HIV/AIDS Bureau, Division of State HIV/AIDS Programs
National Monitoring Standards for Ryan White Part B Grantees: Program – Part B

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"On December 26, 2013, the Office of Management and Budget (OMB) published new guidance for Federal award programs, OMB Uniform Guidance: Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Guidance), 2 CFR Part 200. The Guidance will supersede and streamline requirements from OMB Circulars A-21, A-87, A-110, A-122, A-89, A-102 and A-133 and the guidance in Circular A-50 on Single Audit Act follow-up. It is a key component of a larger Federal effort to more effectively focus Federal grant resources on improving performance and outcomes while ensuring the financial integrity of taxpayer dollars. Please note that the Uniform Guidance will not apply to grants made by the Department of Health and Human Services until adopted by HHS through a Federal Register Notice. That Notice, which will be published in late 2014, will indicate the date on which the Guidance applies to HHS grant funds. Until that time HRSA grantees must comply with the requirements in the current circulars listed above."

Standard	Performance Measure/ Method	Grantee Responsibility	Provider/Subgrantee Responsibility	Source Citation
Section A: **Allowable Uses of Part B Service Funds**				
1. Use of Part B funds only to support:	RFP, contract, MOU/LOA and/or statements of work	Include in RFP, contract, MOU/LOA and/or	• Provide the services described in the in	*[1]PHS ACT 2612 (a-d)

[1] All statutory citations are to title XXVI of the Public Health Service Act, 42 U.S.C. § 300ff-11 et seq, and are abbreviated with "PHS ACT XXXX" and the section reference.

Standard	Performance Measure/ Method	Grantee Responsibility	Provider/Subgrantee Responsibility	Source Citation
• Core medical services • Support services that are needed by individuals with HIV/AIDS to achieve medical outcomes related their HIV/AIDS-related clinical status (***Note:*** All services provided through consortia are considered to be support services) • Clinical quality management activities • Planning and evaluation • Part B base services shall be provided through the following Part B Components: o HIV Consortia o Home and community based care o Provision of treatments o State Direct Services	language that describes and defines Part B services within the range of activities and uses of funds allowed under the legislation and defined in HRSA Policy Notices including core and support services, quality management activities, administration, and planning and evaluation	statements of work language that allows use of Part B funds only for the provision of services and activities allowed under the legislation and defined in referenced Policy Notices	RFP, contract, MOU/LOA and/or statements of work language • Bill only for allowable activities • Maintain in files, and share with the grantee on request, documentation that only allowable activities are being billed to the Part B grant	PHS ACT 2618 (4-5) HAB Policy Notices 97-01, 97-02, and 10-02 Dr. Parham-Hopson Letter 8/14/09, 4/8/10
Section B: **Core Medical-related**				PHS ACT 2612 (b)(1)

Standard	Performance Measure/ Method	Grantee Responsibility	Provider/Subgrantee Responsibility	Source Citation
Services				
1. 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 any other type of inpatient treatment center), consistent with Public Health Service (PHS) guidelines and including access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies Allowable services include: • Diagnostic testing • Early intervention and	Documentation of the following: • Care is provided by health care professionals certified in their jurisdictions to prescribe medications in an outpatient setting such as a clinic, medical office, or mobile van • Only allowable services are provided • Services are provided as part of the treatment of HIV infection • Specialty medical care relates to HIV infection and/or conditions arising from the use of HIV medications resulting in side effects • Services are consistent with HHS Guidelines • Service is not being provided in an emergency room, hospital or any other type of inpatient treatment center	• Include the definition, allowable services, and limitations of outpatient ambulatory medical services in the RFP, contract, MOU/LOA and/or statements of work language • Require subgrantees to provide assurances that care is provided only in an outpatient setting, is consistent with HRSA and HHS Guidelines, and is chronicled in client medical records • Review client medical records to ensure compliance with contract conditions and Ryan White program requirements • Review the licensure of health care professionals providing ambulatory care	• Ensure that client medical records document services provided, the dates and frequency of services provided, that service are for the treatment of HIV infection • Include clinician notes in patient records that are signed by the licensed provider of services • Maintain professional certifications and licensure documents and make them available to the grantee on request	PHS ACT 2612 (b)(3)(A)

Standard	Performance Measure/ Method	Grantee Responsibility	Provider/Subgrantee Responsibility	Source Citation
risk assessment, • Preventive care and screening • Practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions • Prescribing and managing of medication therapy • Education and counseling on health issues • Well-baby care • Continuing care and management of chronic conditions • Referral to and provision of HIV-related specialty care (includes all medical subspecialties even ophthalmic and optometric services)				

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2. As part of Outpatient and Ambulatory Medical Care, provision of **laboratory tests** integral to the treatment of HIV infection and related complications	Documentation that tests are: • Integral to the treatment of HIV and related complications, necessary based on established clinical practice, and ordered by a registered, certified, licensed provider • Consistent with medical and laboratory standards • Approved by the Food and Drug Administration (FDA) and/or Certified under the Clinical Laboratory Improvement Amendments (CLIA) Program	• Include the HRSA approved service category definition, requirements, and limitations of testing in medical services contract • Develop and share with providers a listing of laboratory tests that meet these definitions • Document the number of laboratory tests performed • Review client records to ensure requirements are met and match quantity of tests with reports	Document, include in client medical records, and make available to the grantee on request: • The number of laboratory tests performed • The certification, licenses, or FDA approval of the laboratory from which tests were ordered • The credentials of the individual ordering the tests	HAB Policy Notice 07-02
3. Funding allocated to a State-supported **AIDS Drug Assistance Program** (ADAP) that provides an approved formulary of medications to HIV-infected individuals for the treatment of HIV disease or the prevention of opportunistic infections, based on eligibility determination criteria,	Documentation by the State of: • A medication formulary that includes pharmaceutical agents from all the classes approved in PHS Clinical Practice Guideliness for use of Antiretroviral Agents in HIV-1 infected Adults and AdolescentsA medication formulary that meets the minimum requirements from all approved classes of medications according to PHS treatment guidelines.	Provide documentation that the ADAP program meets federal requirements, including: o Use of an approved medical formulary based on purchase of HIV medications included in the list of classes of core antiretroviral for eligible clients in a cost-effective manner o Use of medications	• Provide to the Part B grantee, on request, documentation that the ADAP program meets HRSA/HAB requirements • Maintain documentation, and make available to the Part B grantee on request, proof of client ADAP eligibility that includes HIV status, residency, and low-	PHS ACT 2612 (b)(3)(B) PHS ACT 2616 HAB Policy Notice 07-03

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income guidelines and Federal Poverty Level (FLP) threshold set by the State	• Policies and procedures to assure adherence to 5-10 percent of the State's total ADAP funding • An eligibility determination process requiring documentation in client medical records of low-income status and eligibility based on a specified percent of the FPL and proof of an individual's HIV-positive status, residency. • A process used to secure the best price available for all products including 340B pricing or better	that are FDA-approved o Use of Federal funds to match and expand the purchase of HIV medications and not displace State funding for the same purpose o Determination and documentation of client eligibility every six months Require reporting on client eligibility, clients served, and medications provided ***Note**:* In cases where Consortium contributes to the State ADAP, the Consortium becomes a Part B provider and must provide documentation to the Part B Program to ensure allowable use of funds, report costs, and ensure client eligibility	income status as defined by the State based on a specified percent of the FPL • Provide reports to the Part B program of number of individuals served and the medications provided	
4. Implementation of a **Local AIDS Pharmaceutical Assistance Program** (LPAP) for the provision	• Documentation that the (LPAP) program's drug distribution system has: o A client enrollment and eligibility determination	• Include a statement of need in the RFP, contract, MOU/LOA and/or statements of work language	• Provide to the Part B grantee, on request, documentation that the LPAP program meets HRSA/HAB	PHS ACT 2612 (b)(3)(C) *HAB plans to issue future guidance regarding this*

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of HIV/AIDS medications using a drug distribution system that has: • A client enrollment and eligibility determination process that includes screening for ADAP and LPAP eligibility with rescreening at minimum of every six months • A LPAP advisory board • Uniform benefits for all enrolled clients throughout the Consortium region • Compliance with Ryan White requirement of payer of last resort • Uniform benefits for all enrolled clients • A drug formulary approved by the local advisory committee/board • A recordkeeping system for distributed medications • A drug distribution system LPAP does not dispense	process that includes screening for ADAP and LPAP eligibility with rescreening every six months o A LPAP advisory board o Uniform benefits for all enrolled clients throughout the Consortium region o Compliance with Ryan White requirement of payer of last resort o A recordkeeping system for distributed medications o A drug distribution system that includes a drug formulary approved by the local advisory committee/board • Documentation that the LPAP is not dispensing medications as: o A result or component of a primary medical visit o A single occurrence of short duration (an emergency) without arrangements for longer term access to	• Specify in the RFP, contract, MOU/LOA and/or statements of work language • all applicable federal, state, and local requirements for pharmaceutical distribution systems and the geographic area to be covered • Ensure that the program: o Meets federal requirements regarding client enrollment, uniform benefits, recordkeeping, and drug distribution process, consistency with current HIV/AIDS Treatment Guidelines, consistency with payer of last resort o Has consistent procedures/ systems that account for tracking and reporting of expenditures and income, drug pricing, client utilization, client eligibility and support	requirements • Maintain documentation, and make available to the Part B grantee on request, proof of client LPAP eligibility that includes HIV status, residency, medical necessity, and low-income status as defined by the Consortium or State based on a specified percent of the Federal Poverty Level (FPL) • Provide reports to the Part B program of number of individuals served and the medications provided	*service category.*

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medications as: • A result or component of a primary medical visit • A single occurrence of short duration (an emergency) • Vouchers to clients on an emergency basis A Program that is: • Consistent with the most current HIV/AIDS Treatment Guidelines • Coordinated with the State's Part B AIDS Drug Assistance Program • Implemented in accordance with requirements of the 340B Drug Pricing Program, Prime Vendor Program and/or Alternative Methods Project	medication o Vouchers to clients on a single occurrence without arrangements for longer-term access to medications • Documentation that the LPAP Program is: o Consistent with the most current HIV/AIDS Treatment Guidelines o Coordinated with the State's Part B AIDS Drug Assistance Program o Implemented in accordance with 5requirements of 340B Drug Pricing Program, Prime Vendor Program and/or Alternative Methods Project	clinical quality management o Defines the geographic area covered by the local pharmacy program, which must be either a TGA/EMA or consortium area • Does not dispense medication as the result of a primary care visit, in emergency situations or in the form of medication vouchers to clients on a single occurrence without arrangements for longer term access to medications • Review program files to ensure that distributed medications meet federal and contract requirements • Review client records to ensure proper enrollment, eligibility determination, uniform benefit, no dispensing of medications for unallowable purposes, no duplication of services		

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		• LPAPs need to be implemented in accordance with requirements of the 340B Drug Pricing Program, Prime Vendor Program and/or Alternative Methods Project in order to ensure "best Price" to maximize these resources.		
5. 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 an oral health treatment plan, adheres to specified service caps, and is provided by licensed and certified dental professionals	Documentation that: • Oral health services are provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries and meet current dental care guidelines • Oral health professionals providing the services have appropriate and valid licensure and certification, based on State and local laws • An oral health treatment plan is developed for each eligible client and signed by the oral health professional rendering the services • Services fall within specified service caps, expressed by	• Develop a RFP, contract, MOU/LOA, and/or scopes of work for the provision of oral health that: o Specify allowable diagnostic, preventive, and therapeutic services o Define and specify the limitations or caps on providing oral health services o Ensure that services are provided by dental professionals certified and licensed according to state guidelines • Review client records and treatment plans for	• Maintain a dental file for each client that is signed by the licensed provider and includes a treatment plan, services provided, and any referrals made • Maintain, and provide to grantee on request, copies of professional licensure and certification	PHS ACT 2612 (b)(3)(D)

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	dollar amount, type of procedure, limitations on the number of procedures, or a combination of any of the above, as determined by the grantee	compliance with contract conditions and Ryan White program requirements		
6. Support of **Early Intervention Services** (EIS) that include identification of individuals at points of entry and access to services and provision of: • HIV Testing and Targeted counseling • Referral services • Linkage to care • Health education and literacy training that enable clients to navigate the HIV system of care ***Note:*** All four components must be present, but Part B funds to be used for HIV testing only as necessary to supplement, not supplant, existing funding	Documentation that: • Part B funds are used for HIV testing only where existing federal, state, and local funds are not adequate, and Ryan White funds will supplement and not supplant existing funds for testing • Individuals who test positive are referred for and linked to health care and supportive services • Health education and literacy training is provided that enables clients to navigate the HIV system • EIS is provided at or in coordination with documented key points of entry • EIS services are coordinated with HIV prevention efforts and programs	• Include the RFP, contract, MOU/LOA and/or statements of work language that: • Specifies that Part B funding is to be used to supplement and not supplant existing federal, state, or local funding for HIV testing • Provides definitions and description of EIS services (funded through Ryan White or other sources) that include and are limited to counseling and HIV testing, referral to appropriate services based on HIV status, linkage to care, and education and health literacy training for clients to help them navigate the HIV care system	• Establish memoranda of understanding (MOUs) with key points of entry into care to facilitate access to care for those who test positive • Document provision of all four required EIS service components, with Part B or other funding • Document and report on numbers of HIV tests and positives, as well as where and when Part B-funded HIV testing occurs • Document that HIV testing activities and methods meet CDC and state requirements • Document the number of referrals for health care and supportive services	PHS ACT 2612 (b)(3)(E) PHS ACT 2612 (d) (1-2) *Additional policy guidance forthcoming, including expectations for Health education and literacy training, which are not covered in the legislation.*

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		• Specifies that services shall be provided at specific points of entry • Specifies required coordination with HIV prevention efforts and programs • Requires coordination with providers of prevention services • Requires monitoring and reporting on the number of HIV tests conducted and the number of positives found • Requires monitoring of referrals into care and treatment	• Document referrals from key points of entry to EIS programs • Document training and education sessions designed to help individuals navigate and understand the HIV system of care • Establish linkage agreements with testing sites where Part B is not funding testing but is funding referral and access to care, education, and system navigation services • Obtain written approval from the grantee to provide EIS services in points of entry not included in original scope of work	
7. Provision of **Health Insurance Premium and Cost-sharing Assistance** that provides a cost - effective alternative to ADAP by: • Purchasing health insurance that provides	• Documentation of an annual cost-benefit analysis illustrating the greater benefit in purchasing public or private health insurance, pharmacy benefits, co-pays and or deductibles for eligible low income clients, compared	Include RFP, contract, MOU/LOA and/or statement of work language that: • Specify that Part B funding is to be used to supplement and not supplant existing federal, state, or local funding for Health	• Conduct an annual cost benefit analysis (if not done by the grantee) that addresses noted criteria • Where premiums are covered by Ryan White funds, provide proof that the insurance	PHS ACT 2612 (b)(3)(F) PHS ACT 2615 HAB Policy Notice 10-02 Affordable Care Act of 2010

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comprehensive primary care and pharmacy benefits for low income clients that provide a full range of HIV medications • Paying co-pays (including co-pays for prescription eyewear for conditions related to HIV infection) and deductibles on behalf of the client • Providing funds to contribute to a client's Medicare Part D true out-of-pocked (TrOOP) costs[2]	to the costs of having the client in the ADAP program • Where funds are covering premiums, documentation that the insurance plan purchased provides comprehensive primary care and a full range of HIV medications • Where funds are used to cover co-pays for prescription eyewear, documentation including a physician's written statement that the eye condition is related to HIV infection • Assurance that any cost associated with the creation, capitalization, or administration of a liability risk pool is not being funded by Ryan White • Assurance that Ryan White funds are not being used to cover costs associated with Social Security • Documentation of clients' low income status as defined by the State Ryan	Insurance Premium and cost-sharing assistance • Ensure an annual cost-benefit analysis that demonstrates the greater benefit of using Ryan White funds for Insurance/Cost-Sharing Program versus having the client on ADAP • Monitor provider documentation of the low income status of the client • Where funds are used to cover the costs associated with insurance premiums, ensure that comprehensive primary care services and a full range of HIV medications are available to clients • Ensure RFP, contract, MOU/LOA and/or statement of work language contains clear directives on the payment of premiums, co-pays (including co-	policy provides comprehensive primary care and a formulary with a full range of HIV medications • Maintain proof of low-income status, • Provide documentation that demonstrates that funds were not used to cover costs associated with the creation, capitalization or administration of a liability risk pools, or social security costs • When funds are used to cover co-pays for prescription eyewear, provide a physician's written statement that the eye condition is related to HIV infection	Dr. Parham-Hopson Letter 3/15/2011

[2] Allowable use of Ryan White funds as of January 1, 2011 as specified in the Affordable Care Act.

