

# **HIV SERVICES PROGRAM SUBRECIPIENT MANUAL**

**2022 – 2024**

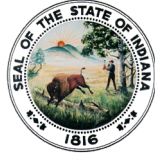
Revised September 2022



Division of  
**HIV/STD &  
Viral Hepatitis**



**Indiana**  
Department  
of  
**Health**



Eric J. Holcomb  
*Governor*

Kristina M. Box, MD, FACOG  
*State Health Commissioner*

September 9, 2022

Greetings,

Welcome to our HIV Services Subrecipient Manual for the subrecipients of Ryan White Part B funds. Our work together as we continue to improve service delivery will prove a vital component in our ability to end the HIV epidemic. Your commitment to excellence has prepared the HIV service community in Indiana to become one of the best systems of care in the country, and we are proud to have you as partners in our fight to end HIV within this generation.

This manual should serve as a tool to further assist you in implementing and operating your funded programs. Since expansion, Part B funded agencies have a better understanding of what types of services are eligible for funding and which of those services are in highest demand from your constituents. We hope the ongoing support you receive from the Indiana Department of Health will be of great assistance as you work to improve compliance measures and quality improvement outcomes.

As we look ahead, there has never been a more exciting time to work in our field. What once may have seemed impossible has become a reality. Together we will end this epidemic. There will be many important decisions to be made, and our ongoing dialogue together will help us determine the best path forward for the people we serve across the entire state. Thank you for your continued commitment to our shared mission.

A handwritten signature in blue ink, reading 'Jeremy R. Turner'.

Jeremy R. Turner  
Director  
Division of HIV/STD/Viral Hepatitis

A handwritten signature in blue ink, reading 'Mark A. Schwering'.

Mark A. Schwering  
Ryan White Part B Program Director  
Division of HIV/STD/Viral Hepatitis

To **promote**, **protect**, and **improve** the health and safety of all Hoosiers.

## Purpose

The purpose of this manual is to provide an overview of the Indiana Health Department’s (IDOH) HIV Services Program (HSP), along with basic information to assist subrecipients in administering Ryan White HIV/AIDS program granted by the state. This manual will be updated as additional information is developed and is supplemented by information found on the IDOH HSP website at: <https://www.in.gov/health/hiv-std-viral-hepatitis/hiv-services/hiv-services-program/>.

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## What is the Ryan White Program?

Many services provided and contracted out by the HIV Services Program (HSP) are funded by the Ryan White HIV/AIDS Program (RWHAP) Part B. The Indiana Department of Health (IDOH) receives these federal funds to improve the availability and quality of core health care and support services for persons living with HIV (PLWH). The funds are managed by the HSP in collaboration with other programs such as HIV Prevention, HIV Surveillance and STD Prevention.

The RWHAP provides a comprehensive system of care that includes primary medical care and essential support services for people living with HIV who are uninsured or underinsured. The RWHAP works with cities, states, and local community-based organizations to provide HIV care and treatment services to more than half a million people each year. The majority of RWHAP funds support primary medical care and essential support services. This is accomplished through Part A grants to Eligible Metropolitan and Transitional Grant Areas (population centers/cities that are most severely affected by the HIV/AIDS epidemic), Part B grants to states and territories, Part C grants to local community-based organizations to support outpatient HIV early intervention services and ambulatory care, and Part D grants to support family-centered, comprehensive care to women, infants, children, and youth living with HIV. A smaller but equally critical portion of funding is used to fund technical assistance, clinical training, and the development of innovative models of care through Part F grants.

RWHAP Part B funding provides grants to states and territories to create and maintain a comprehensive statewide system of HIV care. Part B-funded recipients coordinate with other Ryan White Parts in the state (as well as many other partners) to achieve this goal. Grant recipients include all 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and the 5 U.S. Pacific Territories. Additionally, Part B also includes grants for the AIDS Drug Assistance Program (ADAP).

The RWHAP is administered by the U.S. Department of Health and Human Services (HHS) Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB). For a thorough understanding of Ryan White legislation and programs, you can visit the HRSA HAB website at: <https://ryanwhite.hrsa.gov/>.

## Who was Ryan White?

Ryan White was an Indiana teenager with hemophilia who contracted AIDS through a blood transfusion. He courageously fought AIDS-related discrimination and helped educate the nation about his disease. Ryan White was diagnosed with AIDS at age 13. He and his mother, Jeanne White Ginder, fought for his right to attend school, gaining international attention as a voice of reason about HIV/AIDS. At the age of 18, Ryan White died on April 8, 1990, just a few months before Congress passed the AIDS bill that bears his name – the Ryan White CARE

(Comprehensive AIDS Resources Emergency) Act. The legislation has been reauthorized four times since – in 1996, 2000, 2006, and 2009 – and is now called the Ryan White HIV/AIDS Program (RWHAP).

