



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
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Rhode Island Ryan White Guidance **For Part B Contractors**

This document provides guidance on the requirements related to Ryan White Part B contracts as stipulated in the Ryan White HIV/AIDS Treatment Extension Act and as mandated by HRSA policy and Rhode Island State policy. The following information provides guidance for contractors in developing budgets and work plans. Ryan White Part B contracts **must** adhere to these requirements. This guidance includes information on allowable services, client eligibility, time and effort reporting, administration, and payer of last resort requirements. Please note that these policies may not be applicable to Ryan White Part A contracts administered by PHS.

Ryan White Service Categories

The Ryan White law limits the persons eligible for Ryan White services and limits the services that are allowable with Ryan White funds. Activities supported and the use of funds appropriated under the law must be in accordance with legislative intent, federal cost principles, and program-specific policies issued by the federal Health Resources and Services Administration (HRSA). HRSA policy related to Ryan White parts A and B states that no service will be supported with Ryan White funds unless it falls within the legislatively defined range of services. In addition, the law stipulates that Ryan White is the “payer of last resort” (see page 6). In conducting program planning, developing contracts, and overseeing programs, you must comply with legislative intent and HRSA policy regarding allowable services and payer of last resort requirements.

Ryan White part B funds may be used to support the following services:

CORE MEDICAL RELATED SERVICES: Are services that are needed by individuals with HIV/AIDS to achieve medical outcomes related to their HIV/AIDS related clinical status.

- 1. AIDS Drug Assistance Program (ADAP)** provides an approved formulary of medications to HIV infected individuals treatment of HIV disease or the

prevention of opportunistic infections, based on eligibility determination criteria, income guidelines and federal Poverty Level FPL) threshold set by the State. Currently the FPL is set at 500% or below for Ryan White eligibility.

- 2. Ryan White Health Insurance Premium and Cost-Sharing Assistance -** Provides a cost effective alternative to the AIDS Drug Assistance (ADAP) by; purchasing health insurance that provides comprehensive primary care and pharmacy benefits for low income clients that provide a full range of HIV medications; Pays for co-pays (including co-pays for prescription eyewear for conditions related to HIV infection) and deductibles on behalf of the client and provides funds to contribute to a client's Medicare part D true out-of pocket (TrOOP) costs. *This is an allowable use of Ryan White funds as of January 1, 2011 as specified in the Affordable Care Act.
- 3. Medical Case Management** services are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments are key components of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care provided by trained professionals, including both medically credentialed and other health care staff that is part of the clinical care team, through all types of encounters including face to face, phone contact, and any other form of communication. Assessments are conducted through the client and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service/treatment plan;(3) coordination of services required to implement the plan;(4) client monitoring to assess the efficacy of the plan; (5) periodic re-evaluation and adaptation of the care plan at least every six (6) months during the enrollment of the client. It includes client-specific advocacy and/or review of utilization of services. Medical case management may be provided in a variety of medical settings, including community health centers, County Departments of Health, hospitals, or other Article 28 facilities.
- 4. Mental Health services for HIV-positive persons. Mental health services** are psychological and psychiatric treatment and counseling services for individuals with a diagnosed mental illness. They are conducted in a group or individual setting 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. The goal of this funding is to support PLWHA maintaining treatment adherence by improving their mental health through the provision of mental health and/or dual mental health/substance abuse counseling and care coordination between the funded agency and the client's primary care provider. *Substance abuse counseling services provided to eligible PLWHA who do not have a mental health diagnosis is not allowable under this service category.* Individuals who receive Ryan White funded mental health services must have no source of

