



Managing Your Ryan White Part B Program



Managing Your Ryan White Part B Program – Part One

- Core Medical and Support Services
- Client Eligibility
- Communication Flow

HIV AIDS Bureau (HAB), Policy Clarification Notice (PCN) #16-02

Allowable Uses of Ryan White Part B Funds

Core Services

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

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Allowable Uses of Ryan White Part B Funds

Support Services

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



Core Medical and Support Services

- 75/25
- Consortium and Direct Service Subrecipients
- Core Waiver

Unallowable Uses of Ryan White Part B Funds

Cash payments to intended clients of Ryan White-funded services

General-use prepaid cards

Gift cards that are cobranded with the logo of a payment network

Clothing

Employment and Employment-Readiness Services

Funeral and Burial Expenses

Property Taxes

Unallowable Uses of Ryan White Part B Funds

- Household appliances
- Pet foods or other non-essential products
- Off-premise social/recreational activities or payments for a client's gym membership
- Purchase or improve land, or to purchase, construct, or permanently improve (other than minor remodeling) any building or other facility
- Pre-exposure prophylaxis
- Inpatient hospital services, or nursing home or other long-term care facilities
- Purchase vehicles
- Foreign Travel
- Cost associated with the creation, capitalization, or administration of a liability risk pool
Development of materials designed to promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual
- Non-targeted marketing promotions or advertising about HIV services that target the public (poster campaigns for display on public transit, TV or radio public service announcements, etc.)
- Broad-scope awareness activities about HIV services that target the general public, outreach activities that have HIV prevention education as their exclusive purpose
- Influencing or attempting to influence members of Congress and other Federal personnel



Allowable Costs and Provider Qualifications

To be an allowable cost under the Ryan White HIV/AIDS Program (RWHAP), all services must relate to HIV diagnosis, care and support, and must adhere to established HIV clinical practice standards consistent with HHS treatment guidelines.

Providers must be appropriately licensed and in compliance with state and local regulations.

Payor of Last Resort

- By statute, RW funds may not be used “for any item or service to the extent that payment has been made, or can reasonably be expected to be made...” by another payment source
- Recipients must vigorously pursue enrollment in other relevant funding sources as a means to ensure RWHAP remains the payor of last resort

Ryan White Part B Eligibility Requirements

Eligibility requirements are for ALL Virginia Ryan White Part B services

HRSA/Virginia Department of Health eligibility requirements:

- **Financial eligibility:** Income limit (at or below 500% of the Federal Poverty Level)
- **Medical eligibility:** Diagnosis of HIV infection
- **Verification of Residency:** Proof of current Virginia state residency
- **Uninsured or Underinsured:** Proof of no other insurance coverage or that the client's insurance coverage does not cover all their medication costs

Clients must be recertified every six months:

- Must meet minimum requirements for recertification
- Self-attestation allowable
- CD4 and Viral Load values within 6 months are no longer required for eligibility in Virginia ADAP. The medical certification form must be included with new applications, as HIV Disease status is still required. The CD4 and Viral Load information is, however, useful for surveillance purposes, thus if available, please include. Virginia ADAP clients do not have to submit a current medical certification form at the six month recertification.

Ryan White Part B Eligibility Requirements

Client Eligibility Checklist

[Client-Eligibility-Checklist-GY17-1.docx](#)

Eligibility Verification Form for Reimbursement

[Eligibility-Verification-Form-for-Reimbursement.xlsx](#)



Eligibility Restrictions

Prohibition of Presumptive Eligibility

- Ryan White Part B subrecipients and Virginia ADAP are not allowed to provide Ryan White Part B services to clients before their eligibility has been certified.

Prohibition of Grace Periods

- It is unallowable for a client to receive Ryan White Part B services after their six-month eligibility period has expired and before they recertify their eligibility.

Client eligibility goal for Virginia Ryan White Part B clients is 92%.

