



RWHAP Part D: Introduction to the Part D Basic Training Program

2022 National Ryan White Conference on HIV Care and Treatment

August 23, 2022

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HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People



Health Resources and Services Administration (HRSA)

Overview



Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically challenged



HRSA does this through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities



Every year, HRSA programs serve tens of millions of people, including people with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care

HRSA's HIV/AIDS Bureau Vision and Mission

Vision

Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.



HRSA's Ryan White HIV/AIDS Program (RWHAP) Overview

- Provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV.
- Funds grants to states, cities, counties, and local community-based organizations to improve health outcome and reduce HIV transmission.
 - Recipients determine service delivery and funding priorities based on local needs and planning process.
- Provided services to nearly 562,000 people in 2020—more than half of all people with diagnosed HIV in the United States.
- 89.4% of RWHAP clients receiving HIV medical care were virally suppressed in 2020, exceeding national average of 65.5%ⁱ.



Contact Information

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Learn more about our program at our new website:

www.ryanwhite.hrsa.gov



Sign up for the Ryan White HIV/AIDS Program Listserv:

<https://public.govdelivery.com/accounts/USHSHRSA/signup/29907>

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Introduction to Part D Basic Training Program

Cheryl Nesbitt

Lori DeLorenzo

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Enter your
name, job title
and organization
in the chat

Q1. How long have you worked in the Part D Program?



Q2. What is your role in the Part D Program? (select all that apply)



RWHAP Part D Basic Training Program Overview

- Two-year study conducted to determine factors to maximize the national impact of the RWHAP Part D program
- Information collected through recipient listening sessions, literature review, analysis of RWHAP and surveillance data, and technical expert panel
- Recommendation from the study: Provide program recipients with ongoing knowledge about implementing a RWHAP Part D program and ensure solid knowledge and understanding of the programmatic and legislative requirements



RWHAP Part D Basic Training Program: Structure

- Topics categorized into 3 units: Administrative, Fiscal and Clinical
- Information will include:
 - Legislative and programmatic expectations
 - Best practices & evidence-informed interventions
 - Sample documents & relevant resources
- Length: 60 min
- Training content selection
 - Crosscutting issues from site visit findings (2018-2020)
 - Key informant interviews with Part D recipients
 - Feedback from Project Officers

Clinical Quality Management Policy Clarification Notice

Policy Clarification Notice (PCN) #15-02 (updated 09/01/2020)
Replaces Policy Notice 11-04

Scope of Coverage

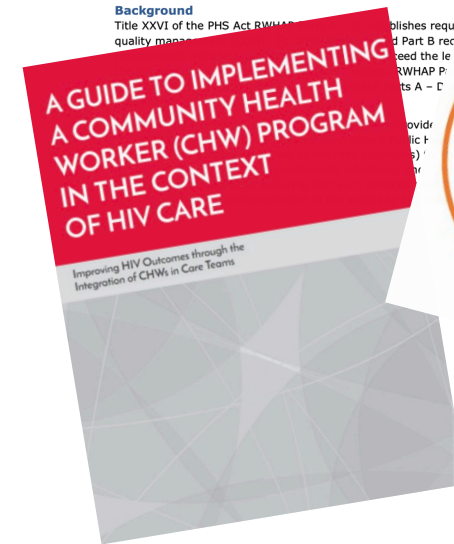
Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, and D.

Purpose of PCN

The purpose of this PCN is to clarify the HRSA RWHAP expectation quality management (CQM) programs.

