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UNITED WE WIN.**

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**ACT UP AIDS Protest
National Democratic Convention
Atlanta, GA, July 18, 1988**

August 24th, 2022
Part B Network Meeting

**Yasmin Andre, Director
Doris Huff, Planning & Evaluation
Vera Smith, Accountant**

**Mikaela Mendoza-Cardenal, CQM
Whitney Marshall, PCS Manager**



Heart of Florida United Way

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Welcome!



**Please drop your
name, role, and
agency in the chat 😊**

Certificates on their way!

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Monkeypox Update

Alvina Chu



Heart of Florida United Way

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Central Florida HIV Planning Council

Whitney Marshall



Heart of Florida United Way

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Brevard County Town Hall Recap



The graphic features a background of a classroom with desks and chairs. On the left, there is a logo for the Central Florida HIV Planning Council, which includes a red ribbon and an orange. To the right of the logo, the text 'Ending the HIV Epidemic' is displayed in a vertical stack, with each word on a new line and a colored bar to its left. The bottom half of the graphic is a solid green area with the text 'BREVARD COUNTY TOWN HALL' in large white letters.

Central Florida HIV
**PLANNING
COUNCIL**

Ending
the
HIV
Epidemic

**BREVARD COUNTY
TOWN HALL**

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2022 Provider Capacity & Capability Survey

Survey Link



**Survey Closes
September 13, 2022**

- The Central Florida HIV Planning Council is trying to assess what capacity the area currently has so that we can plan more effectively for Ryan White HIV/AIDS Program activities in the future.
- Responses are kept anonymous, and all findings will be reported in aggregate.

HIV Care Needs Survey

As of survey close, we have met
less than half of our response rate goal 😞

- Survey extended until **Wednesday, August 31st** for additional electronic responses **ONLY!**
- Please encourage clients to complete the survey and assist them in completing the electronic form

<https://survey.zohopublic.com/zs/GBCs5k>

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Ryan White Updates

Yasmin Andre

Doris Huff



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MCM Training – Invitations Sent

**Tuesday, October 4th and
Wednesday, October 5th**

**Comprehensive Health Care
1495 N. Harbor Blvd.
Melbourne, FL 32935**



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Delta Dental Program Expectations

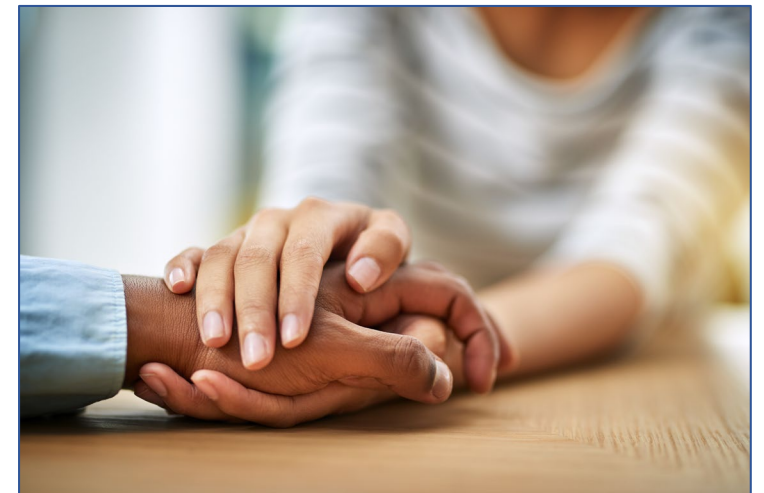
Please remind clients to utilize their dental insurance by scheduling & attending minimum appointments!



Health Insurance (Part B & ADAP)

Reminders:

- Please ensure that eligibility staff are uploading all necessary health insurance documentation to CAREWare, including:
 - Health plan ID card &
 - Summary of Benefits
- This is required for Part B determination (payor of last resort) and for completion of ADAP referrals.