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	White Program	pays for prescription eyewear for conditions related to HIV infection) and deductibles • Monitoring systems to check that funds are NOT being used for the creation, capitalization, or administration of liability risk pools, social security and or Medicare Part D costs including TrOOP or donut hole costs		
8. Support for **Home Health Care** services provided in the patient's home by licensed health care workers such as nurses; services to exclude personal care and to include: • The administration of intravenous and aerosolized treatment • Parenteral feeding • Diagnostic testing • Other medical therapies	Assurance that: • Services are limited to medical therapies in the home and exclude personal care services • Services are provided by home health care workers with appropriate licensure as required by State and local laws	• Specify in the RFP, contract, MOU/LOA and/or statement of work language clear definitions of services to be provided and staffing and licensure requirements • Review client records to determine compliance with contract conditions and Ryan White program requirements • Review licenses and certificates	• Document the number and types of services in the client records, with the provider's signature included • Maintain on file and provide to the grantee on request copies of the licenses of home health care workers	PHS ACT 2612 (b)(3)(G)
9. Provision of **Home and Community-based Health Services,**	• Documentation that: o All services are provided based on a written care	• Specify in the RFP, contract, MOU/LOA and/or statement of work	• Ensure that written care plans with appropriate content and signatures	PHS ACT 2612 (b)(3)(J) PHS ACT 2614

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defined as skilled health services furnished in the home of an HIV-infected individual, based on a written plan of care prepared by a case management team that includes appropriate health care professionals Allowable services to include: • Durable medical equipment • Home health aide and personal care services • Day treatment or other partial hospitalization services • Home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy) • Routine diagnostic testing • Appropriate mental health, developmental, and rehabilitation services • Specialty care and	plan signed by a case manager and a clinical health care professional responsible for the individual's HIV care and indicating the need for these services o The care plan specifies the types of services needed and the quantity and duration of services o All planned services are allowable within the service category • Documentation of services provided that: o Specifies the types, dates, and location of services o Includes the signature of the professional who provided the service at each visit o Indicates that all services are allowable under this service category • Provides assurance that the services are provided in accordance with allowable modalities and locations under the definition of home and community based	language of what services are allowable, the requirement that they be provided in the home of a client with HIV/AIDS, and the requirement for a written care plan signed by a case manager and a skilled health care professional responsible for the individual's HIV care • Review program files and client records to ensure that treatment plans are prepared for all client and that they include: o Need for home and community-based health services o Types, quantity and length of time services are to be provided • Review client records to determine: o Services provided, dates, and locations o Whether services provided were allowable o Whether they were	are consistently prepared, included in client records, and updated as needed • Establish and maintain a program and client recordkeeping system to document the types of home services provided, dates provided, the location of the service, and the signature of the professional who provided the service at each visit • Make available to the grantee program files and client records as required for monitoring • Provide assurance that the services are being provided only in an HIV-positive client's home • Maintain, and make available to the grantee on request, copies of appropriate licenses and certifications for professionals providing services	

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vaccinations for hepatitis co-infection, provided by public and private entities	health services Documentation of appropriate licensure and certifications for individuals providing the services, as required by local and state laws	consistent with the treatment plan o Whether the file includes the signature of the professional who provided the service • Require assurance that the service is being provided in accordance with the type of locations allowable under the definition of Home and Community Based Health Services. Review licensure and certifications to ensure compliance with local and state laws • Give priorities in funding to entities that will assure participation in HIV care consortia where they exist and provide the service to low-income individuals		
10. Provision of **Hospice Care** provided by licensed hospice care providers to clients in the terminal stages of illness, in a home or	• Documentation including the following: o Physician certification that the patient's illness is terminal as defined under Medicaid hospice	• Specify in the RFP, contract, MOU/LOA and/or statements of work language on allowable services, service standards,	• Obtain and have available for inspection appropriate and valid licensure to provide hospice care • Maintain and provide	PHS ACT 2612 (b)(3)(I) HAB Policy Notice 10-02

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other residential setting, including a non-acute-care section of a hospital that has been designated and staffed to provide hospice care for terminal patients Allowable services: • Room • Board • Nursing care • Mental health counseling • Physician services • Palliative therapeutics	regulations (having a life expectancy of 6 months or less) o Appropriate and valid licensure of provider as required by the State in which hospice care is delivered o Types of services provided, and assurance that they include only allowable services o Locations where hospice services are provided, and assurance that they are limited to a home or other residential setting or a non-acute care section of a hospital designated and staffed as a hospice setting • Assurance that services meet Medicaid or other applicable requirements, including the following: o Counseling services that are consistent with the definition of mental health counseling, including treatment and counseling provided by mental health	service locations, and licensure requirements • Review provider licensure to ensure it meets requirements of State in which hospice care is delivered • Review program files and client records to ensure the following: o Physician certification of client's terminal status o Documentation that services provided are allowable and funded hospice activities o Assurance that hospice services are provided in permitted settings o Assurance that services such as counseling and palliative therapies meet Medicaid or other applicable requirements	the grantee access to program files and client records that include documentation of o Physician certification of clients terminal status o Services provided that are allowable under Ryan White and in accordance with the provider contract and scope of work o Locations where hospice services are provided include only permitted settings o Services such as counseling and palliative therapies meet Medicaid or other applicable requirements as specified in the contract	

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	professionals (psychiatrists, psychologists, or licensed clinical social workers) who are licensed or authorized within the State where the service is provided o Palliative therapies that are consistent with those covered under the respective State's Medicaid program			
11. Funding of **Mental Health Services** that include psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, based on a detailed treatment plan, and provided by a mental health professional licensed or authorized within the State to provide such services, typically including psychiatrists,	• Documentation of appropriate and valid licensure and certification of mental health professionals as required by the State • Documentation of the existence of a detailed treatment plan for each eligible client that includes: o The diagnosed mental illness or condition o The treatment modality (group or individual) o Start date for mental health services o Recommended number of sessions o Date for reassessment o Projected treatment end	• Specify in RFP, contracts, MOU/LOA, and/or statements of work allowable services and treatment modalities, staffing and licensure requirements, and requirements for treatment plans and service documentation • Review staffing and the licenses and certification of mental health professionals to ensure compliance with Ryan White and State requirements • Review program reports and client records to:	• Obtain and have on file and available for grantee review appropriate and valid licensure and certification of mental health professionals • Maintain client records that include: o A detailed treatment plan for each eligible client that includes required components and signature o Documentation of services provided, dates, and consistency with	PHS ACT 2612 (b)(3)(K)

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psychologists, and licensed clinical social workers	date, o Any recommendations for follow up o The signature of the mental health professional rendering service • Documentation of service provided to ensure that: o Services provided are allowable under Ryan White guidelines and contract requirements o Services provided are consistent with the treatment plan	o Ensure the existence of a treatment plan that includes required components and signature o Document services provided, dates, and their compliance with Ryan White requirements and with the treatment plan	Ryan White requirements and with individual client treatment plans	
12. Support for **Medical Nutrition Therapy** services including nutritional supplements provided outside of a primary care visit by a licensed registered dietitian; may include food provided pursuant to a physician's recommendation and based on a nutritional plan developed by a licensed registered dietitian	Documentation of: • Licensure and registration of the dietitian as required by the State in which the service is provided • Where food is provided to a client under this service category, a client file is maintained that includes a physician's recommendation and a nutritional plan • Required content of the nutritional plan, including: o Recommended services and course of medical	• Specify in the RFP, contract, MOU/LOA and/or statements of work language: o The allowable services to be provided o The requirement for provision of services by a licensed registered dietitian o The requirement for a nutritional plan and physician's recommendation where food is	• Maintain and make available to the grantee copies of the dietitian's license and registration • Document services provided, number of clients served, and quantity of nutritional supplements and food provided to clients • Document in each client file: o Services provided and dates o Nutritional plan as required, including	PHS ACT 2612 (b)(3)(H) HAB Policy Notice 10-02

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	nutrition therapy to be provided, including types and amounts of nutritional supplements and food o Date service is to be initiated o Planned number and frequency of sessions o The signature of the registered dietitian who developed the plan • Services provided, including: o Nutritional supplements and food provided, quantity, and dates o The signature of each registered dietitian who rendered service, the date of service o Date of reassessment o Termination date of medical nutrition therapy o Any recommendations for follow up	provided through this service category o The required content of the nutritional plan • Review program files and client records for: o Documentation of the licensure and registration of the dietitian providing services o Documentation of services provided, including the quantity and number of recipients of nutritional supplements and food o Documentation of physician recommendations and nutritional plans for clients provided food o Content of the nutritional plan • Documentation of medical nutritional therapy services provided to each client, compliance with Ryan White and contract requirements, and	required information and signature o Physician's recommendation for the provision of food	

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		consistency of services with the nutritional plan		
13. Support for **Medical Case Management Services** (including treatment adherence) to 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 who are part of the clinical care team, through all types of encounters including face-to-face, phone contact, and any other form of communication Activities that include at least the following: • Initial assessment of service needs • Development of a comprehensive, individualized care plan	• Documentation that service providers are trained professionals, either medically credentialed persons or other health care staff who are part of the clinical care team • Documentation that all the following activities are being carried out for all clients: o Initial assessment of service needs o Development of a comprehensive, individualized care plan o Coordination of services required to implement the plan o Continuous client monitoring to assess the efficacy of the plan o Periodic re-evaluation and adaptation of the plan at least every 6 months, during the enrollment of the client • Documentation in program and client records of case management services and	• Develop a RFP, contract, MOU/LOA and/or statement of work language that: o Clearly define medical case management services and activities and specify required activities and components o Specify required documentation to be included in client records • Review client records and service documentation to ensure compliance with contractual and Ryan White programmatic requirements, including inclusion of required case management activities • Review medical credentials and/or evidence of training of health care staff providing medical case	• Provide written assurances and maintain documentation showing that medical case management services are provided by trained professionals who are either medically credentialed or trained health care staff and operate as part of the clinical care team • Maintain client records that include the required elements for compliance with contractual and Ryan White programmatic requirements, including required case management activities such as services and activities, the type of contact, and the duration and frequency of the encounter	PHS ACT 2612 (b)(3)(M) HAB Policy Notice 10-02

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• Coordination of services required to implement the plan • Continuous client monitoring to assess the efficacy of the plan • Periodic re-evaluation and adaptation of the plan at least every 6 months, as necessary Service components that may include: • A range of client-centered services that link clients with health care, psychosocial, and other services, including benefits/ entitlement counseling and referral activities assisting them to access 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 or local	encounters, including: o Types of services provided o Types of encounters/ communication o Duration and frequency of the encounters • Documentation in client records of services provided, such as: o Client-centered services that link clients with health care, psychosocial, and other services and assist them to access other public and private programs for which they may be eligible o Coordination and follow up of medical treatments o Ongoing assessment of client's and other key family members' needs and personal support systems o Treatment adherence counseling o Client-specific advocacy	management services • Obtain assurances and documentation showing that medical case management staff are operating as part of the clinical care team		

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health care and supportive services) • Coordination and follow up of medical treatments • Ongoing assessment of the client's and other key family members' needs and personal support systems • Treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments • Client-specific advocacy and/or review of utilization of services				
14. Support for **Substance Abuse Treatment Services-Outpatient,** provided by or under the supervision of a physician or other qualified/licensed personnel; may include use of funds to expand HIV-specific capacity of programs if timely access to treatment and counseling is not otherwise available	• Documentation that services are provided by or under the supervision of a physician or by other qualified personnel with appropriate and valid licensure and certification as required by the State in which services are provided • Documentation through program files and client records that: o Services provided meet	• Develop an RFP and contracts that clearly specify: o Allowable activities under this service category o The requirement that services be provided on an outpatient basis o The information that must be documented in each client's file • Review staff licensure and certification and	• Maintain and provide to grantee on request documentation of: o Provider licensure or certifications as required by the State in which service is provided; this includes licensures and certifications for a provider of acupuncture services o Staffing structure	PHS ACT 2612 (b)(3)(L) HAB Policy Notice 10-02