healthcare or have public or private insurance that does not meet their mental healthcare needs. It is expected that all other sources of funding in the community for mental health services will be effectively utilized and that any allocation of Ryan White funds for these purposes will be the payer of last resort. Agencies awarded funds to provide mental health services must accept referrals from other Ryan White funded agencies that do not provide such services. Funding for this service category will be through line-item reimbursement. Peer recovery supports are also included in mental health services. **Peer Recovery Supports** are provided by individuals who have lived experience with mental illness and/or substance use disorders, focusing on one-to-one strength-based support to persons in recovery. SAMHSA defines recovery as “a process of change through which individuals improve their health and wellness, live a self-directed life and strive to reach their full potential” Peer recovery supports assumes that everyone is capable of recovery, that there are many paths to recovery and are an important component in a recovery oriented systems of care (ROSC), http://www.samhsa.gov/sites/default/files/rosc_resource_guide_book.pdf. Peer Recovery Supports are provided by Peer Recovery Specialists (PRS). Peer Recovery Specialist may also be referred to as Peer Support Specialist or Peer Recovery Coaches. PRS offer insight into the recovery process based on their lived experience and offer a unique perspective for those with similar challenges. PRS are not clinical providers, sponsors or case managers and do not replace other professional services. They are trained providers who serve as mentors, role models, motivators, and advocates and provide access to community-based resources, implement self-directed recovery planning and support in navigating state and local behavioral health services. HRSA lists psychological support services as an allowable use of funds under Support Services, http://hab.hrsa.gov/affordablecareact/service_category_pcn_1_6-02_final.pdf. HRSA requires PLWA accessing behavioral health and/or Peer Recovery Supports, have a primary diagnosis of a mental illness but may address co-occurring substance use disorders. Rhode Island has a certification process for PRS through the state’s Certification Board (RICB). To learn more about Peer Recovery Supports in Rhode Island and the requirements of the Certified Peer Recovery Specialist (CPRS) visit the Rhode Island Certification Board (RICB) website, <http://www.ricertboard.org/requirements--applications.html>. For additional information on peer recovery supports: http://jsi.com/JSIInternet/Inc/Common/download_pub.cfm?id=16496&lid=3. Applicants applying for the mental health service category are encouraged to partner with community-based agencies providing Peer Recovery Supports and/or certified Peer Recovery Specialists in RI or develop PRS as a service provided by the applying organization. Currently (as of July 27, 2016) there are 86 certified Peer Recovery Specialist in the state, a list is provided on the RIBC website, <http://www.ricertboard.org/professionals.html>.

- 5. Provision of Outpatient and Ambulatory Medical Care**, defined as 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 (not a hospital, hospital emergency room , or other type of inpatient treatment center), consistent with Public Health Service Guidelines (PHS) and including access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

6. **Support for Oral Health Services**, including diagnostic, preventive and therapeutic dental care that is in compliance with dental practice laws, includes evidence based clinical decisions that are informed by the American Dental Association Dental Practice Parameters , is based on a oral health treatment plan, adheres to specified service caps, and is provided by licensed and certified dental professionals.

Support Services, defined as services needed to achieve outcomes that affect the HIV-related clinical status of a person with HIV/AIDS. Support services must be shown to improve clinical outcomes. Support services must facilitate access to care. Allowable support services are:

7. **Case Management (non-medical)**, includes the provision of advice and assistance in obtaining medical, social, community, legal, financial and other needed support services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does. Services may include, benefits/entitlement counseling and referral activities to assist eligible clients to obtain access to public and private programs for which they may eligible; all types of case management encounters and communications (face-to-face, telephone contact, other) as well as transitional case management for incarcerated individuals as they prepare to exit correctional system.
8. **Emergency Financial Assistance**, Ryan White HIV/AIDS Program funds may be used to provide Emergency Financial Assistance (EFA) as an allowable support service. Currently, Emergency Financial Assistance is capped at \$2, 500 per eligible client per year.
 - a) The decision-makers deliberately and clearly must set priorities and delineate and monitor what part of the overall allocation for emergency assistance is obligated for transportation, food, essential utilities, and/or prescription assistance. Careful monitoring of expenditures within a category of “Emergency Assistance” is necessary to assure that planned amounts for specific services are being implemented, and to indicate when reallocations may be necessary.
 - b) In addition, Grantees and planning councils must develop standard limitations on the provision of Ryan White HIV/AIDS Program funded emergency assistance to eligible individuals/households and mandate their consistent application by all contractors. It is expected that all sources of funding in the community for emergency assistance will be effectively utilized and that any allocation for Ryan White HIV/AIDS Program funds to these purposes will be the payer-of-last resort, and for limited amounts, limited use and limited periods of time.

