

Ryan White HIV/AIDS Treatment Extension Act Part A
Boston Eligible Metropolitan Area

Provider Manual

Fiscal Year 2023

March 1, 2023 - February 29, 2024

**BOSTON
PUBLIC
HEALTH
COMMISSION**



Ryan White Services Division
Infectious Disease Bureau
Boston Public Health Commission

1010 Massachusetts Avenue, 2nd Floor
Boston, MA 02118

ryanwhiteservices@bphc.org

[Ryan White Services Division](#)

Map of the Boston Eligible Metropolitan Area

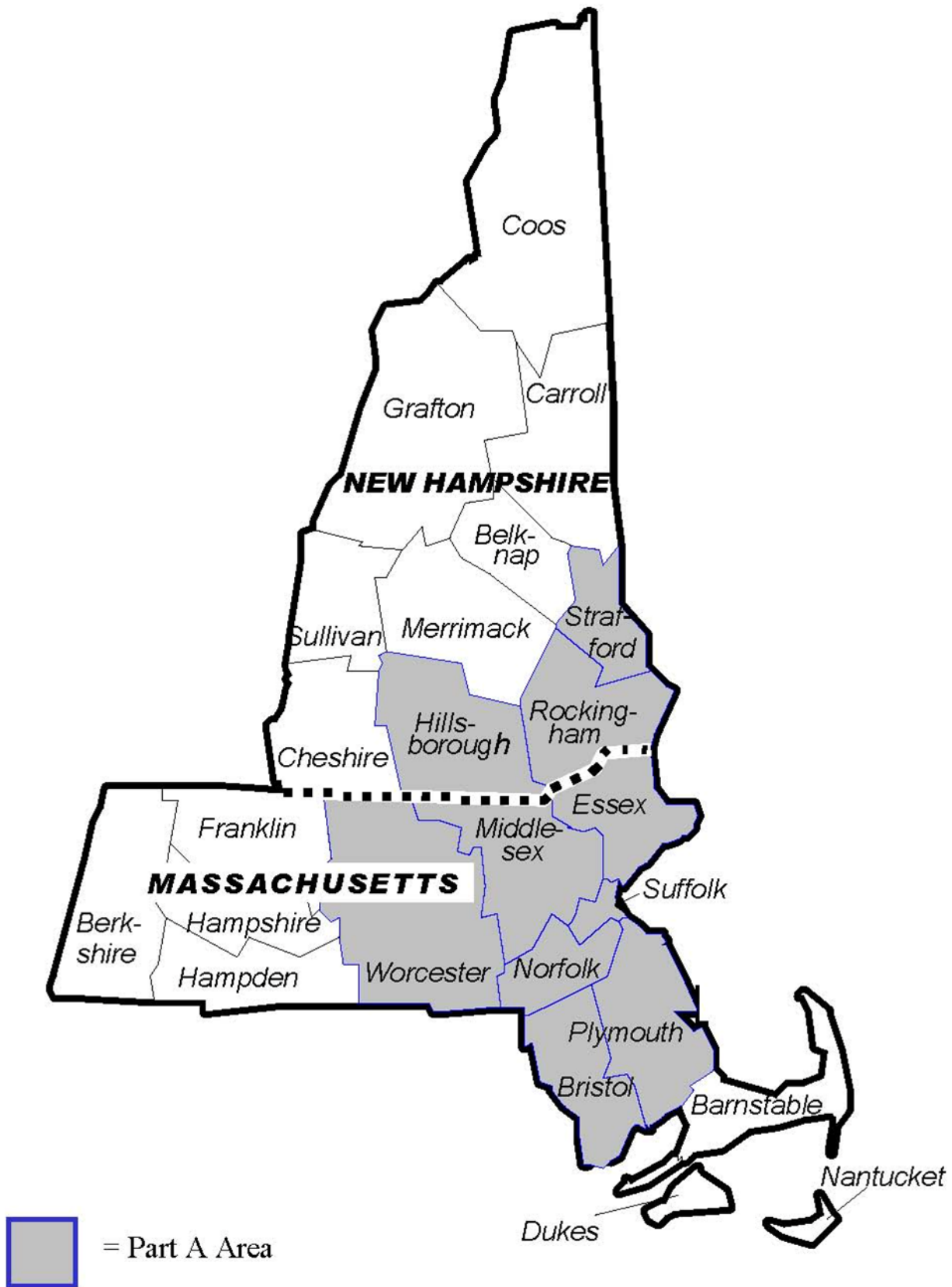


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Introduction

The Ryan White HIV/AIDS Program (RWHAP), began in 1990 and since then, the Boston EMA has provided funding and services to people living with HIV. RWHAP is most extensive Federal program directed exclusively toward providing core medical and support services to people living with HIV. The goal of RWHAP is to improve HIV-related health outcomes, increase viral suppression, and reduce HIV transmission. The Ryan White Services Division currently funds 13 core medical and support services.

We are proud to have been a part of the National Ryan White HIV/AIDS Program throughout the 30 years in which it has been in operation. The Ryan White Part A program in the Boston EMA serves clients at 32 agencies across 10 counties. It is highly effective, serving over 5,000 clients, and achieving an 89.65% viral suppression rate.

The FY23 Provider Manual is updated from previous iterations and includes guidance, policies, and protocols related to Ryan White services, grants management, and fiscal management. Please feel free to reach out to our team at any time with questions or feedback on this document. We will update the manual as needed throughout the year.

We deeply appreciate the dedication, creativity, and innovation that providers across the Boston EMA have demonstrated to ensure critical services for people living with HIV. We look forward to working with you in new ways over the coming year. It is an honor to be your partner in eliminating new HIV infections and ensuring that PLWH have the opportunity to maximize their health and well-being.

Sincerely,
Ryan White Services Division
Boston Public Health Commission

Program Reporting Rules FY 2023

Reporting Rules

Reporting, as outlined below, is a mandatory deliverable within the Ryan White Part A scope of work. Failure to produce timely and adequate reports may jeopardize the subrecipient's eligibility or consideration for funding in subsequent years.

1. The subrecipient must maintain a record of participating Part A clients in BPHC's e2Boston System. Subrecipients must register all clients in e2Boston, including information regarding their demographics, exposure category, diagnostic information, housing and insurance status, and medical history. **Every month**, the subrecipient must enter utilization data for each client, including units of service delivered, dates of service, and the number of units.
2. The subrecipient must complete an Outcome Measurement Report to quantify and track the health of each client served. A "Client Clock" monitors outcomes reporting on a 6-month cycle during which the client received services.
3. Subrecipients must notify Ryan White Services Division (RWSD) of updates to their annual work plan.
4. Subrecipients must report changes to primary Ryan White Part A program contacts to their assigned contract manager as soon as possible and no later than within a month of the change. If a subrecipient receives Medical or Non-Medical Case Management and Psychosocial Support Services, they must report changes in their case management and psychosocial support staff to the Case Management Training Program, and Psychosocial Support training and ensure the staff attend the required trainings. Subrecipients should contact their contract manager with any questions.
5. All subrecipients must complete the Ryan White Services Report (RSR) each calendar year. RWSD will release additional information in January 2024 before the RSR submission. [See the Ryan White Services Report.](#)
6. All subrecipients must comply with the requirements detailed in the Ryan White Standards of Care.

Reporting Due Dates

Submission	Reporting Period	Due Date
Invoices and Service Data Entry Submission of Fiscal Invoice and Client Utilization Data	Mar 1, 2023 - Feb 29, 2024	30 days after each month's end Apr 30, 2023 – Mar 30, 2024
Deadline for Final Budget Revisions	Mar 1, 2023 - Feb 29, 2024	January 15, 2024
Outcomes Reporting	Mar 1, 2023 - Feb 29, 2024	Client outcomes must be entered into e2Boston within six (6) months of the initial date of service occurring during the fiscal year.
HRSA Ryan White Services Report (RSR-Client Level Data)	January 1, 2023 - December 31, 2023	TBA

Program Performance

The Boston Public Health Commission reserves the right to suspend, reduce, or terminate the subrecipient's contract if it determines the subrecipient has failed to make substantial progress on its goals and objectives, that such failure is unreasonable, and if the subrecipient does not demonstrate an adequate strategy to address obstacles to that progress.

RWSD will assess subrecipient program performance through monthly calls, annual site visits, and ongoing monitoring and review of the following:

1. Program utilization and spending
2. Compliance with the program and fiscal requirements
3. Demonstrated efforts to link and retain clients in care
4. Client outcomes

Annual Site Visit: Please note additional information on site visits for FY 23 will be released early in the program year.

BPHC, or other entities on behalf of BPHC, will conduct annual site visits to monitor site compliance with grant rules and regulations. The site visit is an opportunity for RWSD staff to deepen their understanding of agency service models, learn about program successes and needs, identify areas in which agencies are out of compliance with federal and local regulations, and support the development of action plans to improve compliance. While most subrecipients will receive one site visit per fiscal year, this may vary by site. During site visits, RWSD staff will meet with subrecipient staff and review budgetary and programmatic records, including client files, program policies, and other relevant documentation. BPHC staff will coordinate with sites in advance to ensure that key personnel involved in the implementation of the Ryan White Part A Scope of Services are available to meet during the site visit. The subrecipient will receive notice of a scheduled site visit 30-45 business days in advance of the site visit. RWSD will attempt to accommodate subrecipient schedules as best as possible but reserves the right to visit a funded subrecipient at a time of our choosing and without advance notice.

Additional information may be requested before, during, or after the site visit. The subrecipient will have a reasonable amount of time to produce such information. [See Annual Site Visits](#)

Client Eligibility

The subrecipient must comply with the **Financial Eligibility Policy for Ryan White Services** which requires funded subrecipients to screen HIV+ clients for income eligibility, based on a threshold of 500% of the Federal Poverty Level (FPL) as determined by the U.S. Department of Health and Human Services (HHS). Subrecipients must document client eligibility annually to assess changes to client eligibility. **See Guide to Collecting Eligibility Documents** and [Policy Clarification Notice 13-02](#). You can also refer to the Boston EMA's **FY 23 Service Standards** for more detail.

Technical Assistance & Non-Compliance

All subrecipients can request technical assistance at any time from their assigned contract manager. Contract managers will notify appropriate staff at a subrecipient site if the agency is out of compliance with programmatic or fiscal requirements. Contract managers will work with the subrecipient to develop a time-bound plan to correct the compliance issue(s).

Opportunities for Building Quality Improvement Capacity

HRSA [Policy Clarification Notice 15-02](#) requires recipients to establish a Clinical Quality Management (CQM) program to support improving patient care, health outcomes, and patient satisfaction. BPHC's Ryan White CQM Program aims to enhance the EMA's capacity to integrate quality improvement into the work by providing training, technical assistance, and access to other resources that address the three main components of the Ryan White CQM Program: Infrastructure, Performance Measurement, and Quality Improvement (QI):

Infrastructure

1. **CQM Committee:** A committee representative of the demography of the EMA that guides, advises, and provides feedback on all aspects of the Ryan White Clinical Quality Management Program.
2. **CQM Plan:** The BPHC CQM Plan highlights the quality improvement goals of the Boston EMA. The CQM Program will continue to support the overall EMA goals to build a quality improvement culture among subrecipients and to increase viral suppression among PLWHA.
3. **IHI Open School:** The CQM Program maintains an IHI Open School group subscription with licenses for Ryan White Part A stakeholders who are looking to enhance their skillset in conducting improvement work. Providers who are interested in taking coursework on Quality Improvement through the Institute of Healthcare Improvement (IHI) Open School learning platform, should complete an application: <https://bit.ly/3bKHZ4y>. This subscription is free of cost to Ryan White Part A stakeholders and lasts for up to one year, with the option to renew. Please contact the CQM Team at cqm@bphc.org if you would like to discuss your QI learning goals and coursework in Open School that can help you achieve them.
4. **Life QI:** The CQM Program provides all Ryan White Part A subrecipients in the Boston EMA with access to Life QI, an online quality improvement platform. Subrecipient staff can use Life QI to track and manage QI projects and collaborate with other subrecipients on collective improvement efforts.
5. **e2Boston:** e2Boston is a cloud-based database that houses client-level information for Part A and the Ending the HIV Epidemic grant. Every funded provider under these two grants is required to enter clients' eligibility, demographic, medical, services, and health outcome information into e2Boston. The CQM Program relies heavily on the aggregate reports that are generated in e2Boston to understand program performance in the Boston EMA. This helps the CQM Team to identify areas of improvement, quality gaps, and improvement success.

Performance Measurement

1. **Quarterly Data Displays:** A data display is a visual tool that displays each agency's performance measure data based on e2Boston data. Examples of performance measures include gaps in medical visits and viral suppression rates for clients. Each quarter, CQM staff will create and share data displays for a subset of services across the EMA, currently including Medical Case Management, Non-Medical Case Management, Oral Health, Housing, and Food Bank/Home Delivered Meals. This visual tool displays aggregate client outcomes over time and can be used as a basis for developing data-driven quality improvement initiatives to improve client outcomes.
2. **e2Boston Reports:** The CQM Team uses the HAB Measures, Outcomes Measure Distribution, and Demographics reports to evaluate program quality and identify improvement needs. CQM staff also use the Performance Summary and Outcomes Submission Status reports to help monitor data quality. **Subrecipients are encouraged to run the Outcomes Submission Status report at least once permonth to help ensure timely and accurate entry of Outcomes data.**
3. **Quality Improvement Culture Assessment:** The purpose of this assessment is to evaluate the current quality improvement activities and capacity of subrecipients and to identify strengths as well as opportunities to improve. The assessment informs the CQM Team of subrecipients' QI goals and projects and serves as a

benchmark for improvement projects. The CQM Program administered this assessment in 2018 and 2021. Starting in January 2023, CQM staff plan to administer the Culture Assessment annually and will notify subrecipients at that time.

Quality Improvement

1. **Quality Improvement Projects and Initiatives:** Part A subrecipients are encouraged to engage in QI projects and/or initiatives each fiscal year. The CQM Program can support these projects that aim to improve client care, health outcomes, and client satisfaction among Part A clients within the Boston EMA. CQM staff can provide technical assistance, QI training, tools, other resources, and financial assistance through mini-grant funding for projects that align with system-wide priorities.
2. **QI Learning:** The CQM Program aims to support learning opportunities related to high-priority improvement areas (as determined by the CQM Committee) and provide a library of QI resources and training modules for Ryan White stakeholders within the Boston EMA.
3. **Consumer Capacity:** The CQM Program is committed to training consumers to build their capacity in QI methodology.

Technical Assistance

1. **Monthly Monitoring Calls:** Starting in May 2023, there will be CQM-specific questions incorporated into the monthly call agenda that is facilitated by each agency’s Contract Manager. This component of the monthly monitoring calls is meant to promote a culture of continuous QI and ensure that agencies are efficiently connected with CQM staff for any needed TA.
2. **CQM Office Hours:** CQM staff now offer office hours to all Part A subrecipients for technical assistance and other CQM-related questions! Click [here](#) to schedule CQM Office Hours.
3. **e2Boston Training:** Please refer to the e2Boston Resource Center for training content pertaining to data entry and reports, including entry of Outcomes data and utilization of CQM reports.
4. **Supplementary CQM resources:** In the e2Boston Resource Center under the section labelled “CQM Information.” These additional resources provide subrecipients with up-to-date Ryan White CQM initiatives and relevant explanatory material. Subrecipients are encouraged to utilize these materials and the CQM Office Hours to ensure their QI initiatives are implemented with evidence-based practices and methodology.

CQM Information	
FY 2022-24 CQM Plan.pdf	FY 2022-24 CQM Plan
FY22 CQM Info Session_Slides.pdf	FY 2022 CQM Informational Session Slides
FY22 CQM Info Session_Recording.mp4	FY 2022 CQM Informational Session Recording
https://tinyurl.com/2p97dpsn	CQM Office Hours Scheduling Link
IHI Open School Flyer.pdf	IHI Open School Flyer
https://forms.office.com/g/cfLyHn7uf	IHI Open School Application
2023 QI Culture Assessment.docx	2023 QI Culture Assessment
2023 QI Culture Assessment Guide.pdf	2023 QI Culture Assessment Guide
2023 QI Culture Assessment Explanatory Slides.pdf	2023 QI Culture Assessment Explanatory Slides
https://vimeo.com/790144392	2023 QI Culture Assessment Explanatory Video

This section includes instructions about how to add new clients, complete the client utilization form, add services and subservices, report client outcomes, and complete the Ryan White Services Report using the e2Boston database. If you require more assistance, please review the e2Boston User Manual found within the Resource section of e2Boston or contact Irina Neshcheretnaya at 617-534-2698 or ineshcheretnaya@bphc.org.

E2Boston Trainings

Over the course of the previous fiscal year, the Ryan White Services Division published several trainings to supplement and support the Boston EMA agencies' knowledge and skills regarding e2Boston. As a note, it is **the responsibility of the agencies to conduct training for its employees** on the use and application of the system. The trainings released by the Division are intended to provide an introduction and be an additional resource for the agencies and data enters.

The available trainings can be found in the e2Boston Resource Center under the section labeled, "e2Boston User Trainings Slides" and "e2Boston User Trainings Videos". e2Boston training content is offered in both PowerPoint slide and video format to ensure accessibility of e2Boston trainings. When e2Boston users click on the highlighted text in either section, it will either download the slides or open a new tab with the linked video.

e2Boston User Trainings Slides	
Getting Started with e2Boston_Slides.pdf	1. Getting Started with e2Boston_Slides
e2Boston Clients Record. Entering Shareable Client Information_Slides.pdf	2. e2Boston Client's Record. Entering Shareable Client Information_Slides
e2Boston Clients Record. Eligibility and Data Sharing. Slides.pdf	3. e2Boston Clients Record. Eligibility and Data Sharing. Slides
e2Boston RSR Report.pdf	4. e2Boston RSR Report
Entering Non-Shareable Client Information.pdf	5. Entering Non-Shareable Client Information

e2Boston User Trainings Videos	
Getting Started with e2Boston_Video.mp4	1. Getting Started with e2Boston Video
entering_shareable_client_information_video.mp4	2. Entering Shareable Client Information Video
e2Boston Clients Record. Clients Eligibility and Data Sharing. Video.mp4	3. e2Boston Clients Record. Clients Eligibility and Data Sharing. Video
e2Boston training RSR.mp4	4. e2Boston RSR Report
e2Boston training Non Sharable Data.mp4	5. e2Boston Non-Sharable Data video

Each video provides background information about the topic of the training, pertinent information on its application, and step-by-step tutorials by the RWSD Data Manager on how to perform specific activities.

The following is a summary of the available trainings:

1. **Getting Started with e2Boston-** How to access the website, Setting up an account, Navigating the website
2. **Entering Shareable Client Information-** Why is data entry important, How to create a client, What is the Client Search Tool, What is the Client Code and UCI, How to merge a client record, How to enter a client's Demographics, HIV Status and H&I tabs

3. **Eligibility and Data Sharing-** Why is entering a client’s eligibility important, What are HRSA’s Eligibility Requirements for Part A, How to enter Eligibility information and how to check their status, How to share a client with other agencies
4. **E2Bosotr RSR Report-** What is the RSR report, What is the Electronic Handbook, What is the RSR Client-Level Data report, Who are the Omitted Clients, How to use the Time Machine
5. **Entering Non-Shareable Client Information-** What information is not shareable, How to enter in Service, Outcomes, and Medical tab data, Purpose of entering non-shareable information

Please review the e2Boston announcements and Ryan White Services Division newsletter for more information about additional trainings coming out for Fiscal Year 23.

Adding a New Client

Intake Information

This entire section highlights the required data elements for a client’s record. However, we encourage you to fill in as much information as possible, such as the Client’s Primary Language and Country of Birth. When you create a client record, you first enter data into the Client Intake page. e2boston uses this information to create a Unique Client Identifier (UCI) and a Client Code. e2Boston also uses this information to check if the client already exists in your system. Once you verify the client is new, you can move to Client Demographics.

Client Code/Unique Client Identifier Information	
Last 4 Digits of SSN	Enter the last four digits of the client’s Social Security Number. If this is unknown, please enter “9999”.
Birth Date	Enter the client’s date of birth in mm/dd/yyyy format.
Mother’s First Name	Enter the first name of the client’s mother. If this is unknown, please enter “XXX.”
Sex at Birth & Current Gender	Indicate the client’s sex at birth (male or female) and indicate the client’s current gender (male, female, transgender, or unknown/unreported). If the client’s current gender is “transgender,” please indicate whether the transition was from male to female, female to male, other, or unknown if the client declined to give this information.