RYAN WHITE KNOWLEDGE-BUILDING

Ryan White Knowledge-Building **Introduction to RW Allowable Services**

Yasmin Andre

Mika Mendoza



Overview

- Ryan White HIV/AIDS Program is a payer of last resort
 - Therefore, services must be considered “allowable” under RW program guidance in order to be reimbursed
- Services are divided in two categories:
 1. Core medical services
 2. Support services
- Allowable services are established through:
 - Federal guidance
 - State guidance
 - Local service standards
 - Local agency policy

How are Services Determined to be Allowable?

Federal Guidance

- Health Resources & Services Administration (HRSA) releases federal guidance through **Policy Clarification Notices** (PCNs), administrative guidelines, and monitoring standards that establish “allowable” and “not allowable” services

State Guidance

- Florida’s HIV/AIDS Section releases manuals and guidance for proper RW implementation

Local Policies

- The Central Florida HIV Planning Council (CFHPC) establishes and approves local Service Standards to standardize care across local system of care
- CFHPC recommends funding certain categories based on needs assessments

Agency Policy

- Agency can further define client eligibility for some services in order to triage limited funds

Federal Guidance **Policy Clarification Notice 16-02**

PCNs are developed by HRSA and are intended “to help grant recipients understand and carry out RWHAP legislation.”

- Describes *unallowable* and *allowable* costs
- Provides federal guidance for each core medical and support service in RW legislation
- Establishes HRSA’s expectations that RW-funded providers will:
 - Follow “cost principles” as defined by the federal Office of Management & Budget
 - Ensure that funds are spent only on listed services
 - Ensure that those services provided meet a documented need (e.g., HIV Care Needs Survey conducted by Planning Council)

Federal Guidance **Policy Clarification Notice 16-02**

Unallowable Costs	
Cash payments to clients, including cash incentives	Employment and employment-readiness services with exceptions
Clothing	Funeral & burial expenses
Property taxes	Pre-Exposure Prophylaxis (PrEP)
Non-occupational Post-Exposure Prophylaxis (nPEP)	Materials, designed to directly promote or encourage sexual activity or intravenous drug use
International travel	The purchase or improvement of land
The purchase, construction, or permanent improvement of any building or facility	

Federal Guidance Policy Clarification Notice 16-02

Allowable Costs

13 possible core medical services

17 possible support services

RWHAP recipient and local planning bodies make the final decision on which core medical and support services are to be funded

All funded services must:

- ✓ Relate to HIV diagnosis, care, and support
- ✓ Adhere to established HIV clinical practice standards consistent with Department of Health and Human Services' (HHS) Clinical Guidelines for the Treatment of HIV and other related or pertinent clinical guidelines
- ✓ Comply with state and local regulations, and provided by licensed or authorized providers, as applicable

What Service Categories are Prioritized in our Area?

All 28 HRSA-allowable service categories!

We use data to decide which HIV services are most important for all people with HIV through a process that involves ranking service categories.

We begin with the current year's priorities and revise from there.

Core Medical-Related Services

- ADAP
- Local Pharm Assistance Program
- Early Intervention Services
- Health Insur Premium and Cost-Sharing Assistance
- Home & Community-based Health Services
- Home Health Care
- Hospice
- Medical Case Management
- Med Nutrition Therapy
- Mental Health Services
- Oral Health Care
- Outpat/Ambulatory Health Services
- Substance Abuse Outpatient Care

Support Services

- Child Care Services
- Emergency Financial Assistance
- Food Bank/Home-Deliv Meals
- Health Educ/Risk Reduction
- Housing
- Linguistic Services
- Medical Transportation
- Non-Med Case Management
- Other Professional Services
- Outreach Services
- Psychosocial Support Services
- Referral for Healthcare & Support Services
- Rehabilitation Services
- Respite Care
- Substance Abuse Servs (Resid)

Policy Clarification Notice 16-02

**“45 CFR Part 75, Subpart E
- Cost Principles must be
used in determining
allowable costs that may
be charged to a HRSA
RWHAP award.”**

(PCN 16-02, pg. 1)

- Cost principles are federal regulations that help determine allowable *costs* from the list of allowable *services*
- Costs must be:
 - Allowable
 - Allocable
 - Reasonable
 - Otherwise authorized by RWHAP legislation

Federal Guidance Policy Clarification Notice 16-02

Allowable?