Background

Title XXVI of the PHS Act RWHAP... establishes requirements for Part D recipients to implement the RWHAP Parts A - C



Topical Areas

Administrative

- Part D Legislation
- Comprehensive, Coordinated System of Care
- Establishing Partnerships

Fiscal

- Managing & Maximizing Funds Across Parts
- Allowable & Allocable Costs
- Payer of Last Resort
- Program Income

Clinical

- Serving Youth/Transitioning to Adult Care
- Quality Management/Use of Data
- Clinical Guidelines

Expectations of Part D Recipients

- At least one member of your Part D program must participate in all sessions, but more are encouraged to join
- Consider how the information can be shared across your program
- Project Officers will discuss the training during your PO monitoring calls
- As sessions are released, you'll need to register for each event
- Feedback on the training sessions is welcome

AskPartD@hrsa.gov

What topics are you most interested in exploring?



Ryan White HIV/AIDS Program Part D Legislative Training

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August 23, 2022

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Disclosures & Disclaimers

Lauren Nussbaum and Elizabeth Saindon have no relevant financial interests to disclose.

The views expressed do not necessarily reflect the views of the Department of Health and Human Services or the Office of the General Counsel.

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Keep out of reach of children.

Contains small parts, may not be suitable for children under the age of 3.

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Unsafe at any speed.

Do not operate heavy machinery while viewing this presentation.

May cause drowsiness.

Learning Objectives

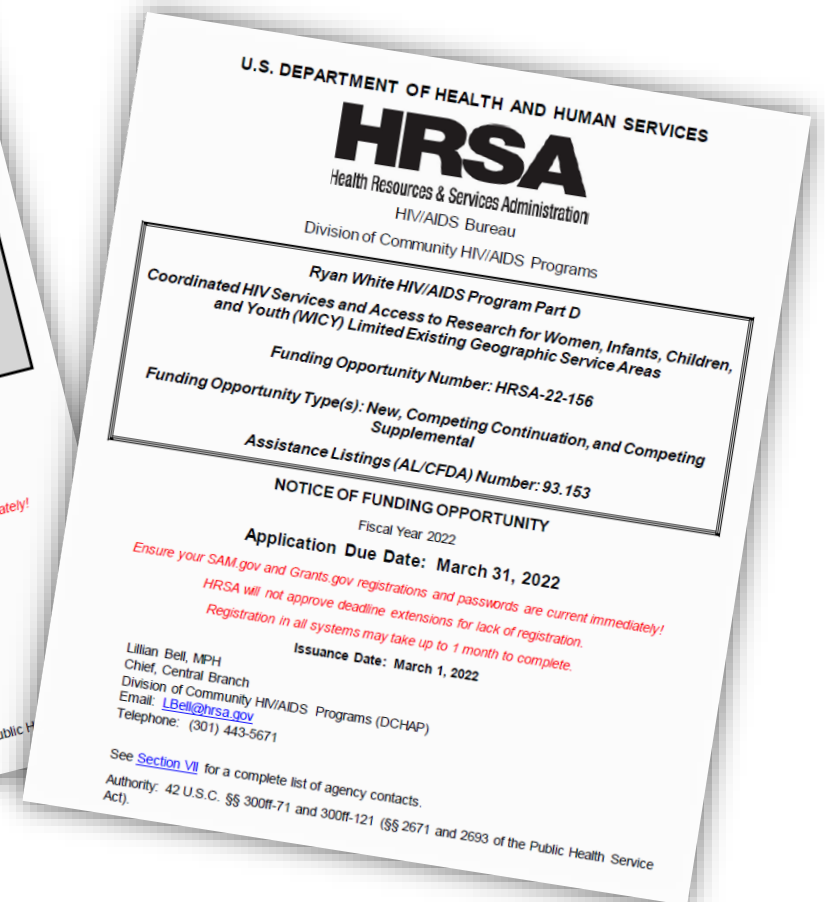
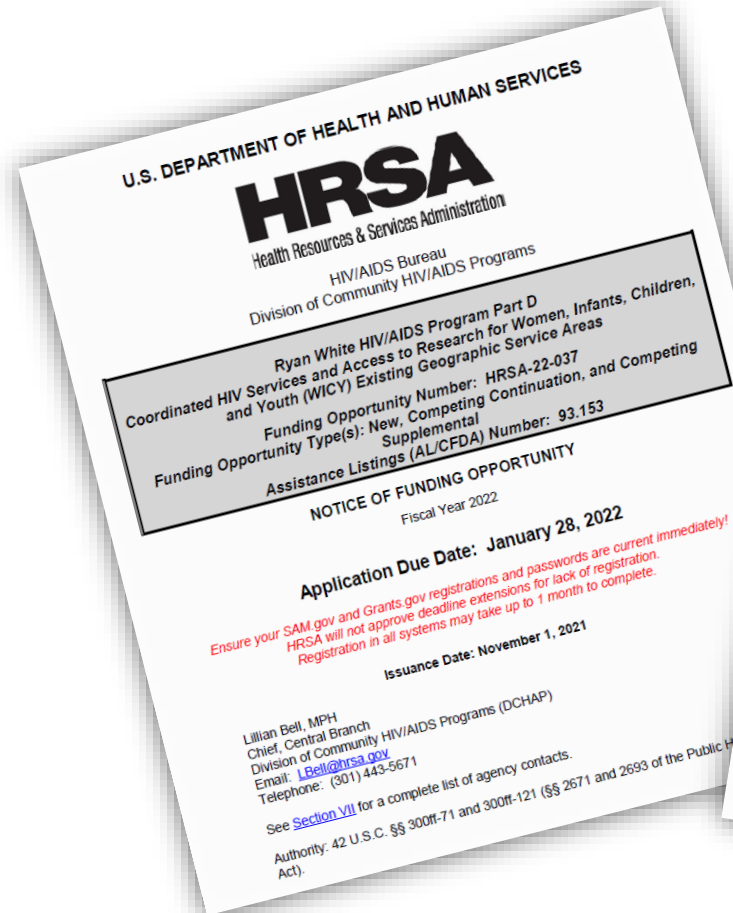
- **Learn about the legislative history of RWHAP Part D**
- **Learn the statutory requirements of RWHAP Part D**
- **Compare the statutory differences between RWHAP Parts C and D**