Demographics

All pages in the client record, including demographics, use red asterisks to indicate mandatory fields. On any given page, you must fill in all asterisked fields before you can save the information. e2Boston requires most of this demographic data for the Ryan White Services Report (RSR), which must be submitted to HRSA annually. Completing data entry now for client race and ethnicity means you don't need to do it later!

Residency

+ New Entry

10 records per page
Search:

Residency Updated as of	Address Line 1	City	State	Zip	County	Action
01/04/2021	(not specified)	(not specified)	Massachusetts	02118	Suffolk, MA	<input type="button" value="Q"/> <input style="margin-left: 5px;" type="button" value="Edit"/>

Showing 1 to 1 of 1 entries

1

Client Demographics

Client Contact Information

Phone

Email

Intake and Activity Information

* Vital Status

* Activity Status

* Date client first received HIV/AIDS support services at agency

* Referral Source

Race, Ethnicity and Language Information

* What is the client's ethnicity?

Client's Hispanic subgroup

Mexican, Mexican American, Chicano/a

Puerto Rican

Cuban

Another Hispanic, Latino/a or Spanish origin

* What is the client's race? (select all that apply)

White

Black or African American

Asian

Native Hawaiian/Pacific Islander

American Indian/Alaskan Native

Unknown/Unreported

What is the client's primary language

Select any other groups/nationalities that the client identifies with (select all that apply)

Sub-Saharan African

Cape Verdean

Haitian

Brazilian

Portuguese

Eastern European

Southeast Asian

Other

Where was the client born?

Residency	
Street Address, City,	Enter the client's street address and city of residency.
Zip Code	Enter the client's 5-digit zip code. Do not enter "99999". If the client's housing is unstable, enter the zip code where the client spends the most time or returns regularly, can receive messages, and is able to be contacted.
State	Select the state of client's residency.
Residency Updated as of	Enter the date of client's residency information.

Client Contact Information	
Phone	Place cursor over the box to enter client's contact number.
Email	Place cursor over the box to add client's email address.

Intake and Activity Information	
Date client first received services	Enter the date that the client first received HIV services at your agency in mm/dd/yyyy format.
Referral Source	Indicate how the client was initially referred to your agency for HIV services. If you choose "other," please specify what the means of referral was.
Activity Status and Reason for Discharge (if inactive)	Indicate whether the client is an active client at your agency. If they are inactive, please indicate the reason for their discharge if known (please select only one and include the date of death in mm/dd/yyyy format if they are deceased.)
Vital Status	Indicate whether the client Alive or Deceased. If the client is Deceased, please enter the Date of Death information.

Race, Ethnicity, and Language Information	
Client's Ethnicity	Indicate whether the client is Hispanic or Latino/a or if the client is not Hispanic or Latino/a.
Race (select all that apply)	Select the racial categories with which the client identifies. The "Unknown" category includes Latinos who do not identify with any race.
Ethnic Subgroup	If a client is Hispanic or Latino/a, Asian, or Native American, an option will appear to mark their Ethnic Subgroup. Please fill this out as it is now part of RSR Reporting.
Primary Language	Select the primary language spoken by the client.
Country of Birth	Input where the client was born: in the U.S, a territory of the U.S., or outside of the United States.

HIV Status

This page contains info about the client's HIV status, as well as the original exposure category. e2Boston allows for the reporting of Multiple exposure categories per client. The HIV status should be updated if the client's status changes. (i.e., Diagnosed with AIDS.)

Diagnostic Information

*** HIV verification is required**

HIV+, not AIDS

Month of client's HIV diagnosis: November

Day of client's HIV Diagnosis: -- Please Select --

* Year of client's HIV diagnosis: 2019

*** HIV Exposure Category (select all that apply)**

Men who have sex with men (MSM)

Injection drug users (IDU)

Heterosexual contact

Perinatal transmission

Hemophilia/Coagulation disorder

Through blood, blood products, tissue

Risk factor not reported or identified

Has the client been diagnosed with Hepatitis C (HCV)?

-- Please Select --

Connection to Care

Does the client currently have an HIV/AIDS Medical Provider?

Date Last Updated: Today

HIV Verification (select one)	Please indicate the client's current HIV status by selecting one of the available options. Then, provide the Month, Day, and Year of the diagnostic information. <u>Important:</u> RWSD requires HIV verification for all HIV-positive clients.
HIV exposure category (select all that apply)	Please indicate all applicable exposure categories for the client's HIV status. You may choose more than one.
Connection to Care	Please indicate whether the client currently has an HIV/AIDS medical provider. Include updates to this field when applicable.

Housing & Insurance Status

This part of the client record contains income, medical insurance, and housing information. The first two are the main components of Ryan White eligibility. When reassessing a client for eligibility, this section must be updated EACH time.

Income

[+ New Entry](#)

10 records per page Search:

Income Date	Gross Income	Gross Income Type	Family Size	FPL (%)	Action
03/07/2022	15000.00	Annual	1	110	<input type="button" value="Edit"/>
03/05/2021	15000.00	Annual	1	116	<input type="button" value="Edit"/>

Showing 1 to 2 of 2 entries

Insurance

[+ New Entry](#)

10 records per page Search:

Indicate all sources of medical insurance that the client has	Medical Insurance Date	Action
<input checked="" type="checkbox"/> Medicaid	03/07/2022	<input type="button" value="Edit"/>
<input checked="" type="checkbox"/> Medicaid	03/02/2021	<input type="button" value="Edit"/>

Showing 1 to 2 of 2 entries

Housing

[+ New Entry](#)

10 records per page Search:

Housing Status	Permanent Housing	Subsidized Housing	Housing Status Date	Action
Permanent housing	Rental	Yes	03/07/2022	<input type="button" value="Edit"/>
Transitional housing	(not specified)	(not specified)	03/02/2021	<input type="button" value="Edit"/>

Once you click the New Entry button, the data entry screen will be opened to allow add the information. After you Save this information, it will be added to the history grid and this most recent value will be used for the client's eligibility and reporting.

Income

New Entry | Income

* Gross Household Income in Dollars * Federal Poverty Level (%)

* Gross Household Income Type Annual Monthly Biweekly Weekly * Income Information Updated as of:

* Family Size in Persons

[+ New Entry](#)

10 records per page Search:

Income Date	Gross Income	Gross Income Type	Family Size	FPL (%)	Action
03/07/2022	15000.00	Annual	1	110	<input type="button" value="Edit"/>
03/05/2021	15000.00	Annual	1	116	<input type="button" value="Edit"/>

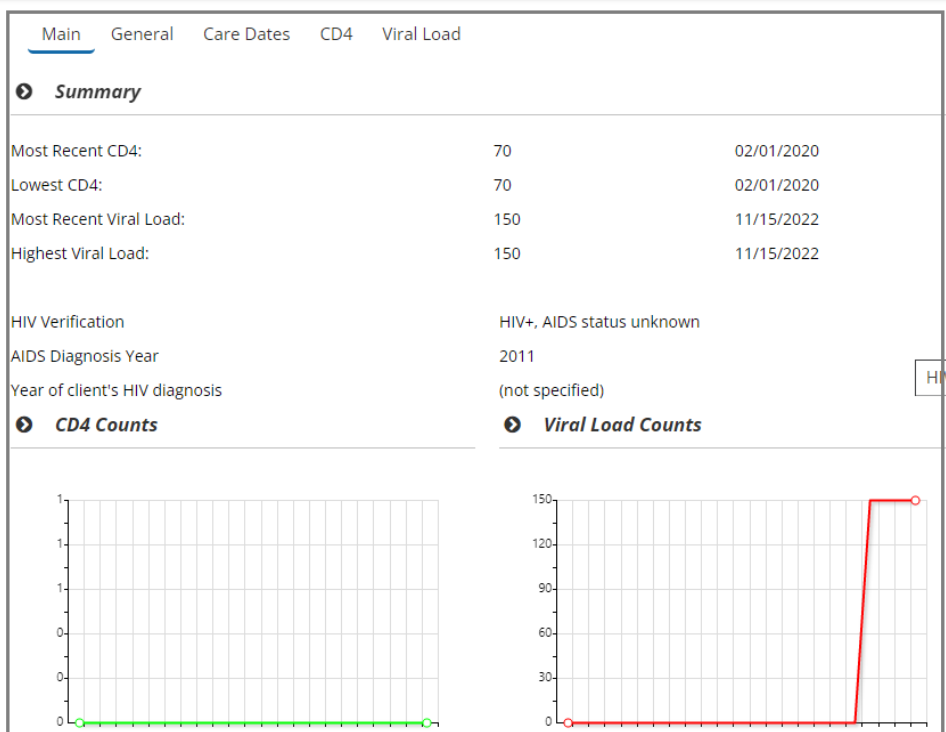
Income	Please provide the client's gross household income, income type, client's family size, and the date of income information. The FPL % will be calculated automatically.
Source of Client Medical Insurance (check all that apply)	Please indicate the client's source of primary medical insurance. If the client has more than one source of coverage, select all applicable sources. Also, include an update date of when this information changes.
Housing Status (select one)	Please indicate the client's housing status and update the date if the information changes. If "Permanent housing" is selected, another question will appear, asking whether the housing is owned or rented. If the client is renting, indicate if it is subsidized or unsubsidized housing.

Medical History

Both Medical tabs are mandatory for Medical Case Management Service Providers and available for all other providers.

Medical

This page contains information about the client's medical history. You will need to go through each of the tabs outlined in the image to the right and complete the sections entitled, "General, Care Dates, CD4, and Viral Load." The information completed in those sections will then auto-populate on the "Main" tab and be reflected in the Outcomes tab as well.



General Medical

This section is to input data on the client's first HIV/AIDS medical visit and the most recent visit.

Please complete the question under "One-Time Data" on the first medical visit that the client had at their current

medical physician’s office.

Next, under “General Medical,” please put in an entry for the medical visit referred to in the first section and complete the following questions. Click “Save” when complete.

The screenshot shows a web application interface with the following elements:

- Navigation tabs: Main, **General**, Care Dates, CD4, Viral Load
- Section: **One-Time Data**
- Text: "What was the date of the client's first HIV/AIDS medical visit (at agency where currently in care)?"
- Date field: 04/28/2014 (with a calendar icon) and Today
- Button: Save Changes
- Section: **General Medical**
- Button: + New Entry
- Dropdown: 10 records per page
- Search: Search: []
- Table:

Logged Date	PCP Prophylaxis Prescribed	HAART Prescribed	Action
03/15/2022	Yes	Yes	[Search] [Edit] [Delete]
04/07/2020	Unknown	Yes	[Search] [Edit] [Delete]

One-Time Data: Client’s first HIV/AIDS Medical Visit	Record the client’s first HIV/AIDS medical visit at the location in which they are currently receiving medical care.
General Medical: New Entry, General Medical	Answer this section based on the client’s previously noted HIV/AIDS medical appointment.

Care Dates

In this tab, please list the dates of all the client’s HIV/Medical Care visit dates during the past calendar year. If they had more than one appointment, please list them all to the best of the client’s recollection.

CD4

Please enter the client’s most recent CD4 results with the administration date of the test. If information is given by self-report, record to the best of the client’s recollection.

Viral Load

Enter the client’s most recent viral load results with the administration date of the test. If information is given by self-report, record to the best of the client’s recollection. If the client’s viral load is <75 ppm, please check the box “Viral Load Undetectable.”

Medical II

This page contains information about the client’s history of being screened for STIs and other infectious diseases. You will need to go through each of the tabs outlined in the image below and complete the sections titled, “Gonorrhea, Chlamydia, Hepatitis A/B/C, Syphilis, TB, and HPV Screenings.”

Gonorrhea/Chlamydia	Add a new entry for any new test for gonorrhea or chlamydia. After clicking “New Entry,” complete the additional questions in that section and click “Save.” If the client has not had a screening for these infections, then click through to the “Hepatitis A/B/C” tab.
Hepatitis A/B/C	Respond to the questions in this section regarding screenings and treatment for hepatitis A, B, & C. All questions marked with an asterisk are required. Click through to the “Syphilis” tab when complete.
Syphilis	Add a new entry for any new testing for syphilis. After clicking “New Entry,” complete the following questions in that section and click “Save.” If the client has not had a screening for these, then click through to the “TB” tab.
TB	Respond to the questions in this section regarding screenings and treatment for tuberculosis. All items marked with an asterisk are required. Click through to the “HPV Screenings” tab when complete.
HPV Screenings	Add a new entry for any testing for HPV. After clicking “New Entry,” complete the additional questions in that section and click “Save.” If the client has not had a screening for HPV and all other Medical II data is complete, you may move to the “Services” section of the intake.

Adding Services & Subservices

Reporting Units into e2Boston and unit-rate documentation

Programs are required to use e2Boston to track service utilization for funded activities. BPHC uses the client code and unique client identifier to link service activities to specific clients. **All programs must enter, upload/import utilization data into e2Boston monthly.** Monthly data entry is due each month by the 30th of the following month. For example, April data needs to be entered by May 30th.

Types of Reporting Units

While the reporting deadlines and requirements vary for expense reimbursement and unit-rate programs, client activity itself is reported similarly for both types of programs. RWSD will use client utilization data as support documentation for units billed. Client activity is recorded in two ways:

- 1. Time-Based Units of Service:** If a subservice is an hourly time-based activity, use quarterly increments to reflect the time-based activity. *Examples:*
 - a. If a client meets face-to-face with his Case Manager for 15 minutes, record the visit as 0.25 units.
 - b. If the staff holds an individual psychosocial support session with a client for 75 minutes in her office, record the visit 1.25 units.
- 2. Units of Service:** When recording discrete service activities tied to a unit-rate budget or line-item (e.g., meals, bed days, supported referral), record the unit as one (1). *Examples:*
 - a. A completed Case Management Intake should be recorded as one (1) unit.
 - b. A completed supported referral should be recorded as one (1) unit.
 - c. A transitional housing program funded to provide bed days for clients would record each bed day provided for each client as one (1) unit.
 - d. A meals program funded to provide food bank packages for clients would record each package distributed to clients as one (1) unit.

Add Services

User: Demo Provider

Service Date: / / Today

Program:

Service:

Subservice:

Contract:

TeleHealth:

Service History

Service Date: Last 100 Visits

10 records per page Search:

Date	Service	Funding Stream	Subservice	Voucher Amount	Units	teleHealth	Edit	Del.
01/10/2023	Non-Medical Case Management	Ryan White Part A	Visit, General	0.00	0.75	Yes		
01/10/2023	Medical Case Management	Ryan White Part A	Initial Intake, Started	0.00	1	Not Recorded		

Instructions for entering subservices

First, select the service date. Some services, such as Rental Assistance, have special conditions listed for services that will appear on the screen if you enter the wrong date. Next, choose the service category and subservice category for the service rendered. E2Boston will automatically limit agencies to the service(s)/subservice(s) for which they are funded based on the date of service entered. If the service has not been provided in-person, you must mark it as a

telehealth service. To do that, please select “Yes” in the Telehealth drop-down box.

After you hit the Add Service button, the Service Details screen will appear underneath the Add Services field. Provide the required details for the service and double-check to make sure the information is correct. All Service Detail screens provide additional space to write optional Service Notes. You may use notes to include other details about a client's service for your reference, or for RWSD to look at later. E2Boston saves all service notes, and service notes are accessible in a client's Service History.

Important Notes:

- **E2Boston does not allow users to enter a service for Inactive clients.**
- **The system saves the service entry for Ineligible clients but this client will not be included i into the RSR report.**

e2Boston: Data Sharing and Eligibility

Background

e2Boston is a data-sharing system that allows Boston EMA providers to input new client information, client data, provider services, and subservices, client outcomes, and complete annual Ryan White Services reporting requirements. The system includes a data sharing and eligibility module as an additional e2Boston provider feature. The goal of the data sharing and eligibility module is to centralize access and control of client eligibility data, with client consent, allow Boston EMA providers to assess client eligibility for Ryan White Part A services across multiple providers based on client eligibility information already inputted in the e2Boston system by other Part A providers.

The data sharing and eligibility module benefits Boston EMA providers in the following ways:

- ✓ Reduce administrative burden for Boston EMA providers and clients
- ✓ Significantly improve the quality and accuracy of RWSD client data
- ✓ Reduce the risk of client duplication
- ✓ Reduce the burden of duplicative data entry
- ✓ Improve collaboration between RWSD funded agencies

***Important Note:** HRSA’s Ryan White Part A eligibility requirements have not changed from FY21. A summary of eligibility verification/documentation requirements is in Appendix 2 and further guidance is in the Service Standards and Provider Manual. Please contact your contract manager with questions.

Data Sharing

The ONLY client information that is shared as part of the Data Sharing and Eligibility module is the following:

- Client’s intake data, including all Client Code and UCI components
- Client’s Eligibility Status and dates, including uploaded forms and verification documents
- Client’s demographic data
- Contact information and residency information
- Financial/employment/socioeconomic data
- Insurance information
- Record(s) of HIV/AIDS diagnosis and/or status

***Important Note:** No other information (including sensitive medical information, services provided, and/or outcomes data) will be shared when using the Data Sharing and Eligibility module.

Provider Expectations

Agencies are expected to follow the guidance below when using the Data Sharing and Eligibility module.

When Making a Referral to Another Part A Agency

When agencies refer a client to another Part A agency in the Boston EMA, they must:

1. Ensure eligibility status is current and that eligibility documentation is uploaded into e2Boston;
2. Complete and upload the [Consent and Authorization to Share Information Form](#) ** developed for the Data Sharing and Eligibility Module. Please note that if the client declines to authorize sharing, the information cannot be shared, and each agency will have to verify eligibility through a separate process.

***Important Note:** The purpose of this **Consent and Authorization to Share Information Form** is to allow the sharing of individual data when seeking services at two or more agencies; or to revoke sharing of data if the client no longer wishes to share eligibility data with those agencies. This consent will remain valid for one year or until revoked by the client. If the client wishes to revoke their consent form, they must do so in writing and must resubmit the consent form indicating their revocation to an agency within the system.

** A copy of the **Consent and Authorization to Share Information Form** also may be downloaded from e2Boston Resource Center.

Identified Information

Identifiable information that may be shared between agencies based on consent, includes the client's demographic data, Social Security Number, contact information, financial/employment/socioeconomic data, insurance information, assigned client identification code, and record(s) of HIV/AIDS diagnosis and/or status.

De-identified Information

In order to monitor agency contracts, the above identifiable information may also be de-identified to become accessible to the RWSD as the Ryan White Part A Recipient, their program and administrative staff or consultants, and RDE Systems, the organization providing the software and technical support for the e2Boston system.

Revoking Consent

As part of the Data Sharing and Eligibility Module, Ryan White Part A clients will be able to revoke the authorization to share information with the agencies identified for which they were previously allowed to use and disclose identifying information to determine their eligibility to receive services.

e2Boston Eligibility Tracking and Upload Requirements

1. Eligibility Tracking and Uploading for Already Existing Clients

- Agencies must enter eligibility status and upload all required eligibility documentation for existing active clients the next time eligibility status is checked or within one year of client activity/services (*sooner if referring clients to another Part A funded agency-see #1*). [Sample Annual Recertification Summary](#) form and list of accepted verification documentation can be found within Policies and Procedures section of the Provider Manual or in the e2Boston Resource Center. This template is available for your agency to use or base your internal forms on.

2. Eligibility Tracking and Uploading for New Clients

- The RWSD expects providers to enter the eligibility status information and upload the required documents for all new clients into e2Boston. The e2Boston upload engine processes several formats and the documents could be scanned and/or photographed to be upload probed. Accepted document formats include pdf, doc, docx, jpg, jpeg, tif, tiff, and png.

***Important Note:** RWSD understands that sometimes providers may need to provide services before all eligibility documentation has been collected. If this is the case, and a provider serves a client before all eligibility documentation is collected, providers must enter eligibility status and documentation into e2Boston as soon as it is collected. E2Boston will still allow client information and data to be entered even if eligibility status/documentation is not yet complete.

3. Extension of Deadlines for Documentation Uploads

- For agencies that are doing automatic data uploading/data importing into e2Boston, the process will continue to be the same. The main change is the new MS Access RSR Plus template in the Conversion tab. This template has a new table where agencies can enter both the eligibility document type and the signature/effective date. The special table for clients' residency information could be found there as well.
- e2Boston does not have the capacity to import scanned documents, agencies that provide data through the data import module should complete the information about documentation type and signature/effective dates. This information will be enough for the system to change clients' eligibility if that is the case. If a client whose information has been uploaded through the data import module needs to be referred to another agency, the form uploads are required and need to be done manually.