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Services limited to the following: • Pre-treatment/recovery readiness programs • Harm reduction • Mental health counseling to reduce depression, anxiety and other disorders associated with substance abuse • Outpatient drug-free treatment and counseling • Opiate Assisted Therapy • euro-psychiatric pharmaceuticals • Relapse prevention • Limited acupuncture services with a written referral from the client's primary health care provider, provided by certified or licensed practitioners wherever State certification or licensure exists • Services provided must include a treatment plan that calls only for	the service category definition o All services provided with Part B funds are allowable under Ryan White • Assurance that services are provided only in an outpatient setting • Assurance that Ryan White funds are used to expand HIV-specific capacity of programs only if timely access would not otherwise be available to treatment and counseling • Assurance that services provided include a treatment plan that calls for only allowable activities and includes: o The quantity, frequency, and modality of treatment provided o The date treatment begins and ends o Regular monitoring and assessment of client progress o The signature of the individual providing the service and or the	staffing structure to ensure that services are provided under the supervision of a physician or other qualified/licensed personnel • Require assurance that services are provided on an outpatient basis • Review program files and client records for evidence of a treatment plan that specifies only allowable activities and includes: o The quantity, frequency, and modality of treatment provided o The date treatment begins and ends o Regular monitoring and assessment of client progress o The signature of the individual providing the service and or the supervisor as applicable • For any client receiving acupuncture services	showing supervision by a physician or other qualified personnel • Provide assurance that all services are provided on an outpatient basis • Maintain program files and client records that include treatment plans with all required elements and document: o That all services provided are allowable under Ryan White o The quantity, frequency and modality of treatment services o The date treatment begins, and ends o Regular monitoring and assessment of client progress o The signature of the individual providing the service or the supervisor as applicable	

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allowable activities and includes: o The quantity, frequency, and modality of treatment provided o The date treatment begins and ends o Regular monitoring and assessment of client progress o The signature of the individual providing the service and or the supervisor as applicable	supervisor as applicable • Documentation that o The use of funds for acupuncture services is limited through some form of defined cap o Acupuncture is not the dominant treatment modality o Acupuncture services are provided only with a written referral from the client's primary care provider o The acupuncture provider has appropriate State license and certification	under this service category, documentation in the client file including: o Caps on use of Ryan White funds are in place o A written referral from their primary health care provider o Proof that the acupuncturist has appropriate certification or licensure, if the State provides such certification or licensure	• In cases where acupuncture therapy services are provided, document in the client file: o A written referral from the primary health care provider o The quantity of acupuncture services provided o The cap on such services	
Section C: **Support Services**				
1. Use of Part B funds only for **Support Services** approved by the Secretary of Health and Human Services	Documentation that all funded support services are on the current list of HHS-approved support services	• Provide and contract for only HHS-approved support services • Monitor subgrantees to ensure that no Part B funds are used for non-allowable services categories	Provide assurance to the grantee that Part B funds are being used only for support services approved by HHS	PHS ACT 2612 (c)(1-2)
2. Support for **Case Management (Non-**	Documentation that: o Scope of activity includes	• Include in the RFP, contract, MOU/LOA	Maintain client records that include the required	Dr. Parham-Hopson Letter

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medical) services that provide advice and assistance to clients in obtaining medical, social, community, legal, financial, and other needed 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 be eligible • All types of case management encounters and communications (face-to-face, telephone contact, other) • Transitional case management for incarcerated persons as they prepare to exit the correctional system ***Note:*** Does not involve coordination and follow up of medical treatments	advice and assistance to clients in obtaining medical, social, community, legal, financial, and other needed services o Where benefits/ entitlement counseling and referral services are provided, they assist clients in obtaining access to both public and private programs, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturers' Patient Assistance Programs, and other State or local health care and supportive services o Services cover all types of encounters and communications (e.g., face-to-face, telephone contact, other) • Where transitional case management for incarcerated persons is provided, assurance that	and/or statements of work language that: o Clear statement of required and optional case management services and activities, including benefits/ entitlement counseling, o Full range of allowable types of encounters and communications • Require in contract that client records document at least the following: o Date of each encounter o Type of encounter (e.g., face-to-face, telephone contact, etc.) o Duration of encounter o Key activities • Review client records and service documentation for compliance with contract requirements	elements as detailed by the grantee, including: o Date of encounter o Type of encounter o Duration of encounter o Key activities, including benefits/ entitlement counseling and referral services Provide assurances that any transitional case management for incarcerated persons meets contract requirements	8/14/09 HAB Policy Notice 10-02

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	such services are provided either as part of discharge planning or for individuals who are in the correctional system for a brief period			
3. Funding for **Child Care Services** for the children of HIV-positive clients, provided intermittently, only while the client attends medical or other appointments or Ryan White HIV/AIDS Program-related meetings, groups, or training sessions May include use of funds to support: • A licensed or registered child care provider to deliver intermittent care • Informal child care provided by a neighbor, family member, or other person (with the understanding that existing Federal restrictions prohibit giving cash to clients or primary caregivers to	• Documentation of: o The parent's eligibility as defined by the grantee, including proof of HIV status o The medical or other appointments or Ryan White HIV/AIDS Program-related meetings, groups, or training sessions attended by the parent that made child care services necessary o Appropriate and valid licensure and registration of child care providers under applicable State and local laws in cases where the services are provided in a day care or child care setting • Assurance that o Where child care is provided by a neighbor, family member, or other person, payments do not	Develop the RFP, contract, MOU/LOA and/or statements of work language that: • clearly defines child care services and allowable settings • Provide documentation that demonstrates that the grantee has clearly addressed the limitations of informal child care arrangements, including the issues of liability raised by such informal arrangements in child care and the appropriate and legal releases from liability that cover the Ryan White Program and other federal, state and local entities as allowed by law • Require provider documentation that records the frequency, dates, and length of	Maintain documentation of: o Date and duration of each unit of child care service provided o Determination of client eligibility o Reason why child care was needed – e.g., client medical or other appointment or participation in a Ryan White-related meeting, group, or training session o Any recreational and social activities, including documentation that they were provided only within a certified or licensed provider setting • Where provider is a child care center or program, make	Funding Opportunity Announcement Dr. Parham-Hopson Letter 8/14/09 HAB Policy Notice 10-02

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pay for these services) Such allocations to be limited and carefully monitored to assure: • Compliance with The prohibition on direct payments to eligible individuals • Assurance that liability issues for the funding source are carefully weighed and addressed through the use of liability release forms designed to protect the client, provider, and the Ryan White Program May include **Recreational and Social Activities** for the child, if provided in a licensed or certified provider setting including drop-in centers in primary care or satellite facilities • Excludes use of funds for off-premise social/recreational activities	include cash payments to clients or primary caregivers for these services o Liability issues for the funding source are addressed through use of liability release forms designed to protect the client, provider, and the Ryan White Program o Any recreational and social activities are provided only in a licensed or certified provider setting	service, and type of medical or other appointment or Ryan White-related meeting, group, or training session that made child care necessary • Review provider documentation to ensure that child care is intermittent and is provided only to permit the client to keep medical and other appointments or other permitted Ryan White-related activities • Develop a mechanism for use with informal child care arrangements to ensure that no direct cash payments are made to clients or primary caregivers • Document that any recreational and social activities are provided only within a licensed or certified provider setting	available for inspection appropriate and valid licensure or registration as required under applicable State and local laws • Where the provider manages informal child care arrangements, maintain and have available for grantee review: o Documentation of compliance with grantee-required mechanism for handling payments for informal child care arrangements o Appropriate liability release forms obtained that protect the client, provider, and the Ryan White program o Documentation that no cash payments are being made to clients or primary care givers o Documentation that payment is for actual	

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			costs of service	
4. Support for **Emergency Financial Assistance (EFA)** for essential services including utilities, housing, food (including groceries, food vouchers, and food stamps), or medications, provided to clients with limited frequency and for limited periods of time, through either: • Short-term payments to agencies • Establishment of voucher programs ***Note:*** Direct cash payments to clients are not permitted	Documentation of services and payments to verify that: • EFA to individual clients is provided with limited frequency and for limited periods of time, with frequency and duration of assistance specified by the grantee • Assistance is provided only for the following essential services: utilities, housing, food (including groceries, food vouchers, and Food Stamps), or medications • Payments are made either through a voucher program or short-term payments to the service entity, with no direct payments to clients • Emergency funds are allocated, tracked, and reported by type of assistance • Ryan White is the payer of last resort	• Develop the RFP, contract, MOU/LOA and/or statements of work language that: o Define the allowable uses of EFA funds and the limitations of the program, including number/level of payments permitted to a single client o Require that Ryan White funds are used for EFA only as a last resort o Require providers to record and track use of EFA funds under each discrete service category as required by the Ryan White Services Report (RSR) Review provider services and payment documentation to assure compliance with contractual and Ryan White programmatic requirements including:	• Maintain client records that document for each client: o Client eligibility and need for EFA o Types of EFA provided o Date(s) EFA was provided o Method of providing EFA • Maintain and make available to the grantee program documentation of assistance provided, including: o Number of clients and amount expended for each type of EFA o Summary of number of EFA services received by client o Methods used to provide EFA (e.g., payments to agencies, vouchers) • Provide assurance to the grantee that all EFA: o Was for allowable	Funding Opportunity Announcement Dr. Parham-Hopson Letter 8/14/09 HAB Policy Notices 99-02, 97-01,97-02, 10-02

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		o Uses of funds o Methods of providing EFA payments o Use of Ryan White as payer of last resort o Specified limits on amounts and frequency of EFA to a single client	types of assistance o Was used only in cases where Ryan White was the payer of last resort o Met grantee-specified limitations on amount and frequency of assistance to an individual client o Was provided through allowable payment methods	
5. Funding for **Food Bank/Home-delivered Meals** that may include: • The provision of actual food items • Provision of hot meals • A voucher program to purchase food May also include the provision of non-food items that are limited to: • Personal hygiene products • Household cleaning supplies • Water filtration/ purification systems in	• Documentation that: o Services supported are limited to food bank, home-delivered meals, and/or food voucher program o Types of non-food items provided are allowable o If water filtration/ purification systems are provided, community has water purity issues Assurance of: o Compliance with federal, state and local regulations including any required licensure or certification for the	• Develop a RFP, contract, MOU/LOA and/or statements of work language that specify: o What types of services are to be supported – food bank, home-delivered meals, and/or food voucher program o Allowable and prohibited uses of funds for non-food items o Requirements for documenting services provided, client eligibility, and level	• Maintain and make available to grantee documentation of: o Services provided by type of service, number of clients served, and levels of service o Amount and use of funds for purchase of non-food items, including use of funds only for allowable non-food items o Compliance with all federal, state, and local laws regarding	Funding Opportunity Announcement Dr. Parham-Hopson Letter 8/14/09 HAB Policy Notice 10-02

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communities where issues with water purity exist Appropriate licensure/ certification for food banks and home delivered meals where required under State or local regulations No funds used for: • Permanent water filtration systems for water entering the house • Household appliances • Pet foods Other non-essential products	provision of food banks and/or home- delivered meals o Use of funds only for allowable essential non-food items • Monitoring of providers to document actual services provided, client eligibility, number of clients served, and level of services to these clients	and type of services provided to clients • Monitor providers to ensure: o Compliance with contractual requirements and with other federal, state, and local laws and regulations regarding food banks, home-delivered meals, and food voucher programs, including any required licensure and/or certifications o Verification that Ryan White funds are used only for purchase of allowable non-food items	the provision of food bank, home-delivered meals and food voucher programs, including any required licensure and/or certifications • Provide assurance that Ryan White funds were used only for allowable purposes and Ryan White was the payer of last resort	
6. Support for **Health Education/Risk Reduction** services that educate clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission Includes:	Documentation that clients served under this category: • Are educated about HIV transmission and how to reduce the risk of HIV transmission to others • Receive information about available medical and psychosocial support services	• Develop the RFP, contract, MOU/LOA and/or statements of work language that: o Define risk reduction counseling and provide guidance on the types of information, education, and	• Maintain, and make available to the grantee on request, records of services provided • Document in client records: o Client eligibility o Information provided on available medical and psychosocial	Funding Opportunity Announcement Dr. Parham-Hopson Letter 8/14/09

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• Provision of information about available medical and psychosocial support services • Education on HIV transmission and how to reduce the risk of transmission • Counseling on how to improve their health status and reduce the risk of HIV transmission to others	• Receive education on methods of HIV transmission and how to reduce the risk of transmission • Receive counseling on how to improve their health status and reduce the risk of transmission to others	counseling to be provided to the client • Review provider data to: o Determine compliance with contract and program obligations o Ensure that clients have been educated and counseled on HIV transmission and risk reduction o Ensure that clients have been provided information about available medical and psychosocial support services	support services o Education about HIV transmission o Counseling on how to improve their health status and reduce the risk of HIV transmission	
7. Support for **Housing Services** that involve 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. Funds received under the Ryan White HIV/AIDS Program may be used for the following housing expenditures: • Housing referral services	• Documentation that funds are used only for allowable purposes: o 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 including housing assessment, search, placement, advocacy, and	• Develop RFP and contracts that clearly define and specify allowable housing-related services, including housing-related referrals, types of housing, and focus on short-term housing assistance • Review and monitor provider programs to: o Determine compliance with contract and program requirements	• Document: o Services provided including number of clients served, duration of housing services, types of housing provided, and housing referral services o Ensure staff providing housing services are case managers or other professionals who possess a	Funding Opportunity Announcement Dr. Parham-Hopson Letter 8/14/09 HAB Policy Notice 11– 01 76 FR 27649

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defined as assessment, search, placement, and advocacy services must be provided by case managers or other professional(s)who possess a comprehensive knowledge of local, state, and federal housing programs and how these programs can be accessed; or • Short-term or emergency housing defined as necessary to gain or maintain access to medical care and must be related to either: o Housing services that include some type of medical or supportive service: including, but not limited to, residential substance treatment or mental health services (not including facilities classified as an Institution for Mental Diseases under	the fees associated with them. • Housing related referrals are provided by case managers or other professional(s)who possess a comprehensive knowledge of local, state, and federal housing programs and how to access these programs • For all housing, regardless of whether or not the service includes some type of medical or supportive services. o Each client receives assistance designed to help him/her obtain stable long-term housing, through a strategy to identify, re-locate, and/or ensure the individual or family is moved to or capable of maintaining a stable long-term living situation o Housing services are essential for an individual or family to gain or	o Ensure that housing referral services include housing assessment, search, placement, advocacy, and the fees associated with them o Ensure that housing related referrals are provided by case managers or other professional(s) who possess a comprehensive knowledge of local, state, and federal housing programs and how to access these programs o Ensure that clients receive assistance in obtaining stable long-term housing o Ensure that housing services are essential to maintaining or accessing HIV-related medical care and treatment o Ensure that Mechanisms are in place to allow newly	comprehensive knowledge of local, state, and federal housing programs and how to access those programs. • Maintain client records that document: o Client eligibility o Housing services, including referral services provided o Mechanisms are in place to allow newly identified clients access to housing services. o Individualized written housing plans are available, consistent with this Housing Policy, covering each client receiving short term, transitional and emergency housing services. o Assistance provided to clients to help them obtain stable long-term housing o Provide	