## Program Contact Information

### HIV Services Program (HSP) Key Contacts

| Contact                  | Title                               | Phone          | E-Mail   |
|--------------------------|-------------------------------------|----------------|--|
| <b>Mark Schwering</b>    | Ryan White Part B Program Director  | (317) 233-7189 | <a href="mailto:mschwering@isdh.in.gov">mschwering@isdh.in.gov</a>   |
| <b>Brittany Sighting</b> | Supportive Services Director        | (317) 233-7409 | <a href="mailto:bsighting@health.in.gov">bsighting@health.in.gov</a> |
| <b>Mary Beth Wren</b>    | Contracts and Rebates Manager       | (317) 234-7782 | <a href="mailto:mwren@isdh.IN.gov">mwren@isdh.IN.gov</a>             |
| <b>VACANT</b>            | Fiscal Field Analyst                |                |  |
| <b>Jeremy Musko</b>      | Medical Services Director           | (317) 234-1811 | <a href="mailto:jmusko@health.in.gov">jmusko@health.in.gov</a>       |
| <b>VACANT</b>            | HIV Services Program Manager        |                |  |
| <b>Aziza Mazitova</b>    | Supportive Services Program Manager | (317) 233-7032 | <a href="mailto:amazitova1@isdh.in.gov">amazitova1@isdh.in.gov</a>   |
| <b>Jason Smith</b>       | Ryan White Services Manager         | (317) 233-7450 | <a href="mailto:jasmith2@health.in.gov">jasmith2@health.in.gov</a>   |

## General Contacts

| Contact  | Phone                         | E-Mail   |
|--|-------------------------------|--|
| <b>Invoice Submission</b>                        | Direct specific questions to: | <a href="mailto:hsprogram@isdh.in.gov">hsprogram@isdh.in.gov</a>         |
| <b>Program Eligibility Questions</b>             | (317) 233-7450                | <a href="mailto:hsprogram@isdh.in.gov">hsprogram@isdh.in.gov</a>         |
| <b>Medication Access and Insurance Questions</b> | (866) 588-4948, option 1      | <a href="mailto:mспенrollment@isdh.in.gov">mспенrollment@isdh.in.gov</a> |

# HIV Services Program (HSP) Overview

## Overview

The HIV Services Program (HSP) (<https://www.in.gov/health/hiv-std-viral-hepatitis/hiv-services/hiv-services-program/>) is a program under the Division of HIV/STD/Viral Hepatitis at the Indiana Department of Health. HSP provides eligible people living with HIV (PLWH) in Indiana access to a variety of HIV services across the state, including antiretroviral medications and insurance assistance. Most services are supported with funds awarded by the federal Ryan White HIV/AIDS Part B Program (RWHAP Part B). RWHAP Part B funds may only be used to fund certain services, organized into "Core Medical Services" and "Support Services", defined by the federal RWHAP. These services are provided only when other payment options have been exhausted (i.e., insurance, Medicaid, Medicare, etc.). Currently, the available RWHAP Part B services funded by HSP include:

## Core Medical Services

- AIDS Drug Assistance Program (ADAP)
- Early Intervention Services
- Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
- Medical Case Management
- Medical Nutrition Therapy
- Mental Health Services
- Outpatient/Ambulatory Health Services
- Substance Use Services (outpatient)

## Support Services

- Emergency Financial Assistance
- Foodbank / Home-delivered Meals
- Health Education / Risk Reduction
- Housing
- Linguistic Services
- Medical Transportation
- Non-Medical Case Management
- Outreach Services
- Psychosocial Support
- Referral for Health Care and Support Services
- Substance Use Services (residential)
- Other Professional Services

Services are provided through different programs throughout the state, many of which are administered by organizations that have contracts or agreements with HSP. Information about services, eligibility, and requirements for organizations providing services are included in this manual.



## Ryan White HIV/AIDS Program (RWHAP) Part B Eligibility for HSP-funded Services

Clients must be determined “eligible” for the RWHAP Part B Program to receive services paid for with federal RWHAP Part B funds issued by the Indiana Department of Health (IDOH), per RWHAP legislation. Eligible clients may qualify to “enroll” in several HIV service and medication assistance programs available across the state. Enrollment criteria for various programs may vary and eligibility does not guarantee enrollment. Programs conduct intakes and assessments to determine those services and assistance programs for which a client may qualify for enrollment.

Subrecipients must maintain documentation of current eligibility if providing HIV services reimbursable under the RWHAP Part B Program. Acceptable documentation includes a current eligibility approval letter dated within six (6) months of service provision. These letters may be accessed from the client’s Non-Medical Case Manager and includes effective and end dates of eligibility and those services for which the client may enroll.

Clients must meet the following eligibility criteria and conditions of eligibility determined by the Part B Program, as required by Ryan White legislation.