Security Features

Following stakeholder feedback, the RWSD will continue to keep client data for each agency data separate. Each agency will have access to their own clients only. Information for clients who have been referred to another agency, will only be available to subrecipient agencies who have been selected on the Consent and Authorization to Share Information Form. No other agencies will have access to this information. As mentioned above, only some information for referred clients will be shared. This includes all eligibility required information and some demographic information. No services, medical, and/or outcomes data will be shared.

Ryan White Dental Program and Shared Eligibility

When referring clients to the Ryan White Dental Program (RWDP), please note that the RWDP **requires** submission of specific sections of the [RWDP application](#). These include:

- 1) Section 1: Client's Name and Date of Birth (DOB) (RWDP Enrollment Form)
- 2) Section 2: Mailing Address (RWDP Enrollment Form)
- 3) Section 3 (RWDP Enrollment Form)
- 4) Section 5 (RWDP Enrollment Form)

5) Full Completion of the Consent for Release of Information of the RWDP application

6) Full Completion of the Grievance Procedure of the RWDP application

At minimum, the above-mentioned sections are mandatory to receive services with the RWDP. Other portions of the application including verification of income, residency, health insurance, HIV status, and client demographic information can be obtained from shared eligibility. However, the other items mentioned above (Section 1 (client's name, client's DOB), Section 2 (mailing address) Section 3, and Section 5, Consent page, Grievance page of the RWDP application) cannot be and are needed for completion of the referral. **In efforts to reduce lags or gaps in care, agencies should work to ensure that annual certification and dental documents dates align.**

Re-certification applications sent **earlier than 30 days** before the previous expiration date **will not be processed**, case management or the client will be notified, and the application will be destroyed.

Any questions or to verify eligibility, please do not hesitate to contact the RWDP.

Support and Technical Assistance

For any questions or technical assistance, please contact (please cc your contract manager in every email):

- RWSD Data Manager, Irina Neshcheretnaya INeshcheretnaya@bphc.org
- e2Boston support group support@e2boston.net

Outcome Measurement Report

RWSD uses the Outcomes Measure Distribution Report to quantify and track the health of each client served. It is a tool to evaluate the impact of services on key indicators of health and wellness among clients.

Outcomes Descriptions and Definitions

Subrecipients should use their professional assessment skills when completing the outcomes reporting forms. **Clinical information (i.e., viral load, CD4 count) cannot be self-reported by the client and instead should be collected directly from the client's medical record or reported by the client's medical provider/Medical Case Manager.** While each level for each outcome is defined, please keep in mind the broader status level categories (i.e., in crisis, poor, fair/good, and excellent).

- **Access to Support Network:** Support Networks may include friends, family, religious groups, or other peer groups from which the client obtains emotional, social, spiritual, or material support.
- **Adherence to HIV Medication:** Select whether the client reports excellent (0 missed doses in the last week), fair/good (1-2 missed doses in the previous week), poor (3-4 missed doses in the last week), or in crisis (>4 missed doses in the last week) adherence to prescribed HIV-related medical therapies. Subrecipients can use the criteria that they use in practice to measure adherence. ***Do not answer this question if the client is not on Antiretroviral Treatment (ART).***
- **Case Management Status:** Record whether the client is receiving HIV case management services (social or medical) at **any** agency.
- **Care Adherence:** HIV-related appointments include medical appointments, mental health appointments, psychosocial support, case management, and anything else related to care completion and support.
- **CD-4 Count:** Choose the level for the most recent test result in the reporting period that you have seen in the client's medical record or that has been shared by the client's medical provider/Medical Case Manager.

- **Housing Status:** This outcome aims to understand a client’s stability in housing.
- **Mental Health Status:** Use information gathered from clients during intakes, assessments, and regular interactions to evaluate a client’s mental health status. Do not use this measure as a mental health diagnosis.
- **Primary Medical Care Engagement:** Record the month and year in which the client was last seen by his/her HIV medical provider (the provider the client most commonly sees for their HIV medical care).
- **Severity of Side Effects of HIV-Related Medications:** This outcome measure aims to assess the client’s subjective experience of side effects from HIV medications. Whenever possible, this measure should be based on the direct report of the client. ***Do not answer this question if the client is not on ART.***
- **Viral Load:** Record the actual value for the most recent test result in the reporting period that you have seen or that has been shared by the client’s medical provider/Medical Case Manager.

Rules for Custom Reporting Periods

1. An outcome reporting period begins for a given client if the client receives service at a given agency, AND a clock for that reporting period is not already going.
2. Once the outcomes reporting period begins, the provider has exactly **26 weeks** (6 months) to complete an outcomes form corresponding to the client. After this 6-month period has elapsed, the provider may no longer submit a form corresponding to that reporting period for that client.
3. After the outcomes reporting period ends, regardless of whether a corresponding outcomes form was submitted, the “next” outcomes reporting period starts for a client on the first day that they receive service after the end of the preceding outcomes reporting period.
4. If you complete the outcomes report during the six months, at any time, the clock will not reset. Instead, the clock continues to run for six months. When the six months are over, the next service that the client receives at the agency starts a new timer.
5. When an outcomes report is missing, you will not be able to submit the data into e2Boston. It is better to submit an INCOMPLETE outcome report than to submit nothing at all.

Reports

1. All reports involving Outcomes data will pull data SUBMITTED during the date range given in the report unless otherwise specified.
2. The Outcomes Completion and Eligibility report will allow subrecipients to track clients that are in each of the four submission states, particularly “**Eligible for Submission**” and “**Submission Required.**” This report will also allow BPHC and subrecipients to track how many missed outcomes reports a provider or a given client has.

Outcomes Instructions & Submission Process

1. For more information about outcomes, go to the e2Boston Resource Center.
2. Outcomes will **only** be accepted electronically via e2Boston.

Contact Information

For technical assistance, policy, or reporting requirement information, please contact your BPHC contract manager.

Adding Outcomes to a Client Record

Editing Entry | Outcomes

Outcomes Period: 02/04/2020 - 08/03/2020





Client only seen for outreach

* Please indicate the source(s) of information used to complete this form (check all that apply)

- Direct consultation with client
- Lab reports
- Consultation with client's case manager
- Review of Progress Notes, Assessments, ISPs, or other documentation present in client's file
- Other (please describe)

Other Data Sources

Labs and Care Engagement:

CD-4 Count	Date of most recent CD-4 count (even if it was not within the outcomes reporting period): 04/01/2020  Value of most recent CD-4 count: 200
* Viral Load	Date of most recent viral load test (even if it was not within the outcomes reporting period): 04/01/2020  Value of most recent viral load test: Undetectable <input type="checkbox"/> 75
* Primary Medical Care Engagement	Date of most recent visit to HIV medical provider with prescribing privileges (even if it was not within the outcomes reporting period): 04/01/2020 
Case Management Status	During the outcomes reporting period, was the client active at a Medical Case Management program? <input checked="" type="radio"/> Yes <input type="radio"/> No If Yes, which program? Boston Medical Center 
* HAART Status	Was the client prescribed HAART during the calendar year? <input checked="" type="radio"/> Yes <input type="radio"/> No

Health and Quality of Life Measures (select one response for each measure):

Instructions: For each outcome measure below, please use the best information available to describe the client's average state/status during the 6 month outcomes reporting period.

Measure	In Crisis	Poor	Fair / Good	Excellent
Adherence to Prescribed HIV-Related Medical Therapies ?	<ul style="list-style-type: none"> Rarely adheres to HIV-related medical therapies as prescribed (more than 4 doses missed per week) 	<ul style="list-style-type: none"> Sometimes adheres to HIV-related medical therapies as prescribed (3-4 missed doses per week) 	<ul style="list-style-type: none"> Frequently adheres to HIV-related medical therapies as prescribed (1-2 missed doses per week) 	<ul style="list-style-type: none"> Always adheres to HIV-related medical therapies as prescribed (0 missed doses per week)
Severity of Side Effects of HIV-Related Medications ?	<ul style="list-style-type: none"> Side effects are severe and / or intolerable 	<ul style="list-style-type: none"> Side effects are moderate 	<ul style="list-style-type: none"> Side effects are mild 	<ul style="list-style-type: none"> No side effects
Mental Health Status ?	<ul style="list-style-type: none"> Is danger to self or others and needs immediate psychiatric evaluation/assessment 	<ul style="list-style-type: none"> Needs high level of emotional support or counseling due to acute crises, mental health episodes, or severe stress in relationships 	<ul style="list-style-type: none"> Needs some emotional support or counseling but otherwise functioning 	<ul style="list-style-type: none"> No indication of mental health problems
Access to Support Network ?	<ul style="list-style-type: none"> Has no personal support network 	<ul style="list-style-type: none"> Personal support network is present, but is limited or unreliable 	<ul style="list-style-type: none"> Has some access to personal support networks, but would like more 	<ul style="list-style-type: none"> Has very strong personal support network(s) that can be consistently relied upon
Care Adherence ?	<ul style="list-style-type: none"> Client is completely unable to attend HIV-related appointments 	<ul style="list-style-type: none"> Client is frequently unable to attend HIV-related appointments 	<ul style="list-style-type: none"> Client is sometimes unable to attend HIV-related appointments 	<ul style="list-style-type: none"> Client is often or almost always able to attend HIV-related appointments
Housing Status ?	<ul style="list-style-type: none"> Homeless, recently evicted, or home is uninhabitable 	<ul style="list-style-type: none"> Unstable housing (e.g., facing eviction, housing unsafe, or will need housing placement) 	<ul style="list-style-type: none"> Housing is stable but may need assistance (e.g., rental or utility assistance) or desires relocation 	<ul style="list-style-type: none"> Stable and satisfactory housing

Cancel

Save Draft

Submit

Record Details	
Outcomes Period:	04/09/2015 – 04/15/2015
Please indicate the source(s) of information used to complete this form (check all that apply)	
<input checked="" type="checkbox"/> Direct consultation with client	
Other Data Sources (not specified)	
<u>Labs and Care Engagement:</u>	
CD-4 Count	Date of most recent CD-4 count (even if it was not within the outcomes reporting period): 02/17/2015 Value of most recent CD-4 count: 451
Viral Load	Date of most recent viral load test (even if it was not within the outcomes reporting period): 02/17/2015 Value of most recent viral load test: 500
Primary Medical Care Engagement	Date of most recent visit to HIV medical provider with prescribing privileges (even if it was not within the outcomes reporting period): 09/19/2014
Case Management Status	During the outcomes reporting period, was the client active at a Medical Case Management program? Yes If Yes, which program? Partner services

Ryan White Services Report

ALL Ryan White funded subrecipients are required to complete the 2023 RSR, which covers the reporting period from January 1, 2023, to December 31, 2023. For FY 2023, subrecipients must use e2Boston to generate the appropriate XML file for their client-level data. e2Boston data-entry should only contain information related to Part A clients. Subrecipients receiving funds for multiple Ryan White Programs or other funding sources must use different data systems to track non-Part A clients.

There are three (3) components to the RSR:

- **Recipient Report:** Must be completed by entities funded **DIRECTLY** by HRSA, including BPHC as the Part A Recipient, DPH as the Part B Recipient, and all directly funded Part C and D providers.
- **Service Provider Report:** Must be completed by **ALL** Ryan White funded subrecipients. This report contains information about your agency and the services you provide under Ryan White.
- **Client Report:** Must be completed by **ALL** Ryan White funded subrecipients. This report contains the Client Level Data (CLD) and is submitted electronically in an XML format with encrypted client identifiers.

For more information on the RSR, including instructions for completing the RSR and full Client Level Data compliance, it is available at the following website: <https://targethiv.org/library/topics/rsr>.

Service Descriptions & Subservice Definitions

This section offers the user a description of each Boston EMA service category and the respective subservices. The service description or 'HRSA Description' is intended to outline allowable services within the service category. Some of the service descriptions include program guidance. The purpose of the 'program guidance' is to help recipients and subrecipients implement the services following the Ryan White legislation. The goal and objective for each service category succinctly outline the overall purpose of the service. Subrecipient staff should use these sections to help assess allowable service delivery activity and reporting into e2Boston. Please refer to the Boston EMA's **FY 23 Service Standards** for more detail.

Core Medical Services

AIDS Drug Assistance Program

HRSA Description:

The AIDS Drug Assistance Program (ADAP) is a state-administered program authorized under RWHAP Part B to provide U.S. Food and Drug Administration (FDA)-approved medications to income eligible clients living with HIV who have no coverage or limited health care coverage. HRSA RWHAP ADAP formularies must include at least one FDA -approved medicine in each drug class of core antiretroviral medicines from the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV. HRSA RWHAP ADAPs can also provide access to medications by using program funds to purchase health care coverage and through medication cost-sharing for eligible clients. HRSA RWHAP ADAPs must assess and compare the aggregate cost of paying for health care coverage versus paying for the full cost of medications to ensure that purchasing health care coverage is cost-effective in the aggregate. HRSA RWHAP ADAPs may use a limited amount of program funds for activities that enhance access to, adherence to, and monitoring of antiretroviral therapy with prior approval.

Program Guidance:

- HRSA RWHAP Parts A, C, and D recipients may contribute RWHAP funds to the RWHAP Part B ADAP for the purchase of medication and health care coverage and medication cost-sharing for ADAP-eligible clients.
- See [PCN 07-03](#): The Use of Ryan White HIV Program, Part B AIDS Drug Assistance Program (ADAP) Funds for Access, Adherence, and Monitoring Services
- See [PCN 18-01](#): Clarifications Regarding the use of Ryan White HIV Program Funds for Health Care Coverage Premium and Cost-Sharing Assistance
- See also AIDS Pharmaceutical Assistance and Emergency Financial Assistance

Goal: Ensure that all people living with HIV have access to and are able to adhere to HIV and other prescribed medical regimens.

Objective: Ease the financial burden of medical costs for people living with HIV by providing financial assistance for prescription medication.

Subservice	Definition
Prescription	ADAP reimburses prescription medication claims. The claim must include the drug name, quantity, and the amount paid by Part A. One Unit = One Claim

Medical Case Management

HRSA Description:

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum.

Activities provided under this service category may be provided by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).

Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every six months with adaptations as necessary
- 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 treatments
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented activities above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

Program Guidance:

- Activities provided under the Medical Case Management service category have as their objective improving health care outcomes. In contrast, those provided under the Non-Medical Case Management service category have as their objective providing guidance and assistance in improving access to needed services.
- Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence services provided during a Medical Case Management visit should be reported in the Medical Case Management service category. In contrast, Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.

Goal: Engage clients who face significant challenges to enter and maintain treatment for their HIV.

Objectives: Improve health care outcomes for people living with HIV.

Subservice	Definition
Initial Intake, Started	Enter one (1) when the initial intake begins.
Assessment, Completed	Enter one (1) when the assessment is complete.

Subservice	Definition
Visit, General	A face-to-face medical case management session between provider and client. One Unit = One Hour.
Visit, Home-Based	A face-to-face session between provider and client where case management services are provided in a non-office-based setting, including but not limited to residential settings. One Unit = One Hour.
Reassessment/Follow-up Service Plan, Completed	Enter one (1) when the reassessment/follow-up service plan is complete.
Supported Referral	Enter (1) for each active process of connecting a client to any necessary HIV-related or supportive service (i.e., calling and making an appointment with a client, making an appointment on a client's behalf, etc.).
Client Communication	Enter one (1) for each correspondence, communication, or interaction that provides client-centered assistance, either directly with the client or indirectly on behalf of the client, excluding face-to-face sessions with the client. This includes phone calls, voicemail, text messages, and e-mail. Face-to-face sessions should be captured as either general or home-based visits. One Unit = One Correspondence/Communication/Interaction.

Medical Nutrition Therapy

HRSA Description:

Medical Nutrition Therapy includes:

- Nutrition assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider's recommendation
- Nutrition education and/or counseling

These activities can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.

Program Guidance:

- All activities performed under this service category must be under a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Activities not provided by a registered/licensed dietician should be considered Psychosocial Support Services under the HRSA RWHAP.
- See also Foodbank/Home Delivered Meals

Goal: Optimize immunity, reduce weight loss and nutritional deficiencies, and improve the overall wellbeing of people living with HIV.

Objective: Identify and treat nutritional deficiencies in people living with HIV through the provision of medical nutrition therapy, which includes nutritional counseling and the prescription of dietary regimens by a physician or licensed nutritionist, or registered dietician.

Subservice	Definition
Home Delivered Food	Enter the number of meals or food items delivered to the house of a client or family that requires the service.
Meal, Congregate	Enter the number of meals provided to a client in a group setting that is not the client's home.
Assessment, Nutritional	Enter one (1) when the nutritional assessment is completed.
Visit, General Nutritional Counseling	Enter one (1) for each face-to-face general nutritional counseling session between counselor and client. (does not include initial assessment) One Unit = One Hour.
Food Bank Package	Enter one (1) per can or food package provided to the client.
Nutritional Supplement	Enter one (1) per can or similar supplement package provided to the client.

Oral Health Care

HRSA Description:

Oral Health Care activities include outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

Goal: Prevent and control oral and craniofacial diseases, conditions, and injuries, and improve access to preventive services and dental care for eligible people living with HIV.

Objective: Increase awareness of the importance of oral health to overall health and well-being, increase the acceptance and adoption of effective preventive interventions, and reduce disparities in access to effective preventive and dental treatment services. (Healthy People 2020).

Subservice	Definition
Initial Intake, Started	Enter one (1) when the initial intake begins.
Treatment Committed	Enter one (1) when the treatment approval is complete.
Treatment Claim	Enter one (1) when the claim is complete.
Client Communication	Enter one (1) for each correspondence, communication, or interaction that provides client-centered assistance, either directly with the client or indirectly on behalf of the client, excluding face-to-face sessions with the client. This includes phone calls, voicemail, text messages, and e-mail. Face-to-face sessions should be captured as either general or home-based visits. One Unit = One Correspondence/Communication/Interaction.
Recertification	Enter (1) for each certification received from a client.

Support Services

Emergency Financial Assistance

HRSA Description:

Emergency Financial Assistance provides limited one-time or short-term payments to assist an RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including paying for utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.

Program Guidance:

- Emergency Financial Assistance funds used to pay for otherwise allowable HRSA RWHAP services must be accounted for under the Emergency Financial Assistance category.
- Direct cash payments to clients are not permitted.
- Continuous provision of an allowable service to a client must not be funded through Emergency Financial Assistance.

Goal: Assist clients with meeting a short-term urgent need for an item or service that is essential to their HIV care and treatment. Services and items could include, but are not limited to, the following:

- Utilities (*may include household utilities including gas, electricity, propane, water, and all required fees*)
- Housing (*may include rent or temporary shelter. EFA can only be used if HOPWA assistance is not available*)
- Food (i.e., groceries or food vouchers)
- Transportation (Taxi vouchers, Uber Health, Lyft Health, bus passes)
- Prescription medication assistance (i.e., short term or one-time assistance for any medication and associated dispensing fee as a result or component of a primary medical visit, and not to exceed a 30-day supply)
- Other RWHAP allowable costs needed to improve health outcomes
- Vision Care to pay the cost of corrective prescription eyewear for eligible clients

AGENCIES FUNDED FOR EFA MUST BE ABLE TO MAKE AN EXPLICIT CONNECTION BETWEEN ANY SERVICE SUPPORTED WITH EFA FUNDS AND THE INTENDED CLIENT'S HIV CARE AND TREATMENT, OR CARE-GIVING RELATIONSHIP WITH A PERSON LIVING WITH HIV.

Unallowable EFA Expenses:

- Security Deposits for rental housing
- Clothing
- Court Fees
- Maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle or any other costs associated with a car, such as a lease or loan payments, insurance, license and registration fees, towing, or impound fees, excise tax. This restriction does not apply to vehicles operated by organizations for program purposes.
- Local or state personal property taxes (for residential property, private automobiles, or any other personal property against which taxes may be levied).

- Employment and Employment-Readiness Services, except in limited, specified instances (e.g., Non-Medical Case Management Services or Rehabilitation Services)
- Funeral and Burial Expenses

Objective: Agencies funded for EFA will assess the client’s emergency needs related to food security, housing, utilities, transportation, and cost of medication, as well as provide appropriate assistance.