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Medicaid), residential foster care, and assisted living residential services; or o Housing services that do not provide direct medical or supportive services, but are essential for an individual or family to gain or maintain Access and compliance with HIV-related medical care and treatment; necessity of housing services for purposes of medical care must be certified or documented. • Grantees must develop mechanisms to allow newly identified clients access to housing services. • Upon request, Ryan White HIV/AIDS Program Grantees must provide HAB with an	maintain access and compliance with HIV-related medical care and treatment. o Mechanisms are in place to allow newly identified clients access to housing services o Policies and procedures to provide individualized written housing plan, consistent with this Housing Policy, covering each client receiving short term, transitional and emergency housing services. No funds are used for direct payments to recipients of services for rent or mortgages	identified clients access to housing services o Policies and procedures to provide individualized written housing plan, consistent with this Housing Policy, covering each client receiving short term, transitional and emergency housing services o Verify that no Ryan White funds are used for direct payment to clients for rent or mortgages	documentation and assurance that no Ryan White funds are used to provide direct payments to clients for rent or mortgages	

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individualized written housing plan, consistent with this Housing Policy, covering each client receiving short term, transitional and emergency housing services. • Short-term or emergency assistance is understood as transitional in nature and for the purposes of moving or maintaining an individual or family in a long-term, stable living situation. Thus, such assistance cannot be permanent and must be accompanied by a strategy to identify, relocate, and/or ensure the individual or family is moved to, or capable of maintaining, a long-term, stable living situation. • Housing funds cannot be in the form of direct cash payments to				

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recipients or services and cannot be used for mortgage payments. ***Note:*** Ryan White HIV/AIDS Program Grantees and local decision making planning bodies, *i.e.* Part A and Part B, are strongly encouraged to institute duration limits to provide transitional and emergency housing services. HUD defines transitional housing as 24 months and HRSA/HAB recommends that grantees consider using HUD's definition as their standard. .				
7. Funding for **Legal Services** provided for an HIV-infected person to address legal matters directly necessitated by the individual's HIV status May include such services	• Documentation that funds are used only for allowable legal services, which involve legal matters directly necessitated by an individual's HIV status, such as: o Preparation of Powers of Attorney and Living Wills	• Develop RFP and contracts that clearly define allowable and non-allowable legal services and state the requirement that services must address legal matters directly necessitated by the	• Document, and make available to the grantee upon request, services provided, including specific types of legal services provided • Provide assurance that: o Funds are being used only for legal	Funding Opportunity Announcement Dr. Parham-Hopson Letter 8/14/09 HAB Policy Notice 10-02

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as (but not limited to): • Preparation of Powers of Attorney and Living Wills • Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under Ryan White Permanency planning and for an individual or family where the responsible adult is expected to pre-decease a dependent (usually a minor child) due to HIV/AIDS; includes the provision of social service counseling or legal counsel regarding (1) the drafting of wills or delegating powers of attorney, (2) preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption, Excludes: • Criminal defense • Class-action suits unless related to access to	o Services designed to ensure access to eligible benefits • Assurance that program activities do not include any criminal defense or class-action suits unrelated to access to services eligible for funding under the Ryan White HIV/AIDS Program	individual's HIV status • Monitor providers to ensure that: o Funds are being used only for allowable services o No funds are being used for criminal defense or for class-action suits unless related to access to services eligible for funding under the Ryan White HIV/AIDS Program	services directly necessitated by an individual's HIV status o Ryan White serves as the payer of last resort • Document in each client file: o Client eligibility o A description of how the legal service is necessitated by the individual's HIV status o Types of services provided o Hours spent in the provision of such services	

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services eligible for funding under the Ryan White HIV/AIDS Program				
8. Support for **Linguistic Services** including interpretation (oral) and translation (written) services, provided by qualified individuals as a component of HIV service delivery between the provider and the client, when such services are necessary to facilitate communication between the provider and client and/or support delivery of Ryan White-eligible services	Documentation that: • Linguistic services are being provided as a component of HIV service delivery between the provider and the client, to facilitate communication between the client and provider and the delivery of Ryan White-eligible services in both group and individual settings • Services are provided by appropriately trained and qualified individuals holding appropriate State or local certification	Develop a RFP, contract, MOU/LOA and/or statement of work that clearly describe: • The range and types of linguistic services to be provided, including oral interpretation and written translation as needed to facilitate communications and service delivery • Requirements for training and qualifications based on available State and local certification Monitor providers to assure that: o Linguistic services are provided based on documented provider need in order for Ryan White clients to communicate with the provider and/or receive appropriate services	Document the provision of linguistic services, including: o Number and types of providers requesting and receiving services o Number of assignments o Languages involved o Types of services provided – oral interpretation or written translation, and whether interpretation is for an individual client or a group • Maintain documentation showing that interpreters and translators employed with Ryan White funds have appropriate training and hold relevant State and/or local certification	Funding Opportunity Announcement Dr. Parham-Hopson Letter 8/14/09

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		o Interpreters and translators have appropriate training and State or local certification		
9. Funding for **Medical Transportation Services** that enable an eligible individual to access HIV-related health and support services, including services needed to maintain the client in HIV medical care, through either direct transportation services or vouchers or tokens May be provided through: • Contracts with providers of transportation services • Voucher or token systems • Use of volunteer drivers (through programs with insurance and other liability issues specifically addressed) • Purchase or lease of organizational vehicles	• Documentation that: medical transportation services are used only to enable an eligible individual to access HIV-related health and support services • Documentation that services are provided through one of the following methods: o A contract or some other local procurement mechanism with a provider of transportation services o A voucher or token system that allows for tracking the distribution of the vouchers or tokens o A system of mileage reimbursement that does not exceed the federal per-mile reimbursement rates o A system of volunteer drivers, where insurance and other liability issues	• Develop a RFP, contract, MOU/LOA and/or statement of work that clearly describe: o Clearly define medical transportation in terms of allowable services and methods of delivery o Require record keeping that tracks both services provided and the purpose of the service (e.g., transportation to/from what type of medical or support service appointment) o Specify requirements related to each service delivery method o Require that clients receive vouchers or tokens rather than direct payments for	• Maintain program files that document: o The level of services/number of trips provided o The reason for each trip and its relation to accessing health and support services o Trip origin and destination o Client eligibility o The cost per trip o The method used to meet the transportation need • Maintain documentation showing that the provider is meeting stated contract requirements with regard to methods of providing transportation: o Reimbursement methods do not	Funding Opportunity Announcement Dr. Parham-Hopson Letter 8/14/09 HAB Policy Notice 10-02

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for client transportation programs, provided the grantee receives prior approval for the purchase of a vehicle	are addressed o Purchase or lease of organizational vehicles for client transportation, with prior approval from HRSA/HAB for the purchase	transportation services • Monitor providers to ensure that use of funds meets contract and program requirements • Submit a prior approval request when the grantee or a provider is proposing the purchase or lease of a vehicle(s)	involve cash payments to service recipients o Mileage reimbursement does not exceed the federal reimbursement rate o Use of volunteer drivers appropriately addresses insurance and other liability issues • Collection and maintenance of data documenting that funds are used only for transportation designed to help eligible individuals remain in medical care by enabling them to access medical and support services • Obtain grantee approval prior to purchasing or leasing a vehicle(s)	
10. Support for **Outreach Services** designed to identify individuals who	• Documentation that outreach services are designed to identify:	• Develop RFP and contracts that: o Provide a detailed	• Document and be prepared to share with the grantee:	Funding Opportunity Announcement

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do not know their HIV status and/or individuals who know their status and are not in care and help them to learn their status and enter care Outreach programs must be: • Planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort • Targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection • Targeted to communities or local establishments that are frequented by individuals exhibiting high-risk behavior • Conducted at times and in places where there is a high probability that individuals with HIV infection will be reached • Designed to provide quantified program reporting of activities and	o Individuals who do not know their HIV status and refer them for counseling and testing o Individuals who know their status and are not in care and help them enter or re-enter HIV-related medical care • Documentation that outreach services: o Are planned and delivered in coordination with local HIV prevention outreach programs and avoid duplication of effort o Target populations known to be at disproportionate risk for HIV infection o Target communities whose residents have disproportionate risk or establishments frequented by individuals exhibiting high-risk behaviors o Are designed so that activities and results can be quantified for program reporting and evaluation of effectiveness	description of the required scope and components of an outreach program, including whether it targets individuals who know and/or who do not know their HIV status o Specify parameters to ensure that the program meets all HRSA/HAB requirements and guidance o Require clearly defined targeting of populations and communities o Require quantified reporting of individuals reached, referred for testing, found to be positive, referred to care, and entering care, to facilitate evaluation of effectiveness • Provide program monitoring and review for compliance with contract and program	o The design, implementation, target areas and populations, and outcomes of outreach activities, including the number of individuals reached, referred for testing, found to be positive, referred to care, and entering care o Data showing that all RFP and contract requirements are being met with regard to program design, targeting, activities, and use of funds • Provide financial and program data demonstrating that no outreach funds are being used: o To pay for HIV counseling and testing o To support broad-scope awareness activities	Dr. Parham-Hopson Letter 8/14/09 HAB Policy Notice 07-06

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results to accommodate local evaluation of effectiveness ***Note:*** Funds may not be used to pay for HIV counseling or testing	• Documentation and assurance that outreach funds are not being used: o For HIV counseling and testing o To support broad-scope awareness activities that target the general public rather than specific populations and/or communities with high rates of HIV infection o To duplicate HIV prevention outreach efforts	requirements and to ensure that funds are not being used: o For HIV counseling and testing o To support broad-scope awareness activities o To duplicate HIV prevention outreach efforts	o To duplicate HIV prevention outreach efforts	
11. Support for **Psychosocial Support Services** that may include: • Support and counseling activities • Child abuse and neglect counseling • HIV support groups • Pastoral care/counseling • Caregiver support • Bereavement counseling • Nutrition counseling provided by a non-registered dietitian ***Note:*** Funds under this	• Documentation that psychosocial services funds are used only to support eligible activities, including: o Support and counseling activities o Child abuse and neglect counseling o HIV support groups o Pastoral care/counseling o Caregiver support o Bereavement counseling o Nutrition counseling provided by a non-registered dietitian • Documentation that pastoral care/counseling services	• Develop RFP, contracts, MOU/LAO and/or statements of work that clearly specify: o The range and limitations of allowable services o Types of permitted pastoral care/ counseling • Monitor providers to ensure compliance with contract and program requirements • Provide assurance that: o Funds are being used only for allowable	• Document the provision of psychosocial support services, including: o Types and level of activities provided o Client eligibility • Maintain documentation demonstrating that: o Funds are used only for allowable services o No funds are used for provision of nutritional supplements o Any pastoral care/counseling	Funding Opportunity Announcement Dr. Parham-Hopson Letter 8/14/09 HAB Policy Notice 10-02

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service category may not be used to provide nutritional supplements **Pastoral care/counseling** supported under this service category to be: • Provided by an institutional pastoral care program (e.g., components of AIDS interfaith networks, separately incorporated pastoral care and counseling centers, components of services provided by a licensed provider, such as a home care or hospice provider) • Provided by a licensed or accredited provider wherever such licensure or accreditation is either required or available • Available to all individuals eligible to receive Ryan White services, regardless of their religious denominational affiliation	meet all stated requirements: o Provided by an institutional pastoral care program o Provided by a licensed or accredited provider wherever such licensure or accreditation is either required or available o Available to all individuals eligible to receive Ryan White services, regardless of their religious denominational affiliation o Assurance that no funds under this service category are used for the provision of nutritional supplements	services o No funds are being used for the provision of nutritional supplements o Funds for pastoral care/counseling met all stated requirements regarding the program, provider licensing or accreditation, and availability to all clients regardless of religious affiliation	services meet all stated requirements	
12. Support for **Referral for**	• Documentation that funds	• Develop RFP, contracts,	• Maintain program files	Funding

Standard	Performance Measure/ Method	Grantee Responsibility	Provider/Subgrantee Responsibility	Source Citation
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 Medical Care or Case Management services May include benefits/ entitlement 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 or local health care and supportive services Referrals may be made:	are used only: o To direct a client to a service in person or through other types of communication o To provide benefits/entitlements counseling and referral consistent with HRSA requirements o To manage such activities o Where these services are not provided as a part of Ambulatory/ Outpatient Medical Care or Case Management services • Documentation of: o Method of client contact/communication o Method of providing referrals (within the Non-medical Case Management system, informally, or as part of an outreach program) o Referrals and follow up provided	MOU/LAO and/or statements of work that clearly specify: o Clearly specify allowable activities and methods of communication o Specify that services may include benefits/ entitlements counseling and referral, and provide a definition and description of these services o Clearly define the circumstances under which these activities may take place in order to avoid duplication with referrals provided through other service categories such as Non-medical Case Management o Require documentation of referrals and follow up • Monitor providers to ensure compliance with contract and program	that document: o Number and types of referrals provided o Benefits counseling and referral activities o Number of clients served o Follow up provided • Maintain client records that include required elements as detailed by the grantee, including: o Date of service o Type of communication o Type of referral o Benefits counseling/referral provided o Follow up provided • Maintain documentation demonstrating that services and circumstances of referral services meet contract requirements	Opportunity Announcement Dr. Parham-Hopson Letter 8/14/09

Standard	Performance Measure/ Method	Grantee Responsibility	Provider/Subgrantee Responsibility	Source Citation
• Within the Non-medical Case Management system by professional case managers • Informally through community health workers or support staff • As part of an outreach program		requirements • Provide assurance that funds are not being used to duplicate referral services provided through other service categories		
13. Funding for **Rehabilitation Services:** Services intended to improve or maintain a client's quality of life and optimal capacity for self-care, provided by a licensed or authorized professional in an outpatient setting in accordance with an individualized plan of care May include: • Physical and occupational therapy • Speech pathology services • Low-vision training	• Documentation that services: o Are intended to improve or maintain a client's quality of life and optimal capacity for self-care o Are limited to allowable activities, including physical and occupational therapy, speech pathology services, and low-vision training o Are provided by a licensed or authorized professional o Are provided in accordance with an individualized plan of care that includes components specified by the grantee	• Develop RFP, contracts, MOU/LOA, and/or statements of work that: o Clearly define rehabilitation services and allowable activities o Specify requirement for provision of services by a licensed or authorized professional in accordance with an individualized plan of care o Specify where these activities may take place in order to avoid their provision in in-patient settings • Monitor providers to ensure compliance with contract and program	• Maintain, and share with the grantee upon request, program and financial records that document: o Types of services provided o Type of facility o Provider licensing o Use of funds only for allowable services by appropriately licensed and authorized professionals • Maintain client records that include the required elements as detailed by the grantee, including: o An individualized plan of care o Types of	Funding Opportunity Announcement Dr. Parham-Hopson Letter 8/14/09