### Criteria

To be eligible for the Ryan White Part B Program, an applicant must:

1. *Be diagnosed as HIV positive*
2. *Be a resident of Indiana*
3. *Have an individual or household income at or below 300% of the federal poverty level (FPL)*
4. *Be assessed for all other insurance or health care coverage (including Medicaid and Medicare)*

### Application

Clients must initiate an application for eligibility and recertify eligibility at least every six (6) months through a Care Coordinator. Applications and supporting documentation are reviewed by IDOH staff, who are the only authorized entity to approve or deny eligibility. IDOH will only review and evaluate complete applications and supporting documentation to ensure the eligibility criteria are met.

Applications are available by contacting a Non-Medical Case Manager.

### Eligibility Recertification

To maintain eligibility for RWHAP Part B Program services, clients must be recertified every six (6) months. At least one of these six (6) month recertifications within a twelve (12) month period must include collection of supporting documentation similar to that collected at the initial eligibility determination, and one recertification may be completed through “self- attestation”.

This means that clients who have previously completed a new application or a Full-Year Recert for the prior eligibility period can self-attest, or self-report, that there are no changes to their eligibility criteria they reported on their prior application or recertification. Supporting documentation will only be required if a client reports a change in information since the previous eligibility determination.

## Grace Periods

Ryan White funds may not be used to pay for services to clients who are ineligible, or whose eligibility has expired. No "grace periods" are permitted for clients who do not complete eligibility determination within required time frames. While clients may continue to access services, payment for services must be covered by other funding or by the client.

Further information about eligibility determination and recertification requirements are described in HSP Policy #18-01, "Ryan White HIV/AIDS Program (RWHAP) Part B Eligibility Policy" (Attachment 1) and on the HSP website at <https://www.in.gov/health/hiv-std-viral-hepatitis/programmaticadministrative/>.

## HIV Services

Most RWHAP Part B-funded services are available through community-based organizations, local health departments, and university health centers across Indiana. HSP directly funds these agencies to provide defined services to eligible clients. Agencies that receive funds and provide services on behalf of HSP are called “subrecipients”.

Subrecipients must comply with federal and state requirements as a condition of receiving funding, described in this manual. HSP convenes mandatory webinars and meetings to help subrecipients understand those requirements and to provide technical assistance as needed. Subrecipients must become familiar with the RWHAP National Monitoring Standards, which summarize legislative and policy requirements related to receiving Part B funds and providing funded services. The National Monitoring Standards are organized into three documents – Universal, Program and Fiscal. HSP is required to conduct annual site visits to every subrecipient to evaluate compliance with the legislative and policy requirements outlined in the National Monitoring Standards. The three documents are located at:

<https://ryanwhite.hrsa.gov/grants/manage/recipient-resources>.

## Client Eligibility

All subrecipients must follow the HSP Policy #18-01, “Ryan White HIV/AIDS Program (RWHAP) Part B Eligibility Policy”, and document client eligibility for every client served. If clients are found to be ineligible or do not complete the eligibility determination process through a Non-Medical Case Manager, RWHAP Part B funds cannot be used to pay for services. Refer back to the section [Ryan White HIV/AIDS Program \(RWHAP\) Part B Eligibility for HSP-funded Services](#) in this Manual for more information.

## Service Categories and Service Standards

HSP determines which of the Ryan White core and support service categories will be funded within the state and specifies which services each subrecipients provides through annual contracts. Service category definitions, along with information about what is allowable under each service category, are described in the federal [Policy Clarification Notice \(PCN\) #16-02, “Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds”](#).

HSP further clarifies how funded services are to be delivered through issuing Service Standards. Service standards establish minimum expectations that any provider must meet when providing a service, defining the core components and activities of each funded service category. By setting the basics of what is expected for any service, Service Standards ensure that regardless of where a client receives a service, the client will receive the same elements of that service. HSP Service Standards exist for each of the IDOH HSP approved service categories. Through a sub-committee of the Indiana HIV/STD Advisory Council, the Service Standards are reviewed and updated annually.

## Collecting and Reporting Data

Subrecipients must track certain client-level data for all services paid for by HSP. This data is used by HSP to help plan and evaluate services, supporting positive health outcomes for PLWH and the community. Subrecipients must also report certain data directly to HRSA every year, through a report called the Ryan White Services Report (RSR). Service utilization data must be reported the same way by each subrecipient to be useful. Therefore, HSP has defined specific subservices and service units for each funded service category. This is discussed further in the “Data Services” section of this manual.