- **Statute:** § 2671 of the Public Health Service Act (42 USC § 300ff-71)
- **Regulation:** Uniform Administrative Requirements (45 CFR part 75)
- **HHS Grants Policy Statement (2007):** covers discretionary awards
- **HAB Policy Clarification Notices:** guidance to understand and implement program legislative requirements
- **NOFO:** funding agency requirements and expectations
- **NOA:** terms and conditions of award

NOFO Examples

Notice of Funding Opportunity (NOFO)

- HRSA-22-037
- HRSA-22-156



NOA Example

Notice of Award (NOA)

Terms and conditions

- Grant specific terms
- Program specific terms
- Standard terms
- Reporting requirements

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternalInterface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. 45 CFR Part 75 applies to all federal funds associated with the award. Part 75 has been effective since December 26, 2014. All references to prior OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR Part 200 as codified by HHS at 45 CFR Part 75.
2. This Notice of Award is issued based on HRSA's approval of the Non-Competing Continuation (NCC) Progress Report. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement. <http://www.hrsa.gov/grants/hhgrantpolicy.pdf>
3. The funds for this award are in a sub-account in the Payment Management System (PMS). This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. Access to the PMS account number is provided to individuals at the organization who have permissions established within PMS. The PMS sub-account code can be found on the HRSA specific section of the NoA (Accounting Classification Codes). Both the PMS account number and sub-account code are needed when requesting grant funds. **Please note that for new and competing continuation awards issued after 10/1/2020, the sub-account code will be the document number.** You may use your existing PMS username and password to check your organizations' account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: <https://pms.pcc.gov/grant-recipients/access-newuser.html>. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <https://pms.pcc.gov/find-pms-liaison-accountant.html>.