- Is the cost allowable under the service categories set in the federal award?
- Does the cost fall under any limitations set in the federal award?
- Is the cost adequately documented?
 - E.g., using CPT codes that match the Allowable Medical Conditions list, proof of no insurance on file

Allocable?

- Was the cost incurred due to compliance with the federal award?
- Was the cost incurred in compliance with the agency's direct/indirect cost policies?
 - E.g., All office supplies are allocated to the correct account in the ledger
- Is the cost allocated proportionally?
 - E.g., billing 0.50 FTEs for half the minimum case load

Reasonable?

- Is the cost generally recognized as ordinary and necessary for operation of the agency or compliance with the federal award?
- Does the cost consider market price for comparable goods & services?
 - E.g., HFUW reimburses at 100% limiting Medicare rate
- Was the cost incurred consistent with the agency's practices?
 - E.g., internal fee schedules

Federal Guidance Policy Clarification Notice 16-02

**“HRSA HAB expects all ...
RWHAP recipients to
establish and monitor
procedures to ensure that
all funded providers verify
and document client
eligibility.” (pg. 3)**

Lead Agency

Lead agency must conduct monthly audits, review each client's eligibility before approving payment of RW funds, and implementing/evaluating current systems

Client Services Agency

RW agency must be diligent in properly training staff, conducting internal audits, and ensuring both eligibility and payor-of-last-resort before billing HFUW for services

Individual Staff

Case managers must be diligent about collecting and reviewing all required documentation