## HIV Medical Services Program (HMSP)

HSP directly administers programs to assist uninsured and insured eligible client's access to medications, limited health care services and to assist with costs of premiums and client cost shares (medication copayments and deductibles) for some insurance plans including Medicare Part D. All services are part of the HIV Medical Services Program (HMSP). HSMP enrollment is determined by client need and insured status. Clients must be found eligible by a Non-Medical Case Manager before services can be provided. If clients are found to be ineligible or do not complete the eligibility determination process, HSP funds cannot be used to pay for services. Once enrolled in the HMSP, clients receive a Welcome Letter that explains the services for which they are eligible and how to access them.

## AIDS Drug Assistance Plan (ADAP)

ADAP assists uninsured clients in obtaining limited FDA-approved HIV-related medications. Once a client is found to be eligible and obtains medication prescriptions from a medical provider, prescriptions are filled at a pharmacy that is part of a large pharmacy network throughout Indiana. The client picks up filled medications at the pharmacy at no cost.

A list of covered medications is located at:

<https://www.in.gov/health/hiv-std-viral-hepatitis/hiv-services/hiv-services-program/>

## Early Intervention Plan (EIP)

EIP provides uninsured clients access to certain outpatient medical services, mental health services, vision screenings, and vaccines. Once clients complete an eligibility determination, their information is reviewed by the Non-Medical Case Manager and HSP staff to determine what services are needed. Clients enrolled in EIP are referred to participating providers that have agreements with HSP to provide those services. Services are provided at no cost to the client.

## Health Insurance Assistance Plan (HIAP)

HIAP pays health insurance premiums and medication cost shares (medication deductibles, co-payments, and co-insurance) for clients insured through participating Qualified Health Plans. Eligible clients are enrolled into the Unified system, which is a third-party administrator for health plans. Unified ensures that co-pays and deductibles are paid on behalf of clients to support continuous access to covered services.

Enrolled clients are eligible to have prescriptions filled at pharmacies in approved networks throughout Indiana at no cost.

## Medicare D Assistance Plan (MDAP)

MDAP is the wrap-around coverage for clients enrolled in Medicare Part D plans. Enrolled clients must be active in Medicare A and B as well. All approved medications through the client's part D plan will have wrap around services through MDAP to make sure that all out of pocket medication costs are covered.

## HIAP Healthy Indiana Program (HIP)

HSMP also provides two programs that wrap around coverage with the Healthy Indiana Plan (HIP). The Power Account Payment (PAC) that every HIP Plus member gets is a monthly premium that a client gets billed to continue services. The HIAP for HIP program will pay those monthly PAC on the clients' behalf so the HIP Plus Coverage can be maintained.

There is also a HIP Basic program in which the client will have co-pays and deductibles.

HSMP has a HIAP for HIP program that will provide wrap around coverage to take care of those extra expenses.

## Linkage to Care Programs

It has been demonstrated that clients who are diagnosed with HIV and are in care achieve better rates of viral suppression and therefore cannot transmit this infection as well as stay healthier longer. It is critical for those clients who have been newly diagnosed with HIV and those previously diagnosed but have fallen out of care to be linked into care for best health outcomes. HSP has developed partnerships with the IDOH HIV/STD/Viral Hepatitis Division's STD Prevention, HIV Surveillance and HIV Prevention Programs to provide and fund several programs to help newly diagnosed clients access care quickly, and to assist clients who may have dropped out of care to re-engage. Services that help clients enter medical care as quickly as possible after initial HIV diagnoses are also referred to as "Early Intervention Services", while services that help previously diagnosed clients re-enter care are often referred to as "Outreach Services".

HSP and the STD Prevention program collaborate to support Disease Intervention Specialists who assist clients in accessing care. DIS are trained public health workers who are responsible for assisting people with sexually transmitted diseases (including HIV) and their partners obtain treatment and counseling about their condition. DIS are often the first people that test someone who has HIV, and therefore are prepared to help clients access care quickly. DIS also have access to certain protected public health information that indicates people who were previously diagnosed with HIV, but do not appear to have received any recent medical treatment. DIS use their unique skills and resources to locate those clients and assist them in accessing treatment.

HPS and the HIV Prevention program work together to fund organizations in the community that test people who may be unaware of their HIV status, provide education and support to newly diagnosed clients in accessing treatment, and to assist previously diagnosed clients access care. Services include HIV testing targeted to higher risk populations, group and individual education, support services for clients needing to access treatment, and facilitating client access to care. This includes medical and case management services.

## HIV Non-Medical Case Management Program

HIV Non-Medical Case Management is a specialized form of HIV case management. Its mission is to assist those living with HIV disease with the coordination of a wide variety of health and social services. Non-Medical Case Management services are available statewide across a combination of 15 AIDS Service Organizations and 6 satellite locations. Non-Medical Case Management provides an individualized plan of care that includes medical, psychosocial, financial, and other supportive services, as needed.