Subservice	Definition
EFA Voucher	<p>Enter (1) after payment of service is complete or when a client receives a voucher. Mark the box that best describes the type of payment or voucher distributed:</p> <ul style="list-style-type: none"> • Housing: Direct Payment to an agency to promote housing stabilization. • Utility: Direct Payment to an agency of a phone, sewer, water, heating, cooling, or electricity expense. • Food: The distribution of a food voucher. • Medical Cost: Is the direct payment to an agency or provision of medication that is not covered by ADAP or RWHAP cost. • Other: The Direct Payment to an agency or distribution of a voucher for a qualifying circumstance. These items must be included in the scopes of services or approved by a contract

Food Bank & Home Delivered Meals

HRSA Description:

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:

- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where issues of water safety exist

Program Guidance:

- Unallowable costs include household appliances, pet foods, and other non-essential products.
- See Medical Nutrition Therapy. Nutritional services and nutritional supplements provided by a registered dietitian are considered a core medical service under the HRSA RWHAP.

Goal: Prevent hunger and malnutrition among people living with HIV.

Objective: Improve access to food sources and improve nutrition for people living with HIV with identified food security needs.

Subservice	Definition
Home Delivered Food	Enter the number of meals or food items delivered to the house of a client or family that requires the service.
Meal, Congregate	Number of meals provided to the client in a group setting that is not the client's home.
Assessment, Nutritional	Enter one (1) when the nutritional assessment is complete.
Visit, General Nutritional Counseling	Enter one (1) for each face-to-face general nutritional counseling session between counselor and client. (does not include initial assessment) One Unit = One Hour.
Food Bank Package	Withdrawal from the food bank. Enter one (1) per can or package.

Health Education & Risk Reduction

HRSA Description:

Health Education/Risk Reduction is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics covered may include:

- Education on risk reduction strategies to reduce transmissions such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention
- Up-to-date health promotions campaigns (i.e., U=U)
- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Health literacy
- Treatment adherence to education

Program Guidance:

- Health Education/Risk Reduction services cannot be delivered anonymously.
- See also Early Intervention Services

Goal: Reduce the risk of HIV transmission.

Objective: Provide education on various topics related to reducing the risk of transmission, as well as identify resources in the community that complements and supports risk reduction.

Subservice	Definition
Health Education, Group	Enter a time-based unit after the completion of a health education & risk reduction group of three or more participants. One Unit = One Hour.
Health Education, Individual	Enter a time-based unit after the completion of health education & risk reduction in face-to-face encounters. One Unit = One Hour.

Housing

HRSA Description:

Housing provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. The housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services).

Housing activities also include housing referral services, including assessment, search, placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.

Program Guidance:

- HRSA RWHAP recipients and subrecipients that use funds to provide Housing must have mechanisms in place to assess and document the housing status and housing service needs of new clients, and at least annually for existing clients.
- HRSA RWHAP recipients and subrecipients, along with local decision-making planning bodies, are strongly encouraged to institute duration limits to housing activities. HRSA HAB recommends recipients and subrecipients align duration limits with those definitions used by other housing programs, such as those administered by the Department of Housing and Urban Development, which currently uses 24 months for transitional housing.
- Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments or rental deposits. However, these may be allowable costs under the HUD Housing Opportunities for Persons with AIDS grant awards.

Goal: Assist a client to gain or maintain medical care by reducing the barriers to permanent shelter and providing linkages to permanent housing.

Objective: Eligible clients will receive assistance in the form of individual sessions with a housing search advocate, or in the form of financial assistance within the parameters listed below.

Note: The following subservices are for both 'Housing-Rental Assistance' and 'Housing-Search & Advocacy.'

Subservice	Definition
Visit, Initial	First face-to-face housing session between provider and client. One Unit = One Hour.
Visit, Follow-up	Any non-initial housing session between provider and client. One Unit = One Hour.
Placement, Temporary	Enter one (1) for placing a client in temporary housing.
Placement, Permanent	Enter one (1) for placing a client in permanent housing.
Assessment, Completed	Enter one (1) when the assessment is complete.
Supported Referral	Enter (1) for each active process of connecting a client to any necessary HIV-related or supportive service (i.e., calling and making an appointment with a client, making an appointment on a client's behalf, etc.)

Subservice	Definition
Housing Support, Group	Face-to-face sessions between an eligible provider and the client participating in a group session with three or more individuals. One Unit = One Hour.
Homelessness Prevention	Enter one (1) for each unit (month of payment) of Homelessness Prevention delivered.
Rental Start-Up	Enter the amount provided for the first month, last month, or both periods.
Application Processed	Enter one (1) for each Rental Assistance application reviewed.
Application Rejected	Enter one (1) for each Rental Assistance application rejected or denied.
Client Communication	Enter one (1) for each correspondence, communication, or interaction that provides client-centered assistance, either directly with the client or indirectly on behalf of the client, excluding face-to-face sessions with the client. This includes phone calls, voicemail, text messages, and e-mail. Face-to-face sessions should be captured as either general or home-based visits. One Unit = One Correspondence

Linguistic Services

HRSA Description

Linguistic Services include interpretation and translation activities, both oral and written, to eligible clients. Qualified linguistic services providers must provide these activities as a component of HIV service delivery between the healthcare or other provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider, client, and/or support delivery of HRSA RWHAP-eligible services.

Program Guidance:

Linguistic Services provided must comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

Goal: Address language as a critical barrier to access to core medical and support services, and support the provision of culturally competent, high-quality care to Ryan White Part A clients.

Objective: Provide both oral and written interpretation and translation services to Ryan White Part A clients to enable clear communication between provider and client for HIV care and services.

Subservice	Definition
Interpretation Session	Interpretation (oral) services are provided by a qualified linguistic provider to facilitate communication between the provider and client and/or support delivery of RWHAP-eligible services. One Unit = One Hour.
Translation Session	Enter one (1) for each document that is translated (written) by a qualified linguistic provider to facilitate communication between the provider and client and/or support delivery of RWHAP-eligible services. One Unit = One Document.

Medical Transportation

HRSA Description:

Medical Transportation is the provision of non-emergency transportation that enables an eligible client to access or be retained in core medical and support services.

Program Guidance:

Medical transportation may be provided through:

- Contracts with providers of transportation services
- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not, in any case, exceed the established rates for federal Programs (Federal Travel Regulations provide further guidance on this subject)
- Purchase or lease of organizational vehicles for client transportation programs provided the recipient receives prior approval for the purchase of a vehicle
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
- Voucher or token systems
- Costs for transportation for medical providers to provide care should be categorized under the service category for the service being provided.

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees.

Goal: Maintain clients connected to core medical and support services that contribute to positive health outcomes.

Objective: Provide allowable transportation resources to eligible clients who otherwise could not access the core and support services to meet medical and support needs.

Subservice	Definition
One-Way Ride, Public	Enter one (1) for each one-way transportation by a public transport system (subway or bus passes) for the client to access healthcare or support services.
One-Way Ride, Taxi/ Transportation Company	Enter one (1) for each one-way transportation by taxi or other transportation services for a client to access healthcare or support services.
One-Way Ride, Van	Enter one (1) for each one-way transportation by a funded agency vehicle for clients to access healthcare or support services.
One-Way Ride, Volunteer	Enter one (1) for each one-way transportation by a volunteer for a client to access healthcare or support services.

Non-Medical Case Management

HRSA Description:

Non-Medical Case Management Services (NMCM) is the provision of a range of client-centered activities focused on improving access to and retention of needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM Services may also include assisting eligible clients in obtaining access to other public and private programs for which they may be eligible, such as Medicaid, Children’s Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer’s Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication).

Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Client-specific advocacy and/or review of utilization of services
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every six months with adaptations as necessary
- Ongoing assessment of the client’s and other key family members’ needs and personal support systems

Program Guidance:

- NMCM Services have as their objective to provide coordination, guidance, and assistance in improving access to and retention of needed medical and support services to mitigate and eliminate barriers to HIV care services. In contrast, Medical Case Management Services have as their objective improving health care outcomes.

Goal: Enhance access to and retention in essential medical and social support services for people living with HIV. This is a human service approach that supports engagement and retention in medical care.

Objective: Assess client needs and develop an Individual Service Plan (ISP) that provides guidance and assistance in improving access to needed services.

Subservice	Definition
Initial Intake, Started	Enter one (1) when the initial intake begins.
Assessment, Completed	Enter one (1) when the assessment is complete.
Visit, General	A face-to-face non-medical case management session between provider and client. One Unit = One Hour.
Visit, Home-Based	A face-to-face session between provider and client where case management services are provided in a non-office-based setting, including but not limited to residential settings. One Unit = One Hour.

Subservice	Definition
Reassessment/Follow-up Service Plan, Completed	Enter one (1) when the reassessment/follow-up service plan is complete.
Supported Referral	Enter (1) for each active process of connecting a client to any necessary HIV-related or supportive service (i.e., calling and making an appointment with a client, making an appointment on a client's behalf, etc.).
Client Communication	Enter one (1) for each correspondence, communication, or interaction that provides client-centered assistance, either directly with the client or indirectly on behalf of the client, excluding face-to-face sessions with the client. This includes phone calls, voicemail, text messages, and e-mail. Face-to-face sessions should be captured as either general or home-based visits. One Unit = One Correspondence

Other Professional Services (Legal)

HRSA Description:

Other Professional Services allow for the provision of professional and consultant services rendered by members of professions licensed and/or qualified to offer such services by local governing authorities.

Legal services provided to and/or on behalf of the HRSA RWHAP-eligible people living with HIV and involving legal matters related to or arising from their HIV disease, including

- Assistance with public benefits
 - Unemployment compensation
 - Social Security Disability Insurance (SSDI)
 - Supplemental Nutrition Assistant Program (SNAP)
 - Supplemental Security Income (SSI)
 - Medicare & Medicaid
- Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the HRSA RWHAP
- Preparation of:
 - Durable Power of Attorney for Healthcare
 - Living will
 - General/Financial Power of Attorney
 - Last Will & Testament or Trust
 - Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:
 - Drafting of wills or delegating powers of attorney
 - Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption
 - Legal Consultation Services (*not representation*) may also be available in these areas:
 - Debt collection and judgment process
 - Bankruptcy
 - Garnishment

Providers must be able to make an explicit connection between the legal service and the intended client's HIV care and treatment. They must be able to demonstrate that the service is necessary to improve the client's health outcomes.

Program Guidance:

Legal services exclude criminal defense, OUI, immigration, and class action lawsuits. A class-action lawsuit may be considered if related to access to services eligible for funding under the RWHAP.

Goal: Provide clients with access to legal services necessary to improve client health outcomes.

Objective: Reduce the effects of HIV discrimination, assist with access to and maintenance of medical care; remove barriers to accessing care, treatment, and services.

Subservice	Definition
Legal Services Assessment	Enter one (1) when the legal services assessment is completed.
Individual-level Legal Services	Document any time spent on a face-to-face or telephone encounter between provider and client during which legal services are provided. One Unit = One Hour.

Subservice	Definition
Group-level Legal Services	Enter one (1) when the client has attended one (1) group.
Legal Case Work	Document any time spent on an activity related to the client's case, including research and document preparation. One Unit = One Hour.
Legal Representation	Document any time spent by the provider representing the client in court or at hearings. One Unit = One Hour.
Communication on Behalf of Client	Document any time spent in communication (face-to-face, phone, email, etc.) with another service provider on behalf of a client. One Unit = One Hour.

Psychosocial Support

HRSA Description:

Psychosocial Support Services provide group or individual support and counseling services to assist HRSA RWHAP-eligible people living with HIV to address behavioral and physical health concerns. Activities provided under the Psychosocial Support Services may include:

- Bereavement counseling
- Child abuse and neglect counseling
- HIV support groups
- Nutrition counseling provided by a non-registered dietitian (see Medical Nutrition Therapy Services)
- Pastoral care/counseling services

Program Guidance:

- Funds under this service category may not be used to provide nutritional supplements (See Food Bank/Home Delivered Meals).
- HRSA RWHAP-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation.
- HRSA RWHAP Funds may not be used for social/recreational activities or to pay for a client's gym membership.
- The psychosocial Support staff is not required to be people living with HIV.

Goal: Psychosocial support services will decrease isolation for people living with HIV and support the wellbeing of people living with HIV.

Objective: Through one-on-one interactions and in small groups, psychosocial support promotes clients' engagement in health care and emotional support in a respectful setting. Subrecipients of psychosocial support assist in the development of coping skills, reduce feelings of social isolation, and increase self-determination and self-advocacy, helping improve the quality of life for participants.

Subservice	Definition
Support Session, Group	A regularly scheduled HIV support counseling meeting for three or more people affected by HIV. One Unit = One Hour.
Support Session, Individual	A face-to-face counseling session between staff and a person affected by HIV. One Unit = One Hour.

Fiscal Reporting Rules FY 2023

All Part A contracted subrecipients are expected to expend 100% of their award following all federal, local, and BPHC policies. The Recipient will only pay subrecipients for deliverables that have been mutually agreed on (see Scope of Services and Budget) and upon receipt of appropriate invoices and back-up documentation. If the subrecipient wishes to revise the Scope of Services or allowable costs, they must submit a proposal to revise the Scope and/or Budget. Failure to meet these expectations may result in suspension or termination of your contract.

A. Invoicing

General Information

1. A standard invoice, including the approved budget, must be submitted. Part A payments are based on the approved budget, and only line item budgeted expenses will be reimbursed.
2. BPHC only accepts electronic invoices; handwritten invoices are not acceptable.
3. Each funded service must have their invoices signed by a program representative or a contract specialist before submission to BPHC.
4. Invoices are submitted monthly, within 30 days of the month's end. Each day after that will be considered late, therefore non-compliant. The final invoice for FY23 must be submitted no later than March 30, 2024.
5. Invoices must represent actual monthly expenses. Invoices without the required information or documentation (including required data and reports) will be rejected for resubmission.
6. If no contracted activities occurred in a given month, and there are no billing costs, the subrecipient **must** submit an invoice with a \$0 monthly total for that month...
7. Any revised or supplemental invoices are to be clearly labeled as such by including the word “**Revised**” or “**Supplemental**” within the “Invoice Number” notation. Retroactive billing may only occur when the expense is not billed to another funding source. Documentation of bills to other funding sources may be required.
8. Monthly invoices containing all required information will be paid within 30 days of receipt. **Invoices are sent to IDBinvoices@bphc.org**. When submitting invoices, please also copy the contract manager for your agency.
9. If you have additional questions regarding the submission of invoices, contact your fiscal coordinator.

Personnel Expense and Other Direct Care Cost Invoicing

1. Appropriate supporting documents for monthly staff expenses invoices include:
 - a. Payroll registers and labor distribution reports
 - b. Copies of vendor invoices
 - c. Canceled checks
 - d. Copies of reimbursement/voucher forms
2. The budget on the invoice must illustrate the **approved contract budget**. The monthly costs are charged on the invoice “Amount this Invoice” column. The “Cumulative Billing” column must correctly report the year-to-date billed amounts.
3. The fringe rate must be the internally audited fringe rate. Verification of this rate is subject to audit.

(Fringe is defined as government-mandated and employer-selected employee benefits including Social Security, unemployment, workers' and disability compensation, retirement programs, and health insurance).

4. The following are requirements for invoices submitted for the purchase of client-related travel, meals/food, and other client consumables in the "Other Direct Care Cost" line items on any Part A budget:
 - a. Itemized receipts must include the merchant or provider name, service received, or specific item purchased date of service, and amount of expense.
 - b. Itemized list indicating the client codes of those receiving the service and service utilization information (i.e., the dates and quantity of service provided to each client).

These services require the collection of documentation at the time of billing for all (but not limited to) the following 'Other Direct Care Cost' line items:

- Bus and subway fare
- Commuter rail
- Contracted services rides
- Food provided with client activities (e.g., Psychosocial Support group meals)
- The Ride tickets
- Taxi vouchers
- Volunteer mileage
- Emergency Financial Assistance

Sample of the itemized list for **transportation** and **housing assistance** services:

<i>Client Code/ UCI</i>	<i>Date</i>	<i>Unit of Service</i>	<i>Amount</i>	<i>Vendor</i>
MAR0609547899/ RSCR0609542	03/03/22	Rental Start Up	\$300	Century 21
MAR0609547899/ RSCR0609542	03/10/22	One-Way Taxi to Medical Appointment	\$22.50	Boston Taxi

Please note:

- RW funds cannot be paid directly to clients.
 - Do not use Housing Rental Assistance for mortgage payments or rental security deposits.
 - The itemized lists for Transportation must include to and from location and the purpose of the trip.
5. The following must be submitted before billing for a consultant the first time:
 - a. A resume and list of qualifications for the consultant.
 - b. A detailed description of the services/activities performed by the consultant.
 - c. The consultant's last name must be indicated on the invoice cover sheet when the invoice is submitted.
 6. Contracts can only include an "Indirect" line item (capped at 10%) if the subrecipient has a certified HHS-negotiated indirect cost rate using the Certification of Cost Allocation Plan or Certification of Indirect Costs, or if the subrecipient has never before had a negotiated indirect cost rate, the subrecipient may utilize the de minimis rate of 10% or less. In all circumstances, the subrecipient must adhere to a 10% cap on administrative expenses, which may include but are not limited to indirect costs. Budgets must include itemized administrative expenses.
 7. Vehicle mileage is reimbursed at a per-mile rate not to exceed the Internal Revenue Service's standard mileage rate, which is currently **\$0.585*** per mile.

- Travel outside of the EMA is an allowable expense under Part A, especially when the travel is for necessary training, which may be held in various parts of the state or the country. Prior approval from the HIV/AIDS Services Division for travels outside of the EMA may be required under certain circumstances. No international travel is allowed under this grant.

Please note: Tipping related to travel expenses (clients or staff travel) is an allowable expense, but only if it is part of a subrecipient's policies and procedures. The Federal limits for tips are capped at 15%.

*Subject to change during the fiscal year. Pending reduction approval from HHS.

B. Fiscal Compliance

Under the Ryan White HIV/AIDS Treatment Modernization Act of 2009, there are significant penalties to the EMA if there are unexpended dollars at the end of the fiscal year. Therefore, all programs must spend 100% of their contracted award. Contract expenses, as shown on invoices, are reviewed each quarter of the fiscal year. The subrecipient is informed after the first quarter, in writing, of any under billing. Any contract under billed through the second quarter may be reduced. If the underspending is due to a late start, the reduction to the subrecipient award is equal to the amount of year-to-date spending. If the underspending is an ongoing concern, the reduction of the award will equal year-to-date expenditures and the projected underspending to year-end. RWSD will reallocate funds to other subrecipient budgets following the Ryan White Planning Council's service priorities. Reallocations within individual categories and the resulting contract revisions do not require Planning Council approval.

BPHC will only pay for expenses properly presented and documented on invoices. The subrecipient may be held in "non-compliance" at the end of each month if the invoicing requirements are not met. Non-compliance includes non-submission of invoices or late invoices. RWSD will lift non-compliance once all the submission meets requirements.

Contract spending may vary by up to 25% monthly within a budget line item if the total amount billed does not exceed the budget's maximum obligation for the fiscal year. For example, if you project a charge of \$500 to a monthly salary (annual salary of \$6,000), you may spend \$625 within that line per month (therefore, it cannot exceed \$7,500 annually) with sufficient back-up. For other direct care costs, e.g., if you are budgeted for a \$1,000 office supply line for the year, you may spend up to \$1,250 within that line (you may bill this in one month, or it may be divided among several months). Overspending of the contract will not be paid. Any changes over the 25% leeway may require prior approval for re-budgeting from the HIV/AIDS Services Division in the form of a budget revision request. Contract funding for a Part A fiscal year may not be used in a subsequent fiscal year. Fiscal years are discrete; the funding is separate and is not "carried over." This does not prevent the purchasing of supplies during one fiscal year that may be used in the current fiscal year and subsequent fiscal years.

C. Audits

Subrecipients must perform a **single audit** of their financial records as described in the 45 CFR Part 75 Subpart F if they expend \$750,000 or more in federal funding in a fiscal year. For subrecipients that spend less than \$750,000 in federal funding for the fiscal year, the subrecipient is exempt from the Federal Audit requirement for that year. Still, records must be available for review or audit by the official of HRSA, BPHC, and the Government Accountability Office (GAO). When completed, this audit must be sent to grants@bphc.org.