c) Emergency Financial Assistance is the provision of one-time or short-term payments to agencies or the establishment of voucher programs when other resources are not available to help with emergency expenses related to essential utilities, housing, food (including groceries, food vouchers, and food stamps), transportation, and medication. Part A and Part B programs must allocate, track, and report these funds under specific service categories, as described under 2.6 in DSS Program Policy Guidance No. 2 (formerly Policy No. 97-02) <ftp://ftp.hrsa.gov/hab/t2SecIVChap1.pdf>. Agencies deliberately and clearly must set priorities and delineate and monitor what part of the overall allocation for emergency financial assistance is obligated for each allowable category (medical transportation, essential utilities, rental payments, and prescription assistance). Careful monitoring of expenditures within a category of “emergency financial assistance” is necessary to ensure that planned amounts for specific services are being implemented, and to indicate when reallocations may be necessary.

9. Food bank/Home Delivered Meals-Food and Meal Services assist with improving the nutrition status of the client while they develop the necessary skills to make appropriate food choices that will improve and/or maintain their health status. Nutrient dense, well balanced, and safe meals and food tailored to the specific dietary needs of PLWH/A can assist in maximizing the benefits of medical interventions and care. The food and meal services include home delivered meals, hot meals, congregate meals, pantry bags, and food gift cards/vouches. Meals and pantry bags must provide culturally acceptable foods based on knowledge of the food habits and preferences of the target populations. Additionally, it may include the provision of non-food items that re limited to; personal hygiene products, household cleaning supplies, water filtration/purification systems in communities where water quality exist. This does not include: permanent water filtration systems for water entering the house, household appliances, pet foods or other non-essential products.

10. Health Education/risk reduction -HIV education and risk reduction services include short term individual and/or group level activities to address medical and/or health related education intended to increase a client’s knowledge of and participation in their health care, address secondary HIV prevention, improve health, and decrease the risk of transmission of HIV. Education and risk reduction services should be structured to enhance the knowledge base, health literacy, and self efficacy of HIV infected persons in accessing and maintaining HIV medical services and staying healthy. Recreational and socialization activities are not included in this category.

11. Housing Services- The provision of short-term assistance to support emergency, temporary or transitional housing to enable an individual or family to gain or maintain medical care. Housing -related referral services include assessment, search, placement, advocacy, and the fees associated with them. Eligible housing can include both housing that does not provide direct medical or supportive services and housing that provides some type of medical or

supportive services such as residential mental health services, foster care, or assisted living residential services.

- 12. Linguistic Services include interpretation/translation services-** (both written and oral), provided to HIV-infected individuals (including non-English speaking individuals, and those who are deaf or hard of hearing) for the purpose of ensuring the client's access to medical care and to Ryan White fundable support services that have a direct impact on primary medical care. Funded providers must ensure linguistic services are provided by a qualified professional interpreter.
- 13. Medical Transportation services** include conveyance services provided, directly or through voucher, to an eligible client so that he or she may access HIV-related health and support services intended to maintain the client in HIV/AIDS medical care. Transportation should be provided through: A contract(s) with a provider(s) of such services; vouchers or token systems, mileage reimbursement that enables individuals to travel to needed medical or other support services that may be supported with Ryan White HIV/AIDS Program funds, but should not in any case exceed the established rates for Federal Programs.
- 14. Enrollment/Outreach** are programs that have as their principal purpose identification of people who know their status so that they may become aware of, and may be enrolled in care and treatment services, **Not** HIV counseling and testing or HIV prevention education. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort; be targeted to populations known through epidemiologic data to be at disproportionate risk for HIV infection; to be conducted at times and in places where there is a high probability that individuals with HIV infection will be reached; be designed with quantified program reporting that will accommodate local effectiveness evaluation.
- 15. Psychosocial Support Services** are the provision of support and counseling activities, child abuse and neglect counseling, HIV support groups that improve medical outcomes, caregiver support, and bereavement counseling. Includes nutrition counseling provided by a non-registered dietician but excludes the provision of nutritional supplements.
- 16. Health Care/Supportive** -services that direct a client to a service in person or through telephone, written, or other types of communication including the management of such services where they are not provided as part of Ambulatory/Outpatient Medicare Care or Case Management services. May include benefit counseling and referral to refer or 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 Manufacturers' Patient Assistance programs and other state and local health care and supportive services.

