Ryan White Part B Service Program: Overview for DIS

Indiana State Department of Health
An Equal Opportunity Employer

Learning Objectives

- Attendees will:
  - Understand federal legislative and policy requirements for receiving and using Ryan White HIV/AIDS Program (RWHAP) Part B (and related) funds
  - Understand ISDH requirements for receiving and using RWHAP funds
  - Apply federal and state requirements to making decisions for service development and implementation
  - Identify further decisions to be made regarding implementing RWHAP-funded services

Indiana State Department of Health
An Equal Opportunity Employer

Navigating This Presentation

- Much of this information is FYI, and most likely will not change your work flow significantly. I will make note where there is key content that may help you understand your connection to the Ryan White Services Program.

Indiana State Department of Health
An Equal Opportunity Employer

What this Presentation Is and What it Isn't.

- What it is:
  - A resource to help DIS understand RW program.
  - An overview that DIS play and how they integrate with the RW care system.

- What it isn't:
  - It's not an expectation of RW proficiency.
  - It's not a complete guide to The Ryan White Care Act and how RW funds throughout our Services Program.

Indiana State Department of Health
An Equal Opportunity Employer

Why Have DIS Partnered with the RW Program?

- Allows us to use RW dollars, from a larger budget, to blend with DIS funds to provide much needed services to Hoosiers
- Furthers the goal of integrating HIV/STD/VH Division programs
- Will become an important component of retention in care and viral suppression, which is a key element of Ending the Epidemic

One of the most important reasons….

- **DIS can legally reach people that non-medical case management cannot**

Indiana State Department of Health
An Equal Opportunity Employer

Funding and Compliance

- Throughout this presentation, “RWHAP funds” refer to RWHAP Part B funding, **as well as** rebates generated as a result of Part B funds.
  - Rebates must be used for statutorily permitted purposes under the RWHAP Part B program
  - They must be used for allowable purposes for eligible clients
  - Rebates are not subject to the caps on administrative costs or the percentage of core costs requirements required of other Part B funding
  - Additional information about the use of rebates can be found in the HRSA HAB Policy Clarification Notice #15-04, “Utilization and Reporting of Pharmaceutical Rebates”
- Compliance with requirements applies to <u>all</u> subrecipients of RWHAP Part B funds
  - Amount of funding they receive, number of services they provide or number of clients they serve do not change compliance requirements

Outline

- Allowability and Eligibility
- Ryan White Service Categories
- Salary Support and Time and Effort (T & E)
- Data Requirements
- Annual Site Visit Requirements
- Subrecipient Monitoring
- Service Standards
- Webinars/Meetings
- FAQs
- Implementation of RWHAP Funds and Services

Indiana State Department of Health
An Equal Opportunity Employer

Allowability and Eligibility

Legislative Requirements

Indiana State Department of Health
An Equal Opportunity Employer

Legislative Restrictions

- RWHAP funds can only pay for **allowable** services for **eligible** clients
  - Uses are included in the Ryan White statute and are further clarified through federal policy clarification notices
- RWHAP funds must be:
  - Primarily used for HIV-related services for HIV-positive people
  - Provided to eligible low-income people
    - Recipients define “low-income” – Indiana is at or below 300% FPL
  - 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”

Allowability

- “Allowable”
  - Activities and uses permitted under the RWHAP legislation or HRSA HAB policy clarification notices
- Recipients (ISDH) must assess whether services paid for and provided are allowable under law and policy and are specifically related to managing or treating HIV
  - Consequences can include recouping funds that may have already been paid. If activities have been deemed unallowable, agencies 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

Indiana State Department of Health
An Equal Opportunity Employer

General Prohibited Uses of RWHAP Funds

- Pre-Exposure Prophylaxis (PrEP)
- Non-occupational Post-Exposure Prophylaxis (nPEP)
- Cash payments to clients
- Clothing
- Employment and Employment-Readiness Services, except in limited, specified instances (e.g., Non-Medical Case Management Services or Rehabilitation Services)
- Funeral and Burial Expenses
- Property Taxes
- Materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual
- International travel
- The purchase or improvement of land
- The purchase, construction, or permanent improvement of any building or other facility