Program Specific Term(s)

1. Funding beyond this budget period is contingent upon the availability of appropriated funds for this program in subsequent fiscal years, recipient satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.
2. Recipients are required to track and report all sources of service reimbursement as program income on the annual Federal Financial Report and in annual data reports. All program income earned must be used to further the objectives of the RWHAP program. For additional information, see PCN #15-03 available online at https://hab.hrsa.gov/sites/default/files/hab/Global/pcn_15-03_program_income.pdf.

Standard Term(s)

1. Your organization must comply with all HRSA Standard Terms unless otherwise specified on your Notice of Award.

Reporting Requirement(s)

1. **Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due Quarter End Date after 90 days of reporting period.**
The recipient must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **Effective October 1, 2020, all FFRs will be submitted through the Payment Management System (PMS).** Technical questions regarding the FFR, including system access should be directed to the PMS Help Desk by submitting a ticket through the self-service web portal (PMS Self-Service Web Portal), or calling 877-614-5533.

The FFR will be due 90, 120, or 150 days after the budget period end date. Please refer to the chart below for the specific due date for your

- **Ryan White Comprehensive AIDS Resources Emergency Act: enacted on August 18, 1990**
- **Reauthorizations:**
 - 1996: Ryan White CARE Act Amendments of 1996
 - 2000: Ryan White CARE Act Amendments of 2000
 - 2006: Ryan White HIV/AIDS Treatment Modernization Act of 2006
 - 2009: Ryan White HIV/AIDS Treatment Extension Act of 2009
- **Codified in title XXVI of the Public Health Service (PHS) Act, referred to as the Ryan White HIV/AIDS Program (RWHAP)**

Ryan White

- Ryan White was born in 1971 in Indiana. He was born with hemophilia A, a blood disorder that required him to receive periodic blood injections. Sometime in the early 1980s, he was administered an HIV-contaminated injection. He was diagnosed with AIDS at age 13, with a prognosis of 6 months to live.
- Ryan was initially not permitted to return to his middle school; after winning a lengthy court battle, he returned, but still faced bullying and discrimination.
- Ryan and his family moved to a different part of Indiana in 1987, and Ryan enrolled in a high school that welcomed him.
- Ryan served as an AIDS ambassador to his school community and the American public, fighting AIDS-related stigma and discrimination, until he died on April 8, 1990, one month before his high school graduation.
- President George H.W. Bush signed the Ryan White CARE Act into law on August 18, 1990.
- The RWHAP statute honors Ryan's legacy by providing essential services to people with HIV.



“The biggest contribution I think that Ryan made is, and I didn't know it at that time, that his legacy would be that people are getting their drugs and their treatment and that people are living with AIDS.”

Jeanne White Ginder,
Ryan's mom

Overview of RWHAP Statute

- **Part A:** mandatory awards to cities/counties
- **Part B:** mandatory awards to states
- **Part C:** discretionary awards to providers; focus on core medical services
- **Part F:** Special Projects of National Significance, AIDS Education and Training Centers, Minority AIDS Initiative
- **Part D:** discretionary awards to providers; focus on services directed towards women, infants, children and youth

Part D Legislative History: A Walk Down Memory Lane

- **RWHAP Part D began as a demonstration project to combat pediatric HIV/AIDS in 1987**
- **RWHAP Part D was added to the original Ryan White CARE Act of 1990 as a demonstration grant program**
- **Authority given to the HRSA Administrator and Director of NIH to make demonstration grants to community health centers (CHCs) and other public and nonprofit private entities that provided primary health services to the public for:**
 - Conducting clinical research on therapies for pediatric patients and pregnant women with HIV
 - Providing outpatient health care to pediatric patients and their families (case management required)
- **Cooperative agreement or contract with biomedical research entity required**
- **Eligible recipients: CHCs and other public and nonprofit private entities that served a significant number of pediatric patients and pregnant women with HIV**
- **Referrals were required for inpatient hospital services, treatment for substance use disorder, and mental health services, as well as other social and support services, as appropriate**