Communication Flow

- E-mail: Email distribution lists, HIV invoices (HCS-Invoices@vdh.virginia.gov)
- DDP Web Site: <http://www.vdh.virginia.gov/disease-prevention/>
- E-bulletin: <http://www.vdh.virginia.gov/disease-prevention/disease-prevention/reports-publications-policies-division-of-disease-prevention/>
- HIV Services Coordinators
- e2Virginia
- Quarterly Contractor Meeting (QCM)
- QMAC Meeting (Quality Management Advisory Committee)

Managing Your Ryan White Part B Program – Part Two

- Contractual Requirements
- Data Management
- Client Confidentiality, Security Guidance
- Monitoring

Contractual Requirements

Table of Deliverables

[A12-Table-of-Deliverables.docx](#)

ACA Enrollment

[Copy of ACA-Enrollment-Tracking-Log.xlsx](#)

Data-to-Care

<http://www.vdh.virginia.gov/disease-prevention/sexually-transmitted-diseases-std-surveillance-operations-data-administration/hiv-data-statistics/data-to-care/>

Eligibility

Risk Assessment

Data Management

- e2Virginia: VDH statewide client level database
 - Subrecipients should select type of contract for each service
 - Number of units should reflect VDH service unit definitions
 - Data must be uploaded into e2Virginia by the 30th of each month
- VDH: Service Unit Definitions
[VDH-Service-Units-2017-2018.docx](#)
- RSR: Ryan White HIV/AIDS Program Services Report (RSR) Instruction Manual
<https://www.careacttarget.org/library/rsr-instruction-manual>

Security and Confidentiality

Policies and Procedures



Division of Disease Prevention
Office of Epidemiology
Virginia Department of Health



Monitoring

- Monthly progress reports
- Invoices
- Action Plan for Spending
- Bi-annual programmatic site visits
- Data tracking and reporting
- End of the year progress report
- Peer Review
- Quality Improvement Projects
- Performance Measures

Monthly Progress Reports

- Due by the 30th of each month
- Submitted with each invoice
- Should include activities conducted during the reporting period
- No section should be left blank
- Report should include Quality Improvement/Assurance updates and status of performance measures and Quality Management Plan activities
- Expenditure table total monthly costs and balance of funds should match submitted invoice for the reporting month.
- Client projections should match submitted budget and work plan
- Client activity should closely match data in e2Virginia for the reporting month



Invoices

- Due by the 30th of each month
- Only emailed invoices will be accepted.
- Request for reimbursable costs should reflect approved budget, work plan; and that costs are Ryan White Part B allowable
- An Eligibility Verification Form for Reimbursement must accompany each invoice
- Action Plan for Spending goal is 95% of your total award by March 31



Site Visits

HIV Services Coordinator and the VDH fiscal monitor will conduct a minimum of two site visits per year

- First site visit: Comprehensive review of programmatic, administrative, and fiscal operations.
- Second site visit: Follow-up on any issues identified in the first site visit and review of progress towards client service goals and objectives.
- One fiscal site visit a contract period



Data Tracking and Reporting

RSR submitted on time with errors explained?

e2Virginia Missing Data Report feature used routinely to identify gaps in data reporting?

Provider, Regional, and State Demographics and Service Summary Report matches subrecipient's narrative progress report and other client database programs used (e.g. CAREWare)

Other Monitoring Activities

- ❑ End of the year progress report

[FY-2016-2017-Subrecipient-Annual-Progress-Report.docx](#)

- ❑ Peer Review

- ❑ Quality Improvement Projects

- ❑ Performance Measures

Questions?





Resources

HIV Services Coordinators

Virginia ADAP Web Page

<http://www.vdh.virginia.gov/disease-prevention/virginia-aids-drug-assistance-program-adap/>

Division of Disease Prevention Web Site

<http://www.vdh.virginia.gov/disease-prevention/>

HIV Care Services Web Page

<http://www.vdh.virginia.gov/disease-prevention/disease-prevention/hiv-care-services/>

Peer Review Standards and Modules

<http://www.vdh.virginia.gov/disease-prevention/disease-prevention/hiv-care-services/peer-review-standards-modules/>

HRSA/HAB Policy Clarification Notices

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

HRSA/HAB National Monitoring Standards

<https://careacttarget.org/library/hrsa-hab-part-and-b-monitoring-standards>