Other General Prohibitions

- Inpatient costs, or costs for clients who are in an institution
  - This includes nursing homes, hospitals or other facilities
- Some Costs for Incarcerated Clients
  - PCN #18-02 clarifies when services for incarcerated clients may be provided
  - Services must be provided on a short-term and/or transitional basis
  - “Short-term” and “transitional” must be defined by ISDH
- Certain service categories have prohibited activities (PCN #16-02)
  - Refer to PCN #16-02 to review all prohibitions for your funded service categories
  - Some prohibitions regarding Early Intervention Services (EIA), Outreach Services and Health Education/Risk Reduction are covered in future slides

Ryan White Eligibility

- Clients must be:
  - HIV positive (except clients receiving HIV testing or outreach to persons of unknown status)
  - 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 is available on the ISDH Website

Indiana State Department of Health
An Equal Opportunity Employer

Eligibility

- HRSA HAB understands that some services are initially provided to persons with unknown status (when the purpose of the service is to help that person know that their status and link to care).
  - However, once a person's status is known as "not HIV positive", other funds must be used to support services to that person.
  - It is not permissible to provide ongoing, long duration services to clients if eligibility is not determined
    - Linkage to care protocols should define time durations and limits
- Recipients may define eligibility for certain services more precisely, but they may NOT broaden the definition of who is eligible for services.

Indiana State Department of Health
An Equal Opportunity Employer

Rapid Eligibility Determinations – PCN #13-02

- For both initial/annual and six-month recertification procedures, eligibility determinations may be performed simultaneously with testing and treatment.
- Recipients and subrecipients assume the risk of recouping any HRSA RWHAP funds utilized for clients ultimately determined to be ineligible, and instead charge an alternate payment source, or otherwise ensure that funds are returned to the HRSA RWHAP program.
- ISDH will need to establish a process for this.

Indiana State Department of Health
An Equal Opportunity Employer

Quiz

- What are the three criteria to be eligible for Ryan White Services?

Ryan White Service Categories

EIS, Outreach and HERR

Indiana State Department of Health
An Equal Opportunity Employer

Ryan White Service Categories – PCN #16-02

- Must deliver services that are paid for by RWHAP and/or rebate funds in ways consistent with HRSA Service Categories
  - Service Categories utilized by HIV Prevention and DIS include “Outreach”, “Early Intervention Services (EIS)” and “Health Education/Risk Reduction (HERR)”
- Recipient must determine what is feasible and justifiable with limited resources
  - There is no expectation that each RWHAP recipient would provide all services
  - Recipients and planning bodies are expected to coordinate service delivery across Parts A, B, C and D to ensure that the entire jurisdiction/service area has access to services

Early Intervention Services (EIS)

- EIS services often overlap with other Service Categories, so all Service Categories and their allowable elements and prohibitions must be understood
  - EIS includes Outreach and HERR, so the requirements of those service categories must also be followed by EIS.
- EIS services must include the provision and coordination of four specific components, creating a system of services that facilitate efficient and timely entry to care
  - The four components must exist, but do not have to all be paid for by RWHAP funds
  - Some components can be paid for with CDC or other funds, as long as the services are coordinated

Indiana State Department of Health
An Equal Opportunity Employer

EIS

- EIS includes the following four components
  - **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 living with HIV
    - Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts
    - ISDH must demonstrate that HIV testing paid for by RWHAP funds cannot be paid for by any other existing resources (such as CDC funding) to avoid "supplanting" those existing funds
  - Referral services to improve HIV care and treatment services at key points of entry
  - Access and linkage to HIV care and treatment services such as HIV Outpatient/ Ambulatory Health Services, Medical Case Management, and Substance Abuse Care
  - **Outreach Services** and **Health Education/Risk Reduction** related to HIV diagnosis

Outreach

- Because Outreach Services are often provided to people who do not know their HIV status, some activities within this service category will likely reach people who are HIV negative.
  - **When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services**
- Outreach Services must:
  - Use data to target populations and places that have a high probability of reaching PLWH who:
    - have never been tested and are undiagnosed,
    - have been tested, diagnosed as HIV positive, but have not received their test results, or
    - have been tested, know their HIV positive status, but are not in medical care;
  - Be conducted at times and in places where there is a high probability that PLWH will be identified; and
  - Be delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.