17. Substance Use Services (Outpatient) are medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting by a physician or under the supervision of a physician, or by other qualified personnel. They include limited support of acupuncture services to HIV-positive clients, provided the client has received a written referral from his or her primary health care provider and the service is provided by certified or licensed practitioners and/or programs, wherever State certification or licensure exists.

Substance use services may only be funded for individuals with documented co-occurring mental health diagnoses that cannot be funded elsewhere

18. Treatment Adherence Counseling- Short term individual/and or group level activities used to provide HIV/AIDS treatment, adherence counseling, monitoring, and other strategies to support clients in readiness to begin ARV treatment or to maintain maximal adherence to prescribed HIV/AIDS treatment. Treatment adherence counseling activities are provided by non-medical personnel outside of the medical management and clinical setting. The objective of the treatment is for a consumer to self-manage their own HIV/AIDS-related care while working in partnership with their physician.

19. Early Identification Services (EIS) - Early intervention services (EIS) for Parts A and B include counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, to diagnose the extent of immune deficiency, and to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and provision of therapeutic measures. Note: All four components of 1.) HIV testing and targeted counseling, 2.)Referral services, 3.) Linkage to care and 4.) Health education and literacy training that enable clients to navigate the HIV system of care, must be present for this service category. Part B funds to be used for HIV testing only as necessary to supplement, not supplant existing funding.

20. Child care services are care for the children of clients who are HIV positive while the clients are attending medical or other appointments, or RWHAP-related meetings, groups, or training. These services do not include child care while the client is at work.

21. Rehabilitation Services: Rehabilitation Services are provided by a licensed or authorized professional in accordance with an individualized plan of care intended to improve or maintain a client's quality of life and optimal capacity

for self-care. *Program Guidance: Examples of allowable services under this category are physical and occupational therapy.*

- 22. Respite Care** is the provision of periodic respite care in community or home-based settings that includes non-medical assistance designed to provide care for an HIV-infected client to relieve the primary caregiver responsible for the day-to-day care of an adult or minor living with HIV. *Program Guidance:* Recreational and social activities are allowable program activities as part of a respite care service provided in a licensed or certified provider setting including drop-in centers within HIV Outpatient/Ambulatory Health Services or satellite facilities. Funds may not be used for off premise social/recreational activities or to pay for a client's gym membership. Funds may be used to support informal, home-based Respite Care, but liability issues should be included in the consideration of this expenditure. Direct cash payments to clients are not permitted.
- 23. Home and community-based health services** includes skilled health services furnished to the individual in the individual's home, based on a written plan of care established by a case management team that includes appropriate health care professionals. Services include durable medical equipment; home health aide services and personal care services in the home; day treatment or other partial hospitalization services; home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy); routine diagnostics testing administered in the home; and appropriate mental health, developmental, and rehabilitation services. **Inpatient hospital services, nursing homes, and other long-term care facilities are not included as home and community-based health services.** *In order to qualify as a Ryan White home and community-based health care agency providing residential services, an agency must provide comprehensive therapeutic nursing and supportive health services care to clients and have Rhode Island Assisted Living Care Facility licensure. An agency may propose to offer in-home care options, and they must prove cost effectiveness associated with the services they provide. The state is interested in minimizing costs associated with hospital emergency department visits, hospitalizations, and long term care stays. In short, if an agency can prove diversion of these high cost items via home and community based health services, they will be highly desirable. To be eligible for a residential home and community based service, clients must have a history of incarceration, substance abuse and/or mental health problems and meet the guidelines for home and community-based health services annually. It is expected that all other sources of funding in the community for home and community-based health care (including opportunities presented through healthcare reform) will be effectively pursued and utilized and that any allocation of Ryan White funds for these purposes will be the payer of last resort. Agencies awarded funds to provide home and community-based health care services must accept referrals from other Ryan White funded*

agencies that do not provide such services. Funding for this service category will be through line-item reimbursement.