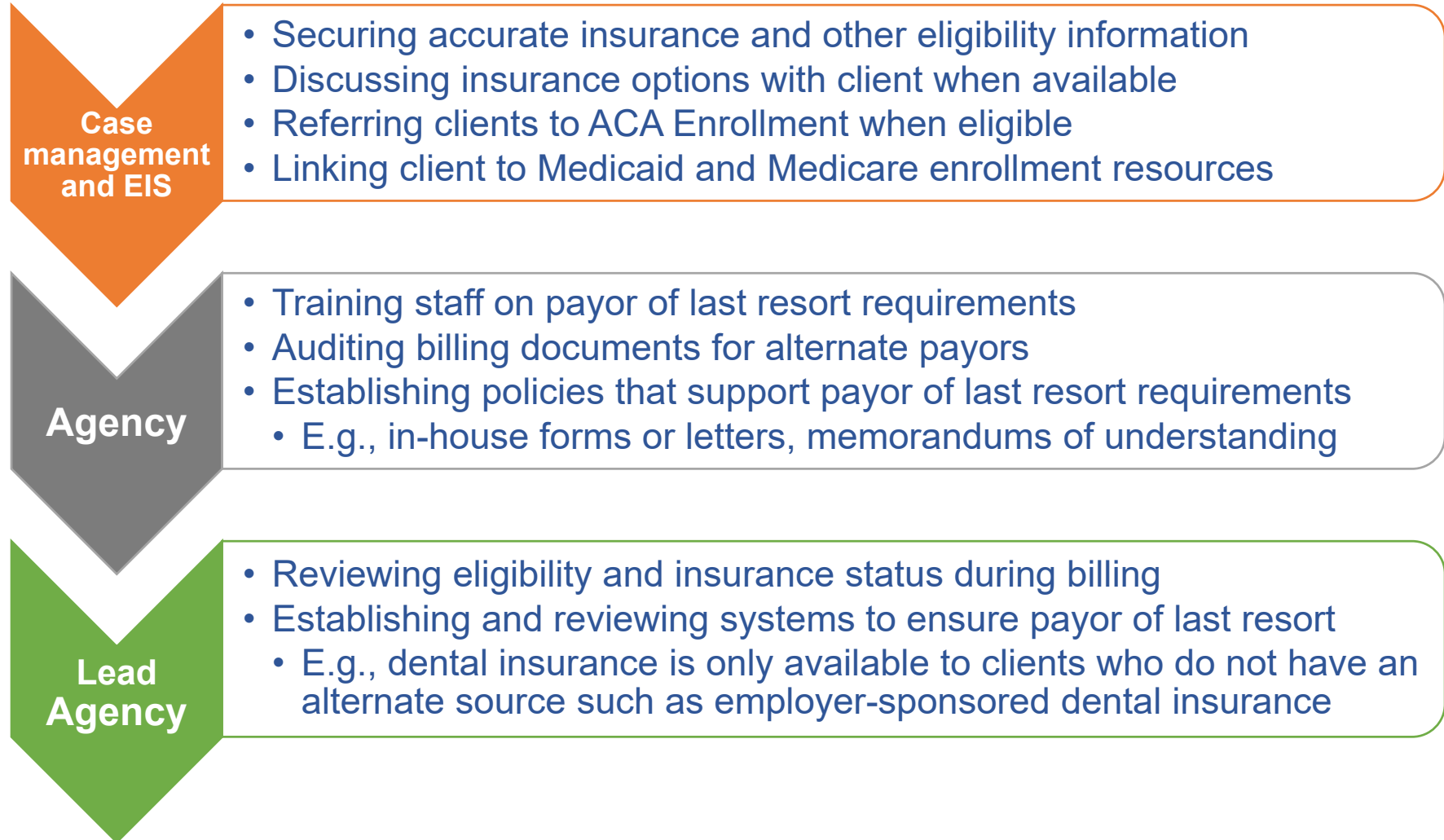
- Payor of last resort principle
- Provides for case management services to assist in the pursuit of alternate payors, including:
 - patient assistance programs, Medicaid, private insurance, SNAP, bus passes, etc.

“[R]ecipients must assure that funded subrecipients make reasonable efforts to secure non-RWHAP funds whenever possible for services to eligible clients.”

(PCN 16-02, pg. 2)

Federal Guidance Policy Clarification Notice 16-02

Ensuring Payor of Last Resort at Every Level



State Guidance Manuals



Florida Department of Health (DOH) releases manuals relating to appropriate service implementation:

- 2020-2021 Patient Care Program Administrative Guidelines
- Florida Department of Health HIV Case Management Guidelines, revised 2019
- Florida HIV/AIDS Ryan White Part B Eligibility Procedures Manual, revised 2016

State Guidance Formularies

- Florida DOH releases two formularies for RWHAP Part B use:
 1. Florida AIDS Drug Assistance Program (ADAP) Formulary, accessible through ADAP enrollment
 2. AIDS Pharmaceutical Assistance (APA) Formulary, available for all Part B eligible clients
- Note: all insurance plans have their own formularies, usually categorized into tiers relating to co-pay amount

**Medications must be billed
to the appropriate entity
in order to be covered!**



Local Policies Funded Services

Ryan White Part B Area 7 funds the following:

Core Medical Services	Support Services
✓ Early Intervention Services (EIS)	✓ Emergency Financial Assistance (EFA)
✓ Health Insurance Premium & Cost-Sharing Assistance for Low-Income Individuals	✓ Non-Medical Case Management Services
✓ Medical Case Management, including Treatment Adherence Services	✓ Referral for Health Care and Support Services
✓ Mental Health Services	✓ Medical Transportation
✓ Oral Health Care*	
✓ Outpatient/Ambulatory Health Services	

Local Policies Service Standards

- Developed & revised as needed by members of the Central Florida HIV Planning Council
- Must be consistent with HHS Clinical Guidelines for the Treatment of HIV and other relevant professional standards
- *Standards* must be accompanied by *measures*