If electronic submission is impossible, send paper audits to:

Post-Award Grants Manager
Boston Public Health Commission
1010 Massachusetts Ave, 6th Floor

Also, this audit and all required fiscal records must be available at the program location for review during the on-site financial review.

D. Additional Funding Restrictions

1. Part A funds may not be used for payments for any item or service to the extent that payment has been made, or reasonably can be expected to be made, concerning that item or service under any State compensation program, insurance policy, Federal or State health benefits program or by an entity that provides health services on a prepaid basis (except for a program administered by or providing the services of the Indian Health Services or the U.S. Department of Veterans Affairs; see HAB PCN 1601 for additional information regarding services provided to veterans at <https://hab.hrsa.gov/sites/default/files/hab/Global/clarificationservicesveterans.pdf>.) It is therefore incumbent upon subrecipients of Part A funds to assure that eligible individuals are expeditiously enrolled in Medicaid and that Part A funds are not used to pay for any Medicaid-covered services for Medicaid-eligible PLWH. Part A subrecipients are subject to audit on this and other restrictions on the use of funds.
2. If a service is available under the state Medicaid Plan, the political subdivision involved must either provide the service directly or must agree with a public or private entity to provide the service. The subrecipient providing the service must enter into a participation agreement under the state Medicaid plan and must be qualified to receive payment under the state Medicaid plan.
3. If Part A subrecipient charges for services, it must do so on a sliding-fee schedule that is made available to the public. Individual annual aggregate charges to clients receiving Part A services must conform to statutory limitations. The intent is to establish a cap on charges to Part A service recipients.
4. Establishing a fee schedule should not result in a bureaucratic system to means-test individuals or families before Part A supported services are provided. A simple application that requests information on the annual gross salary of the individual/family should provide the baseline by which the caps on fees will be established.

Individual & Family Annual Gross Income and Total Allowable Annual Chargers

Individual/Family Annual Gross Income	Total Allowable Annual Charges
Equal to or below the official poverty line	No charges permitted
101 to 200 percent above the official poverty line	5% or less of gross income
201 to 300 percent above the official poverty line	7% or less of gross income
More than 300 percent above the official poverty line	10% or less of gross income

5. Funds may not be used to purchase or improve land or to purchase, construct, or make a permanent improvement to any building except for minor remodeling.
6. Funds may not be used for international travel. Funds may not be used to make cash payments to intended clients of core medical or support services. This prohibition includes cash incentives and cash intended as payment for RWHAP services.
7. Where the direct provision of the service is not possible or practical, store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used. Subrecipients are advised to administer voucher and store gift card programs in a manner that assures that vouchers and gift cards cannot be exchanged for cash cards.

- a. **Note:** General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express. They are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are co-branded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are also unallowable. Furthermore, agencies distributing gift cards require an agency policy that outlines the purpose of gift cards as related to the service provided, how gift cards will be secured, how the agency will determine the allocation and track distribution to clients (for example client, date, amount, purpose, vendor, client signature), and how the agency will communicate what the gift cards can and cannot be used for (including alcohol, cigarettes, firearms, and other items not allowed). Gift cards cannot be an incentive but need to be utilized to support service directly. For example, gift cards to a grocery for food service or Emergency Financial Assistance could be allowable. Still, gift cards cannot be provided for participation in a service such as psychosocial support groups or training, as that is considered an incentive.
8. Use funds in a manner consistent with current and future program policies developed for Part A regarding allowable categories of services and eligibility for services. Please review all current HRSA/HAB and BPHC program policies.
9. Do not use Part A funds for outreach programs that have HIV prevention education as their exclusive purpose or broad-scope awareness activities about HIV services that target the general public.
10. Recipients of grant funds must participate in a community-based continuum of care. A continuum of care is defined as:
 - a. A comprehensive continuum of care includes primary medical care for the treatment of HIV infection that is consistent with Public Health Service guidelines. Such care must include access to antiretrovirals and other drug therapies, including prophylaxis and treatment of opportunistic infections, as well as combination antiretroviral therapies. Comprehensive HIV care also must consist of access to substance-abuse treatment, mental health treatment, oral health, and home health or hospice services. Also, this continuum of care should include supportive services that enable individuals to access and remain in primary medical care as well as other health or supportive services that promote health and enhance the quality of life.
11. The actual amount of funds expended on administrative costs by subrecipients shall not exceed 10% of the **Aggregate Total of All HIV Service Dollars Expended**. For the 10% aggregate cost cap, administrative activities include:
 - a. Usual and recognized overhead activities, including rent, utilities, and facility costs.
 - b. Costs of management oversight of specific programs funded under this title, including program coordination, clerical, financial, and management staff not directly related to patient care; program evaluation; liability insurance; audits; and computer hardware/software not directly related to patient care.

Sample invoices are on the following pages.

Sample of Monthly Invoice (Indirect Rate)

BPHC Ryan White Part A Funding

Monthly Invoice

Subrecipient Name: ENTER SUBRECIPIENT NAME HERE

Pay To: WRITE COMPLETE SUBRECIPIENT NAME
Address: ENTER AGENCY ADDRESS HERE

Bill To: Boston Public Health Commission
Procure to Pay Office
1010 Massachusetts Avenue
Boston, MA 02118

Part A Service: ENTER FUNDED SERVICE HERE
Activity Number: 3536002
BPHC PO Number: Enter new Fiscal Year PO

INFECTIOUS DISEASE BUREAU USE ONLY
APPROVED FOR PAYMENT

Date:

Federal Grant Number H89HA00011
RW Part A ALN: 93.914

Invoice Submission Date: Enter submission Date
Billing Period: Enter Billing Period
Invoice Number: Cannot exceed 20 characters. Letters and numbers only. No special characters or spacing. **RW23** [Insert MONTH & SERVICE abbrev.]

DIRECT CARE STAFF	FTE	Budget (A)
Program Director	0.00	\$0
Medical Case Manager	0.00	\$0
Medical Case Manager	0.00	\$0
		\$0
Sub-total	0.00	\$0
Fringe	30.00%	\$0
Personnel Totals		\$0
OTHER DIRECT CARE COST		
Local Travel		\$0
Staff Training		\$0
Program Supplies		\$0
		\$0
Sub-total		\$0
DIRECT CARE TOTAL		\$0
HHS INDIRECT APPROVED RATE		
Ryan White Indirect Rate Cap	10%	\$0
HHS INDIRECT APPROVED RATE COST TOTAL (10% Cap)		\$0
TOTALS EXPENSE		\$0

Amount this Invoice (B)	Cumulative Billing (C)	Remaining Balance (D)
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0

Invoice Amount **\$0**

I hereby certify that the bills, receipts, and payroll documentation attached to this invoice are expenditures solely associated with the Ryan White Part A funding.

Prepared by:	Authorized by:
Contact Name:	Name:
Phone:	Title:
Email:	Signature (blue ink):

Budget Terms

Budgets cover twelve months and are presented in whole dollars (no cents).

Payment of Expenses

1. The *Core/Support Service Direct Cost* column indicates the position title.
2. The *Personnel* column indicates the name of the staff person occupying the position with the staff's first initial and last name (e.g., J. Smith) to verify expenses. Enter *TBH* if the position is currently vacant. Program administration positions are funded, but only if their primary focus is the proposed service. Ryan White's direct services dollars are not to be used to pay for the subrecipient's administration.
3. The *Salary* column reflects a Full-Time Equivalent (1 FTE total) salary.
4. The *FTE* column is the percentage of time (carried to no more than **two** decimals) that the position listed is paid for by Ryan White Part A funding. To meet audit requirements, employees cannot exceed a total FTE of 1.0 across all funding sources.
5. The *Months* column is the number of months the position listed will be occupied in the contracted period.
6. The *Annual* column is the total salary amount that will be paid by Ryan White Part A in a twelve-month budget period for the listed position based on the given *FTE* and *Months*. **Annual = (FTE x Months x Salary)/12**
7. The *Fringe rate* must be the agency's internal audited fringe rate, with a maximum of **57.70%**. Verification of this rate is subject to audit. Fringe is defined as government-mandated and employer-selected employee benefits, including social security, unemployment, workers and disability compensation, retirement programs, and health insurance.
8. Non-personnel, expense line item titles should be specific (e.g., Food, Office Supplies, Staff Training) and listed under the *Other Direct Care Costs* column.
9. The *HHS Indirect Approved Rate* line item is capped at 10%. Subrecipients who wish to use an indirect rate must provide documentation of a Certificate of Indirect Costs that is **HHS-negotiated**, signed by an individual authorized to sign on behalf of the subrecipient. Any other Federal or State agency that has conducted and issued an audit report of the subrecipient's indirect cost rate that has been developed following the requirements of the cost principles contained in 48 CFR part 31 will also be accepted. Please note, that the 10% de minimis rate may be used if the subrecipient has never had a negotiated rate.
10. The *Administrative Costs* column should be specific. These costs include recognized over-head activities, including rent, utilities, and facility costs. It also applies to the costs of management and oversight of the specific program funded. It includes program coordination, clerical, financial, and management staff not directly related to patient care; program evaluation; liability insurance; audits; computer hardware/software not directly related to patient care. Administrative Costs are funded at a maximum rate of 10% of the total direct program costs. Subrecipients are responsible for preparing a project budget that meets administrative cost guidelines and provides expense reports that track administrative expenses.
11. *Service Award Total* is the sum of the direct care total and the administrative or indirect rate cost total.

See Sample Expense Budget (Admin) and Sample Expense Budget (Indirect).

Sample Budget (Admin. Cost)

ATTACHMENT C
RYAN WHITE PART A: ALN 93.914
Boston Public Health Commission
FY 2023
March 1, 2023 – February 29, 2024

AGENCY NAME

Medical Case Management

<u>Core/Support Service Direct Cost</u>	<u>Personnel</u>	<u>Salary</u>	<u>FTE</u>	<u>Months</u>	<u>Annual</u>
Program Director	B. Smith	\$50,000	0.50	12	\$25,000
Medical Case Manager	K. Jones	\$45,000	1.00	12	\$45,000
Medical Case Manager	J. Doe	\$41,000	0.80	12	\$32,800
SUBTOTAL			2.3		\$102,800
FRINGE			30.00%		\$30,840
					\$133,640

Other Direct Care Cost

Staff Training					\$1,000
Staff Travel					\$200
Program Supplies					\$1,000
SUBTOTAL					\$2,200
DIRECT CARE TOTAL					\$135,840

<u>Administrative Cost</u>	<u>Personnel</u>	<u>Salary</u>	<u>FTE</u>	<u>Months</u>	<u>Annual</u>
Program Director	B. Smith	\$50,000	0.15	12	\$7,500
Program Rent (8% of total rent)					\$6,084

ADMIN COST TOTAL \$13,584

DIRECT CARE TOTAL \$135,840
ADMINISTRATIVE COST \$13,584

SERVICE AWARD TOTAL \$149,424

Per Federal policy, funds may only be used to support services to those individuals with a documented HIV status. Funds may not be used to provide items or services for which payment already has been made or reasonably can be expected to be made, by third party payors, including Medicaid, Medicare, and/or other State or local entitlement programs, prepaid health plans, or private insurance. Subrecipients are reminded that this is subject to an audit.

Sample Budget (Indirect Rate)

ATTACHMENT C
RYAN WHITE PART A: ALN 93.914
Boston Public Health Commission
FY 2023
March 1, 2023 – February 29, 2024

AGENCY NAME

Psychosocial Support Services

<u>Core/Support Service Direct Cost</u>	<u>Personnel</u>	<u>Salary</u>	<u>FTE</u>	<u>Months</u>	<u>Annual</u>
Peer Support Coordinator	B. Smith	\$32,000	0.50	12	\$16,000
Peer Advocate	K. Jones	\$28,000	0.20	12	\$5,600
Peer Advocate	J. Doe	\$28,000	0.30	12	\$8,400
		SUBTOTAL	1.0		\$30,000
		FRINGE	29.10%		\$8,730
					\$38,730
<u>Other Direct Care Cost</u>					
Staff Training					\$1,000
Staff Travel					\$200
Program Supplies					\$1,000
		SUBTOTAL			\$2,200
		DIRECT CARE TOTAL			\$40,930
<hr style="border-top: 1px dashed #000;"/>					
<u>HHS Indirect Approved Rate</u>			<u>40%</u>		<u>Annual</u>
Ryan White Indirect Rate Cap			10%		\$4,093
<hr style="border-top: 1px dashed #000;"/>					
		DIRECT CARE TOTAL			\$40,930
		INDIRECT RATE CAP (10%)			\$4,093
		SERVICE AWARD TOTAL			\$45,023

Per Federal policy, funds may only be used to support services to those individuals with a documented HIV status. Funds may not be used to provide items or services for which payment already has been made or reasonably can be expected to be made, by third party payors, including Medicaid, Medicare, and/or other State or local entitlement programs, prepaid health plans, or private insurance. Subrecipients are reminded that this is subject to an audit.

Budget Revision Guidance

When to Submit a Full Budget Revision Request Packet for Approval:

Below is a list of post-award changes to a Part A funded service that require the submission of a full budget revision request packet for prior approval by Ryan White Services Division staff:

1. When transfers among line items such as Personnel, Fringe, Travel, Equipment, Supplies, Contractual, etc. for the current budget period exceed 25% of the total approved line item for that budget period.
2. When a subrecipient wants to add a new line to a budget.
3. When substantial changes are made to the approved work plan or project scope (e.g., changing the model of care, transferring substantive work from personnel to contractual; (or)
4. When a subrecipient is significantly underspending on a budget line item and would like to propose new means to meet their deliverables and utilize their full funding, this is especially important in the case of staff vacancies.
5. When the subrecipient wants to purchase a piece of equipment that exceeds \$5,000 and is not included in the approved award budget, see budget revision instructions at the end of this section.
6. Any changes in personnel salary, FTE, or billing months.

When Budget Revisions Don't Require the Submission of a Full Budget Revision Request Packet:

Agencies DO NOT need to submit a full budget revision request packet for approval for the following circumstances:

1. The billing of direct cost budget lines (i.e., Personnel, Fringe, Travel, Equipment, Supplies, Contractual, etc.) is over-or-under the original line cost but is within the 25% leeway.
2. Personnel changes for replacing a TBD/TBH line with the name of a new employee at the SAME salary, FTE, and billing months that were initially proposed in the award budget at the beginning of the fiscal year before you start billing.
3. Changing the title or the name of an employee.

Under these circumstances, agencies must submit the invoice indicating changes along with required back up documentation.

All staff updates should be effective on current budgets no later than 30 days post the receipt of invoices.

How to Submit a Budget Revision for Prior Approval:

Subrecipients must follow the procedure outlined below to request budget revisions for prior approval. Please see the templates included in Provider Manual for further clarification.

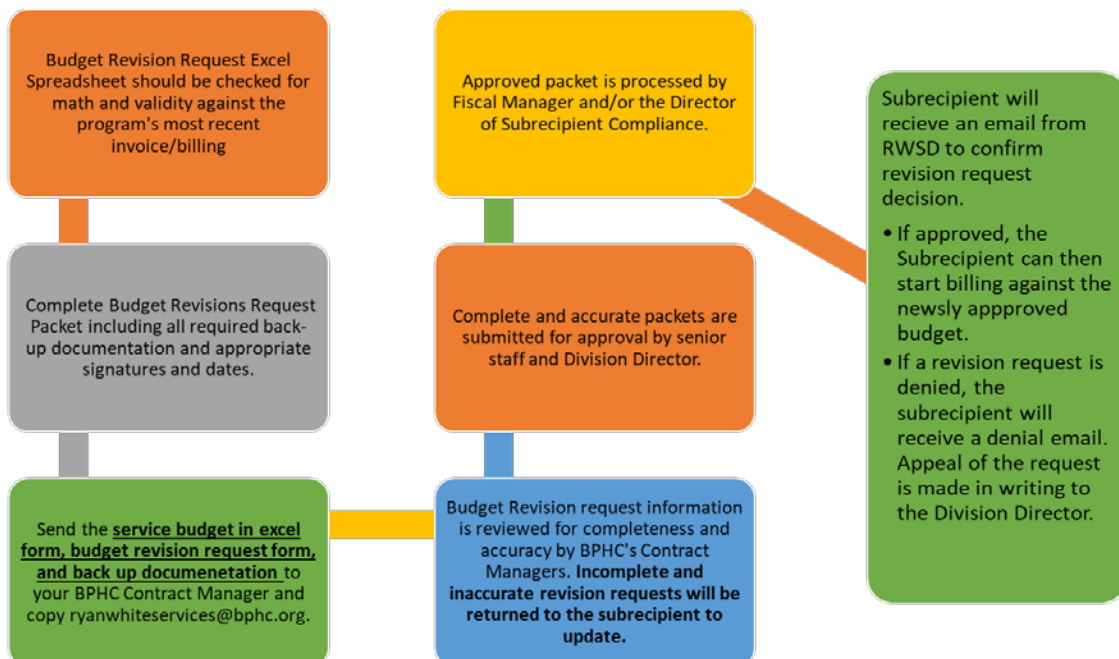
Submit budget revision requests via email to your assigned BPHC Contract Manager and copy ryanwhiteservices@bphc.org.

1. Each Budget Revision Request Packet must include the following items:
 - a. **Budget and Service Delivery Target Revision Request Form**
 - b. **Budget Revision Request Excel Spreadsheet:** A current budget with the proposed changes made

in the same format as the award budget. The proposed changes should be listed to the right of each person and/or other direct care cost line items in the excel template. If the budget revision does not match the most up-to-date award budget, it will be returned to the subrecipient.

- c. **Supporting Documents:** including but not limited to staff qualifications (resume), proof of annual salaries such as offer letter or payroll statements, the job description of the duties and responsibilities as they relate to the Part A funding, etc.
- For new hires, please provide the following:
 - ✓ A resume showing qualifications.
 - ✓ Proof of annual salary such as an offer letter or payroll statement.
 - ✓ A brief description of the position’s duties and responsibilities as they relate to the funding.
 - For a consultant, please provide the following:
 - ✓ A resume showing qualifications.
 - ✓ A detailed description of the services/activities to be performed by the consultant.
2. Once the Ryan White Services Division (RWSD) reviews a budget revision request according to our internal review protocol, we will notify the subrecipient if there are questions or information needed to approve, if approved, or denied.
 3. The RWSD is committed to working with agencies to understand and support their changing program and budgetary needs during the budget revision request process. In the case that a budget revision is denied, initial appeals of denied budget revision requests are made in writing to the Ryan White Services Division Director, Eileen Merisola at emerisola@bphc.org. Further appeals may be submitted, in writing, to Regis Jean-Marie (rjeanmarie@bphc.org), Infectious Disease Bureau Administrator.
 4. Budget revisions will be accepted until December 15, 2023 Revisions submitted after this deadline will only be considered to fill vacant positions, and for legal name, position, and title changes.

Budget Revision Process:



Budget and Service Delivery Targets Revision Request Instructions

Procedures

1. Complete the “Budget and Service Delivery Targets Revision Request Form”
2. Complete the Budget Revision Excel Form
3. Include all required supporting documents.
4. Submit the Budget Revision packets with all required documents to your contract manger and copy RyanWhiteServices@bphc.org.
5. Incomplete packets (missing information, inaccurate information, or missing documents) will be sent back to the agency before processing.

Notes

- Please complete a Budget Revision form separately for each Service Category Budget awarded to the agency.
- It is recommended that the program and finance staff at the agency coordinate the submission of all budget revisions.
- The authorized representative is considered any Ryan White Part A designated contact that your contract manager has listed for your agency.
- Your assigned contract manager or another Ryan White Services Division staff will reach out to your program or fiscal contacts for additional information regarding your request if needed.

Agency and Submission Information

Agency: Enter the name of the agency.

Service Category: Enter the name of the service category.

Date of Request: Enter the date submitted.

Is this a resubmission of a previous request?

- **Yes** = If additional information is required or the last revision was denied
- **No** = If this is an original request

1. Direct Service or Admin. Personnel Revision:

Line Split: A line item on the budget form may result from new personnel, changes in salaries, and FTE adjustments. If a line is split in the budget because of a personnel change to a respective position on the budget, mark yes. Insert the initial date that the line split begins and the end date of the line split. If a line is not splitting or the agency is requesting an additional line item, updating a TBA, or a name adjustment, mark no. You do not need to list each row that is created when a position is split to reflect adjustments within this section. You are required to indicate that line is being split.

Start Date: Enter the date a change in personnel will effectively start.

End Date: Enter the date a change in personnel will effectively end.