The primary goals of the program are to ensure the continuity of care, to promote self-sufficiency, and to enhance the quality of life for individuals living with HIV. Non-Medical Case Managers are trained professionals who can offer assistance in the following areas:

- *Eligibility determination and recertification for clients accessing HSP RWHAP Part B-funded services, as well as helping clients access services funded by other sources.*
- *Access to HIV medications and health insurance support through the Medical Services Program (MSP).*
- *Access to housing programs such as Section 8, Housing Opportunities for Persons with AIDS (HOPWA), Shelter Plus Care, etc.*
- *Access to emergency funds, such as Direct Emergency Financial Assistance (DEFA) to assist with rent, utilities, medications, etc.*
- *Access to mental health and substance abuse programs*
- *Referrals for optical and dental care*
- *Referrals to community and government programs, such as Social Security*
- *Referrals to local food pantries*
- *Referrals to support groups*
- *Referrals to legal assistance*
- *Assistance with medication management*
- *Assistance with transportation (e.g., bus passes)*
- *Access to HIV testing and prevention counseling services*
- *Access to HIV prevention and education services*

For more information about the HIV Non-Medical Case Management Program, please call 1-866-588-4948, option 3, or visit <https://www.in.gov/health/hiv-std-viral-hepatitis/programmaticadministrative/>.



# Quality Management Program

## Introduction

Quality Management (QM) is an essential component to all programs within the Indiana Division of HIV/STD/Viral Hepatitis (Division). QM is practiced across many medical and allied health fields, but the RWHAP is the leader in terms of establishing key guidelines and requirements for QM to which all recipients and subrecipients must adhere. In its guidance, HAB directs primary recipients of RWHAP funding to create systemwide QM programs in which all subrecipients can participate. While the Division includes programs beyond HSP, IDOH staff has determined that the QM methods and principles espoused by RWHAP will be used to drive QM expectations and activities across the Division.

QM for the RWHAP is governed by the HRSA HAB Policy Clarification Notice 15-02 locate at: <https://hab.hrsa.gov/sites/default/files/hab/Global/HAB-PCN-15-02-CQM.pdf>. QM is broken into three major components: infrastructure, performance measurement, and quality improvement (QI).

## Expectations

IDOH has created a statewide framework for QM through the Indiana HIV/STD Division Integrated Clinical Quality Management Plan (QM Plan) based on HAB requirements and broad stakeholder input. According to the QM Plan,

*"Subrecipients will be responsible for ensuring that the quality management requirements in their contracts with IDOH are met. This will include having their own quality management plans and keeping accurate and current data in CAREWare [and/or other databases based on funding]. [Division] QM staff will work closely with subrecipients to ensure their involvement in the [statewide QM] program."*

## Requirements

Recipients of Division funding are contractually obligated to:

- *Have an organizational QM plan that meets Division expectations.*
- *Have an organizational QM committee that meets Division expectations.*
- *Provide performance measurement data as outlined in the QM Plan.*
- *Engage in statewide QM activities as laid out in the QM Plan, including:*
- *Representation in the statewide HIV/STD Advisory Council.*
- *Initiation of organizational QI projects that align with statewide QI projects.*
- *Include information about progress and challenges experienced in implementing their QM program in the IDOH Monthly Progress Report.*
- *Participate in on-site monitoring by IDOH of the QM Program and activities, when requested.*

## Performance Measurement

Participation in statewide performance measurement for QI is required. Measuring key components of subrecipient programs creates a valuable source of data regarding funded programs' greatest areas of success and identifies those areas that require improvement. It is equally important for performance measurement to identify those areas that will produce the greatest benefit through targeted quality improvement activities.

## Quality Improvement

Participation in statewide QI activities, including the statewide QI project is required. The Division uses the Model for Improvement, an evidence-based QI methodology and expects subrecipients to use the same or a similar evidence-based methodology. Using available performance measurement data, subrecipients identify their own organizational QI projects that align with the overall state project. Technical assistance and coaching on developing and implementing local tests of change as a part of a larger QI project is available from the Division QM team.

## IDOH Quality Management Committee

The IDOH QM Committee for Part B is part of the broader Clinical Quality Management Committee for the Indiana Department of Health Division of HIV/STD/Viral Hepatitis, which is a subcommittee of the Indiana HIV/STD Advisory Council. All subrecipients of the Division, including HSP subrecipients, are required to have representation on the Advisory Council, but membership on the Clinical QM Committee is based on geography, services provided, and other characteristics meaning not all Division or HSP subrecipients will be required to participate in the Committee. The Committee's work will be overseen by the full Advisory Council of which all Division and HSP recipients are a part. The Committee was formed in August 2018.

## Data Services

All subrecipients providing services funded by HSP must collect client-level data for the clients served. Data collection meets certain RWHAP federal requirements but is also critical to plan and evaluate service provision.