Standard	Performance Measure/ Method	Grantee Responsibility	Provider/Subgrantee Responsibility	Source Citation
		requirements • Review program and client records to ensure that: o Client has an individualized plan of care that includes specified components o Services provided are in accordance with the plan of care	rehabilitation services provided (physical and occupational therapy, speech pathology, low-vision training) o Dates, duration, and location of services	
14. Support for **Respite Care** that includes non-medical assistance for an HIV-infected client, provided in community or home-based settings and designed to relieve the primary caregiver responsible for the day-to-day care of an adult or minor living with HIV/AIDS ***Note:*** Funds may be used to support informal respite care provided issues of liability are addressed, payment made is reimbursement for actual costs, and no cash payments are made to	• Documentation that funds are used only: o To provide non-medical assistance for an HIV-infected client to relieve the primary caregiver responsible for the day-to-day care of that adult or minor o In a community or home-based setting • If grantee permits use of informal respite care arrangements, documentation that: o Liability issues have been addressed o A mechanism for payments has been developed that does not involve direct cash	• Develop RFP, contracts, MOU/LOA, and/or statements of work that: o Clearly define respite care including allowable recipients, services, and settings o Specify requirements for documentation of dates, frequency, and settings of services • If informal respite care arrangements are permitted, monitor providers to ensure that: o Issues of liability have been addressed in a way that protects the client, provider, and Ryan White program o A mechanism is in	• Maintain, and make available to the grantee on request, program files including: o Number of clients served o Settings/methods of providing care • Maintain in each client file documentation of: o Client and primary caretaker eligibility o Services provided including dates and duration o Setting/method of services • Provide program and financial records and assurances that if informal respite care	Funding Opportunity Announcement HAB Policy Notice 10-02

Standard	Performance Measure/ Method	Grantee Responsibility	Provider/Subgrantee Responsibility	Source Citation
clients or primary caregivers	payment to clients or primary caregivers o Payments provide reimbursement for actual costs without over payment, especially if using vouchers or gift cards	place to ensure that no cash payments are made to clients or primary caregivers o Payment made is for reimbursement of actual costs, especially if using vouchers or gift cards	arrangements are used: o Liability issues have been addressed, with appropriate releases obtained that protect the client, provider, and Ryan White program o No cash payments are being made to clients or primary caregivers o Payment is reimbursement for actual costs	
15. Funding for **Substance Abuse Treatment – Residential** to address substance abuse problems (including alcohol and/or legal and illegal drugs) in a short-term residential health service setting Requirements: • Services to be provided by or under the supervision of a physician or other	• Documentation that: o Services are provided by or under the supervision of a physician or by other qualified personnel with appropriate and valid licensure and certification as required by the State in which services are provided o Services provided meet the service category definition o Services are provided in	• Develop RFP, contracts, MOU/LOA, and/or statements of work that specify: o Allowable activities under this service category o The requirement that services be provided in a short-term residential health service setting o Limitations and permitted use of acupuncture	• Maintain, and provide to grantee on request, documentation of: o Provider licensure or certifications as required by the State in which service is provided; this includes licensures and certifications for a provider of acupuncture services o Staffing structure showing supervision	Funding Opportunity Announcement HAB Policy Notice 10-02

Standard	Performance Measure/ Method	Grantee Responsibility	Provider/Subgrantee Responsibility	Source Citation
qualified personnel with appropriate and valid licensure and certification by the State in which the services are provided • Services to be provided in accordance with a treatment plan • Detoxification to be provided in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of a hospital) • Limited acupuncture services permitted with a written referral from the client's primary health care provider, provided by certified or licensed practitioners wherever State certification or licensure exists	accordance with a written treatment plan • Assurance that services are provided only in a short-term residential setting • Documentation that if provided, acupuncture services: o Are limited through some form of defined financial cap o Are provided only with a written referral from the client's primary care provider o Are offered by a provider with appropriate State license and certification if it exists	o Requirements for a treatment plan including specified elements o What information must be documented in each client's file o What information is to be reported to the grantee • Review staff licensure and certification and staffing structure to ensure that services are provided under the supervision of a physician or other qualified/licensed personnel • Require assurance that services are provided in a short-term residential setting • Monitor provider and review program files and client records for evidence of a treatment plan with the required components • For any client receiving acupuncture services under this service	by a physician or other qualified personnel • Provide assurance that all services are provided in a short-term residential setting • Maintain program files that document: o That all services provided are allowable under this service category o The quantity, frequency, and modality of treatment services • Maintain client records that document: o The date treatment begins and ends o Individual treatment plan o Evidence of regular monitoring and assessment of client progress • In cases where acupuncture therapy services are provided, document in the client file:	

Standard	Performance Measure/ Method	Grantee Responsibility	Provider/Subgrantee Responsibility	Source Citation
		category, documentation in the client file including: o Caps on use of Ryan White funds o A written referral from their primary health care provider o Proof that the acupuncturist has appropriate certification or licensure, if the State provides such certification or licensure	o A written referral from the primary health care provider o The quantity of acupuncture services provided	
16. Support for **Treatment Adherence Counseling,** which is the provision of counseling or special programs to ensure readiness for, and adherence to, complex HIV/AIDS treatments, provided by non-medical personnel outside of the Medical Case Management and clinical setting	Documentation that services provided under this category are: • Designed to ensure readiness for, and adherence to, complex HIV/AIDS treatments • Provided by non-medical personnel • Provided outside of the Medical Case Management and clinical setting	• Develop RFP, contracts, MOU/LOA, and/or statements of work that specify: o Allowable activities under this service category o The requirement that services be provided by non-medical personnel o The requirement that services be provided outside of the Medical Case Management and clinical setting o The information that	• Provide assurances and maintain documentation that: o Services provided are limited to those permitted by the contract o Services are provided by non-medical personnel o Services are provided outside the Medical Care Management and clinical setting • Maintain client records that include the	Funding Opportunity Announcement Dr. Parham-Hopson Letter 8/14/09

Standard	Performance Measure/ Method	Grantee Responsibility	Provider/Subgrantee Responsibility	Source Citation
		must be documented in each client's file and reported to the grantee • Monitor provider and review client records to ensure compliance with contractual and program requirements	required elements as detailed by the grantee	
Section D: **Quality Management**				
1. Implementation of a **Clinical Quality Management (CQM) Program** to: • Assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent HHS guidelines for the treatment of HIV/AIDS and related opportunistic infections • Develop strategies for ensuring that services are consistent with the guidelines for improvement in the access to and quality of	• Documentation that the Part B Program has in place a Clinical Quality Management Program that includes, at a minimum: o A Quality Management Plan o Quality expectations for providers and services o A method to report and track expected outcomes o Monitoring of provider compliance with HHS treatment guidelines and the Part B Program's approved service category definition for each funded service • Review of CQM program to ensure that both the grantee	• Develop, implement, and monitor a Quality Management Plan • Specify in RFPs, contracts, MOU/LOA and/or statements of work language on the grantee's quality-related expectations for each service category • Conduct chart (client record) reviews and visits to provider/subgrantees to monitor compliance with the Quality Management Plan and with Ryan White Program quality expectations • Provide a written Assurance signed by the	Participate in quality management activities as contractually required; at a minimum: • Compliance with relevant service category definitions • Collection and reporting of data for use in measuring performance	PHS ACT 2618 (b)(3)(C&E)

Standard	Performance Measure/ Method	Grantee Responsibility	Provider/Subgrantee Responsibility	Source Citation
HIV health services CQM program to include: • A Quality Management Plan • Quality expectations for providers and services • A method to report and track expected outcomes • Monitoring of provider compliance with HHS treatment guidelines and the Part B Program's approved Standards of Care • *The State will provide periodic independent peer review to assess the quality and appropriateness of health and support services provided by entities that receive funds from the State under the Part B Program*	and providers are carrying out necessary CQM activities and reporting CQM performance data • Develop and monitor own Standards of Care as part of CQM Program	Chief Elected Official that the Quality Management Program meets HRSA requirements		
Section E: **Administration**				
1. **Administration:** Grantees are to spend no more than 10% percent of grant funds	• Documentation that grantee administrative costs paid by Part B funds, including planning and evaluation	• Document, through job descriptions and time and effort reports, that the activities defined in		Notice of Award PHS ACT 2618 (b)(2-4)

Standard	Performance Measure/ Method	Grantee Responsibility	Provider/Subgrantee Responsibility	Source Citation
on planning and evaluation activities, not more than 10% on administration and, when combined, not more than 15% on planning, evaluation and administration ***Notes:*** An exception is allowed for those States that receive a minimum allotment under the Part B formula; they are limited to spending not more than the amount required to support one full-time equivalent employee This 15% limitation does not include the up to 5% of funds that may be spent on clinical quality management activities Administrative funds to be used for routine grant administration and monitoring activities, including: • Planning and evaluation • Preparation of routine	costs, are not more than 15% of total grant funds • Review of activities to ensure the proper categorization of allowable administrative functions	the legislation and guidance as administration are charged to administration of the program and cost no more than 10% of the total grant amount • Document that no activities defined as administrative in nature are included in other Part B budget categories • Provide HRSA/HAB with current operating budgets that include sufficient detail to review administrative expenses		Part B Manual

Standard	Performance Measure/ Method	Grantee Responsibility	Provider/Subgrantee Responsibility	Source Citation
programmatic and financial reports • Compliance with grant conditions and audit requirements • Activities associated with the grantee's contract award procedures including: o The development of requests for proposals RFPs, contracts, MOU/LOA, and/or statements of work o Drafting, negotiation, awarding, and monitoring of contract awards • The development of the applications for Part B funds • The receipt and disbursal of program funds • The development and establishment of reimbursement and accounting systems • Funding re-allocation • Planning body operations and support				

Standard	Performance Measure/ Method	Grantee Responsibility	Provider/Subgrantee Responsibility	Source Citation
Note: Please see Part B Fiscal Monitoring Standards for additional information on use of funds for administration				
Section F: **Other Service Requirements**				
1. **WICY – Women, Infants, Children, and Youth:** Amounts set aside for women, infants, children, and youth to be determined based on each of these population's relative percentage of the total number of persons living with AIDS in the State ***Note:*** *Waiver* available if grantee can document that funds sufficient to meet the needs of these population groups are being provided through other federal or state programs	• Documentation that the amount of Part B funding spent on services for women, infants, children, and youth is at least equal to the proportion each of these populations represents of the entire population of persons living with AIDS in the State • If a waiver is requested, documentation that the service needs of one or more of these populations are already met through funding from another federal or state program	• Track and report the amount and percentage of Part B funds expended for each priority population separately • Demonstrate that expenditures for each priority population meet or exceed the ratio of reported cases for that specific population to the total AIDS population • Apply for a waiver for one or more of the designated populations if needed care is provided through other federal/state programs	Track and report to the grantee the amount and percentage of Part B funds expended for services to each priority population	Dr. Joseph F. O'Neill Letter 8/10/2000 Doug Morgan Letter 6/17/03 Funding Opportunity Announcement
2. **Referral relationships with key points of entry:** Requirement that	Documentation that written referral relationships exist between Part B service	• Require in RFP, contracts, MOU/LOA, and/or statements of	• Establish written referral relationships with specified points of	PHS ACT 2617 (b)(7)(G)

Standard	Performance Measure/ Method	Grantee Responsibility	Provider/Subgrantee Responsibility	Source Citation
Part B service providers maintain appropriate referral relationships with entities that constitute key points of entry Key points of entry defined in legislation: • Emergency rooms • Substance abuse and mental health treatment programs • Detoxification centers, • Detention facilities • Clinics regarding sexually transmitted disease • Homeless shelters • HIV disease counseling and testing sites • Health care points of entry specified by eligible areas • Federally Qualified Health Centers • Entities such as Ryan White Part A, C and D and F grantees	providers and key points of entry	work that providers establish written referral relationships with defined key points of entry into care • Review subcontractors' written referral agreements with specified points of entry • Review documented client records to determine whether referral relationships are being used	entry • Document referrals from these points of entry	
Section G: **Prohibition on Certain Activities**				

Standard	Performance Measure/ Method	Grantee Responsibility	Provider/Subgrantee Responsibility	Source Citation
1. **Drug Use and Sexual Activity:** Ryan White funds cannot be used to support AIDS programs or materials designed to promote or directly encourage intravenous drug use or sexual activity, whether homosexual or heterosexual	• Signed contracts, grantee and subgrantee assurances, and/or certifications that define and specifically forbid the use of Ryan White funds for unallowable activities • Grantee review of subgrantee budget and expenditures to ensure that they do not include any unallowable costs or activities	• Include definitions of unallowable activities in all subgrantee RFP, contracts, MOU/LOA, and/or statements of work, purchase orders, and requirements or assurances • Include in financial monitoring a review of subgrantee expenses to identify any unallowable costs • Require subgrantee budgets and expense reports with sufficient budget justification and expense detail to document that they do not include unallowable activities	• Maintain a file with signed subgrantee agreement, assurances, and/or certifications that specify unallowable activities • Ensure that budgets and expenditures do not include unallowable activities • Ensure that expenditures do not include unallowable activities • Provide budgets and financial expense reports to the grantee with sufficient detail to document that they do not include unallowable costs or activities	Notice of Award PHS ACT 2684

Standard	Performance Measure/ Method	Grantee Responsibility	Provider/Subgrantee Responsibility	Source Citation
2. **Purchase of Vehicles without Approval:** No use of Ryan White funds by grantees or subgrantees for the purchase of vehicles without written approval of HRSA Grants Management Officer (GMO)	• Implementation of measure/method, grantee responsibility and provider/subgrantee responsibility actions specified in G.1 above • Where vehicles were purchased, review of files for written permission from GMO	• Carry out actions specified in G.1 above • If any vehicles were purchased, maintain file documentation of permission of GMO to purchase a vehicle	• Carry out subgrantee actions specified in G.1 above • If vehicle purchase is needed, seek grantee assistance in obtaining written GMO approval and maintain document in file	Notice of Award HAB Policy Notice 10-02
3. **Broad Scope Awareness Activities:** No use of Ryan White funds for broad scope awareness activities about HIV services that target the general public	• Implementation of actions specified in G.1 above • Review of program plans, budgets, and budget narratives for marketing, promotions and advertising efforts, to determine whether they are appropriately targeted to geographic areas and/or disproportionately affected populations rather than targeting the general public	• Carry out actions specified in G.1 above • Review program plans and budget narratives for any marketing or advertising activities to ensure that they do not include unallowable activities	• Carry out subgrantee actions specified in G.1 above • Prepare a detailed program plan and budget narrative that describe planned use of any advertising or marketing activities	Notice of Award HAB Policy Notice 07-06
4. **Lobbying Activities:** Prohibition on the use of Ryan White funds for influencing or	• Implementation of actions specified in G.1 above • Review of lobbying certification and disclosure	• Carry out actions specified in G.1 above • File a signed "Certification Regarding	• Carry out subgrantee actions specified in G.1 above • Include in personnel	[3]45 CFR 93 Conditions of Grant Award

