved vendor invoices.
- a. **Data Support** – The recipient can check the number of outreach visits or contacts by reviewing the data submitted into CAREWare for the billing period or at the annual monitoring site visit.

10. Substance Abuse Residential Services – Substance Abuse Services (residential) is the provision of services for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. This service includes:

- a. Pretreatment/recovery readiness programs
- b. Harm reduction
- c. Behavioral health counseling associated with substance use disorder
- d. Medication assisted therapy
- e. Neuro-psychiatric pharmaceuticals
- f. Relapse prevention
- g. Detoxification, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

Substance Abuse Services (residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the RWHAP.

- a. **Payment Methodology** – Direct cost/categorical line-item methodology. The Subrecipient will submit invoices based on the line-item budget that was approved by the

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recipient. Expenses will be listed by personnel, personnel benefits, consultants, contractual expenses, supplies, equipment, travel, and all other approved line items. The invoice will consist of a section for administrative costs and a section for the service costs.

b. **Documentation** – Support documentation that will be provided with the invoice would include:

- **Personnel** – Includes all salaries, and allowances, paid to staff directly contributing to the activities of the service category. Time sheets or payroll reports and certification of "effort".
 - **Personnel Benefits** – Schedule of benefits with list of actual expenditures. Documentation can be provided by employee or in the aggregate for all employees. When using percentages of salary, the Subrecipient must provide a worksheet that shows the allocation.
 - **Consultants** – All expenses related to acquiring the services of a person who provides expert advice professionally for a specific activity within the service category. The consultant's rate must be specified. Costs may include travel, accommodation, living expenses, and support services hired directly by the consultant. A trainer, a speaker, etc. Consultant invoice that reflects the job performed, rate and hours.
 - **Contractual Expenses** – An agreement between private parties creating mutual obligations enforceable by law. Usually specifies the scope of service and a specific payment. The Subrecipient must submit invoices that meet the payment arrangements specified in the agreement and that are properly approved.
 - **Supplies/Other Direct Costs** – Include items which will be used for completing the service goals. Separate office supplies from medical and educational purchases. The Subrecipient should provide copies of vendor invoices for all supply purchases.
 - **Equipment – Supplies** Include items which will be used for completing the service goals. Separate office supplies from medical and educational purchases. The Subrecipient should provide copies of invoices for all purchases of equipment or for all other special purchases.
 - **Travel** – International costs are not permitted. The out of state travel needs prior approval. The costs should include: airfare, ground transportation, accommodation, meals/per diem, etc. For airfare, economy class must be used at all times. Note: Refer to Subrecipient travel policy). Supporting documentation will consist of properly approved invoices.
 - **All other budgeted items** – Includes all other costs that do not fall under the definition of Personnel, Travel, Consultant, Contractual, Supplies and Equipment. Documented through properly approved invoices. Examples: Copier rental, facility rent, telephone that can be directly allocated to the service publication cost, etc. Supporting documentation will consist of properly approved vendor invoices.
- c. **Data Support** – The recipient can check the number of outpatient substance abuse visits provided by the Subrecipient during the billing period in two ways.
1. The recipient can check the number of beds and occupancy that are reported in the recipient data system prior to approving the invoice.
 2. The recipient can request that the Subrecipient submit a schedule of residential substance abuse "bed days" that took place during the course of the month (billing

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period). The schedule should include date of service, patient unique identifier, and type of service received.

EXCEPTIONS:

None

REFERENCES:

eCFR: https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75#_top

Policy Clarification Notice (PCN) #16-02: [Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds](#)

Policy Clarification Notice (PCN) #15-01: [Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Part A, B, C, and D](#)

Implemented: September 24, 2018