- **Discretionary, competitive awards to entities providing family-centered care to women, infants, children and youth (WICY)**
- **Eligible recipients:** Public and nonprofit private entities, including health facilities operated by or through contract with the Indian Health Service
- **In FY2022, DCHAP implemented the Part D funding methodology to use a data-driven approach to ensure equitable distribution of Part D funds to all service areas, using 3 factors:**
 - Minimum base funding amount
 - Number of WICY clients in service area
 - Presence of Part A resources in service area
- **§ 2693: Minority AIDS Initiative**
 - Codified in 2006, the MAI provides additional funding to Part D (and Parts A, B, C, and F) to improve access to HIV care and health outcomes for racial and ethnic minority populations disproportionately affected by HIV.
 - Under Part D, MAI funds are “for eliminating racial and ethnic disparities in the delivery of comprehensive, culturally and linguistically appropriate” HIV/AIDS care services for women, infants, children, and youth.
 - Competitive awards include MAI funding distributed to all recipients based on a relative distribution of living minority HIV/AIDS cases

- **§2671(a)–(b), (f): Grant funds expended on core medical services (CMS), support services (*including specific support services only for Part D*), administrative expenses, and a clinical quality management (CQM) program**
 - CMS, although allowable under Part D, are often mostly covered by other funding sources, thereby freeing up funds for recipients to embrace the unique nature of Part D that allows for more extensive coverage of support and wraparound services
- **§2671(b): Additional support services under Part D:**
 - Family-centered care
 - Linking clients to HIV-related clinical research

Part D Administrative Expenses

Requirement: § 2671(f), (h)

- **10% cap on administrative expenses**
 - Cap does not apply to subrecipients
 - Parts D recipients are responsible for ensuring that subrecipient administrative costs are allowable, reasonable, and allocable to the RWHAP
- **“The term ‘administrative expenses’ means funds that are to be used by grantees for grant management and monitoring activities, including costs related to any staff or activity unrelated to services or indirect costs.”**
 - All indirect costs are considered administrative expenses under Part D
 - Planning and evaluation and CQM are NOT considered administrative expenses
- See **[PCN # 15-01](#)** for further information on administrative expenses

Part D Coordination Requirements: § 2671(c)

- Recipients must coordinate activities with *other RWHAP providers and Maternal and Child Health Services block grant recipients*, including programs promoting the reduction and elimination of risk of HIV/AIDS for youth
- Recipients must participate in *statewide coordinated statement of need* under Part B
- Recipients must submit *audits every 2 years* to the lead State agency under Part B regarding funds expended under Part D

Part D CQM Program Requirements: § 2671(f)(2) and PCN #15-02

- **RWHAP Part D recipients “shall implement a clinical quality management program”:**
 - “to assess the extent to which HIV health services provided” are consistent with the HIV guidelines
 - “and, as applicable, to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services”
- **CQM costs must be reasonable**
- **A CQM program is the coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction. To be effective, a CQM program requires:**
 - Specific aims based in health outcomes;
 - Support by identified leadership;
 - Accountability for CQM activities;
 - Dedicated resources; and
 - Use of data and measurable outcomes to determine progress and make improvements to achieve the aims cited above.
- **CQM activities should be continuous and fit within and support the framework of grant functions. Recipients are strongly encouraged to use the NHAS to frame CQM activities and goals.**

Part D Miscellaneous Requirements

- **§ 2671(d)**: An application containing necessary agreements, assurances, and information is required
- **§ 2671(e)(1)**: HHS must annually review Part D programs
- **§ 2671(e)(2)**: HHS must evaluate Part D programs, directly or through contracts with public and private entities
- **§ 2671(g)**: Training and technical assistance – directly or through contracts (not grants)
- **§ 2671(i)**: Payor of last resort requirement

Part D Miscellaneous Requirements (Assurances)

Appendix A: Additional Agreements & Assurances

Ryan White HIV/AIDS Treatment Extension Act of 2009, RWHAP Part D WICY

The authorized representative of the applicant must include a signed and scanned original copy of the attached form with the grant application. This form lists the program assurances which must be satisfied in order to qualify for a Part D grant.