[3] References to the Code of Federal Regulations will be abbreviated as "CFR" throughout this document

Standard	Performance Measure/ Method	Grantee Responsibility	Provider/Subgrantee Responsibility	Source Citation
attempting to influence members of Congress and other Federal personnel	forms for both the grantee and subgrantees ***Note:*** Forms can be obtained from the CFR website: http://www.hhs.gov/forms/PHS-5161-1.pdf http://ecfr.gpoAccess.gov	Lobbying", and, as appropriate, a "Disclosure of Lobbying Activities" • Ensure that subgrantee staff are familiar and in compliance with prohibitions on lobbying with federal funds	manual and employee orientation information on regulations that forbid lobbying with federal funds	Dr. Parham-Hopson Letter 2/3/09
5. **Direct Cash Payments:** No use of Ryan White program funds to make direct payments of cash to service recipients	• Implementation of actions specified in G.1 above • Review of Standards of Care and other policies and procedures for service categories involving payments made on behalf of individuals to ensure that no direct payments are made to individuals (e.g., emergency financial assistance, transportation, health insurance premiums, medical or medication co-pays and deductibles, food and nutrition) • Review of expenditures by subgrantees to ensure that no cash payments were made to individuals	• Carry out actions specified in G.1 above • Ensure that Standards of Care for service categories involving payments made on behalf of clients forbid cash payments to service recipients	• Carry out subgrantee actions specified in G.1 above • Maintain documentation of policies that forbid use of Ryan White funds for cash payments to service recipients	PHS ACT 2618 (b)(6) HAB Policy Notice 10-02

Standard	Performance Measure/ Method	Grantee Responsibility	Provider/Subgrantee Responsibility	Source Citation
6. **Employment and Employment-Readiness Services:** Prohibition on the use of Ryan White program funds to support employment, vocational, or employment-readiness services	Implementation of actions specified in G.1 above	Carry out actions specified in G.1 above	Carry out subgrantee actions specified in G.1 above	HAB Policy Notice 10-02
7. **Maintenance of Privately Owned Vehicle:** No use of Ryan White funds for direct maintenance expenses (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 ***Note:*** This restriction does not apply to vehicles operated by organizations for program purposes	• Implementation of actions specified in G.1 above • Documentation that Ryan White funds are not being used for direct maintenance expenses or any other costs associated with privately owned vehicles, such as lease or loan payments, insurance, or license and registration fees – except for vehicles operated by organizations for program purposes	• Carry out actions specified in G.1 above • Clearly define the prohibition against expenditures for maintenance of privately owned vehicles in RFP, contracts, MOU/LOA, and/or statements of work including clarification of the difference between privately owned vehicles and vehicles owned and operated by organizations for program purposes	• Carry out subgrantee actions specified in G.1 above	HAB Policy Notice 10-02

Standard	Performance Measure/ Method	Grantee Responsibility	Provider/Subgrantee Responsibility	Source Citation
8. Syringe Services: No use of Ryan White funds shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drugs.	• Implementation of actions specified in G.1 above • Documentation that Ryan White funds are not being used for programs related to sterile needles or syringe exchange for injection drug use.	• Carry out actions specified in G.1 above • Clearly define the prohibition against the expenditures for syringe and sterile needle exchange in RFP, contracts, MOU/LOA, and/or statements of work	• Carry out subgrantee actions specified in G.1 above	Consolidated Appropriations Act 2012, Division F, Title V, Sec. 523 Ronald Valdiserri Letter 3/29/2012 Dr. Parham Hopson Letter 1/6/2012
9. **Additional Prohibitions:** No use of Ryan White Funds for the following activities or to purchase these items: • Clothing • Funeral, burial, cremation or related expenses • Local or State personal property taxes (for residential property, private automobiles, or any other personal property against which taxes may be levied) • Household appliances • Pet foods or other non-essential products	• Implementation of actions specified in G.1 above • Review and monitoring of grantee and subgrantee activities and expenditures to ensure that Ryan White funds are not being used for any of the prohibited activities	• Carry out actions specified in G.1 above • Develop and implement a system to review and monitor subgrantee program activities and expenditures and ensure a similar system to review and monitor grantee expenditures	• Carry out subgrantee actions specified in G.1 above	HAB Policy Notice 10-02 PHS ACT 2618 (b)(6) Dr. Parham-Hopson Letter 12/2/10

Standard	Performance Measure/ Method	Grantee Responsibility	Provider/Subgrantee Responsibility	Source Citation
• 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				
Section H: **Chief Elected Official (CEO) Agreements & Assurances**				
1. Planning: a. Establishment of a public advisory process, including public hearings, that involves mandated participants and allows comment on the development and implementation of the comprehensive plan. b. Participants to include individuals with HIV/AIDS, members of	Documentation that the CEO has established a public advisory process involving the participants specified in the legislation and that it is providing comments on the development and implementation of the comprehensive plan	Ensure the CEO understands the role of the public advisory process, the membership requirements, and the responsibility for input into the comprehensive plan and its implementation	N/A	PHS ACT 2617 (b)(7)(A)

Standard	Performance Measure/ Method	Grantee Responsibility	Provider/Subgrantee Responsibility	Source Citation
Federally recognized Indian tribe as represented in the State, representatives of grantees under each part under this Part, providers, and public agency representatives				
2. Access to Care a. Maintenance of appropriate referral relationships with entities considered key points of access to the healthcare system for the purpose of facilitating early intervention services for HIV-positive individuals	Documentation of written referral relationships with entities considered key points of access to the healthcare system for the purpose of facilitating early intervention services for individuals diagnosed as being HIV-positive	• Work with consortia, service providers, and individuals with HIV/AIDS to identify key points of entry using needs assessment process • Require development and maintenance of written referral and linkage agreements between Ryan White providers and key points of entry • Monitor the use of referral and linkage agreements by funded providers	• Obtain written referral and linkage agreements with key points of entry, and make these agreements available for review by the grantee upon request • Develop a mechanism to track referrals from these key points of entry and linkages to care	PHS ACT 2617 (b)(7)(G)
b. Provision of Part B-funded HIV primary medical care and support services, to the maximum extent	• Documentation that the EMA/TGA is funding HIV Primary medical care and support services • Documentation that agency	• Include language in RFP, contracts, MOU/LOA, and/or statements of work regarding access to care	N/A	PHS ACT 2617 (b)(7)(B

Standard	Performance Measure/ Method	Grantee Responsibility	Provider/Subgrantee Responsibility	Source Citation
possible, without regard to either: • The ability of the individual to pay for such services, or • The current or past health conditions of the individuals to be served	billing and collection policies and procedures are in place that do not: o Deny services for non-payment o Deny payment for inability to produce income documentation o Require full payment prior to service o Include any other procedure that denies services for non-payment o Permit denial of services due to pre-existing conditions o Permit denial of services due to non-HIV-related conditions o Provide any other barrier to care due to a person's past or present health condition	regardless of ability to pay and/or current or past health condition, and requirements regarding client eligibility criteria and use of fees and sliding fee scales • Review agency's billing, collection, co-pay, and sliding fee policies and procedures to ensure that they do not result in denial of services • Review agency eligibility and clinical policies • Investigate any complaints against the agency for denial of services • Review files of refused clients and client complaints • Investigate any complaints of subgrantees dropping high risk or high cost clients including "dumping" or "cherry picking" of patients		

Standard	Performance Measure/ Method	Grantee Responsibility	Provider/Subgrantee Responsibility	Source Citation
c. Provision of Part B-funded HIV primary medical care and support services in settings that are accessible to low-income individuals with HIV disease	Documentation that: • Part B-funded HIV primary medical care and support services are provided in a facility that is accessible • Providers have in place policies and procedures that provide transportation if facility is not accessible to public transportation • No provider policies dictate a dress code or conduct that may act as a barrier for low-income individuals	• Specify in RFP, contracts, MOU/LOA, and/or statements of work expectations that services be provided in settings that are accessible to low-income individuals with HIV disease • Inspect service provider facilities for ADA compliance, and location of facility with regard to access to public transportation • Review policies and procedures for providing transportation assistance if facility is not accessible by public transportation	N/A	PHS ACT 2617 (b)(7)(B)
d. Provision of a program of outreach efforts to inform low-income individuals with HIV disease of the availability of services and how to access them	• Use of informational materials about agency services and eligibility requirements including: o Brochures o Newsletters o Posters o Community Bulletins o Any other types of promotional materials • Documentation that any	Review documents indicating activities for promotion and awareness of the availability of HIV services	Maintain file documenting agency activities for the promotion of HIV services to low- income individuals, including copies of HIV program materials promoting services and explaining eligibility requirements	PHS ACT 2617 (b)(7)(b)

Standard	Performance Measure/ Method	Grantee Responsibility	Provider/Subgrantee Responsibility	Source Citation
	funded awareness activities target specific groups of low-income individuals with HIV disease to inform them of such services			
3. **Expenditure and Use of Funds** a. Compliance with statutory requirements regarding the timeframe for obligation and expenditure of funds, and with any cancellation of unobligated funds	Documentation that grantee has complied with statutory requirements regarding the timeframe for obligation and expenditure of funds, and with any cancellation of unobligated funds	• Establish systems to ensure that formula funds are spent first and to maximize timely expenditure of funds by providers to meet identified service needs • Ensure that providers understand the importance of timely expenditures and reporting and their responsibility for informing the grantee of expected under-expenditures • Ensure an efficient and timely reallocations process • Provide timely and accurate carryover requests • Comply with unobligated balance requirements	Inform the grantee of any expected under-expenditures as soon as identified	PHS ACT 2618 (c-d) PHS ACT 2622 (a-d)
b. Expenditure of funds for core medical services, support services	Documentation of the grantee's expenditure of funds for core medical services,	• Establish and maintain systems and procedures that ensure that funds	N/A	PHS ACT 2612

Standard	Performance Measure/ Method	Grantee Responsibility	Provider/Subgrantee Responsibility	Source Citation
approved by the Secretary of HHS, and administrative expenses only	support services approved by the Secretary of HHS, and administrative expenses only	are used only for permitted activities • Ensure that subgrantees understand and are required to use funds only for allowable service categories • Ensure that activities carried out within each service category meet HRSA definitions and are categorized and reported appropriately		
c. Expenditure of not less than 75% of service dollars for core medical services, and expenditure of not more than 25% of service dollars for support services that contribute to positive clinical outcomes for individuals with HIV/AIDS, unless a waiver from this provision is obtained	Review of budgeted allocations and actual program expenses to verify that: • The grantee has met or exceeded the required 75% expenditure on HRSA-defined core medical services • Aggregated support service expenses do not exceed 25% of service funds • Support services are being used to help achieve positive medical outcomes for clients • These requirements are met, unless a waiver has been obtained	• Work with the consortia and advisory bodies to ensure that final allocations meet the 75%-25% requirement • Monitor program allocations, subgrantee agreements, actual expenditures, and reallocations throughout the year to ensure at least 75% percent of program funds are expended for HRSA-defined core medical services and no more than 25% percent of program funds are	N/A	PHS ACT 2612 (a-d) PHS ACT 2618 (c-d)

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		expended for HHS-approved support services • Require subgrantee monitoring and financial reporting that documents expenditures by program service category • Maintain budgets and funding allocations, subgrantee award information, and expenditure data with sufficient detail to allow for the tracking of core medical services and support services expenses • Document and assess the use of support service funds to demonstrate that they are contributing to positive medical outcomes for clients • If a waiver is desired, certify and provide evidence to HRSA/HAB that all core medical services funded under Part B program are		

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		available to all eligible individuals in the area through other funding sources		
d. Use of grant funds each fiscal year for each of the populations of women, infants, children and youth, not less than the percentage constituted by the ratio of the population in such area with HIV/AIDS to the general population in such area with HIV/AIDS, unless a waiver from this provision is obtained	Documentation of : • What percent of each of the specified populations constitutes the total AIDS population • The amount and percent of Part B program funds that are being used to serve each of these populations • Whether the proportion of Ryan White Part B funds being used for each of the specified populations meets legislative requirements • Funds from other sources (such as Ryan White Part D) that are being used to meet the needs of these populations • A waiver request, with justification, if other funds are believed to be meeting the needs of any of these populations	• Prepare and submit the annual WICY Report • Submission of a WICY Waiver when needed	N/A	PHS ACT 2612 (e)
e. Compliance with legislative requirements regarding the Medicaid	Documentation that funded providers providing Medicaid-reimbursable services either:	Specify in RFP, contracts, MOU/LOA, and/or statements of work that	• Maintain on file documentation of Medicaid Status and	

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status of providers: funded providers of Medicaid-reimbursable services must be participating in Medicaid and certified to receive Medicaid payments or able to document efforts under way to obtain such certification	• Are participating in Medicaid, certified to receive Medicaid payments, and using Medicaid funds whenever possible to cover services to people living with HIV disease • Are actively working to obtain such certification	providers receiving Part B funding to provide Medicaid-reimbursable services are required to seek certification to receive Medicaid payments or to describe current efforts to obtain certification • Maintain documentation of each provider's Medicaid certification status	that the provider is able to receive Medicaid payments Document efforts and timeline for certification if in process of obtaining certification	
f. Maintenance of Effort (MOE), which includes the following: • Funds to be used to supplement, not supplant, local funds made available in the year for which the grant is awarded to provide HIV-related services to individuals with HIV disease • Political subdivisions within the State to maintain at least their prior fiscal year's level of expenditures for HIV-related services for	Documentation of the grantee's Maintenance of Effort, including submission of non-Ryan White amounts allocated and assurances that: • Part B funds will be used to supplement, not supplant, local funds made available in the year for which the grant is awarded • Political subdivisions within the EMA/TGA will maintain at least their prior fiscal year's level of expenditures for HIV-related services • The State will not use funds received under Part B in maintaining the level of	Collect and submit the following MOE information to HRSA/HAB annually: • A list of core medical and support services, budget elements that will be used to document MOE in subsequent grant applications • A description of the tracking system that will be used to document these elements • Budget for State contributors • Tracking/accounting documentation of actual contributions	N/A	PHS ACT 2617 (E) HAB Policy Notice 11-02

