

Virginia Ryan White Part B GY25 Funding Reduction FAQs for Subrecipients and Contractors

Contracts & Reimbursements

- 1. Will we be reimbursed for all services we provided before our contract was executed if we did not have an executed contract at the beginning of the grant year?**

All agencies will receive reimbursement for services (including those no longer being funded for GY25) rendered prior to May 16, 2025. Invoices will still be reviewed for allowability and allocability and will be adjusted if needed.

- 2. Will costs incurred for service categories that are no longer being funded for GY25 if we received a budget reduction or non-renewal of funding?**

Reduced or unfunded providers will be reimbursed for all services (including services no longer offered) rendered prior to May 16th. After May 16, 2025, reimbursement will only be granted for the services and administrative costs indicated in your contracts until further notice. Please note: If your agency is receiving funding for GY25, reimbursement for services rendered before May 16 will be deducted from your GY25 total funding allocation.

- 3. What period does the amount of funding allocated in my agency's contract cover? Will this amount change (increase or decrease) during GY25?**

The GY25 agreements cover the 12-month time period (April 1, 2025-March 31, 2026) but authorize only six months of your agency's total anticipated award. Both the six-month award and anticipated 12-month award amounts are listed in your MOA. A modification to award the remaining funds will be issued. Final totals will depend on funding availability.

- 4. An X08 supplemental grant application was mentioned in discussions as another possible source of funding for Virginia's Ryan White Part B program. How will that change the current amount indicated in our contract?**

VDH applied for the maximum amount of funding allowed for X08 grants. This supplemental grant is competitive and not guaranteed. If awarded, funds for X08 may not impact your award for Part B. VDH will prioritize any X08 funding received for ADAP services.

Service Providers and Core Medical & Support Services

- 1. What are the core medical and support services being funded by Ryan White Part B for GY25?**

The core medical and support services being funded for GY25 are:
Outpatient/Ambulatory Health Services, Oral Health Care (emergency only), Medical Case Management including Treatment Adherence Services, Non-Medical Case

Management Services, Medical Transportation*, Outreach Services*, and Psychosocial Support Services*.

***Limited availability. Agencies will be notified if they are funded for these services in GY25.**

2. How were these service categories chosen for funding in GY25?

The program considered many factors to determine the seven core medical and support services funded in GY25. The goals of service selection were the equitable distribution of allowable services across Virginia with the priority remaining ADAP services and continued medication access with the intended impact being viral suppression and optimal health outcomes. The factors considered are as follows:

- Service utilization YTD by number of unduplicated clients
- Pace of spending at the agency and system level by service category for the past four grant years
- Impact on service delivery by health district
- Availability of other options to receive services, including other Ryan White Parts, HOPWA, insurance, Medicaid, and other community resources
- Services that facilitate access to medication and optimal health outcomes with viral load suppression as the primary objective
- HRSA requirement of parity of services throughout the entire jurisdiction

3. How were service providers selected for GY25 funding?

The Virginia Department Health considered several factors when selecting service providers. The list below is not in rank order.

- Service utilization YTD by number of unduplicated clients
- Pace of spending at the agency and system level by service category for the past four grant years
- Budget category totals in aggregate and at the agency level
- Provider and service density in the region from all sources, not just Part B
- Ability to provide OAHS directly or through referrals
- Considered impact on service delivery by health district
- Funding sources other than Part B available to agencies, such other Ryan White Parts, HOPWA, insurance and Medicaid billing, BPHC, and others
- Impact on HRSA requirement of parity of services throughout the entire jurisdiction.

The providers and allowable services for GY25 are:

Providers	Allowable Services for grant year 25
AIDS Response Effort	Outpatient Ambulatory Health Services, Oral Health Care (for emergencies), Medical Case Management, and Non-Medical Case Management
Council of Community Services	Outpatient Ambulatory Health Services, Oral Health Care (for emergencies), Medical Case Management, Non-Medical Case Management, Medical Transportation, and Psychosocial Support Services
Daily Planet	Outpatient Ambulatory Health Services, Oral Health Care (for emergencies), Medical Case Management, and Non-Medical Case Management
Eastern Shore Health District	Outpatient Ambulatory Health Services, Oral Health Care (for emergencies), Medical Case Management, Non-Medical Case Management, Medical Transportation, and Psychosocial Support Services.
Fredericksburg Area Health and Supportive Services	Outpatient Ambulatory Health Services, Medical Case Management, and Non-Medical Case Management
Health Brigade	Medical Case Management and Non-Medical Case Management
INOVA	Outpatient Ambulatory Health Services, Medical Case Management, and Non-Medical Case Management
Mary Washington Healthcare	Outpatient Ambulatory Health Services, Medical Case Management, and Non-Medical Case Management
Minority Health Consortium	Non-Medical Case Management and Psychosocial Support Services
Nationz Foundation	Outpatient Ambulatory Health Services and Non-Medical Case Management
Northern Virginia Regional Commission (does not provide direct services or conduct UEAs, but can refer to subcontracted providers)	Outpatient Ambulatory Health Services, Medical Case Management, Non-Medical Case Management, Outreach Services, and Psychosocial Support Services
NovaSalud	Non-Medical Case Management, Outreach Services, and Psychosocial Support Services
Serenity	Medical Case Management, Non-Medical Case Management, and Medical Transportation
Three Rivers Health District	Outpatient Ambulatory Health Services, Oral Health Care (for emergencies), Medical Case Management, Non-Medical Case Management, Medical Transportation, and Psychosocial Support Services
University of Virginia	Outpatient Ambulatory Health Services, Oral Health Care (for emergencies), Medical Case Management, and Non-Medical Case Management
Virginia Health Options	Outpatient Ambulatory Health Services, Medical Case Management, and Non-Medical Case Management