24. Ryan White funds may also be used to support training of providers delivering allowable services that is intended to improve medical outcomes and consumer education/training for which is intended to improve medical outcomes.

Ryan White Part B funds cannot be used for the following services:

- a) Syringe exchange programs.
- b) Outreach activities that have HIV prevention education as the exclusive purpose
- c) Employment, vocational rehabilitation, or employment-readiness services
- d) Art, drama, music, dance, or photography therapy
- e) Social, recreational or entertainment activities. Federal funds cannot be used to support social, recreational or entertainment activities. Ryan White funds cannot be used to support amusement, diversion, social activities, or any costs related to such activities, such as tickets to shows, movies or sports events, meals, lodging, transportation, and gratuities.
- f) Non-client specific or non-service specific advocacy activities.
- g) Services for incarcerated persons, except transitional case management, per HRSA policy Notice 7-04.
- h) Costs associated with clinical trials.
- i) Funeral, burial, cremation or related expenses.
- j) Funds awarded under the Ryan White HIV/AIDS Program may NOT be used for direct maintenance expense (tires, repairs etc.) of a privately owned vehicle or any other costs associated with a vehicle, such as lease or loan payments, insurance, or license and registration fees. This restriction does not apply to vehicles operated by organizations for program purposes.
- k) Funds awarded under Ryan White may NOT be used to pay local or State personal property taxes (for residential property, private automobiles, or any other personal property against which taxes may be levied)
- l) Criminal defense or class action suits unrelated to access to services eligible for funding under Ryan White.
- m) Ryan White funds cannot be used to make direct payments of cash to recipients of services. Where direct provision of the service is not possible or effective, voucher, coupons, or tickets that can be exchanged for a specific service or commodity (e.g. food or transportation) must be used. Grantees are advised to administer voucher programs in a manner which assures that vouchers cannot be used for anything other than the allowable service, and that systems are in place for disbursed vouchers.
- n) Inpatient services
- o) Clothing
- p) Installation of permanent systems for filtration of all water entering a private residence.
- q) Professional licensure or to meet program licensure requirements.
- r) Broad-scope awareness activities about HIV services which target the general public
- s) Fund-raising-Federal funds cannot be used for organized fund raising, including financial campaigns, solicitation of gifts and bequeaths, expenses related to fund

- raising capital or contributions, or the costs of meetings or other events related to fund-raising or other organizational activities, such as the costs of displays, demonstrations, and exhibits, the cost of meeting rooms and other special events, and costs of promotional items and memorabilia, including gifts and souvenirs. These costs are unallowable regardless of the purpose for which the funds, gifts or contributions will be used.
- t) Transportation for any purpose other than acquiring medical services or acquiring support services that are linked to medical outcomes associated with HIV clinical status. Transportation for personal errands, such as grocery shopping, other shopping, banking, social/recreational events, restaurants, or family gatherings is not allowed.
 - u) Pediatric developmental assessment and early intervention services, defined as the provision of professional early interventions by physicians, developmental psychologists, educators, and others in the psychosocial and intellectual development of infants and children.
 - v) Permanency planning defined as the provision of services to help clients or families make decisions about placement and care of minor children after the parents/caregivers are deceased or are no longer able to care for them.
 - w) Voter registration activities
 - x) Costs associated with incorporation.
 - y) Herbal supplements/herbal medicines.
 - z) Massage and related services.
 - aa) Reiki, QI Gong, Tai chi and related activities.
 - bb) Relaxation audio/video tapes
 - cc) Yoga, yoga instruction, yoga audio/video tapes,
Yoga/exercise mats.
 - dd) Acupuncture services
 - ee) Buddy/companion services.
 - ff) International travel.
 - gg) Purchase of land or construction.
 - hh) Lobbying activities.
 - ii) Funds may not be used for household appliances, pet foods or other non-essential products.
 - jj) Funds cannot be used to support materials designed to promote intravenous drug use or sexual activity.
 - KK. Purchase of vehicle without approval
 - LL. Pre-exposure prophylaxis

Ryan White contractors are expected to provide documented, fundable services to eligible clients and to clearly define the scope and nature of such services in the contract work plan. Contract work plans and duties duty description of staff supported by Ryan White funds will be reviewed to ensure that they include only those activities that are fundable under the Ryan White law.