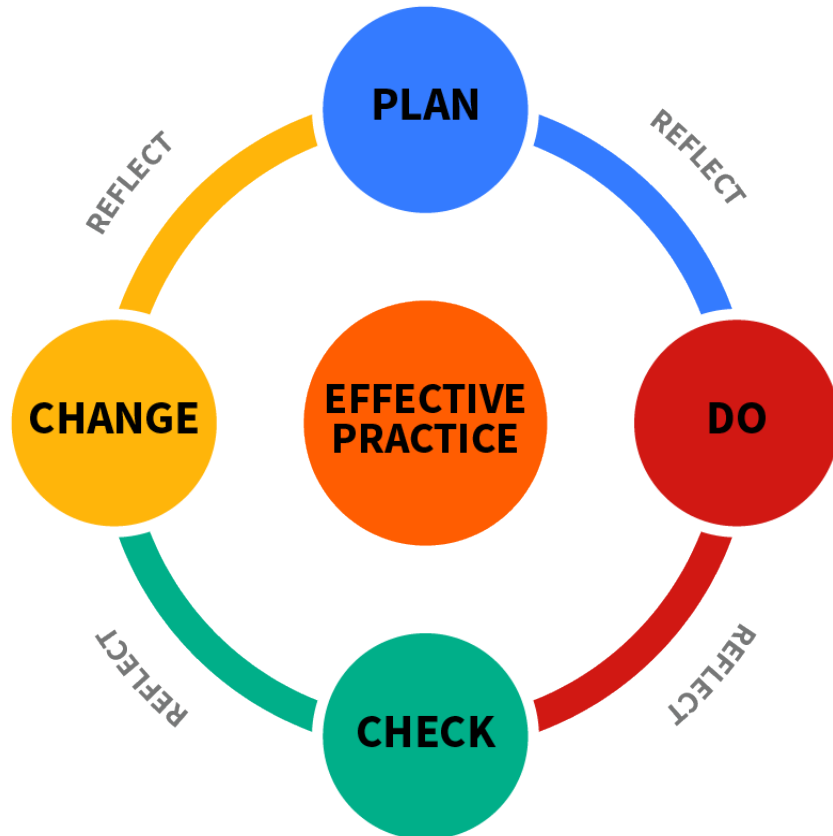
“Recipients are required to work toward the development and adoption of service standards for all HRSA RWHAP-funded services to ensure consistent quality care is provided to all HRSA RWHAP-eligible clients.”

(PCN 16-02, pg. 5)

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What is a “Standard”?



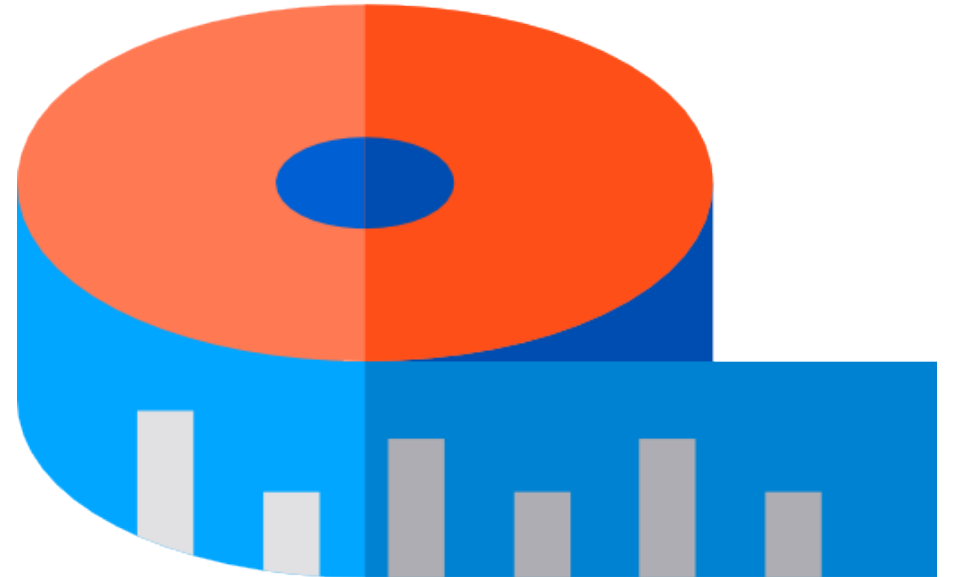
- Service standards establish the minimal level of service or care that RW-funded agency or provider may offer within a state, territory, or jurisdiction