4. What if my agency provided a service category that is no longer funded but is greatly needed in my region?

Providers are encouraged to research community resources to help meet service needs that are not funded by VA RWHAP B. This could be from other RWHAP funded parts, other payer sources, other state agencies such as the Department of Social Services, 2-1-1- Virginia, or even referring the patient to another agency that provides the needed service. There are some resources posted to the [VA MAP website](#) for different health services including medication access or social services.

5. Is my agency required to provide all seven service categories?

No. However, you must at minimum provide either Medical or Non-medical Case Management. If you were funded for Outpatient Ambulatory Health Services and/or Oral Health Services, you must continue to provide those services. Note that Outreach and Medical Transportation will only be available at agencies that have been informed they are funded for these services.

6. Are there any additional restrictions on the core medical and support services we can provide or on administrative costs?

Yes. To equitably distribute limited funding and to maintain the RWHAP Part B as the payer of last resort, the following restrictions now apply to Oral Health, Outpatient Ambulatory Health Services, Psychosocial Support Services, Quality Management, and administrative costs:

a. New Guidelines for Oral Health

Oral Health services for RWHAP Part B eligible clients, both at onsite dental clinics and through third-party providers, are now limited to emergency care as determined by a qualified oral healthcare or medical care provider and only when another payer source such as Medicaid cannot cover the expense. Please also check [the Virginia Dental Association Foundation](#).

Your agency should document the emergency circumstances under which the provider authorized care and also document that another payer source is not available. Please retain this documentation in the client file.

b. New Guidelines for Psychosocial Support Services

Until further notice, agencies funded for psychosocial services can only use the funds to support salaries for UEAs. Food purchases for support groups, facilitators for support groups, or any other use of funds for psychosocial services are no longer allowable without VDH approval.

c. New Guidelines for Quality Management Costs

Agencies funded through Ryan White Part B are required to participate in the state's Clinical Quality Management (CQM) efforts. Due to VA RWHAP B's current fiscal constraints, PVDH cannot provide salary support for CQM activities in GY25. We ask that you use program income or other unrestricted funds to support required CQM activities during this time. If your agency will have difficulty participating in CQM activities without Part B salary support, please reach out to your service coordinator who will work with the CQM team to determine how to best support you.

d. New Guidelines for Administrative Costs

Administrative costs, including indirect cost rates, are now limited to 5% of your direct service expenses. A written request to your assigned service coordinator must be made to exceed this amount and there is no guarantee that VDH will be able to grant the request. You will be notified in writing about the decision.

e. Existing Guidelines for Outpatient Ambulatory Health Care

Agencies must ensure that they follow the existing [Policy for Outpatient Ambulatory Health Care](https://www.vdh.virginia.gov/content/uploads/sites/10/2018/08/POLICY-ON-REIMBURSEMENT-FOR-OUTPATIENT-AMBULATORY-HIV-MEDICAL-CARE-AND-LABS.pdf) (<https://www.vdh.virginia.gov/content/uploads/sites/10/2018/08/POLICY-ON-REIMBURSEMENT-FOR-OUTPATIENT-AMBULATORY-HIV-MEDICAL-CARE-AND-LABS.pdf>), including labs for uninsured and underinsured patients, to serve as many people as possible with limited funds and to preserve RWHAP Part B as the payer of last resort. Agencies with concerns about the cost of labs not conforming to the policy should contact Rivkah Meder at Rebecca.Meder@vdh.virginia.gov to inquire about establishing a VDH LabCorp account for uninsured and underinsured patients.

Service Provision Requirements

1. Is there a "face to face" requirement for case management services under these service restrictions? And does this extend to UEAs under these new funding reductions?

There is no face-to-face requirement for case management nor UEAs, and the use of virtual options to complete these services should be standard practice for all providers. This should help clients with transportation issues to access case management services.

2. We were not funded for Psychosocial Support Services. Does this mean we no longer have to provide UEAs for people who are not case managed by Part B?