HSP has implemented a shared CAREWare server in collaboration with Marion County. CAREWare is a free, electronic health and social support services information system provided by HRSA HAB for Ryan White HIV/AIDS Program recipients and their subrecipients. All subrecipients funded by ISDH are required to use CAREWare to enter all client-level data for individuals receiving ISDH-funded services. Subrecipients may also use other data systems in addition to CAREWare, but all required data must be entered in CAREWare. All client-level data will be required to be entered in CAREWare by the 20th of the month following the provision of services.

Data collection requirements are based in part on the service that the client receives.

In addition to client-level data, subrecipients are also required to participate in other data activities, included but not limited to needs assessments, consumer surveys and client satisfaction surveys.

## Reporting Requirements

Subrecipients are required to report data by certain deadlines to comply with federal and contractual requirements. Subrecipients will be required to designate a specific staff person who is responsible for meeting the data reporting requirements. Below is a list of requirements:

- **Monthly Submission** – On a monthly basis, subrecipients are required to provide aggregate data as part of the monthly progress report to IDOH. This aggregate data will be submitted as an attachment using the monthly progress report template.
- **Annual Submission** - The Ryan White Services Report is an annual submission required of all Ryan White funded agencies. Subrecipients are required to complete the Provider Report and upload a CAREWare-generated XML file into the RSR Web System by the deadlines provided by IDOH. Please see information about the RSR data variables in Attachment 6. IDOH will provide more detail to subrecipients in the Fall preceding the RSR submission.

## Data Quality

Subrecipients are required to routinely review the data that are entered to ensure that missing data are minimized, and that the data reported accurately reflect the services being provided. Subrecipients must review the data at least quarterly, addressing any data quality issues identified. In addition, subrecipients will generate the RSR Report in CAREWare and address any data quality issues at that time.

## Fiscal Services

Subrecipients are required to meet the standards and requirements for financial management systems referenced in the OMB Uniform Guidance 2 CFR 200/HHS Title 45 Subtitle A, Subchapter A, Part 75 Code of Federal Regulations, located at [https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75#\\_top](https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75#_top).

These standards require that adequate financial processes must be maintained in order to:

- *Provide accurate, current, and complete financial information about the award and provide necessary financial reports*
- *Maintain records that adequately identify the sources and purposes for which the award was used including appropriate authorizations and obligations. The accounting records must be supported by proper source documentation*
- *Maintain and ensure effective internal controls over all funds, property, and other assets (All assets must be used solely for authorized purposes)*
- *Reconciliation of actual expenditures with approved budgets for each grant award*

Guidance regarding the fiscal management of your agreements with IDH RW HSP is available. Subrecipients should contact their program specialist at [HSPProgram@isdh.in.gov](mailto:HSPProgram@isdh.in.gov) for assistance when needed.

## What to Expect from HSP

We at HSP value the collaboration with every Part B funded subrecipient. Subrecipients are vital in reaching PLWH with needed services, and in ensuring that services are of the highest quality. Our goal is to support subrecipients as much as possible. Subrecipients can expect that we will undertake the following:

- Communicate with you throughout the year to ensure you are aware of contractual requirements, policies and procedures, and developments that impact your ability to serve your clients. Communication will include e-mails, phone calls, virtual meetings by videoconferencing and in-person meetings.
- Pay your invoices in a timely manner. We review your monthly invoices to ensure that you provide adequate documentation and bill only for allowable costs. We will issue payments within 45 days of receiving a complete and accurate invoice.
- Respond to your questions in a timely manner. We understand that some questions are urgent, as they may relate to providing a critical service to a client. You will receive a response within 48 hours in most cases, and you will be kept informed if we need to research solutions to your issues.
- Provide or arrange technical assistance (TA) to you if you are experiencing challenges or need additional support. Please communicate your TA needs to us as soon as possible so that we can arrange resources to help you. You may request TA through e-mail or by making a phone call to us.
- Support training opportunities for subrecipients. We will collaborate with the Midwest AIDS Training and Education Center – Indiana (MATEC-Indiana) to identify and provide training as needed.
- Monitor your contract deliverables during your contract period, including information about clients served, service utilization, and funds expended. We will communicate with you if we notice issues around performing under or over your service provision goals, or if you are over or under expending your budgets. We will consider additional funding requests or reallocation options as needed. You are encouraged to proactively notify us if you experience any issues with meeting your deliverables.
- Respond to your monthly progress reports by the 20<sup>th</sup> of every month following the receipt of your reports. We may include questions about your reports or request clarifications in the responses we send to you.
- Conduct annual site visits with you to assess compliance with federal and state requirements. We will review documents and interview staff during that process, and at times, may interview clients you serve. We will notify you of any concerns with compliance during the visit and will issue you a site visit report within 45 days of the visit. More information, including the tools that will be used in this process, will be available on the IDOH website soon!
- Negotiate budgets and workplans prior to the beginning of each contract year, and have new contracts or renewals executed by the first day of the contract year. If unforeseen circumstances result in a delay in executing a contract, we will work with you to avoid

service disruption to clients.