Position: Enter the official position title.

Personnel Name: Enter the legal name of the personnel.

Reason for the adjustment: Enter the reason for the adjustment or change of the line.

2. Other Direct Service or Admin. Budget Lines:

Line Item: Enter the assigned line item.

Current Budget: Enter the amount budgeted for the line item.

New Budget: If any funds have been invoiced to BPHC, list the culminated amount found on the most recently submitted Monthly Cost Reimbursement Invoice; Section D.

Reason for Change: Enter the reason for the adjustment or change of the line.

3. Supporting Documents

Attachment: If the packet includes any attachment, check “yes” to the corresponding document type.

Document Types: A list of standard documents RWSD requests for budget revisions. If the document with the Budget Revision does not fall into any of the document types, use the “other” category by inputting the document type.

Comments: Use this second to inform RWSD of any relevant information.

4. Service Delivery Targets

Subservice: Input the subservice as labeled in e2Boston.

Original Target: Input the target RWSD listed on your current scope of services.

New Target: Input the new target RWSD you are proposing.

Reason for Change: Enter the reason for the adjustment or change of the target.

5. Other Direct Service or Admin. Budget Lines:

Name of Authorized Representative: The authorized representative must be a person with budgetary decision-making authority.

Title: Input the title of the authorized representative.

Email: Input the email of the authorized representative.

Signature: Input the signature of the authorized representative.

Budget and Service Delivery Targets Revision Request Form



Ryan White Services Division
 Budget and Service Delivery Targets Revision Request Form
 Fiscal Year 2023

Agency	
Service Category	
Date of Request	
Is the Budget Revision a resubmission?	<input type="checkbox"/> Yes <input type="checkbox"/> No

For BPHC Use Only	Date	Initial
Client Services Review		
Client Services Approval		
Fiscal Processing		
Approval Letter Sent		

- Change of Position, FTE, Salary, and Titles:** Include only the adjustment, removal, or addition of an employee. Complete the Budget Revision Excel Form to account for financial adjustments. **Do not include additional lines created from line-item splits in the excel document on this form. Check yes to indicate a line was split for the respective position.**

Line Split	Start	End	Position	Personnel Name	Reason for Change
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					

4. **Service Delivery Targets:** Insert any changes to subservices resulting from budgetary or service delivery adjustments.

Subservice	Original Target	New Target	Reason for Change

5. **Signatures:** Sign this document by completing the section below.

Name of Authorized Representative	
Title	
Email	
Signature	

For BPHC use only:

Contract Management Review Comments	
Supervisory Review Comments	
Fiscal Review Comments	

Sample Expense Budget Revision

Boston Public Health Commission
 RYAN WHITE PART A: ALN 93.914
 FY 2023

March 1, 2023 - February 29, 2024

AGENCY NAME

MEDICAL CASE MANAGEMENT

Budget Revision Request

<u>Core/Support Service Direct Cost</u>	<u>Personnel</u>	<u>Salary</u>	<u>FTE</u>	<u>Months</u>	<u>Annual</u>	<u>Change</u>	<u>New Salary</u>	<u>New FTE</u>	<u>New Months</u>	<u>New Annual</u>
Program Director	B. Smith	\$50,000	0.50	12	\$25,000	(\$7,008)	\$50,000	0.36	12	\$17,992
Medical Case Manager	K. Jones	\$45,000	1.00	12	\$45,000	\$0	\$45,000	1.00	12	\$45,000
Medical Case Manager	J. Doe	\$41,000	0.80	12	\$32,800	\$8,200	\$41,000	1.00	12	\$41,000
SUBTOTAL			2.30		\$102,800	\$1,192	SUBTOTAL	2.36		\$103,992
FRINGE			30.00%		\$30,840	\$358	FRINGE	30.00%		\$31,198
PERSONNEL TOTAL					\$133,640	\$1,550	PERSONNEL TOTAL			\$135,190
<u>Other Direct Care Cost</u>							<u>Other Direct Care Cost</u>			
Staff Training					\$1,000	(\$750)	Staff Training			\$250
Staff Travel					\$200	\$0	Staff Travel			\$200
Program Supplies					\$1,000	(\$800)	Program Supplies			\$200
SUBTOTAL					\$2,200	(\$1,550)				\$650
DIRECT CARE TOTAL					\$135,840	\$0				\$135,840
<u>Administrative Cost</u>	<u>Personnel</u>	<u>Salary</u>	<u>FTE</u>	<u>Months</u>	<u>Annual</u>		<u>New Salary</u>	<u>New FTE</u>	<u>New Months</u>	<u>New Annual</u>
Program Director	B. Smith	\$50,000	0.15	12	\$7,500	\$0	\$50,000	0.15	12	\$7,500
Program Rent (8% of total rent)					\$6,084	\$0				\$6,084
ADMIN COST TOTAL					\$13,584	\$0	EXPENSE TOTAL			\$13,584
DIRECT CARE TOTAL					\$135,840	\$0	DIRECT CARE TOTAL			\$135,840
ADMINISTRATIVE COST					\$13,584	\$0	ADMINISTRATIVE COST			\$13,584
SERVICE AWARD TOTAL					\$149,424	\$0	SERVICE AWARD TOTAL			\$149,424

In this example, Medical Case Manager Doe’s FTE changed from 0.80 to 1 for the year. The subrecipient has decided to decrease the Program Director’s FTE from 0.50 to .36 on the Part A contract to make up for the additional funds needed for Doe. The subrecipient also had to reduce the Staff Training line to \$250 and the Program Supplies line to \$200. The subrecipient’s original budget is reflected in the first six columns. Staff names may be added if the new staff has been hired.

The following are terms related to budget revisions. “Change” is the difference between the Annual and the New Annual (Change = Annual - New Annual). “New Salary” is the Full-Time Equivalent (1 FTE total) salary. If there is a salary adjustment from the original “Salary,” back-up documentation is required (e.g., hire letter). “New FTE” is the new percentage of time that the position listed will be paid through this contract. “New Months” indicates the new number of months that the employee will work; the amount would differ from the original budget when a staff person is added or removed from a budget based on hiring or departure. “New Annual” is the updated total salary amount that will be paid for by Part A based on changes made to the salary, FTE, or months in the budget revision. “New Annual” for a staff member who is being removed from a budget must be the actual amount expended based on monthly invoices submitted to date.

Annual Site Visits

Boston EMA Ryan White Part A Monitoring Site Visit

Each Ryan White Part A subrecipient is required to participate in an annual comprehensive site visit. RWSD conducts site visits to determine subrecipient compliance with contractual obligations, program policies, Service Standards, and Ryan White HIV/AIDS Program Federal legislation. The following summarizes what to expect during an annual site visit.

Scheduling

Subrecipients will receive 30-45 business days advanced notice of a scheduled site visit. A contract manager will notify the subrecipient's Executive Director and main the program contact listed in RWSD's records. If the assigned date is not feasible, the subrecipient must respond to RWSD as soon as possible via email to notify the contract manager of the need to schedule the site visit for a different date and provide a justification for the need to reschedule. RWSD will attempt to accommodate subrecipient schedules as best as possible but reserves the right to visit a funded subrecipient at a time of our choosing and without advance notice.

Before the site visit, an assigned RWSD contract manager will email the subrecipient a confirmation packet. The contract manager will be the point of contact throughout the entire site visit process.

The confirmation packet includes the following items:

- Site visit confirmation letter with date and time of site visit
- Agenda
- Monitoring Tool
- List of required documents to be submitted prior to the visit

The contract manager may schedule a call to review the agenda, site visit preparation, and coordinate planning for the site visit logistics.

Monitoring Tools

RWSD staff utilizes a standard monitoring tool to evaluate subrecipient compliance with Ryan White Part A contractual obligations, policies, and standards. Subrecipients are responsible for completing a portion of the monitoring tool before the site visit. The notification to confirm the scheduling of the site visit will include instructions and a due date for the completion of relevant sections of the monitoring tool. An RWSD contract manager may schedule a call to review the information that is requested. The monitoring tools comply with the [National Monitoring Standards](#). Subrecipients are required to review the National Monitoring Standards annually or when changes are made.

Client Charts

24-48 hours before the site visit, RWSD staff will send the subrecipient an encrypted email with a list of client codes. The subrecipient must pull these client charts for RWSD review during the site visit.

Federal Requirements

Monitoring visits are conducted according to uniform grant guidance for monitoring and evaluating federally funded programs. Much of this language is included in Part A contracts and subrecipients are required to review before signing their contract. Program staff can prepare for monitoring visits by familiarizing themselves with the basic concepts of grants management and responsibilities.

A useful resource is the CFO Grants Training modules at <https://cfo.gov/grants/training>. The modules include guidance on cost principles, risk management, and administrative requirements, among other topics. Subrecipients

should also review the Ryan White Part A Manual (Revised 2013) found [here](#) as well as HRSA’s Policy Clarification Notices (PCNs) for the Part A program, found [here](#).

Day of the Monitoring Visit

The contract manager leading the visit will coordinate with the primary program contact to determine the logistics of the monitoring visit. The site visit will consist of the following activities:

1. **Morning briefing:** At the beginning of the site visit, BPHC will meet with subrecipient staff to discuss the logistics, and expectations for the day, learn more about staff roles, and hear about program updates.
2. **Chart Review:** The site visit review staff will review a random sample of up to 50 client records to determine subrecipient compliance with contractual policies and service standards. RWSD will not remove client records from the premises. Subrecipients will receive a client record list 24-48 hours before the visit.
3. **Facility Tour:** RWSD may request to tour the facility.
4. **Fiscal Records Review:** Fiscal staff will review financial records and policies for compliance with contractual policies and federal legislation. This review is not an audit.
5. **Policies Review (Program and Fiscal):** Staff will review and test subrecipient policies for compliance with contractual obligations, federal legislation, and service standards. For example, the review team may assess a client grievance and the grievance policy together to determine consistency between practice and policy.
6. **Staff Interviews:** RWSD staff will interview subrecipient staff to discuss their roles in providing Part A services and deepen their understanding of service implementation.
7. **Exit Conference:** RWSD will discuss all findings with your program staff at the end of the site visit.

Program staff must reserve space at the agency that can accommodate the RWSD monitoring team for the whole day. During the exit conference, the site visit lead will discuss observations and next steps.

Site Visit Report

Subrecipients will receive a summary of the site visit in the form of a site visit report within 45 business days of the completion of the site visit. This summary will include fiscal and programmatic findings and recommendations that are identified based on areas in which the program is out of compliance with legislative and programmatic requirements. It may also include suggestions for improvement, which may not necessarily be a compliance issue. Your agency may be required to submit a Corrective Action Plan (CAP) that addresses the findings of non-compliance within 45 business days of receiving the official site visit summary. BPHC staff will provide technical assistance to programs to support compliance.

Types of Findings

Findings are legislative or programmatic based on Title 26 of the Public Health Service Act, Health Resource and Service Administration (HRSA), and Boston EMA’s FY 23 Service Standards. Reports of findings include a reference that describes the source of the funding requirement with which the subrecipient is out of compliance with site visit observations and corrective actions to address the compliance issue.

The site visit review team may offer other recommendations related to best practices and suggestions for ways to enhance program operations, increase program efficiency, and/or improve program effectiveness.

Corrective Action Plan (CAP)

RWSD will require the submission of a Corrective Action Plan (CAP) within 45 business days of the receipt of the written site visit report that issues findings. RWSD staff is available to assist agencies during the development of a CAP. Once BPHC approves the CAP, RWSD staff will monitor progress with the plan and support the subrecipient to achieve compliance before the next site visit. RWSD may deny a CAP submission and request a revision. If RWSD

rejects a CAP, the subrecipient must revise and resubmit the CAP within one week of the denial.

Policies and Procedures

Policy Maintenance

The following is a comprehensive list of policies that your agency must maintain and can expect to submit to the Ryan White Services Division during an annual site visit. RWSD may request the submission of policies before the day of the site visit. The Contract Manager assigned to lead your site visit will help you determine how to organize the submission of policies.

Please familiarize yourself with this list and how each relates to your program and Ryan White Part A service category.

Program & Service Delivery Policies

- 2.0 Intake, Discharge, Transition & Case Closure
- 3.0 Linkage to Care, Client Retention & Client Reengagement
- 4.0 Staff Credentials Training & Supervision
- 5.0 Staff Safety Standards
- 6.0 File Maintenance & Data Security
- Service-Specific Policies

Required Fiscal Policies:

Audits

- Non-audited interim financial statements
- Audited financial statements
- Single Audit
- Risk Assessment

Imposition of Charges

- Fee Schedules
- Sliding Fee Schedule Policy
- Cap on Charges

Financial Policies and Procedure Manuals

- Fixed Assets Policy
- Billing and Collection Policy
- Purchasing Policy
- Travel Policy
- Hazard Pay Policy
- Gift Card Distribution and Tracking Policy and Procedures
- Tablet/Electronic Device Distribution and Tracking Policy and Procedures

Fiscal Policies and Financial Reports

- Accounting Policies and Procedures Manual
- Policy on revenue, including Program Income
- Policy and Procedures on the selection of an auditor

- 12-Month Report of Program Income
- Policy to determine Occupancy costs
- Policy to determine the reasonableness of cost
- Medicaid certificate
- Part A agreement and budget
- Chart of Accounts
- One Month invoices
- Agency income statement
- HHS indirect cost rate (if applicable)
- Summary of HIV Funding including Local, State, and Federal Revenues (HIV Funding Table)
- Quarterly payroll tax report
- IRS agreement for payment of taxes in arrears (if applicable)
- Insurance Policies – Certificate of Liability, Worker’s Comp, Property Liability, Directors and Officers Liability, Automobile Liability.

Human Resources

- Employee Handbook
- Organizational Chart
- Fiscal Document Retention and Destruction Policy
- Whistle Blower Policy
- Board Minutes
- Governance that addresses insider transactions and conflicts of interest

Time and Effort Policy and Procedure

- One pay period payroll journal, timesheets, and effort reporting.

The Payer of Last Resort Policy

Ryan White HIV/AIDS Program funds are the payer of last resort. Subrecipients must reasonably explore all other state and federal funding sources.

Specifically, federal policy requires:

- Do not use Ryan White HIV/AIDS Program funds to pay for Medicaid-covered services for Medicaid beneficiaries.
- Ryan White HIV/AIDS Program subrecipients who provide Medicaid-covered services must be Medicaid certified.
- Ryan White HIV/AIDS Program subrecipients must vigorously pursue Medicaid enrollment for individuals who are eligible for Medicaid coverage.
- Ryan White HIV/AIDS Program subrecipients must seek payment from Medicaid when they provide a Medicaid-covered service for a Medicaid beneficiary.
- Ryan White HIV/AIDS Program subrecipients must back bill Medicaid for any Ryan White Act funded services provided to Medicaid eligible clients once Medicaid eligibility is determined.

Subrecipients must exhaust mandatory Medicaid dollars before utilizing discretionary Ryan White HIV/AIDS Program funds. The Payer of Last Resort policy is currently part of all BPHC Part A provider contracts and all program budgets. If you have questions regarding these policies, please feel free to call our office.

Federal Monitoring Standards and Imposition of Charges

To guide the administration of the Ryan White Part A Program to ensure compliance with grant requirements related to charges to clients as per the following Health Resources Service Administration guidance:

- Ryan White Legislation:
 - §2605 (e)(F)(A)
 - §2605 (e)(1)(B)
 - §2065 (e)(1-4)(C-F)
- Part A Assurances
- HRSA FOA
- BPHC Ryan White Part A Contract

Important Terms

Costs are the accrued expenditures incurred by the recipient /subrecipient during a given period requiring the provision of funds for (1) goods and other tangible property received; (2) services performed by employees, contractors, subrecipient, subcontractors, and other payees.

- **Charges** are the *imposition of fees upon payers* for the delivery of billable services.
- **Payments** are the collection of fees from payers that are applied to cover some aspects of the costs of billable services.
- **Billable services** are those for which there is a payer source.
- **Charge Master/Schedule of Charges** is a comprehensive listing of prices for billable services and procedures.
- **Sliding fee** means that costs change according to the patient's income, lack of income, or ability to pay.

Policy and Procedures

If the subrecipient charges health insurers for a service, the subrecipient must impose the same charge and provide a discount to uninsured clients using the service.

If an entity receiving Part A funds charges for services, it must do so on a sliding fee schedule that is available to the public and establish fees that are reasonable and necessary. Setting a fee schedule should not result in a bureaucratic system to means-test individuals or families before Part A supported services are available. The sliding fee scale intends to protect clients from becoming so overwhelmed by financial burdens they leave the system. The sliding fee scale/schedule of charges shall not permit costs to clients with an income equal to or less than 100% FPL and permits nominal fees for clients with income >100% FPL.

1. Subrecipient/Subcontractor policies and procedures must specify charges to clients for services, which may include a documented decision to impose only a nominal charge
 - a. Establish, document, and have available for review:
 - Sliding fee discount policy
 - Current fee schedule
 - Sliding fee eligibility applications, in client files
 - Fees charged and paid by clients
 - Process for charging, obtaining, and documenting client charges through a medical practice information system, manual or electronic
2. No charges imposed on clients with incomes below 100% of the Federal Poverty Level (FPL)
 - a. Document that:

- Sliding fee discount policy and schedule do not charge clients below 100% of FPL for services
 - Personnel are aware of and following the policy and fee schedule
 - Subrecipients must consistently practice the policy
3. Charges to clients with incomes higher than 100% of the federal poverty line must be discounted fee schedule and a sliding fee scale:
- a. Cap on total annual charges for Ryan White services based on the percent of the client's yearly income, as follows:
 - 5% for patients with incomes between 100% and 200% of FPL
 - 7% for patients with incomes between 200% and 300% of FPL
 - 10% for patients with incomes higher than 300% of FPL
 - Clients earning less than 500% of FPL who can document that their out-of-pocket expenses exceed 10% of their income may submit an Eligibility Letter for Exceeding Charges Cap. A sample of that letter can be found [here](#).
 - b. Have in place a fee discount policy that includes a cap-on-charges policy and appropriate implementation, including:
 - Annually evaluating clients to establish individual fees and caps
 - Track of Part A charges or medical expenses inclusive of enrollment fees, deductibles, co-payments, etc.
 - Have a process for alerting the billing system that the client has reached the cap and do not charge the client for the remainder of the year
 - Documentation of policies, fees, and implementation, including evidence that staff understand the policies and procedures

Unallowable Costs

All funded subrecipients must:

1. Maintain files with signed subrecipient agreements, assurances, and certifications that specify unallowable costs
2. Provide and maintain budgets, expenditures, and related reports to BPHC with sufficient detail to document that they do not include unallowable costs
3. Maintain on file policies and documentation consistent with the following cost prohibitions:
 - a. Cash payments to intended recipients of RWHAP services
 - b. Clothing
 - c. Developing materials that may be perceived to promote or encourage injection drug use
 - d. Drug use and sexual activity
 - e. Employment and Employment Readiness
 - f. Funding liability risk pools
 - g. Funeral, burial, cremation, or related expenses
 - h. Household appliances
 - i. International travel
 - j. Local or State personal property taxes (for residential property, private automobiles, or any other personal property)
 - k. Off-premises social/recreational activities or payments for a client's gym membership
 - l. Pet foods or other non-essential products
 - m. Pre-exposure prophylaxis and Non-Occupational Post-Exposure Prophylaxis
 - n. Purchase of land, construction, or renovations

- o. Purchase or improve land, or to purchase, construct, or permanently improve (other than minor remodeling) any building or other facilities
- p. Purchase Vehicles without Approval
- q. Syringes

Property Standards

All funded subrecipients must:

1. Develop and maintain a current, complete, and accurate asset inventory list and a depreciation schedule that lists purchases of equipment by funding source
2. Make a list and schedule available to the grantee upon request
3. Provider/Subcontractor tracking of and reporting on tangible nonexpendable personal property, including exempt property, purchased directly with Ryan White Part A funds and having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit
4. Implementation of adequate safeguards for all capital assets that assure that they are used solely for authorized purposes.
5. Real property, equipment, intangible property, and debt instruments are acquired or improved with federal funds held in trust by subrecipients/subcontractors, with the title of the property vested in BPHC but with the federal government retaining a revisionary interest.
 - a. Establish policies and procedures that acknowledge the revisionary interest of the federal government over property improved or purchased with federal dollars
 - b. Maintain file documentation of these policies and procedures for BPHC review
6. Assurance by subrecipients/subcontractors that the title of the federally owned property remains vested in the federal government, and if the HHS awarding agency has no further need for the property, it will be declared excess and reported to the General Services Administration
7. Title to supplies to be vested in the recipient upon acquisition, with the provision that if there is a residual inventory of unused supplies exceeding \$5,000 in total aggregate value upon termination or completion of the program and the supplies are not needed for any other federally-sponsored program, the recipient shall retain the supplies for use on non-federally sponsored activities or sell them, and compensate the federal government for its share contributed to purchase of supplies
 - a. Develop and maintain a current, complete, and accurate supply and medication inventory list
 - b. Make a list available to BPHC upon request

Income from Fees for Services Performed

Use of Part A and third-party funds to maximize program income from third-party sources and ensure that Ryan White is the payer of last resort. Third-party funding sources include Medicaid, State, Children's Health Insurance Programs (SCHIP), Medicare (including the Part D prescription drug benefit), and private insurance. Agency must have:

1. Ensure billing and collection from third-party payers, including Medicare and Medicaid so that payer of last resort requirements is met:
 - a. Establish and consistently implement:
 - i. Billing and collection policies and procedures
 - ii. Billing and collection process or electronic system
2. Have policies and staff training to educate staff on the payor of last resort policies and systems that demonstrate compliance with the policies.
3. Require that each client be screened for insurance coverage and eligibility for third party programs, and helped to apply for such coverage, with documentation of this in client files

4. Carry out internal reviews of files and billing system to ensure that Ryan White resources are used only when a third-party payer is not available
5. Establish and maintain medical practice management systems for billing
 - a. Documentation of accounts receivable
6. Ensure provider/subcontractor participation in Medicaid and certification to receive Medicaid payment
 - a. Document and maintain file information on grantee or individual provider agency Medicaid status
 - b. Maintain a file of contracts with Medicaid insurance companies
 - c. If no Medicaid certification, document current efforts to obtain such certification
7. Bill, track, and report to the grantee all program income (including drug rebates) billed and obtained
8. Ensure service provider retention of program income derived from Ryan White-funded services. Funds may be added to resources committed to the project or program and used to further eligible project or program objectives, or used to cover program costs:
 - a. Document billing and collection of program income
 - b. Report program income documented by charges, collections, and adjustment reports or by the application of a revenue allocation formula.