No, providing UEAs for clients who are not case managed by Part B is a contractual requirement for any entity who receives Virginia Ryan White Part B funding. Conducting UEAs is also a standard element required in Medical and Non-Medical Case Management services. We understand that you are working with reduced funding and

staff. Please remember that you may conduct assessments virtually and, when possible, spreading UEAs out over the year may be helpful. As a reminder, completed UEAs for Virginia are valid for 24 months, so all clients will not need annual UEAs. Please consider this requirement as you reassess your budget, work plan, and work force to align with your revised GY25 allocation. All UEAs for non-Part B case-managed clients will be entered into PROVIDE® as units of Psychosocial Support Services rendered in units of 15-minute increments.

3. We have clients in active, long-term Oral Health treatment plans that have not been completed; however, only emergency oral healthcare is now allowable. What should we do for those patients to ensure optimal health outcomes during this funding reduction?

First, determine if there are any other payment sources (e.g. program income, free and charitable community clinics, other nonprofits that may provide funding assistance for this service category) that you can use to help the client complete their treatment plan. If this is not possible, you should contact your assigned VDH service coordinator to request a waiver to complete non-emergency care for the client.

Virginia-based nonprofits and community organizations offering assistance include:

- a. <https://www.vafreeclinics.org/clinics-in-virginia> serves as a safety-net of health care organizations providing a range of medical, dental, pharmacy, vision and/or behavioral health services
- b. [Virginia Dental Association Foundation](#) The Donated Dental Services (DDS) at the Virginia Dental Association Foundation provides free, comprehensive dental treatment to our state's most vulnerable - older adults, individuals with disabilities, and individuals who are medically fragile. These are people who cannot afford necessary treatment. The program operates through a volunteer network of dentists, oral surgeons, and dental labs across the State of Virginia.
- c. [211-Virginia](#) provides community resources throughout Virginia for utility assistance, housing, food and meals, aging & disability, education & employment, family & community support, healthcare, income support & assistance, government and information services, legal/consumer/public safety, mental health & substance use disorder services, and transportation/clothing/household needs
- d. [NeedyRx.org](#) is a nonprofit organization committed to improving access to affordable healthcare for people in need. Services include providing a directory for affordable health clinics offering medical, dental, behavioral health, and substance use disorder treatment services; locators for private or government funded organizations offering program that help with costs associated with a specific diagnosis; Patient Assistance Programs (PAPs) to provide free or discounted medicines to people who are unable to afford them; and Coupons/rebates/savings cards, free trial offers, and free samples

- e. Centers for Medicare and Medicaid Services (CMS)' listing for Patient Assistance Programs (PAPs) for medications searchable by drug [Find a Pharmaceutical Assistance Program for the drugs you take](#)

4. How should I guide patients during this transition if they need to be referred to other agencies?

A list of providers and services available in each health region of Virginia is posted to the [HCS website](#). This provider list includes those providers not currently funded by Part B but provide HIV prevention, care and treatment services statewide. This list also includes services funded by other RW Parts- A, C and D in Virginia. We ask that if referring clients, you ensure that your staff works with the referral site to transfer existing Provide Enterprise® profiles once updated informed consent has been obtained from the transferring patient. If your staff experiences difficulties with this process, please contact the Provide Help Desk at VAProvide@vdh.virginia.gov. If you cannot get through, then contact a RWHAP B services coordinator (you can contact the coordinator who used to be assigned to your agency). As a reminder, please do not send any PHI or PII through unencrypted email. For HIV medication access through VA MAP, any new prescriptions for clients enrolled in the direct medication access program should be sent to a Walgreens pharmacy as part of the new medication access model. You may learn more about that model here: <https://www.vdh.virginia.gov/disease-prevention/2024/12/13/vamap/>.

5. Who should I contact at VDH to discuss these changes further or to get clarification on my reduced award?

Please contact your assigned services coordinator. They will forward questions to HCS' leadership team as necessary.

Other

1. We will not be able to afford labs for our patients with the limited budget we were given. Can we still use our VDH LabCorp account?

Yes, agencies may continue to use their VDH-backed LabCorp accounts for uninsured and underinsured patients. Please contact Rivkah Meder at Rebecca.Meder@vdh.virginia.gov to inquire about establishing a VDH LabCorp account for uninsured and underinsured patients and to determine if individuals meet the definition of underinsured.

2. How long will I have access to Provide Enterprise® if I am not funded?

Each provider agency has until June 30 or until they lay off Ryan White Part B staff in their agency, whichever comes first. Kim Hunter from VCU and our RWHAP B data team will be working with de-funded agencies to obtain your final client level data files to include your data in VA RWHAP B's RSR and filing formal exemption requests to HRSA for agencies that did not receive funding for the entire GY25.

3. How long should I retain PII/PHI?

Each provider agency should retain PII (financial documents, contracts, etc.) for 5 years.
You will need to retain PHI (lab records, medical records, etc.) for 10 years.