- Allocate funds to subrecipients across the state in a fair and equitable way, considering multiple factors when reaching allocation decisions. Some of those factors will include needs assessment data, HIV epidemiologic and testing data, whether other funds or resources for certain services exist, and past contractual performance. We will discuss any concerns you may have about final allocation decisions.

## What IDOH HSP Expects from Subrecipients

HSP extends contracts to service providers who are considered subrecipients. Subrecipients must meet federal requirements, including some that are specific to the RWHAP.

Subrecipients must also meet contractual requirements in the state agreements that are issued and renewed each year. Some of those requirements are deliverables that are due by specific dates as noted in the state agreements. General requirements and responsibilities of subrecipients include:

- Deliver quality services to PLWH.
  - Activities include developing a quality management plan, a quality improvement project, participation in the statewide Quality Management Committee, and other efforts to continuously monitor health outcomes of clients served.
- Ensure client eligibility.
  - Client eligibility must be determined as directed by IDOH HSP Policy #18-01 “Ryan White HIV/AIDS Program (RWHAP) Part B Eligibility Policy” (Attachment 1), and current eligibility must be documented for every client served.
  - All Ryan White clients must be certified annually (which includes submitting documentation of income, residency, and third-party coverage) and re-certified every six (6) months (which can be done by self-attestation) through a Non-Medical Case Manager.
- Meet deadlines in submitting progress reports and invoices.
  - Monthly progress reports and invoices are due by the 20<sup>th</sup> of the month following the month of activity and must be sent to [HSPProgram@isdh.IN.gov](mailto:HSPProgram@isdh.IN.gov)
- Comply with all components of the contract between HSP and the subrecipient agency.
  - Contracts must contain a scope of work or workplan that specifies projected numbers of clients to be served and service units to be provided by HRSA-defined service category. Subrecipients will monitor actual deliverables, notifying HSP proactively about under or overachievement of projected service goals.
- Maintain current policies and procedures manuals, including client grievance procedures.
- Implement and maintain a fiscal system (including an invoicing system) using Generally Accepted Accounting Principles (GAAP).
- Report program income generated from Ryan White Part B funded services to HSP.
- Ensure that all clients who receive services use any and or all available third-party payer funds prior to using Ryan White funds.
  - All subrecipients must be familiar with and follow the IDOH HSP Policy #18-02 “Payor of Last Resort Policy” (Attachment 1). RWHAP funds must only be used after any other coverage for services has been exhausted.
- Educate and assist clients with enrolling in third-party coverage for which they are



eligible.

- All subrecipients must be familiar with and follow the IDOH HSP Policy #18-03 "Vigorously Pursuing Client Health Care Coverage Enrollment Policy" (Attachment 1). Ensuring clients are enrolled in eligible coverage (such as Medicaid, Medicare, insurance, etc.) extends finite RWHAP grant resources to clients.
- Establish a Continuity of Operations Plan (COOP) to ensure continued access to essential services and care for all clients, including those receiving RWHAP-funded services, in case normal operations cannot continue due to a disaster or emergency.
- Ensure confidentiality of all client records.
- Maintain client level information in an approved data system.
  - In CAREWare, all data must be entered by the 20<sup>th</sup> of every month.
  - Subrecipients are required to provide aggregate data as part of the monthly progress report to IDOH.
  - Subrecipients are required to complete the Provider Report and upload a CAREWare-generated XML file into the Ryan White Services Data Report(RSR) Web System annually.
- Attend all statewide subrecipient meetings.
- Attend all HSP technical assistance webinars.
- Participate in annual Administrative/Programmatic and Fiscal on-site visits as required as a condition of accepting federal Ryan White funds.
- Participate in statewide Quality Management (QM) and Quality Improvement (QI) activities.

## Attachments

Several documents are located on the HSP website, and can be accessed by clicking the link referenced under the Attachment Number