Limitations on Uses of Part A Funding

1. Adherence to a 10% cap on Administrative Expenses. Appropriate subrecipient administrative activities include:
 - a. usual and recognized overhead activities, including established indirect rates for agencies
 - b. management oversight of specific programs funded under Ryan White; and
 - c. other types of program support such as quality assurance, quality control, and related activities.
2. Inclusion of indirect costs
 - a. Indirect costs (capped at 10%) are only where the subrecipient has a certified HHS-negotiated indirect cost rate using the Certification of Cost Allocation Plan or Certificate of Indirect Costs
 - b. Subrecipients wishing to include an indirect rate must provide documentation of a current Certificate of Cost Allocation Plan or Certificate of Indirect Costs that is HHS-negotiated, signed by an individual at a level no lower than the chief financial officer.¹
 - c. If using indirect cost as part or all its 10% administration costs, obtain and keep on file a federally approved HHS-negotiated Certificate of Cost Allocation Plan or Certificate of Indirect Costs
 - d. Submit a current copy of the Certificate to the Boston Public Health Commission (BPHC)

¹ The Division of Cost Allocation in HHS negotiates and approves indirect cost agreements for entities receiving funding through the Department. This Division negotiates rates through its four regional field offices and the national headquarters. To obtain information from one of these offices go to: <http://rate.psc.gov> and click on Contact Information, then click on the appropriate link: National Headquarters, Western, Central States, Mid-Atlantic, Northeastern. Contractors and subrecipients/subcontractors wanting to claim administrative costs in their Ryan White HIV/AIDS Program budget as indirect costs are allowed to do so only (1) with an HHS-approved indirect cost rate in accordance with applicable cost principles; and (2) in accordance with the 10% legislative limitation on administration costs, (i.e., indirect costs are included in the definition of grantee administration under Part A and B, as mandated by the legislation).

Guide to Collecting Eligibility Documents

Programs must maintain an on-site record for each client receiving Ryan White services, which includes the following documentation. Please review the Ryan White Service Standards for further clarification.

Eligibility Form	
HIV VERIFICATION	<p>Programs must have documentation of each client's HIV status. Examples include:</p> <ul style="list-style-type: none"> • Provider statements acknowledging HIV status • Labs
INCOME VERIFICATION	<p>Programs must have documentation of each client's income. Examples of documentation include:</p> <ul style="list-style-type: none"> • Benefits statements • Pay stubs • MassHealth Eligibility verification • A written letter signed by the client attesting to no income. <p><i>Client household income must be less than or equal to 500% of the Federal Poverty Level (FPL) to receive Part A services.</i></p>
RESIDENCY VERIFICATION	<ul style="list-style-type: none"> • Proof of residency can be in the form of: • Driver's license. • Utility bills. • Bank statement. • Real estate tax bill or receipt. • Current residential lease. • Paycheck or benefits statements. • A written letter signed by the client attesting to residency.
INSURANCE STATUS	<p>Programs must have documentation of each client's insurance status. Types of insurance coverage can include public (Medicare, Medicaid/MassHealth, Commonwealth Care), private (employer-based, private non-group, COBRA, or subsidized individual plans via Commonwealth Choice), or other types of coverage (VA Benefits). If a client is not eligible for any existing insurance plans, then the provider should document the reason and how the client will access medical services and prescription drugs.</p>

Annual Recertification Summary Form

The purpose of this form is to document eligibility for the Ryan White HIV/AIDS Program services. The form can be shared among service providers to verify Ryan White Part A Client's eligibility. *This form is valid for one year (12 months).*

NOTE: The format of this document is optional and is just one way an agency may choose to document client eligibility. This template can be used to upload into e2Boston as the Annual Recertification form.

Agency Name:	
Agency Staff:	
Client Name:	
Client Code:	Client UCI:
Signature/Effective Date:	Expiration Date (12 months after):

Annual Recertification:

Annual Recertification must be collected one time every 12 months to update/upload a client's eligibility for Ryan White Part A services. This includes:

- Income Verification
- Residency Verification
- Insurance Status

INCOME VERIFICATION DOCUMENT

Please select one (1) of the income verification documents:

- Paystub(s)
- Safety net correspondence (IESSA, SNAP, etc.)
- Attestation/Affidavit signed by the Client (For instances of homelessness and/or other extenuating circumstances)
- HDAP Approval Letter
- PMI (Patient Medical Information)
- Bank Statement (s)
- Unemployment income
- Attestation/Affidavit (to states no income)
- Tax Return

RESIDENCY VERIFICATION DOCUMENT

Please select one (1) of the residency verification documents:

- Utility Bill

- Official Correspondence from Government Agency
- Paystub(s)
- Insurance verification document
- PMI (Patient Medical Information)
- Attestation/Affidavit signed by the Client (For instances of homelessness and/or other extenuating circumstances)
- License (not expired)
- Rental agreement
- Voter Registration
- Tax return
- SSI/SSDI Statement

INSURANCE VERIFICATION DOCUMENT

Please select one (1) of the insurance verification documents:

- EOB/EOP from insurance
- Letter verifying status from insurance
- Premium payment bill
- Virtual Gateway/Any 3rd party portal printout
- Health Insurance card (Medicare/Medicaid/ etc.)
- HDAP Approval letter

Client Signature: _____

Date: _____

Client Income Summary

The purpose of this form is to document financial eligibility for the Ryan White HIV/AIDS Program services. The form can be shared among service providers to verify income screening if the client has signed and dated a release of information document. *This form is valid for six months after the screening date. NOTE: This form is optional and is just one way an agency may choose to document client income eligibility.*

Agency name:	
Agency address:	
Agency phone number:	
Client name:	Client Code:
Screening date:	Expiration date (six months after screening):

Annual income:

Annual income is collected to determine the client's yearly gross income. The Client's income must be less than 500% of the FPL to be eligible for services. If the client provides a pay stub, use the gross year-to-date ("YTD") to calculate gross annual income. If the pay stub does not show total YTD, the client must provide two pay stubs, so that yearly gross earnings to calculate the client's average earnings for the designated pay period. The client must submit documents if they are not working but receives SSI, SSDI, or any other type of monetary benefit. If the client is not working and has no income, or if he/she is working but cannot provide proof of this, a letter from the client's medical case manager is required. If the client does not have a medical case manager, then a letter from his/her clinician is needed.

CLIENT ANNUAL INCOME: \$

The documentation provided for client record (check all that apply):

- Paystub(s)
- Social Security Administration (SSDI/SSI) letter
- Private disability statement
- Department of Transitional Assistance (TANF/EAEDC) letter
- Veterans' Benefits
- Other: _____

Federal Poverty Level:

Consult the U.S. Department of Health and Human Services poverty guidelines for the current calendar year at

<http://aspe.hhs.gov/poverty>. Based on the client's gross annual income, what is the applicable Federal Poverty Level (FPL) range

FPL: _____ %

Signatures:

Client: _____ Date: _____

Sample Eligibility Letter for Exceeding Charges Cap

[agency letterhead]

DATE

To Whom It May Concern:

I, _____, receive services from [agency name]. above-named patient/client is currently receiving [insert service type] from me. I earn [insert income] per year, which is <500% of the FPL. My documented out-of-pocket expenses have presently exceeded 10% of my income.

If you have any further questions, please call me at 000-000-0000.

Thank you for your assistance.

Medical Case Manager / Health Care Provider Signature Here

Date:

Medical Case Manager/ Health Care Provider Printed Name Here

Agency Name Here

Patient/ Client Signature Here

Date:

Patient/ Client Printed Name Here

Sample Hardship Waiver/No Income

[agency letterhead]

DATE

To Whom It May Concern:

I, _____, am currently receiving Ryan White services from [Insert Agency]. I am currently making [insert income] and am unable to pay for [insert service type] due to financial hardship.

If you have any further questions, please call me at 000-000-0000.

Thank you for your assistance.

Medical Case Manager / Health Care Provider Signature Here

Date:

Medical Case Manager/ Health Care Provider Printed Name Here

Agency Name Here

Patient/ Client Signature Here

Date:

Patient/ Client Printed Name Here

Authorization to Obtain/Release Information

Subrecipients must collect authorization to obtain/release information from a client before any communication with external partners about the client. Programs must have a release of information form that describes under what circumstances client information can be released. The subrecipient must document each entity client information will be sent, the specific information to be shared, the client signature and date signed, and provide space for revocation of the authorization. **All authorizations to obtain/release information expire 12 months from the date of the signature.**

Documentation of multiple external partners is allowable on one form. At any point in time, clients reserve the right to revoke authorization to obtain/release information. If the client revokes an authorization form, the subrecipient cannot communicate with all external partners included in the authorization form. A new form must be completed with the client's initials next to each entity as well as a signature of authorization.

This form can be used as a living document. Over time clients may want to allow the release of information to additional entities. This is allowable so long as the agency ensures the client's initials accordingly. There will be no change to the expiration of one year. All releases will expire at the date listed at the bottom of the page. The date listed cannot be changed. There is no extension of the release of information. At the end of one year, the agency needs to work with the client to obtain a new signed and initialed form.

Required Elements of authorization

- Client ID
- The entity to be shared (specific staff person, when possible)
- Contact information (phone/fax/address or location?)
- Date signed
- Date of expiration (No more than 12 months)
- Staff Signature
- Client Signature
- Client Initials identifying each specific authorization to each external agency

Revoked Authorization

- Client Signature
- Date
- Staff Initials

Optional

- Emergency Contact
- Name
- Relationship
- Contact Information

Sample Authorization to Obtain/Release

Agency Name

Name/Nombre: _____ Client/Cliente #: _____

*I hereby authorize Agency Name to disclose and/or exchange general information (including HIV status) related to my health, drug/alcohol history, or other information I may consider sensitive for the purpose of coordinating my care. I understand that this authorization pertains to information obtained on or before the date signed. I authorize the release and exchange of information to the following:

*Autorizo al Nombre de Agencia a revelar o compartir información general (incluyendo mi estatus de VIH) Relacionado a mi salud física, mental, o historial de abuso de sustancias como alcohol o drogas. Al igual que otra información que yo considere sensible con el propósito de coordinar mi cuidado. Yo comprendo que esta autorización es pertinente a información que fue obtenida durante o antes que se firmara este acuerdo. Yo autorizo que la siguiente información sea revelada:

Client Initials	Medical/Médico	Number/Número	Name/Nombre
	<input type="checkbox"/> Popular Referral		
	<input type="checkbox"/> Popular Referral		
	<input type="checkbox"/> Popular Referral		
	<input type="checkbox"/> Popular Referral		
	<input type="checkbox"/> Popular Referral		
	<input type="checkbox"/> Popular Referral		
	<input type="checkbox"/> Other/Otro _____		
	<input type="checkbox"/> Other/Otro: _____		

Social Service Agencies/Agencias de Servicios Sociales

<input type="checkbox"/> Social Security 1-800-772-1213	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mass Health 1-800-841-2900	<input type="checkbox"/>	<input type="checkbox"/> Utility Company _____
<input type="checkbox"/> Housing	<input type="checkbox"/>	<input type="checkbox"/> Other: _____

Transportation/Transportación (Client name and destination only/Nombre y destinación solamente)

<input type="checkbox"/> Cab	<input type="checkbox"/> Other/Otro: _____
------------------------------	--

Emergency Contact/Contacto de Emergencia (must be aware of HIV status/debe de estar informado de su estatus)

Name/Nombre: _____ Relationship/Relación: _____ Phone/Teléfono: _____

Name/Nombre: _____ Relationship/Relación: _____ Phone/Teléfono: _____

Client signature/Firma del Cliente: _____ Date/Fecha: _____

Provider signature/Firma del Proveedor: _____ Date/Fecha: _____

*This authorization will expire in twelve (12) months from the date above unless revoked earlier. This authorization can be revoked at any time, but not retroactive to the release of information already made in good faith.

*Esta autorización expirará (12) doce meses de la fecha indicada a menos que sea revocada antes. Esta autorización puede ser revocada en cualquier momento, pero no retroactiva a la autorización ya establecida en buena fe.

Nullify permission to use release of information/Revocación del permiso de autorización:

Client signature/Firma del Cliente: _____ Date/Fecha: _____ Staff initials/Iniciales: _____

Agency Incident Report Procedures

RWSD requests that agency staff report major incidents as soon as possible after the event to their contract managers.

Examples of significant incidents which should be reported include, **but are not limited to, the following:**

- Physical harm or threat of physical harm to a client or staff member
- Significant structural damage to agency premises (such as a fire or flood)
- Involvement of external law enforcement or emergency personnel
- Breaches in client confidentiality

The report should include the following information:

- Reporting staff name
- Date of incident
- A detailed description of what happened, the outcome, and needed-follow-up

The purpose of this incident report is to alert contract managers to situations that cause stress to clients and staff and may temporarily impact services provided by the agency. These reports also allow RWSD to offer support and guidance where appropriate. RWSD requests the program to complete this form for our internal tracking purposes only.

A sample “Incident Report Form” can be found on the following page.

Sample Incident Report



AGENCY INCIDENT REPORT

Boston Public Health Commission | HIV/AIDS Services Division | Infectious Disease Bureau
1010 Massachusetts Ave, 2nd Floor | Boston, MA 02118

BPHC requests that agency staff report major incidents separately from the narrative reports submitted quarterly, and as soon as possible after the incident. The report should include the reporting staff name, date of incident, and a description of what happened. In addition to alerting Program Coordinators to situations which cause stress to clients and staff, and may temporarily limit the services provided by the agency, these reports will also allow BPHC to offer support and guidance where appropriate. BPHC requests the program complete this form for the BPHC's internal tracking purposes only.

Examples of Incidents which should be reported include, but are not limited to: Physical harm or threat of physical harm to a client or staff member; significant structural damage to agency premises (such as a fire or flood); and involvement of external law enforcement or emergency personnel.

Date of incident:			
Reporting Agency and Program:			
Name and Title of Person Filing Report:			
Phone number		Email:	

Please describe all known details of the incident, noting place, date, and relevant staff and clients involved. If this incident is part of an ongoing issue, please note. Also, please describe the present situation, any action taken as a result of the incident, and proposed next steps. Attach additional pages as needed.

Date report completed: _____ Signature: _____

Contract Termination Policy

At the end of a contract period, every vendor holding a Ryan White Part A contract with the Boston Public Health Commission (BPHC) Ryan White Services Division is responsible for ensuring the resolution of any outstanding agreement related issues. This policy applies in all instances of contract termination, regardless of the reason for the termination.

Clients/Client Records (*applicable only if services will not continue at the agency*)

- A. The vendor shall notify all clients affected by the contract termination that services will no longer be provided. Such notification shall be provided at least 30 days before the contract termination date. The vendor should make every effort to notify clients in person. If in-person notification is not feasible, clients should be notified in writing via certified mail with a return receipt. If a return receipt is not delivered within two weeks, a follow-up notice should be sent via regular mail. The notice should include a list of other agencies in the same geographic area that provide the same or similar services.
- B. Whenever practicable, the vendor should assist each client with registration for services at another agency of the client's choosing. This will necessarily include the transfer of client records, whether maintained on paper or in electronic media, which must be undertaken following the terms of the confidentiality agreement entered into at the time of contract execution.
- C. If a client does not wish for his or her records to be transferred to another agency, the vendor is responsible for the confidential storage of these records, per State and Federal laws.

Data

- A. No more than 15 days after the contract termination date, vendors must submit all client-level data collected for purposes of the contract (including data from subcontracted agencies) up to the contract termination date. Data submissions must be made in the same manner as they had been during the contract period.

Reporting

- A. No more than 30 days after the contract termination, unless the contract manager directs otherwise, vendors must submit a final Progress Report covering the period between the previous submission and the contract termination date. This includes both narrative and data submissions.
- B. Vendors must submit a Ryan White HIV/AIDS Program Services Report (RSR) covering the period between the previous RSR submission and the contract termination date. The submission date for the RSR is on an annual basis following the end of each calendar year. If this is impossible, the vendor must work with BPHC staff to ensure that the information needed to complete the RSR is available to BPHC.

Fiscal

- A. No more than 15 days after the contract termination date, the vendor will submit any final billing.

Purchased Items

- A. Program supplies paid for under the contract remain the property of the vendor.
- B. Capital and equipment purchases made with funds allocated under the contract are the property of BPHC unless such capital items have fully depreciated, in which case they remain the property of the vendor. If an item has not fully depreciated, BPHC will determine whether the item must be returned to BPHC or transferred to another vendor.

Consent and Authorization to Share Information Form

Ryan White HIV/AIDS Program, Part A
Boston Public Health Commission
Ryan White Services Division
Consent and Authorization to Share Information

I. Introduction

_____ (AGENCY) is part of a health network of care that provides one or more HIV services (Ryan White Part A and the Minority AIDS Initiative) within counties of Massachusetts (Middlesex, Essex, Suffolk, Worcester, Norfolk, Plymouth, and Bristol) and New Hampshire (Stratford, Rockingham, and Hillsborough) as part of the Eligible Metropolitan Area funded by the Boston Public Health Commission (later referenced as the Network). The healthcare agencies participating in the Network are listed below in sections III and IV.

Agencies within the Network frequently work together to provide referrals to each other for services that they may not provide in-house. For this reason, there may be a need to share your health information between two or more agencies. The purpose of this document is to consent to this sharing of data if you wish to seek services at two or more agencies; or to revoke this sharing of data if you no longer wish to seek services at those agencies.

II. Data Sharing

The management of your health information is made possible through a program called eCOMPAS (or e2Boston), which stands for Electronic Comprehensive Outcomes Measurement Program for Accountability & Success. In the course of providing your care, the Agency will collect and retain certain information about you, your health, and the services or treatment that are provided. This information is necessary to coordinate care appropriately, document and evaluate services rendered, and assess your health outcomes, which is required by the Health Resources and Services Administration, which funds the Ryan White Part A federal grant program.

Identified Information

Identifiable information that may be shared between agencies includes your demographic data, Social Security Number, contact information, financial/employment/socioeconomic data, insurance information, assigned client identification code, and record(s) of HIV/AIDS diagnosis and/or status.

De-identified Information

In order to monitor agency contracts as members of the Network, the above identifiable information may be de-identified and accessible to the Funding Source, the Boston Public Health Commission as the Ryan White Recipient, their program and administrative staff or consultants, and RDE System, who provide the software and technical support for the e2Boston system.