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What is a “Measure”?

- A measure is the tool that we use to determine how to assess if a standard is met
- We capture these measures in CAREWare and Provide and use them to ensure services are provided consistently across the Central Florida Ryan White system



Local Policies Service Standards

What is included in a service standard?

- Service category definition
- Intake process and eligibility requirements
- Key services components and activities
- Personnel qualifications, including licensure and/or degrees
- Assessment and service plan*
- Transition and discharge procedures
- Case closure protocol
- Client rights and responsibilities
- Grievance process
- Cultural and linguistic competency
- Privacy and confidentiality, including the securing of records
- Recertification requirements*
- Measures to assess whether the standard has been met

*where applicable

Local Policies Service Standards

Example 1: Referral for Health Care & Support Services Standard and measure regarding expiration of services

Standards

Measures

2.4	Within 30 days of a client's expired eligibility, the Referral Specialist (RS) shall document 3 different attempts to contact client.	2.4	Documentation of 3 attempted contacts with client in the approved electronic database management system.
2.5	If RS is unsuccessful in contacting client after 3 documented attempts, RS to refer client information to EIS.	2.5	Documentation of referral to EIS in the approved electronic database management system.

Local Policies Service Standards

Standards	Measures
<p>2.2 (Part A) ICM shall demonstrate at a minimum, 2 face-to-face contacts and 2 additional contacts monthly with each client.</p> <p>(Part B) MCM shall demonstrate at least 1 face-to-face contact quarterly (every 3 months) and 2 additional contacts monthly with each client.</p>	<p>2.2 (Part A) Documentation of the number of face-to-face and other client contacts every month included in the approved electronic database management system.</p> <p>(Part B) Documentation of the number of face-to-face and other client contacts included in the approved electronic database management system.</p>
<p>2.3 <i>Acuity Level:</i> MCM/ICM clients will have a documented initial acuity assessment completed once the client is assigned. Thereafter an Acuity Assessment shall be completed at least every 6 months and/or as needed.</p> <p>To receive on-going MCM services, the client must have an acuity level of 2 and be an eligible recipient of Part B funded services.</p>	<p>2.3 Documentation of the Acuity Assessment completed in the approved electronic database management system.</p> <p>Documentation of completed acuity level using an approved acuity scale with the comprehensive assessment and documented in the approved electronic database management system.</p>

Example 2:
**Medical Case Management-
Intensive Case Management**
Standard and measure
regarding contact
expectations and acuity
assessment requirements

Agency Policies Triaging Funds

- Agencies can develop their own limitations in order to maximize impact
- Examples:
 - Limiting food pantry to those below a certain income
 - Prioritizing virally unsuppressed clients for transportation services
 - Choosing to not fund a service category at all



RW Allowable Services Summary

- RWHAP is legislatively a *payor of last resort*
- Services are funded based on community needs determined through a variety of needs assessments
- Service costs must be **allowable, allocable, and reasonable**
- Local service standards guide the implementation of a service category
- Monitoring and auditing processes are used to ensure compliance with federal, state, and local guidance

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RW Allowable Services Questions?



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Evaluation

Mika Mendoza



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Mentimeter

Menti.com code:
9536 5595



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Provider Announcements & Updates

Meeting Attendees