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individuals with HIV disease • State will not use funds received under Part B in maintaining the level of expenditures for HIV-related services as required in the above paragraph • Documentation of this maintenance of effort to be retained	expenditures			
g. Procedures in place to ensure that services are provided by appropriate entities: • Program services to be provided by public or nonprofit entities, or by private for-profit entities if they are the only available provider of quality HIV care in the area • Providers and personnel providing services expected to meet appropriate State and local licensure and certification requirements	• Documentation that program services are being provided by public or nonprofit entities unless private for-profit entities are the only available provider of quality HIV care in the area • Review of providers to ensure that the entities and the individuals providing services have appropriate licensure and certification, as required by the State and locality in which the provider is operating	• Review and monitor the licensing and certification of provider entities and staff to ensure they are valid and appropriate • Provide documentation of situations in which private for-profit entities are the only available provider of quality HIV care in the area • Have for-profit justification available for HRSA/HAB review as needed	N/A	DSS Policy Guidance No. 4 Clarification of Legislative Language Regarding Contracting with For Profit Entities 6/1/2000 HAB Policy Notice 11-02
h. Funded services to be	Documentation that funded	• Specify in RFP,	N/A	PHS ACT 2681 (c)

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integrated with other such services and coordinated with other available programs (including Medicaid), so that the continuity of care and prevention services for individuals with HIV is enhanced	Part B providers are expected to work collaboratively with each other, other available programs, and prevention providers to enhance continuity of care, as specified in RFP, contracts, MOU/LOA, and/or statements of work and standards of care	contracts, MOU/LOA, and/or statements of work expectations for service integration and coordination with other available programs • Work with the Planning Council and providers to improve linkages and strengthen the continuum of care • Encourage linkages between Part B providers and prevention providers • Describe in the annual grant application the continuum of care and ways the entities are integrated and coordinated		
4. Limitations on Use of Funds a. Expenditure of no more than 10% of the grant on planning and evaluation and no more than 10% on administrative costs, but not more than 15% on these costs combined, with funds expended in	Documentation that : • Grantee expenditures for administrative costs including planning and evaluation do not exceed 15% of grant funds when combined • Aggregate subgrantee expenditures for administrative purposes do not exceed 10% of service	• Clearly define administrative cost caps and allowable activities in the RFP, contracts, MOU/LOA, and/or statements of work • Monitor subgrantee expenditures to ensure that: o They meet the legislative definition of	N/A	PHS ACT 2612 (a-d) PHS ACT 2618 (b-d) HAB Policy Notices 97-01, 97-02, and 10-02 Dr. Parham-

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accordance with the legislative definition of administrative activities, and allocation of funds to entities and subcontractors such that their aggregate expenditure of funds for administrative purposes does not exceed 10% of those funds	dollars • Both grantee and subgrantee administrative expenditures meet the legislative definition of administrative activities	administrative activities o In the aggregate they do not exceed 10% of service dollars • Identify and describe all expenses within grantee budget that are categorized as administrative costs, and ensure that such expenses do not exceed 10% of the Part B grant		Hopson Letter 8/14/09, 4/8/10
b. Implementation of a Clinical Quality Management (CQM) program that meets HRSA requirements, with funding that does not exceed the lesser of 5% of total grant funds or $3 million	Documentation that: • The grantee has implemented a CQM program that that meets HRSA requirements • CQM funding does not exceed the lesser of 5% of program funds or $3 million	• Develop and implement a CQM plan • Develop a CQM budget and separately track CQM costs • Provide a budget and a financial report to HRSA that separately identify all CQM costs	N/A	PHS ACT 2618 (b)(E)
No use of Part B funds for construction or to make cash payments to recipients of services	Documentation that no Part B funds are used for construction or to make cash payments to recipients of services	• Specify in RFP, contracts, MOU/LOA, and/or statements of work the requirement that no Part B funds be used for construction and that no funds be used to make cash payments to recipients of services ***[See Section***	N/A	PHS ACT 2618 (b)

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		F.5, Direct Cash Payment] • Document grantee costs and ensure that no funds are used for construction; if the grantee is also a service provider, ensure that no Part B funds are used for cash payments		
c. No use of Part B funds to pay for any item or service that can reasonably be expected to be paid under any State compensation program, insurance policy, or any Federal or State health benefits program (except for programs related to Indian Health Service) or by an entity that provides health services on a prepaid basis	Documentation and certification that no Part B funds have been used to pay for any item or service that could reasonably be expected to be paid for under any State compensation program, insurance policy, or Federal or State health benefits program (except for programs related to the Indian Health Service) or by an entity that provides health services on a prepaid basis	• Maintain documentation that all costs that can be paid under any State compensation program, insurance policy, or federal or State health benefits program (except for programs related to the Indian Health Service) or by an entity that provides health services on a prepaid basis, have been paid under these programs and not through use of Part B funds • Provide certification that Part B funds have not been used in any of the specified situations	N/A	PHS ACT 2617 (b)(7)(F)
d. No use of Part B funds for AIDS programs, or	***[See Section G.I, Drug Use and Sexual Activity]***	***[See Section G.I, Drug Use and Sexual Activity]***	N/A	PHS ACT 2684

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for development of materials, designed to promote or encourage, directly or indirectly, intravenous drug use or sexual activity, whether homosexual or heterosexual				
5. **Miscellaneous** a. Compliance with the statutory requirements regarding the imposition of charges for services, for those providers who charge for services	Refer to fiscal monitoring standards	Refer to fiscal monitoring standards	N/A	PHS ACT 2617
b. Submission every two years to the lead agency under Part B of audits consistent with Office of Management and Budget (OMB) Circular A-133 regarding funds expended under Part B	Documentation that all grantees within the State are submitting audits consistent with OMB Circular A-133 to the Part B lead agency every two years	Submit audits to Part B program every two years		PHS ACT 2617 (b)(4)(E)
c. Permission for and cooperation with any Federal investigation undertaken regarding programs conducted under the Ryan White Part B Program	Documentation and certification that the State will cooperate with any Federal investigation regarding the Part B Grant	Specify in RFP, contracts, MOU/LOA, and/or statements of work the requirement that the State and its subcontractors will cooperate with any Federal investigation regarding the		PHS ACT 2617 (b)(7)(D)

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		Part B Grant		
Section I: **Minority AIDS Initiative**				
Reporting Submission of an Annual Plan 60 days after the budget start date or as specified on the Notice of Award that details: • The actual award amount • Anticipated number of unduplicated clients who will receive each service • Anticipated units of service • Planned client-level outcomes for each minority population served under the Minority AIDS Initiative (MAI)	Documentation that the grantee has submitted an MAI Annual Plan 60 days after the budget start date that contains required elements and meets HRSA/HAB reporting requirements	• Prepare and submit an MAI Annual Plan with specified content that meets HRSA/HAB reporting requirements • Ensure that provider contracts contain clear reporting requirements that include funds spent, units of service provided, and client-level outcomes within each minority population served under the initiative	Establish and maintain a system that tracks and reports the following for MAI services: • Dollars expended • Number of clients served • Units of service overall and by race and ethnicity, women, infants, children, youth • Client-level outcomes	Part B Minority AIDS Initiative (MAI) Reporting Instructions
Submission of an Annual Report following completion of the MAI fiscal year	Documentation that the grantee has submitted an Annual Report on MAI services that includes: • Expenditures • Number and demographics of clients served • Outcomes achieved	• Prepare and submit a year-end report documenting expenditures, number and demographics of clients served, and the outcomes achieved • Ensure that provider contracts include clear reporting requirements	• Maintain a system to track and report MAI expenditures, the number and demographics of clients served, and the outcomes achieved • Provide timely data to the grantee for use in preparing the Annual	Part B Minority AIDS Initiative (MAI) Reporting Instructions

Standard	Performance Measure/ Method	Grantee Responsibility	Provider/Subgrantee Responsibility	Source Citation
			Report	
Section J: **Data Reporting Requirements**				
1. Submission of the **Ryan White HIV/AIDS Program Services Report (RSR),** which includes three components: the Grantee Report, the Service Provider Report, and the Client Report a. Submission of the online Grantee Report	Documentation that the State has submitted the annual online Grantee Report and that it includes a complete list of service provider contracts and the services funded under each contract	• Review the State's organization's information for accuracy • Review and if necessary correct the pre-filled list of funded contractors and the list of the contracted services for each provider • Submit the grantee report electronically by the deadline • Include contract language requiring providers and subgrantees to meet the reporting requirements	N/A	Ryan White HIV/AIDS Program Services Report Instruction Manual
b. Submission of the online service providers report	Documentation that all service providers have submitted their sections of the online service providers report	N/A	• Report all the Ryan White Services the provider offers to clients during the funding year • Submit both interim and final reports by the specified deadlines	Ryan White HIV/AIDS Program Services Report Instruction Manual
c. Submission of the online client report	Documentation that all service providers have submitted their	Ensure providers are entering client-level data,	• Maintain client-level data on each client	Ryan White HIV/AIDS Program Services Report

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	sections of the online client report	timely, accurately and completely.	served, including in each client record demographic status, HIV clinical information, HIV-care medical and support services received, and the client's Unique Client Identifier • Submit this report online as an electronic file upload using the standard format • Submit both interim and final reports by the specified deadlines	Instruction Manual
Section K: Consortia				
1. If established by the State at its discretion, **HIV care consortia** to be associations of one or more public health care and support service providers, and community-based organizations operating within geographic areas determined by the State to be most affected by HIV/AIDS ***Note**:* Private for-profit	• Documentation of the geographic area within the state to be served by each consortium • A list of providers that operate within each consortium area and are a part of the consortium and documentation of their government or nonprofit status • In cases where a private for-profit organization is designated a consortium service provider, assurance	• When making decisions on the creation and continued use of consortia, review information about proposed consortium providers and the services they provide. Require consortia to include in their applications: o information on the geographic region to be served and how they are affected by	• Maintain on file a list of the providers in its region • Document the geographic area served and how it is affected by HIV/AIDS and the providers that operate within that consortium area • Provide proof of non-profit status of funded providers in its consortium region • Provide appropriate	PHS ACT 2613 PHS ACT 2613(a)(1) PHS ACT 2613 (f)

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providers or organizations may be designated consortia if such entities are the only available providers of quality HIV care in an area	that the for-profit entity is the only quality provider of care within the consortium area	HIV/ADS o A listing of the HIV/AIDS service providers operating within the region and their government or nonprofit status • Obtain assurances from consortia when needed regarding the use and inclusion of for- profit entities as service providers • Monitor the list of provider agencies for each consortium to ensure that providers meet the requirements for consortium designation and participation	assurances to the State in cases where a private for-profit organization is the only quality provider of care within the consortium area	
2. **Consortium activities** to include planning, periodic program evaluation, and service delivery, through the direct provision of services or through agreements with other entities for the provision of outpatient health and supportive services as	Documentation through program files and client records that: • All services provided with Part B funds are allowable under Ryan White legislation and HRSA policies • Services provided meet Ryan White service category definitions	• Develop RFP, contracts, MOU/LOA, statements of work and/or consortium agreements that: o Clearly define allowable consortium activities o Specify required documentation to be included in client records and	• Maintain, and share with the grantee upon request, program and financial records that document: o Types of services provided o Use of funds only for allowable services o Assurances and agreements between	PHS ACT 2613

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permitted under Ryan White legislation ***Note:*** All services provided or contracted through consortia are considered ***support services*** and must be counted as part of the maximum 25% of service dollars that may be expended for such services	All services provided or contracted through a consortium are counted as support services	consortium administrative files • Review client records and service documentation to ensure compliance with contractual and Ryan White programmatic requirements • Review assurances and agreements for the provision of services between the consortium and its provider network • Provide fiscal documentation that all services provided or contracted through a consortium are counted as support services in the allocation of service dollars	consortium and providers • Maintain client records that include the required elements as detailed by the grantee	
3. Consortia to submit to the State signed **assurances** in order to receive funding from the State under Part B Program Assurances to affirm the following: • Within the geographic	Signed assurances from each consortium that affirm: • Identification of populations and subpopulations of individuals and families with HIV/AIDS identified, particularly those experiencing disparities in access and services and residing in historically	• Provide guidance to consortia through RFP, contracts, MOU/LOA, and/or statements of work on the need to submit the required assurances to the State in order to receive Part B funding • Obtain from consortia	Sign assurances and submit to the State as required in order to receive Part B funds	PHS ACT 2613 (b)(1)(A-C) PHS ACT 2613 (b)(2)(A-B)

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area in which the consortium operates, populations and subpopulations of individuals and families with HIV/AIDS have been identified, particularly those experiencing disparities in access and services and/or residing in historically underserved communities • The regional/geographic service plan established by the consortium is consistent with the State's comprehensive plan and addresses the special care and service needs of these populations and subpopulations of individuals and families with HIV/AIDS • The consortium will be the single coordinating entity that will integrate the delivery of services among the populations and subpopulations identified	underserved communities • Consortium regional/geographic service plan that is consistent with the comprehensive plan and addresses the special care and service needs of the specified populations and subpopulations • The consortium's role as the single coordinating entity that will integrate the delivery of services among the identified populations and subpopulations	the appropriate signed assurances as part of the annual funding cycle		

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Note: An exception to be given if the State determines that subpopulations exist with unique service needs within a consortium area and their service needs cannot adequately or efficiently be addressed by a single consortium				
4. Consortia to be required to submit **applications** to the State demonstrating that the consortium includes agencies and community-based organizations: • With a record of service to populations and subpopulations with HIV/AIDS requiring care within the community to be served, and • Representative of populations and subpopulations reflecting the local epidemic and located in areas in which such populations reside	Review of each consortium application to ensure that it demonstrates the inclusion of agencies and community-based organizations: • With a documented record of services to populations and subpopulations with HIV/AIDS requiring care within the community to be served With staff, clients, and (for nonprofit providers) Board members representative of populations and subpopulations reflecting the local incidence of HIV and that are located in areas which such populations reside	Develop an application process for consortia that meets specified requirements regarding the record of service and representativeness of consortium agencies and community-based organizations. Maintain on file a copy of each consortium's application	Submit to the State an application that provides specific documentation that demonstrates the service record and representativeness of consortium agencies and community-based organizations	PHS ACT 2613 (c)(1)(A)