Outreach

- HAB Program Guidance (Prohibitions) in PCN #16-02:
  - Outreach Services provided to an individual or in small group settings **cannot be delivered anonymously**, as some information is needed to facilitate any necessary follow-up and care
    - You must collect client-level data on clients served; required data elements can be found in the RSR instruction manual
  - Outreach Services **must not include outreach activities that exclusively promote HIV prevention education**
  - Recipients and subrecipients may use Outreach Services funds for HIV testing when HRSA RWHAP resources are available and where the testing would not supplant (take the place of) other existing funding
    - This also applies to HIV testing under EIS (see prior slide).

Health Education/Risk Reduction (HERR)

- HERR is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission to others; 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

HERR

- HAB Program Guidance (Prohibitions) in PCN #16-02:
  - Health Education/Risk Reduction services cannot be delivered anonymously
    - You must collect client-level data on all clients served

Indiana State Department of Health
An Equal Opportunity Employer

Implementation of EIS, Outreach and HERR

- ISDH uses the RWHAP funds to provide the following EIS components
  - HIV testing
  - Linkage to care for newly diagnosed clients
- ISDH also uses RWHAP funds to fund Outreach and Health Education/ Risk Reduction Services
  - Outreach is funded to re-engage clients out of care/lost to care back into care
  - HERR is funded to provide risk reduction education to HIV-positive clients

Quiz

- Name three Ryan White service categories that could potentially fund DIS services
- Name the two service categories that ISDH is actually using to fund DIS services

Indiana State Department of Health
An Equal Opportunity Employer

Salary Support and Time and Effort (T&E)

Indiana State Department of Health
An Equal Opportunity Employer

Salary Support

- RWHAP funds (Part B and rebates) cannot pay for services delivered to clients determined to be ineligible
- RWHAP funds cannot pay for activities that are unallowable under the legislation or HRSA HAB policy notices
- Salary support for positions must be proportionate to the effort toward allowable services for eligible clients
  - See examples on next slide

Indiana State Department of Health
An Equal Opportunity Employer

Salary Support Examples (Not Common in IN)

- Example: If a DIS is delivering services related to syphilis identification, treatment and partner services for someone who is not HIV-positive, that proportion of work cannot be paid for with RWHAP funds
- Example: If a subrecipient is working to engage HIV-negative clients into PrEP services or other services for ongoing services to remain negative, that proportion of work cannot be paid for with RWHAP funds
- Example: If a lost to care HIV-positive client is linked to a care coordinator for eligibility determination, and the client is found to be over 300% FPL, ongoing services cannot be paid for with RWHAP funds.
  - This example relates to the protocol-defined short duration of work with clients being linked to care coordination for eligibility, and the ISDH-defined application of "Rapid Eligibility Determination"

What is Time and Effort (T&E)?

- Time and Effort reporting assures that any compensation for salaries, wages and benefits (not contractors) charged to federal awards is *based on records that accurately reflect the* ***work performed***.
- Time and Effort is supported by a system of internal controls that *reasonably assure* that charges are accurate, allowable and properly allocated
- Time and Effort is *supported by policies and procedures* within the organization
- Time and Effort procedures must include a review process where employees and their supervisors make sure the hours they report are equal to the actual hours worked and billed correctly

Indiana State Department of Health
An Equal Opportunity Employer

T&E Requirements

- T&E reporting is required when any part of salaries, wages or benefits are paid with federal funds
- T&E must be done by anyone receiving ANY federal funding
  - This is a federal requirement, not just a Ryan White requirement
  - ISDH staff and all subrecipients receiving funding are included
- Rebates result from federal funding – T&E should be done for rebate-funded staff and subrecipients too
- See the subrecipient TA Webinar from November 2018 for more details

Indiana State Department of Health
An Equal Opportunity Employer

T&E Sources

- **45 CFR 75.430 – "Personal Services" (HHS Awards)**
  - eCFR – Code of Federal Regulation 45 CFR 75)
- **2 CFR 200.430 – "Compensation – personal services" (Federal Awards)**
  - eCFR – Code of Federal Regulations (2 CFR 200)
- ISDH T&E Policy and Procedure
  - To be implemented soon

Indiana State Department of Health
An Equal Opportunity Employer

Quiz

- 60% of your time is spent on Ryan White eligible services. 40% of your time is spent on other activities. What percent of your funding can come from Ryan White dollars?