III. Consenting to the Sharing of Data

- I do hereby consent to and authorize _____ (AGENCY) to select Ryan White Providers below for which I am a client of, or will be, to input and/or access the following electronic information: demographic data, Social Security Number, contact information, financial/employment/socioeconomic data, insurance information, assigned client identification code, and record(s) of HIV/AIDS diagnosis and/or status. I acknowledge by signing this form that these selected agencies, which are Ryan White contracted providers, will need my exact name and date of birth, or my exact social security number to access my information. I allow access to the electronic information described in the previous statement, to the following:

Choose *one or more* of the following agencies by State:

Massachusetts

- AIDS Project Worcester
- Beth Israel Deaconess Hospital
- Boston Children's Hospital
- Boston Health Care for the Homeless
- ~~Boston Medical Center Corporation*~~
- Cambridge Health Alliance
- Casa Esperanza
- Catholic Charities of Boston
- Codman Square Health Center
- Community Research Initiative
- Community Servings
- Dimock Community Health Center
- East Boston Neighborhood Health Center
- Edward M. Kennedy
- Father Bill's & MainSpring
- Fenway Community Health Center
- Greater Lawrence Family Health Center
- Harbor Health Services
- Justice Resource Institute
- Lynn Community Health Center
- Making Opportunity Count
- Mass. Alliance of Portuguese Speakers
- MGH Boston
- MGH Chelsea
- Multicultural AIDS Coalition
- Ryan White Dental Program
- Upham's Community Health Center
- Victory Programs, Inc.
- Whittier Street Health Center

*Agency not funded for FY23**

New Hampshire

- AIDS Response Seacoast
- Harbor Care
- New Hampshire Department of Health and Human Services
- Merrimack Valley Assistance Program

You may choose not to have your medical information shared with any other agency within the Network:

- I do not give permission for Agency to share my health information.

IV. Revoking the Sharing of Data

I hereby permit _____ (AGENCY) to revoke the authorization to share information with the following agencies in the Network and related services for which I previously allowed to use and disclose identifying information to determine my eligibility to receive services. **I understand that a revocation is not effective to the extent that any Ryan White Part A provider has already acted in reliance on my previous authorization. I understand that information used or disclosed pursuant to this authorization may be disclosed by the subrecipient or recipient and may no longer be protected by federal or state law.** I revoke the authorization to share information from the following:

Choose *one or more* of the following agencies by State:

Massachusetts

- AIDS Project Worcester
- Beth Israel Deaconess Hospital
- Boston Children’s Hospital
- Boston Health Care for the Homeless
- ~~Boston Medical Center Corporation*~~
- Cambridge Health Alliance
- Casa Esperanza
- Catholic Charities of Boston
- Codman Square Health Center
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- Mass. Alliance of Portuguese Speakers
- MGH Boston
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New Hampshire

- AIDS Response Seacoast
- Harbor Care
- New Hampshire Department of Health and Human Services
- Merrimack Valley Assistance Program

*Agency not funded for FY23**

V. Terms of the Consent Form

This consent will remain valid for one year or until revoked by me. If I revoke this consent form, I understand that I must do so in writing and that I must resubmit this authorization form indicating my revocation to an agency within the Network. I understand that the revocation will not apply to Health Information that has been released before the revocation. A written revocation will be effective five (5) days after the Ryan White Program Manager receives it. Services rendered after the date of revocation will not be paid for by the Ryan White Part A program.

I hereby hold the Boston Public Health Commission harmless for the disclosure and/or release of my *private* Health Information (pursuant to Federal Health Insurance Portability and Accountability Act "HIPAA" regulations) to any Ryan White contracted provider or the Health Resources and Services Administration (Funding Source) in connection with the Ryan White Program. I understand that my name, address, and other controlled identifiers are placed into the system.

I have a right to request relevant health information that is tracked in the system.

If the signer is a guardian, legal documentation of the representative's identity and authority to act on the individual's behalf must be attached. For a minor, the parent must attach a copy of the birth certificate to this form.

I further expressly consent to give the Boston Public Health Commission, and the Funding Source access to any records stored in the system and any other records held by any Ryan White Part A contracted agency for monitoring, reporting, operating, payment and administration. A list of service providers will be updated annually (if any new agency is contracted as a Ryan White Part A provider). I stipulate reproductions of this written consent are authentic as the original.

Client/Representative signature

Self or Representative's Relation to Client

Witness

Date

Ryan White Dental Program Documentation



01/01/2023

Enclosed you will find the client enrollment forms for the Ryan White Dental Program (RWDP). Please complete all information to the best of your ability. **PLEASE NOTE THE REQUIRED VERIFICATIONS AND FORMS HAVE CHANGED. ALSO NOTE THAT WE ARE NOW REQUIRED TO COLLECT FINANCIAL, MEDICAL INSURANCE AND RESIDENCY VERIFICATIONS EVERY TWELVE MONTHS FOR ACTIVE CLIENTS.**

Re-certification applications sent earlier than 30 days before the previous expiration date will not be processed, you will be notified and the application will be destroyed.

In order to receive services from the RWDP, clients must be diagnosed with HIV/AIDS and reside in Massachusetts or the three southeastern counties of New Hampshire. Anyone regardless of income can be advised and referred to a dentist. If the client needs financial assistance their gross annual income must not exceed 500% of the federal poverty level (2023: \$72,900; add \$25,700 per dependent.)

If a client has MassHealth, they are required to see a dentist who accepts MassHealth. If a client has private dental insurance, the RWDP cannot pay for any co-payments and remaining balances. These are the guidelines outlined in our grant, and they are strictly enforced.

Please do not make a dental appointment without confirming it with us. The program has special arrangements with many of the dentists, and referrals should come directly from our staff.

Once an application is approved a letter will be sent explaining the dates of coverage.

If a client would like mail sent to the case manager, please provide the case manager's address in the "Mailing Address" line.

Applications may be submitted to us via fax or mail. Please feel free to contact us if you have any questions. Program information and forms can also be found at boston.gov/bphc-rwdp.

Ryan White Dental Program

1010 Massachusetts Avenue 2nd Floor • Boston, Massachusetts 02118
TEL 617/534-2344 • FAX 617/534-2819



Ryan White Dental Program Enrollment Checklist

- ❑ **Complete Enrollment Form**
- ❑ **Consent for Release of Information** -Please read carefully, complete, sign and date it. If we have not set up a dental referral, please leave the dentist fields blank.
- ❑ **Ryan White Dental Program Grievance Procedure** -Please read carefully, sign and date it.
- ❑ **Proof of HIV Status**- Letter signed by Physician or Nurse Practitioner stating HIV status. Lab results are also acceptable. (If this is an update, verification on file may be used.)
- ❑ **Proof of Income**- (maximum annual income to receive financial assistance is \$67,950.00 per family of one) --**only submit one**:
 - copy of most recent tax form
 - copy of SSI/SSDI statement
 - 2 pay stubs
 - Letter from case manager attesting to your income.
- ❑ **Proof of Residency** – (program requires primary residence in Massachusetts or these New Hampshire counties: Hillsborough, Rockingham, and Strafford. This must match the address on Client Enrollment Form) --**only submit one**:
 - 2 pay stubs showing your address
 - copy of most recent tax form showing your address
 - copy of SSI/SSDI statement showing your address
 - copy of utility bills
 - copy of active driver’s license or state identification card
 - copy of Health Insurance Premium statement showing your address
 - Letter from case manager attesting to your residency.
- ❑ **Proof of Medical Insurance** -- **only submit one**:
 - HDAP approval letter
 - Letter from insurer
 - Health Insurance Premium statement
 - MassHealth Approval Letter
 - copy of Insurance card
 - Letter from case manager attesting to your medical insurance.

As a reminder, the RWDP does not cover co-pays or remaining balances from any other dental insurance. RWDP can only pay if all other insurers have declined to pay and it is within the RWDP scope of service. Please note once an individual is enrolled, they must update their files every twelve months to remain active. RWDP can only pay for services while coverage is active. Please submit forms and verifications via mail or fax.

01/01/2023

RWDP • 1010 Massachusetts Avenue 2nd Floor • Boston, Massachusetts 02118
TEL 617/534-2344 • FAX 617/534-2819



Ryan White Dental Program Client Enrollment Form

For office use only: New client Updated client

Date: / /

SECTION 1 – PATIENT IDENTIFICATION

First Name: MI: Last Name:

Date of Birth: / / Last 4 digits of SSN: Mother's First Name:

Sex at birth: Male Female Please select one
Current Gender: Male Transgender Female Unknown Please select one
If transgender: Male to Female Female to Male Unspecified

SECTION 2 – CONTACT INFORMATION AND DEMOGRAPHICS

Street Address:

City: State: Zip: Check if Same as Mailing Address

Mailing Address:

City: State: Zip:

Phone: () Email:

Can we call you? Y N Can we leave messages? Y N I would like all my RWDP mail sent to my case manager.

Case Manager: Phone: ()

Agency: Email:

Race: Please select all that apply
 American Indian/Alaska Native Asian Black/African American
 Native Hawaiian/Pacific Islander White Unknown/Do Not Identify

Ethnicity: Please select one
 Hispanic/Latino(a)
 Non-Hispanic/Latino(a)
 Unknown

Additional Racial/Ethnic Groups: Please select all that apply
 Brazilian Cape Verdean Eastern European Haitian Portuguese
 Southeast Asian Sub-Saharan African Other, please specify:

Country of Birth: Primary Language:

- If non-U.S. born, year arrived:

SECTION 3 – HIV STATUS AND DIAGNOSIS

Date of HIV Diagnosis: Recent CD-4 Count: Date: / /

Date of AIDS Diagnosis (if applicable): Recent Viral Load: Date: / /

HIV Exposure Category: *Please select all that apply*

- Men who have sex with men (MSM) Injection drug users (IDU)
- Heterosexual contact Perinatal transmission
- Hemophilia/Coagulation disorder Through blood, blood products, tissue
- Other risk Unknown

Do you take your HIV Medications?

- Not on medications
- Always take medications
- If you missed doses how many this week? _____

HIV Medication Side Effects: None Mild Moderate Intolerable

Primary Care Doctor: _____ **Date of last visit:** / /

Phone: () _____

Diagnosed with Hepatitis C (HCV)? Y N

Medical/Dental Appointments: Missed all Kept some
 Kept most Kept all

Mental Health Status: In crisis Poor
 Fair/good Excellent

SECTION 4 – INCOME, INSURANCE AND HOUSING

Employment Status: Y N **Annual Income:** _____ **Family Size:** _____

Health Insurance:

- None
- Medicare **MassHealth:** Standard Limited
- Private Other _____

Dental Insurance:

- None
- Medicare **MassHealth:** Standard Limited
- Private Other _____

Housing Status: *Please select one*

- Permanent housing Transitional housing Emergency shelter
- Psychiatric facility Substance abuse treatment facility Incarcerated
- Temporarily staying in family's/friend's home

If permanent housing:

- Owned Rental
- Is rental subsidized? Y N

SECTION 5 – DENTAL SERVICES

Dental Problem: _____

Note if patient has any of the following: Pain Bleeding Swelling Oral Lesions Missing Teeth

Location of last dental visit: _____ **Phone:** () _____

Was the dental office aware of HIV status? Y N N/A Were you satisfied with care? Y N

Date of appt.: / / **Reason for visit:** Routine Emergency Surgery Endo

If patient has not seen dentist in past twelve months, please indicate reason(s):

- Financial Disclosure/Confidentiality Discrimination Not Convenient _____
- Missing/Unknown Other



CONSENT FOR RELEASE OF INFORMATION

I, _____:

- Authorize the Ryan White Dental Program (RWDP) at the Boston Public Health Commission to disclose to dental provider: _____ my name and eligibility in the RWDP, which includes my HIV status.
- Authorize the release of my dental treatment plan(s) and other confidential health information from: _____ to RWDP for the purpose of determining my eligibility into RWDP. This may include, but not be limited to, information such as my name, diagnoses related to HIV status, substance abuse treatment information, financial circumstances, and living arrangements. I understand that review of my file by RWDP staff will only be used to determine my eligibility in the RWDP and that the information will never be copied or shared outside of RWDP unless expressly authorized by myself.
- Authorize the release of my dental treatment plan(s) and confidential information to discuss with my case manager: _____.
- Authorize RWDP to discuss confidential information with my primary care physician, Dr. _____.
- Authorize RWDP to discuss my dental information, which may include disclosure of my HIV status, with my significant other, sibling, parent, guardian ad litem, peer advocate, or other: _____.

This consent is subject to revocation at any time except to the extent that the program/provider which is to make the disclosure has already taken action in reliance on it. If not previously revoked, this consent will terminate one (1) year after it is signed.

Signature of patient: _____ Date: _____

Signature of parent/ guardian (where required) : _____ Date: _____

01/01/2023



Ryan White Dental Program (RWDP) Grievance Procedure

Client complaints are given serious consideration. They are managed depending on the target and nature of the complaint.

During the RWDP intake process, the client should be made aware of grievance procedures against either a RWDP-associated dental provider or the RWDP itself.

- 1) If a client has a concern about a dental provider to whom s/he was referred by the RWDP, the client should be advised to call the RWDP at 617-534-2344 for resolution and/or a new referral.
- 2) Clients should be told that complaints against the RWDP or its staff may be directed to the RWDP Director. If this is not satisfactory to the client or his/her agent, the complaint may be brought to the Director of the Boston Public Health Commission's Infectious Disease Bureau at (617) 534-5611.

If someone calls the RWDP regarding a complaint about against a non-RWDP dental provider, the person should be advised of the following options:

- a) Contact the Board of Registration in Dentistry
- b) Contact a lawyer

Client Signature: _____

Print Name: _____

Date: ____/____/____

01/01/2023

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Online Resources

Local Resources

[Boston Public Health Commission Ryan White Services Division](#)

The Boston Public Health Commission Ryan White Services Division programs are integral to the distribution of Ryan White Part A funding within the Boston EMA, and the success of our funded agencies to promote health and enhance the quality of life for PLWH. Included on the website are provider forms, quality management reports and resources, and pertinent links for HRSA-related information.

[Massachusetts Department of Public Health Office of HIV/AIDS](#)

The Massachusetts Department of Public Health Office of HIV/AIDS provides a variety of services throughout the Commonwealth of Massachusetts. Currently, services range from prevention and education to HIV counseling and testing, client services, health, and support services.

[The New England AIDS Education and Training Center \(NEAETC\)](#)

Provides HIV/AIDS education, consultation, technical assistance, and resource materials to health care professionals throughout Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.

Federal Resources

[HRSA — Health Resources and Services Administration](#)

HRSA administers programs that improve the nation's health by expanding access to comprehensive, quality health care for all Americans. HRSA is the federal grantee of Ryan White Act funding. **All Policy Clarification Notices are located [here](#). National Monitoring Standards for Part A are located [here](#).**

[HRSA — Target HIV](#)

The TargetHIV website is the one-stop shop for technical assistance (TA) and training resources for HRSA's Ryan White HIV/AIDS Program (RWHAP), the federal program that funds local and state agencies to deliver HIV care for people living with HIV who are uninsured or underinsured. Resources include webinars, tools, training materials, manuals, and guidelines that focus on RWHAP service delivery and agency operations.

[CDC — Divisions of HIV/AIDS Prevention](#)

The CDC Division of HIV/AIDS Prevention's mission is to prevent HIV infection and reduce the incidence of HIV-related illness and death in collaboration with the community, state, national, and international partners. *Links include* Basic Science, Surveillance, Prevention Research, Vaccine Research, Prevention Tools, Treatment, Funding, Testing, Evaluation, Software, Training, STD Prevention, and TB Prevention.

[SAMHSA — Substance Abuse and Mental Health Services Administration](#)

SAMHSA is improving the quality and availability of prevention, treatment, and rehabilitative services to reduce illness, death, disability, and cost to society resulting from substance abuse and mental illness.

[OMH — Office of Minority Health](#)

The mission of OMH is to improve the health of racial and ethnic minority populations through the development of effective health policies and programs that help eliminate disparities in health. *Links include* Minority AIDS Initiative, Conferences, Statistics, and a Resource Center for funding opportunities.

[Grants.gov](#)

A tool created by the Department for Health and Human Services (DHHS) and the Office of Grants Management (OGM) for finding and exchanging information about federal grant programs. Grants.gov serves the general public, the grantee community, and grant-makers.

Policy Clarification Notices

The Ryan White HIV/AIDS Program legislation was first enacted in 1990 as the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. It has been amended and reauthorized four times: in 1996, 2000, 2006, and 2009. The legislation, the [Ryan White HIV/AIDS Treatment Extension Act of 2009 \(Public Law 111-87, October 30, 2009\)](#), delineates the statutory requirements of the program.

HRSA develops policies that implement the legislation, providing guidance to recipients in understanding and implementing legislative requirements. These policies are listed below, followed by program letters, which provide additional guidance for recipients.

- [21-02 Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program](#)
 - [Dear Colleague Letter for PCN 21-02](#)
- [21-01 Waiver of the Ryan White HIV/AIDS Program Core Medical Services Expenditure Requirement](#)
 - [Dear Colleague Letter for PN 21-01](#)
- [18-02 The Use of Ryan White HIV/AIDS Program Funds for Core Medical Services and Support Services for People Living with HIV Who Are Incarcerated and Justice Involved](#)
- [18-01 Clarifications Regarding the use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance](#)
- [16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds](#) Effective for awards made on or after October 1, 2016
 - [Housing Services Frequently Asked Questions for Policy Clarification Notice 16-02](#)
 - [Standalone Dental Insurance Frequently Asked Questions for Policy Clarification Notice 16-02](#)
 - [Frequently Asked Questions for Policy Clarification Notice 16-02](#)
- [16-01 Clarification of the Ryan White HIV/AIDS Program \(RWHAP\) Policy on Services Provided to Veterans](#)
- [15-04 Utilization and Reporting of Pharmaceutical Rebates](#)
 - [Frequently Asked Questions for Policy Clarification Notices 15-03 and 15-04](#)
- [15-03 Clarifications Regarding the Ryan White HIV/AIDS Program and Program Income](#)
- [15-02 Clinical Quality Management Policy Clarification Notice](#)
 - [Frequently Asked Questions for Policy Clarification Notice 15-02](#)
- [15-01 Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Part A, B, C, and D](#)
 - [Frequently Asked Questions for Policy Clarification Notice 15-01](#)
- [14-01 Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Advance Premium Tax Credits Under the Affordable Care Act](#)

- [Frequently Asked Questions for Policy Clarification Notice 14-01](#)
- [Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Advanced Premium Tax Credits Under the Affordable Care Act](#) Federal Register (07/14/2014)
- [13-07: Uniform Standard for Waiver of Core Medical Services Requirement for Grantees Under Parts, A, B, and C](#) Replaced by 21-01 effective 10/1/2021.
 - [Sample Letters for Requesting a Waiver of the Core Medical Services Requirement in the Ryan White HIV/AIDS Program](#)
 - [October 25, 2013 Federal Register Notice on the Core Medical Services Waiver Requirements](#)
 - [May 24, 2013 Federal Register Notice on: Ryan White HIV/AIDS Program Core Medical Services Waiver; Application Requirement](#)
- [13-04 Clarifications Regarding Clients Eligible for Private Health Insurance and Coverage of Services by Ryan White HIV/AIDS Program](#)
- [13-03 Ryan White HIV/AIDS Program Client Eligibility Determinations: Considerations Post-Implementation of the Affordable Care Act](#)
- [13-02 Clarifications on Ryan White Program Client Eligibility Determinations and Recertifications Requirements](#) Replaced by 21-02 effective 10/19/2021.
- [13-01 Clarifications Regarding Medicaid-Eligible Clients and Coverage of Services by Ryan White HIV/AIDS Program](#)
- [12-02 Part A and Part B Unobligated Balances and Carryover](#)
- [11-03 Residence of Planning Council Members and Consortia Members](#)
- [11-02 Clarification of Legislative Language Regarding Contracting with For Profit Entities](#)
- [07-03 Use of Ryan White HIV/AIDS Program Part B ADAP Funds for Access, Adherence, and Monitoring Services](#)
- [07-02 Use of Ryan White HIV/AIDS Program Funds for HIV Diagnostics and Laboratory Tests Policy](#)
- [07-01 Use of Funds for American Indians and Alaska Natives and Indian Health Service Programs](#)