PAYER OF LAST RESORT/VIGOROUSLY PURSUE

Ryan White is the payer of last resort. The Ryan White HIV/AIDS Treatment Act requires that “The State will ensure that grant funds are not utilized to make payments for any item or service to the extent that payment has been made or can reasonably be expected to be made with respect to that item or service under the State compensation program, under an insurance policy, or under any Federal or State health benefits program; or by an entity that provides health services on a prepaid basis.” At the individual client level, sub-grantees are expected to vigorously pursue enrollment with clients who are eligible for comprehensive health care coverage and make every reasonable effort to secure other funding instead of Ryan White whenever possible. In order to ensure that Ryan White funds are the payer of last resort, contractors must screen clients for eligibility to receive services through other programs (e.g., Medicaid, Medicare, VA benefits, ACA Marketplace Health Insurance or private health insurance). It is further expected that Ryan White Part B funded providers adhere to the requirements for documentation and reporting to show that all reasonable steps have been taken to vigorously pursue enrollment into comprehensive health care coverage for all eligible clients. Ryan White funding may only be used for services that are not reimbursable by Medicaid, ADAP or other third- party payers.

Client Eligibility

HIV Status- The principal intent of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Ryan White HIV/AIDS Program) is to provide services to persons infected with the Human Immunodeficiency Virus (HIV), including those whose illness has progressed to the point of clinically defined Acquired Immune Deficiency Syndrome(AIDS). Ryan White Program funds are intended to support only the HIV-related needs of eligible individuals. Grantees and funded contractors must be able to make an explicit connection between any service supported with Ryan White HIV/AIDS Program funds and the intended recipient’s HIV status, or care-giving relationship to a person with HIV/AIDS. Non-infected individuals may be appropriate candidates for Ryan White HIV/AIDS Program services in limited situations, but these services for non-infected individuals must always benefit a person with the HIV infection.

Income Status- Obtained by using the Modified Adjusted Gross Income (MAGI); or in the case of undocumented individuals, an acceptable methodology and/or process approved by EOHHS that can be verified through written documentation maintained in the client record and is updated every six (6) months. Financial eligibility is based on 500% of the Federal Poverty Level (FPL). FPL varies on household size and is also updated every six (6) months. Financial eligibility is calculated on the gross income available to the household, excluding Medicare and Social Security withholding and cost of health care coverage paid by the applicant.

Updated Federal Poverty Guidelines may be accessed by visiting:

<http://aspe.hhs.gov/poverty>

Residency- Rhode Island residency is required, U.S. citizenship is not required. Incarcerated individuals receiving services in jails or prisons are exempt from this requirement.

Contractors receiving Ryan White funds must have systems in place to ensure and document client eligibility based on HIV status, income and residency. Ryan White contractors must document client eligibility immediately upon client enrollment in a Ryan White service. Client files must include primary documentation of positive HIV serostatus (e.g. lab results or physician’s statements) or reference to the primary documentation in the form of a certified referral form or a notation that eligibility has been confirmed, including the name of the person/organization verifying eligibility, date, and nature and location of primary documentation. Client files must also contain documentation supporting eligibility based on income and residency requirements. Client eligibility must be documented and updated every six (6) months in order to ensure compliance with the HRSA National Monitoring Standards.