Data Requirements

Indiana State Department of Health
An Equal Opportunity Employer

Data Collection and Reporting

- Must collect and report client-level data
  - Data for each month must be entered by the 15th of the following month
  - Required data is based on the RWHAP-funded (Part B and rebates) services that the client receives. Required types of data include:
    - Demographic information
    - Services
    - Clinical information (only for subrecipients funded for Outpatient Ambulatory Health Services (OAHS)
  - Types of data are different for HIV testing given that only aggregate data have to be reported federally
- Must use specified service categories, subservices and service units

Indiana State Department of Health
An Equal Opportunity Employer

Data Collection and Reporting

- All subrecipients must complete a Ryan White HIV/AIDS Program Services Report (RSR) annually
  - For the 2019 RSR submitted in 2020, this requirement is only for Ryan White funded subrecipients; rebate-funded subrecipients must submit the 2021 RSR due in 2022*
  - Both a Provider Report and client-level data must be submitted
  - Subrecipients report services provided in the previous calendar year for eligible clients
  - Federal due date is last Monday in March
  - Recipient (ISDH) will establish earlier deadlines to assist with report completion
- Exception: Sites providing HIV testing only report data in the aggregate in the Provider Report and do not submit client-level data

* Recipients are expected to implemented rebate-funded reporting as soon as is feasible but the final deadline is the 2021 RSR

Indiana State Department of Health
An Equal Opportunity Employer

Uses of Data

- Data helps understand clients reached, types of services provided and possible service gaps
  - Client counts including subpopulations of interest
  - Types of services utilized
  - Possible areas for service expansion
- Data helps evaluate services for impact
  - Impact on health outcomes
  - Impact on care continuum measures such as retention and viral load suppression
- Performance measures for quality and effectiveness

Quiz

- Who will report DIS data to the Ryan White Program?

Indiana State Department of Health
An Equal Opportunity Employer

Subrecipient Monitoring

Progress Reports and Site Visits

Indiana State Department of Health
An Equal Opportunity Employer

Federal Requirements

- Federal regulations explicitly state that grant recipients must monitor and report program performance to ensure they are using their Federal grant program funds in accordance with program requirements.3 Title 45 CFR § 75.342(a), monitoring and reporting program performance:
  - The non-Federal entity is responsible for oversight of the operations of the Federal award supported activities. The non-Federal entity must monitor its activities under Federal awards to assure compliance with applicable Federal requirements and performance expectations are being achieved. Monitoring by the non-Federal entity must cover each program, function or activity. See also §75.352.
  - The Federal regulations additionally impose subrecipient monitoring requirements. See 45 CFR § 75.352(d): All pass-through entities must: . . . . (d) Monitor the activities of the subrecipient as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved."

Monthly/Quarterly Progress Reports

- All subrecipients must submit progress reports
  - ISDH requirement, specified in subrecipient contracts and Subrecipient Manual
  - Subrecipients may do similar reporting for other funds they receive
- Contractual requirement
  - Contracts refer (or will refer) to progress reporting requirements to ISDH
  - ISDH determines frequency (monthly or quarterly) as a contractual term
- Report Content
  - Provides information about most significant issues/successes
  - Should take minimal time to complete
  - Communicates consistently to ISDH, who is monitoring statewide system of HIV care
  - The fillable monthly report template is on the ISDH website

Indiana State Department of Health
An Equal Opportunity Employer

What is the Reporting Schedule?

- Reports are due to ISDH by the **30th of each month** following the month of activity
  - June's report is due by July 30
  - If quarterly, April – June report due by July 30
- ISDH will return a response by the 15th of the following month
  - Response to June's report will be provided by August 15
  - If quarterly, response to the April – June report will be provided by August 15

Indiana State Department of Health
An Equal Opportunity Employer

How Are They Helpful?

- Identify successes and issues as they occur
- Identify emerging needs
- Communicate possible needs for changes in scopes of work or funding
- Shows progress in meeting projected service provision goals (projected clients served and service units provided)
- Identify areas of Peer to Peer support
- Communicates needs for technical assistance

Quiz

- When are monthly reports due to ISDH?
- How soon after submitting your monthly report can you expect a response from ISDH?