## Attachment 1: HSP Policies and Procedures

- IDOH HSP Policy #18-01 "Ryan White HIV/AIDS Program (RWHAP) Part B Eligibility Policy"  
[https://www.in.gov/isdh/files/ISDH%20Program%20Eligibility%20Policy\\_FINALrev%2002262018.pdf](https://www.in.gov/isdh/files/ISDH%20Program%20Eligibility%20Policy_FINALrev%2002262018.pdf)
- IDOH HSP Policy #18-02 "Payor of Last Resort Policy"  
[https://www.in.gov/isdh/files/Payor%20of%20Last%20Resort%20Policy\\_FINAL%20FORMATTED.pdf](https://www.in.gov/isdh/files/Payor%20of%20Last%20Resort%20Policy_FINAL%20FORMATTED.pdf)
- IDOH HSP Policy #18-03 "Vigorously Pursuing Client Health Care Coverage Enrollment Policy"  
[https://www.in.gov/isdh/files/Vigorously%20Pursue%20Policy\\_FINAL%20FORMATTED.pdf](https://www.in.gov/isdh/files/Vigorously%20Pursue%20Policy_FINAL%20FORMATTED.pdf)
- Notice of Privacy Practices  
[https://www.in.gov/isdh/files/Notice\\_of\\_Privacy\\_\(1\\_August\\_2013\)\\_HIV\\_English.pdf](https://www.in.gov/isdh/files/Notice_of_Privacy_(1_August_2013)_HIV_English.pdf)
- Statewide Grievance Policy  
<https://www.in.gov/isdh/files/Statewide%20Grievance%20Policy.pdf>

For links to the policies on this attachment, visit the webpage below:

<https://www.in.gov/health/hiv-std-viral-hepatitis/programmaticadministrative/>

More Policies and Procedures coming soon!

## Attachment 2: 2020 Federal Poverty Guidelines

Clients must meet certain income limits to be eligible for RWHAP-funded services. Income limits are determined by the state and based on the Federal Poverty Level (FPL). The FPL is a measure of income issued every year by the Department of Health and Human Services (HHS).

Clients must have incomes at or below 300% FPL to be eligible for RWHAP Part B services in Indiana, and those amounts can be found at:

<https://www.in.gov/health/hiv-std-viral-hepatitis/technical-assistanceresources/>

## **Attachment 4: IDOH HSP Subservices and Service Units**

Subrecipients collect data on services provided to clients through certain defined subservices and services units. This allows IDOH HSP to monitor service delivery statewide. A table of service unit definitions is located at:

<https://www.in.gov/health/hiv-std-viral-hepatitis/programmaticadministrative/>

## Attachment 6: RSR Data Variables

Each year, subrecipients must report data about themselves and about the clients served directly to the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB). This data report is called the Ryan White Data Services Report (RSR). A table showing the required data variables for each service category can be found on Page 53 of the [\*2021 Annual Ryan White HIV/AIDS Program Services Report \(RSR\) Instruction Manual\*](#).\*

\*The 2022 RSR Manual will be released in the Fall of 2022 and will be available on [TargetHIV](#).

## Attachment 7: Subrecipient Budget Worksheet

Subrecipients must create budgets to show how all RWHAP Part B funds are budgeted to services. Budgets should also show all funding sources that support service delivery. A budget worksheet that helps to guide this process is located at:

<https://www.in.gov/isdh/files/Copy%20of%202018%20RWHAP%20Part%20B%20Supplemental%20Budget%20Template.xlsx>

## **Attachment 8: Subrecipient Budget Reallocation Form**

Subrecipients must submit requests to reallocate funds in their budgets to IDOH HSP for approval. This form is located at:

<https://www.in.gov/isdh/files/HIV-STD-VH%20Request%20For%20Budget%20Change.pdf>



## Additional Resources

There are several resources online to assist subrecipients in managing their agreements and understanding funding requirements. Several are listed on the IDOH HSP website, including a **Frequently Asked Questions (FAQ)** document, at:

<https://www.in.gov/health/hiv-std-viral-hepatitis/technical-assistance/resources/>

## Acronyms List

|              |   |
|--------------|---|
| <b>ADAP</b>  | .....AIDS Drug Assistance Program                             |
| <b>ASO</b>   | .....AIDS Service Organization                                |
| <b>CBO</b>   | .....Community-Based Organization                             |
| <b>CQM</b>   | .....Clinical Quality Management                              |
| <b>FTE</b>   | .....Full Time Equivalent                                     |
| <b>HAB</b>   | .....Health Services Resources Administration HIV/AIDS Bureau |
| <b>HE</b>    | .....Health Education Services                                |
| <b>HIP</b>   | .....Healthy Indiana Plan                                     |
| <b>HMSP</b>  | .....HIV Medical Services Program                             |
| <b>HSP</b>   | .....HIV Services Program                                     |
| <b>IDOH</b>  | .....Indiana Department of Health                             |
| <b>L2C</b>   | .....Linkage to Care  |
| <b>PCN</b>   | .....Policy Clarification Notice                              |
| <b>PLWH</b>  | .....People Living With HIV                                   |
| <b>RFP</b>   | .....Request for Proposals                                    |
| <b>RR</b>    | .....Risk Reduction Services                                  |
| <b>RWHAP</b> | .....Ryan White HIV/AIDS Program                              |
| <b>TA</b>    | .....Technical Assistance                                     |
| <b>TGA</b>   | .....Transitional Grant Area                                  |