I, the authorized representative of _____ in applying for a grant under Part D of Title XXVI, section 2671 of the Public Health Service Act (42 USC § 300ff-71) and section 2693 of the Public Health Service Act, (42 U.S.C. § 300ff-121) as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P. L. 111-87), hereby certify that:

As required in section 2671 subsection (c) - Coordination With Other Entities:

- (1) The applicant will coordinate activities under the grant with other providers of health care services under this Act, and under Title V of the Social Security Act, including programs promoting the reduction and elimination of the risk of HIV/AIDS for youth;
- (2) The applicant will participate in the statewide coordinated statement of need under Part B (where it has been initiated by the public health agency responsible for administering grants under part B) and in revisions of such statements;
- (3) The applicant will every 2 years submit to the lead State agency under section 2617(b)(4) of the PHS Act agency audits regarding funds expended in accordance with this Title and shall include necessary client-level data to complete unmet need calculations and statewide coordinated statements of need process.

As required in section 2671 subsection (d), the applicant will provide information regarding how the expected grant expenditures are related to RWHAP parts A and B planning processes. The applicant will also submit a specification of the expected expenditures and how those expenditures will improve overall patient outcomes as outlined as part of the State plan or through additional outcome measures.

As required in section 2671 subsection (f), the applicant will not use more than 10 percent of grant award for administrative expenses. The applicant will implement a clinical quality management program to assess the extent to which HIV health services provided to patients under this grant are consistent with the most recent Public Health Service (HHS) guidelines for the treatment of HIV/AIDS and related opportunistic infection, and to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services.

As required under section 2681: Assure that services funded will be integrated with other such services, coordinated with other available programs (including Medicaid), and that the continuity of care and prevention services of individuals with HIV is enhanced.

As required under section 2684: No funds will be used to fund AIDS programs or to develop materials designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual.

I understand I can obtain a copy of the Title XXVI, PHS Act Part D at (<http://www.congress.gov>) to gain full knowledge of its contents.

Name: _____ Date: _____ Title: _____

Parts C and D Comparison (helpful for dually funded C&D recipients)

Statutory Requirements	Part C	Part D
Grant funds only on core medical services, support services, admin, and CQM	YES	YES (but includes additional support services only for Part D)
75% Core Medical Services	YES	NO
50% Early Intervention Services	YES	NO
Core medical services for patients not living with HIV	Generally NO (unless for testing and/or counseling)	Generally NO (case management for family members, testing, and/or counseling)
Imposition of charges	YES	NO
Medicaid provider requirement	YES	YES (by policy)
Maintenance of effort	YES	NO
Payor of last resort	YES	YES
Technical Assistance through grants	YES	NO
All indirect costs are admin expenses	NO	YES

References & Resources

- [Ryan White HIV/AIDS Program legislation](#)
- [Uniform Administrative Requirements, 45 CFR part 75](#)
- [HHS Grants Policy Statement](#)
- [HRSA HAB Policy Notices](#)
- [HRSA HAB Part D Fact Sheet](#)
- [RWHAP Part D FY22 NOFO](#)

Discussion and Questions



Recap & Next Steps

- Topics categorized into 3 units: Administrative, Fiscal and Clinical
- Sessions will include:
 - Legislative and programmatic expectations
 - Best practices & evidence-informed interventions
 - Sample documents & relevant resources
- Trainings will be offered virtually and available online
- At least 1 representative should be in attendance; more are welcome!
- Timeline
 - Additional sessions: fall 2022, and winter, spring, and summer 2023

Chatter-fall



Reflect on the information presented today and think about what additional content areas you would like to explore

Drop the response into the chat room but **don't post just yet**

On the count of "3" everyone will post at the same time

How did we do?



See you at the next session!