Indiana State Department of Health
An Equal Opportunity Employer

Annual Monitoring Site Visits

- ISDH is federally required to:
  - Conduct annual on-site Programmatic/ Administrative and Fiscal visits to every subrecipient
  - Monitor the subrecipient program and how funding is used to check for compliance with federal requirements
  - Write a report of the visit and implement a corrective action plan if necessary

Indiana State Department of Health
An Equal Opportunity Employer

Tailoring Site Visit Requirements

- ISDH does not have the ability to waive the site visit requirement without federal authorization
  - A waiver request has been filed with HAB to conduct site visits less often
- The annual site visit process may be streamlined by having subrecipients provide documentation of policies, procedures and processes at the time of RFP application or initial contract
  - Time spent on-site can be focused on reviewing delivered services
    - Client charts, eligibility records, etc.)
  - This allows for a quick check on whether previously submitted policies, procedures or processes still exist or have changed.

Indiana State Department of Health
An Equal Opportunity Employer

Benefits of the Annual Site Visits

- In addition to this being federally required, annual site visits provide opportunities to:
  - Identify innovations and best practices to share statewide
  - Better understand subrecipient operations and actual services provision
    - Sometimes things look great on paper, but are implemented differently than written
  - Identify subrecipient technical assistance needs
  - Strengthen collaborative relationships and trust with subrecipients

Service Standards

Indiana State Department of Health
An Equal Opportunity Employer

Service Standards

- RWHAP recipients are federally required to develop Service Standards for every funded Service Category, to be followed by every funded subrecipient
  - Recipients are required to work toward the development and adoption of service standards for all HRSA RWHAP-funded services to ensure consistent quality care is provided to all HRSA RWHAP-eligible clients. HAB interprets this as “you must have” (PCN 16-02)
- Service Standards establish minimal expectations for service delivery
  - Define core components and activities of a Service Category
  - Contribute to standardized ways of delivering services
    - Benefits include evaluation capability and performance measurement
- Other ways to think about Service Standards
  - The “How”
    - Service Category Definitions are “What” is being delivered
    - Service Standards are “How” services are delivered
  - A Service Standard is a public commitment to what clients can expect when receiving a service

Service Standards Development

- Service standards related to HRSA RWHAP Core Medical Services must be consistent with U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as other pertinent clinical and professional standards
- Service standards related to HRSA RWHAP Support Services may be developed using evidence-based or evidence informed best practices, the most recent HRSA RWHAP Parts A and B National Monitoring Standards, and guidelines developed by the state and local government
- Adherence to service standards should be monitored on a regular basis
- Service standards must be reviewed annually and updated as needed

Quiz

- Why do we have service standards?

Indiana State Department of Health
An Equal Opportunity Employer

Resources and Guidance

- Policy Clarification Notice #16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds
- Service Standards: Guidance for Ryan White HIV/AIDS Program Grantees/Planning Bodies
  - Contains HAB's expectations of what is to be included in Service Standards used by RWHAP recipients
- NASTAD Service Standards for RWHAP Part B Programs
  - Provides samples of Service Standards from other Part B recipients

Webinars and Meetings

Indiana State Department of Health
An Equal Opportunity Employer

TA Webinars and Subrecipient Meetings

- All subrecipients are expected to attend monthly technical assistance (TA) webinars
  - Communicate policy and procedure changes
  - Communicate requirements
  - Provide guidance in meeting funding expectations
  - Provide opportunitites to share and learn from peers' best practices
- All subrecipients are expected to attend statewide subrecipients meetings
  - Occur 2-3 times per year
  - Some are face to face, some are remote

Indiana State Department of Health
An Equal Opportunity Employer

Quiz

- How often are TA webinars conducted?

Indiana State Department of Health
An Equal Opportunity Employer

Current FAQs

- An updated FAQ document is maintained on the ISDH website
- Subrecipients may find that several questions are addressed in the ISDH HSP Subrecipient Manual
  - Subrecipients are required to read and follow guidance provided in the Subrecipient Manual

Indiana State Department of Health
An Equal Opportunity Employer

Summary

- The most important takeaway today…if you find someone living with HIV, not in care, you should connect them to a non-medical case manager ASAP.

Indiana State Department of Health
An Equal Opportunity Employer

Questions?

Mark Schwering
ISDH Ryan White Part B Director
mschwering@isdh.in.gov

Indiana State Department of Health
An Equal Opportunity Employer