Access to Care for Ryan White Clients (National Monitoring Standards for Ryan White Part A and B Grantees)

- Contactors must develop structured and ongoing efforts to obtain input from clients in the design and delivery of services. Source; NMS; PHS ACT 2602(b) (6); PHS ACT2605(a)(7)(B);PHS ACT 2616 (c) (4); PHS ACT 2617 (b) (7) (A)
- Ryan White funded medical and support services must be provided in settings that are accessible to low income individuals with HIV disease. Source: NMS: PHS ACT 2605(a) (7) (B); PHS ACT 2617 (b) (7) (B) (ii); PHS ACT 2616(c) (4)
- Services should be provided regardless of an individual’s ability to pay for the service. Source: NMS: PHS ACT 2605(a) (7) (A)(i)); PHS ACT 2617(b) (7) (i).
- Services should be provided regardless of the current or past health condition of the individual to be served. Source; NMS; PHSACT 2605(a) (7) (A) (i); PHS ACT 2617(b) (7) (B) (i).
- Contractors must utilize outreach efforts to inform individuals of the availability of the HIV related services and how to access them. Source; NMS; PHS ACT 2605 (a) (7) (C); PHS ACT 2617(b) (7) (B) (iii); PHS ACT 2616 (c) (5).

By receiving part B funds, the contractor agrees to participate, as appropriate, in Ryan White HIV/AIDS Treatment Extension Act initiatives. The contractor agrees that such participation is essential in meeting the needs of the clients with HIV as well as achieving the overall goals and objectives of the Ryan White HIV/AIDS Treatment Extension Act. The contractor also agrees to participate in any Federal investigations.

The Ryan White HIV/AIDS Program legislation requires grantees and sub-grantees to develop and implement policies and procedures that specify charges for Ryan White funded services. These policies and procedures must also establish sliding fee scales and discount schedules for clients with incomes greater than 100% of poverty. The legislation also requires that individuals be charged no more than a maximum amount (cap) in a calendar year according to specified criteria. Please see the “Scope of Work” in sub-grantee Contract/s for policies and procedures relating to sliding fees, (Section G-12).

Time and Effort Reporting

Contractors must have systems in place to document time and effort of direct program staff supported by all federal funds. This is usually done in the form of a time sheet entry. These time and effort reporting procedures must clearly identify the percentage of time each staff person devotes to contract activities in accordance with the approved budget. The percent of effort devoted to the project may vary from month to month. The employee's time sheet must indicate the percent of effort the employee devotes to each particular project for a given time period. The effort recorded on the time sheet must reflect the employee's funding sources, and the percent of effort recorded for Ryan White funds must match the percentage being claimed on the Ryan White voucher for the same time period. In addition, 100% of the employee's time must be documented. In cases where the percentage of effort of contract staff changes during the contract period, contractors must submit a budget modification request to the EOHHS.

The EOHHS has the right to request back-up documentation on any voucher/invoice if they choose to do so. Only indirect staff are not subject to time and effort reporting requirements. Such staff must be included in the indirect costs line, rather than in the salaries section.

Quality

Ryan White part B contractors are expected to participate in quality management activities as contractually required, at a minimum compliance with relevant service category standards of care and collection and reporting of data for use in measuring performance. Quality management activities should incorporate the principles of continuous quality improvement, including agency leadership and commitment, staff development and training, participation of staff from all levels and various disciplines, and systematic selection and ongoing review of performance criteria, including consumer satisfaction.

HRSA National Monitoring Standards

The National Monitoring Standards are designed to help Ryan White HIV/AIDS Program Part A and B (including AIDS Drug Assistance Program) grantees to meet federal requirements for program and fiscal management, monitoring, and reporting to improve program efficiency and responsiveness. Requirements set forth in other sources are consolidated into a single package of materials that provide direction and advice to grantees for monitoring both their own work and the performance of service providers. The Standards consolidate existing HRSA/HAB requirements for program and fiscal management and oversight based on federal law, regulations, policies and guidance documents.

The Standards were developed by the Division of Service Systems (DSS) within the Health Resources and Services Administration's HIV/AIDS Bureau (HRSA/HAB) in response to several Office of Inspector General (OIG) and Government Accountability Office (GAO) reports. These reports identified the need for a specific standard regarding the frequency and nature of grantee monitoring of sub-grantees and a clear HRSA/HAB Project officer role in monitoring grantee oversight of sub-grantees.

Grantees and Sub-grantees are required to comply with the Standards as a condition of receiving Ryan White part A and Part B funds. The Standards can be accessed by visiting <http://hab.hrsa.gov/manageyourgrant/granteebasics.html>