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5. Each consortium to conduct **needs assessment** of service needs within the geographic area to be served, and ensure participation by individuals living with HIV/AIDS in the needs assessment process	Documentation that each consortium has: • Conducted a needs assessment to determine the service needs of the populations and subpopulations of individuals with HIV/AIDS and their families within the geographic area to be served • Ensured the participation of individuals with HIV/AIDS in the needs assessment process	• Develop clear guidelines, RFP, contracts, MOU/LOA, and/or statements of work with consortia that specify the requirements for consortium needs assessments, including participation of individuals with HIV/AIDS • Review needs assessment documents to ensure that requirements are met	• Conduct a needs assessment of the service needs of the populations and subpopulations of individuals with HIV/AIDS and their families within the geographic area to be served, meeting the requirements as specified by the State, including participation of individuals living with HIV/AIDS areas in the needs assessment process • Provide a copy of the needs assessment to the State for review	PHS ACT 2613 (c)(1)(B)
6. Each consortium to have a **service plan** for the geographic region served that is based upon evaluations of service need and designed to meet local needs Consortium to demonstrate adequate planning to	• A service plan description for each consortium providing documentation and assurances that the service plan addresses service needs and: o Specifies that service needs will be addressed through the coordination and expansion of existing programs before	• Develop clear guidelines, agreements, RFP's and contracts with consortia that outline the requirements for service plans and planning for families with HIV/AIDS • Require specified assurances related to o Coordination and expansion of existing	• Develop regional/geographic service plans for the consortia region that include required components and focus areas, attention to planning for families with HIV/AIDS, and participation of individuals living with	PHS ACT 2613 (c)(1)(B-C) PHS ACT 2613 (c)(1)(F)

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• Meet the special needs of families with HIV/AIDS, including family-centered and youth-centered care, and to provide assurances regarding content of the service plan • Address disparities in access and services and historically underserved communities State to receive assurances from consortia that through the service plan: • Service needs will be addressed through the coordination and expansion of existing programs before new programs are created • In metropolitan areas, the consortium's geographic service area corresponds to the geographic boundaries of local health and support service delivery systems to the extent practicable • In rural areas, case	new programs are created o Provides for geographic service areas in metropolitan areas that correspond, to the extent practicable, to boundaries of local health and support service delivery systems o Ensures that rural case management services link available community support services to specialized HIV medical services o Ensures the participation of individuals living with HIV/AIDS in needs assessment and service planning • Documentation of adequate planning to: o Meet the special needs for of families with HIV/AIDS, including family- and youth-centered HIV care services o Address disparities in access and services and historically underserved	programs o Use of common service boundaries in urban areas o Use of case management to link support services to specialized HIV medical care in rural areas • Participation of individuals living with HIV/AIDS in needs assessment and service planning	HIV/AIDS • Provide specified written assurances to the State	

Standard	Performance Measure/ Method	Grantee Responsibility	Provider/Subgrantee Responsibility	Source Citation
management services will link available community support services to specialized HIV medical services • Individuals living with HIV/AIDS have participated in the needs assessment and service planning	communities			
7. **Consultation** by each consortium with representatives of required entities in the establishment of the service plan for the consortium region At a minimum, consultation to include representatives of at least the following: • Public health or other entity that provides or supports HIV-related ambulatory and outpatient health care services within the geographic area to be served • At least one community-based organization organized solely to	Documentation in each consortium's service plan that the establishment of the service plan involved consultation with representatives of at least the following: • Public health or other entity that provides or supports HIV-related ambulatory and outpatient health care services • At least one community-based organization whose sole purpose is to provide HIV/AIDS services • Funded Part D program representatives or, if none, organizations with a history of serving women, infants, children youth and families living with HIV	• Provide guidance to consortia through RFP, contracts, MOU/LOA, and/or statements of work that representatives of specified entities and types of entities must be consulted in the establishment of the service plan for the consortium region. • Review documentation of consultation with required entities, such as meeting dates, minutes, agendas, and attendance lists	Maintain, and provide to the grantee on request, documentation that shows the involvement of the required representatives in the development of the service plan for the consortium region, such meeting dates, minutes, agendas, and attendance lists	PHS ACT 2613 (c)(2)

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provide HIV/AIDS services • Funded Part D program representatives; if none located in the consortium region, then organizations with a history of serving women, infants, children youth and families living with HIV • Diverse entities of the categories included in the membership of a Part A HIV health services planning council	• Diverse entities like those included as members of Part A HIV health services planning councils			
8. Each consortium to conduct periodic **evaluation** of its success in responding to identified needs and the cost-effectiveness of mechanisms used to deliver comprehensive care Each consortium required to • Report to the State the results of its evaluation • Make available upon request the data and	• Documentation of guidance provided to consortia by the State regarding evaluation requirements • Documentation that each consortium is conducting periodic evaluation of both consortium success in responding to identified needs and cost-effectiveness of mechanisms used to deliver comprehensive care, such as timetables and methodology for evaluations of success in meeting	• Provide clear guidance to consortia in RFP, contracts, MOU/LOA, and/or statements of work regarding evaluation requirements, including: o Legislative requirements for evaluation o State timetables and other guidelines for evaluation, such as a multi-year evaluation plan and description of what evaluation	• Develop plans and methods to evaluate service success and the cost-effectiveness of mechanisms used to deliver comprehensive care • Conduct evaluations in accordance with guidelines and timetables determined by the State • Make evaluation results and methodology information available to the State on request,	PHS ACT 2613 (c)(1)(D-E)

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methodology information needed for the State to conduct an independent evaluation	needs and cost-effectiveness of service delivery mechanisms • Grantee review of completed evaluations of service success and cost-effectiveness of service interventions in accordance with the established timeframes • Documentation that consortia are providing the State copies of evaluation results and both data and methodology necessary for the State to conduct independent evaluation	activities will be conducted each year • Requirement to report results and make data and methodology information available to the State for use in conducting independent evaluation • Receive and review evaluation results and methods	for review and for use in conducting independent evaluation	
Section L: **AIDS Drug Assistance Program (ADAP)** ***Note:*** Additional information on ADAP is provided above in *Section B:* Core Service, #3.				
1. State to provide **outreach (awareness)** to individuals with HIV/AIDS, and as appropriate the families	Documentation of: • State efforts and methods used to raise awareness of the ADAP program to individuals with HIV/AIDS	• Specify in RFP, contracts, MOU/LOA, and/or statements of work the requirement to provide outreach	• Document and make available to the State for inspection and review efforts to provide outreach (awareness)	PHS ACT 2616 (c)(3-5)

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of such individuals regarding the State ADAP Program to facilitate access to treatments for such individuals and to document progress in making therapeutics available	and their families • Design of systems to facilitate access to treatments • Progress made in successfully reaching populations in need of assistance, as indicated by new ADAP enrollment of individuals with HIV/AIDS from populations or locations identified as hard to reach	(awareness) of the ADAP program to those who may need it, facilitate access to ADAP and ways to document progress in making medications available • Include in State ADAP scope of activity specific plans and mechanisms for outreach and facilitation of access to treatments • Periodically review efforts to increase awareness of the State ADAP Program • Document assessments of access and enrollment in ADAP by target populations	of the ADAP program • Provide documentation of the success of outreach and access facilitation efforts, including evidence of increased enrollment in ADAP by target populations	
2. State to encourage, support, and enhance **adherence** to and compliance with treatment regimens including related medical monitoring. Activities to include: a. Enabling eligible individuals to gain access	• Documentation of expenditures demonstrating that no more than 5% of the State's ADAP budget is used for services that improve access to medications, increase and support adherence to medication regimens, and monitor client progress in taking HIV-related	• Specify in RFP, contracts, MOU/LOA, and/or statements of work requirement that drug rebates received on drugs purchased from funds provided pursuant to this section (2616/ADAP) are applied to activities supported under this subpart (Part	• Develop and implement a system to track the receipt of drug rebates • Use and document that drug rebate funds are being used to support additional Part B or ADAP activities, with priority given to ADAP activities, following State direction on how	PHS ACT 2616 (g) HAB Policy Notice 07-02

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to drugs b. Supporting adherence to the drug regiment necessary to experience the full health benefits afforded by the medications c. Providing services to monitor the client's progress in taking HIV-related medications ***Note:*** Cap of 5% of ADAP funds for these activities unless the State documents to the Secretary of HHS that an extraordinary circumstance exists, which increases cap to 10% of ADAP funding Extraordinary circumstances may include such factors as: • Demonstrated exceptionally low compliance and adherence rates among targeted segments of the clients receiving ADAP medications (e.g. active substance users, persons with serious	medications • Documentation of activities undertaken to improve access to medications, increase and support adherence to medication regiments, and help clients monitor their progress in taking HIV-related medications • Where applicable, documentation of extraordinary factors justifying the request to expend greater than 5% of ADAP budget on adherence tools and techniques •	B), with priority given to activities described under this section (2616/ADAP). Develop a system to track and monitor the receipt of drug rebate funds to ensure they are used to support additional Part B or ADAP activities • Develop and implement a plan for the use of drug rebate funds to support additional Part B or ADAP activities	to apply such funds	

Standard	Performance Measure/ Method	Grantee Responsibility	Provider/Subgrantee Responsibility	Source Citation
mental illnesses, etc.), or • Significant new numbers of clients entering ADAP who are new recipients of drug therapies (as a result of other outreach activities)				
3. Documentation and data sharing regarding Ryan White Part B ADAP expenditures used to cover costs of medication co-pays or otherwise contribute to **true out-of-pocket (TrOOP) expense** for clients enrolled in Medicare Part D in the coverage gap phase of the Part D program, so that such payments are flagged and counted by the Centers for Medicare and Medicaid Services (CMS) as coming from ADAP as a "TrOOP eligible payer"	Grantee documentation of: • Development and implementation of the data systems necessary to track and account for Part B payments for TrOOP expenses • Participation with the CMS online Coordination of Benefits (COB) contractor • Signed data sharing agreement between State ADAP and CMS • Amount of ADAP funds used to cover TrOOP expenses for clients on Medicare Part D	• Develop and implement necessary data systems for tracking and reporting Part B payments • Participate in data sharing with the CMS COB contractor • Sign a data sharing agreement with CMS and submit electronic enrollment files with specific information for the TrOOP facilitation contractor • Develop procedures to ensure that the client enrollment file includes a unique identification number or RxBIN/Processor Control Number for Medicare Part D enrollees		Dr. Parham-Hopson Letter 11/23/10 The Affordable Care Act, Public Law 111-148, Section 3314

Standard	Performance Measure/ Method	Grantee Responsibility	Provider/Subgrantee Responsibility	Source Citation
		• Monitor expenditures and reporting to ensure that: o Payments made are for covered Part D drugs • Costs are flagged as being from ADAP to ensure they are counted for TrOOP		
Section M: **State Application**				
1. Submission of a **Part B application** to the Secretary at such time, in such form and containing all agreements, assurances, and information the Secretary of HHS determines necessary in order to award a grant to the State under this program, including HRSA/HAB requirements as stated annually in the Part B Funding Opportunity Announcement and a detailed description of the HIV-related services	Review of application to ensure that it contains all required agreements, assurances, and information as stated in the Part B Program Guidance each year, including a detailed description of the HIV-related services provided in the State to individuals and families with HIV/AIDS during the previous year	Submit an application that meets HRSA/HAB requirements as stated annually in the Part B Guidance, including a description of the HIV-related services provided in the State during the previous year		PHS ACT 2617 (a) PHS ACT 2617 (b)(1) Funding Opportunity Announcement

Standard	Performance Measure/ Method	Grantee Responsibility	Provider/Subgrantee Responsibility	Source Citation
provided in the State to individuals and families with HIV/AIDS during the previous year				
2. Application to provide **needs assessment information** including data as specified in the Part B Program Guidance and: • The demographics and size of the population of persons living with HIV and AIDS in the State • Unmet need data including an estimate using the Unmet Need Framework • Disparities in access to and services among affected subpopulations and historically underserved communities • An estimate and assessment of progress and needs in the Early Identification of Individuals with HIV/AIDS (EIIHA)	Review of application to ensure inclusion of required needs assessment information, including: • The demographics and size of the HIV/AIDS population • Unmet need data including an estimate using the Unmet Need Framework • Disparities in access and services among affected subpopulations and historically underserved communities • An estimate and assessment of progress and needs in the Early Identification of Individuals with HIV/AIDS (EIIHA) • Other data as specified in the Part B Program Guidance	• Conduct needs assessment and analysis that meets HRSA/HAB application requirements as specified in the Part B Program Guidance and *Needs Assessment Guide* • Include in the application needs assessment information on: • The demographics and size of the population of persons living with HIV and AIDS in the State • Unmet need, including an estimate using the Unmet Need Framework, • Disparities in access to and services among affected subpopulations and historically underserved communities • An estimate of the number of people in the State who know they	N/A	PHS ACT 2617 (b)(2-3) Funding Opportunity Announcement Ryan White Needs Assessment Guide

Standard	Performance Measure/ Method	Grantee Responsibility	Provider/Subgrantee Responsibility	Source Citation
		are HIV-positive but are not in care and an assessment of progress and needs in EIIHA		
3. Designation in the application of a **lead State agency** to carry out the duties and functions of the Part B program, as specified in the Ryan White legislation, HRSA/HAB policies, and the Program Guidance Lead agency to: • Administer Part B grant funds • Conduct needs assessments and prepare the state plan • Prepare grant applications for submission to HRSA/HAB • Receive Part B program notices • Collect and submit audits in accordance with OMB circular A-133 Carry out other duties appropriate to facilitate the	Designation in the application of a lead State agency and description of its plans to carry out the following duties and functions of the Part B program: • Administer Part B grant funds • Conduct needs assessments and prepare the state plan • Prepare grant applications for submission to HRSA/HAB • Receive Part B program notices • Collect and submit audits in accordance with OMB circular A-133 Carry out other duties appropriate to facilitate the coordination of programs under Part B	Submit an application that designates a lead State agency that has the capacity and specific plans to carry out all specified duties and functions of the Part B Program		PHS ACT 2617 (b) (4) Funding Opportunity Announcement

Standard	Performance Measure/ Method	Grantee Responsibility	Provider/Subgrantee Responsibility	Source Citation
coordination of programs under Part B				
4. Submission of a **comprehensive plan** to HRSA/HAB that describes the organization and delivery of HIV health care and support services to be funded with assistance under Ryan White Part B and meets other requirements as stated in the HRSA/HAB comprehensive plan guidance Plan to include the following: • Priorities for the allocation of funds • A strategy for identifying individuals who know their HIV status and are not in care, • A strategy for the coordination with HIV prevention programs, programs for the prevention and treatment of substance	Review of comprehensive plan to ensure that it describes the organization and delivery of HIV health care and support services to be funded with assistance under Ryan White Part B and includes all specified components as stated in the legislation and the guidance provided by HRSA/HAB regarding the contents and timing for submission of the comprehensive plan	Prepare and submit a comprehensive plan to HRSA/HAB that includes all information and components specified in the legislation and in the guidance provided by HRSA/HAB	N/A	PHS ACT 2617 (b)(5)(A-G)

Standard	Performance Measure/ Method	Grantee Responsibility	Provider/Subgrantee Responsibility	Source Citation
abuse, • A description of how the quality of health and support services will be maximized • Coordination with other related services for individuals with HIV/AIDS • A description of how the resources allocated and prioritized for core and support services under this program are consistent with the Statewide Coordinated Statement of Need (SCSN) • Key outcomes to be measured by all entities that receive funding under the Ryan White Part B program				