



# Budget 201 – RWHAP Budget Basics: Managing Funding Across Multiple RWHAP Parts (A/B/C/D)

2024 National Ryan White Conference on HIV Care and Treatment

*August 22, 2024*

**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, pregnant people, mothers and their families, and those otherwise unable to access quality health care

# HRSA's HIV/AIDS Bureau Vision and Mission

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## 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 over 566,000 people in 2022**—more than half of all people with diagnosed HIV in the United States.
- **89.6% of RWHAP clients receiving HIV medical care were virally suppressed in 2022**, exceeding national average of 65.9%<sup>i</sup>. This means they cannot sexually transmit HIV to their partners and can live longer and healthier lives.



# Fiscal Institute Overview for the Budget Component

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## Budget 101

1. Understand the fundamentals of the RWHAP budget process.
2. Learn the budget life cycle and accompanying terminology.
3. Gain confidence to tackle the budget process and excel.

## Budget 201

1. Learn more about the various financial and budgetary requirements of the different RWHAP Parts.
2. Understand how to braid RWHAP funding streams in an impactful and fiscally responsible way.
3. Have access to tangible resources to enhance or expand their RWHAP funding portfolio.

## Budget 301

1. Understand current RWHAP recipients' experiences monitoring multiple funding streams.
2. Learn models and strategies to implement in your organization to enhance their monitoring processes.
3. Gain knowledge on ways to strengthen current budgeting practices.



# Goals and Objectives



- Discuss Strengths of Multiple Funding Sources
- Review Federal/Program Guidance and Expectations
  - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards
  - Ryan White HIV/AIDS Program (RWHAP) Fiscal Management Expectations
- Identify Ryan White Grant Programs Services & Priorities
  - Enrollment and Eligibility
- Discuss Strategies for Budgeting and Managing Multiple Funding Streams
  - Case Studies

# Strengths of Multiple Funding Sources



# Multiple Funding Streams

- Coordinated funding can lead to:
  - Increased programmatic capacity
  - Improved performance outcomes
  - Increased access to varied services/supplies
  - A developed, more seamless service delivery model
  - Enhanced long-term sustainability







# Braiding vs Blending Funds

Braided Funds	Blended Funds
<p>Funds from multiple funding streams that are leveraged (i.e., woven together) to support high quality programs.</p>	<p>Funds from one funding source that are commingled with funds from another source and the original funding sources become indistinguishable.</p>
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# Braiding vs Blending Funds

Type	Description	Rationale	In Accordance with 45 CFR 75
Braided 	Leveraged use of multiple funding streams	This method is allowed because: <ul style="list-style-type: none"><li>• The specific funding sources can be traced</li><li>• The inflows and outflows of each funding source with specific funding requirements can be tracked</li></ul>	Compliance with 45 Code of Federal Regulations (CFR) §75.302(b), Financial management and standards for financial management systems where there are natural opportunities for strengthening programs
Blended 	Co-mingling funds from more than one source	This method is prohibited because: <ul style="list-style-type: none"><li>• Blended funds are co-mingled with other funds, so individual funding streams cannot be traced to the funding source</li></ul>	Management style is not compliant with 45 CFR §75.302(b),

# Components of Managing Multiple Funding Streams

Specifically  
defined objectives  
& outcomes

Clear Budget and  
Allocation  
Methodology

Grants  
Management  
Fiscal Software  
Accounting System

Teamwork  
Communication &  
Collaboration

Accurate &  
Organized Data  
Reporting

Process to evaluate and improve performance

<https://www.linkedin.com/advice/0/how-can-you-effectively-manage-grant-funds-across-multiple#:~:text=Managing%20grant%20funds%20across%20multiple%20programs%20requires%20effective%20communication%20and,and%20responsibilities%20of%20each%20program.>

# Managing Multiple Funding Streams

- Managing multiple funding streams successfully requires:
  - An established accounting system
  - Thorough time & effort documentation
  - Infrastructure for fiscal monitoring
  - Well-established policies and protocols
  - Reasonable & transparent allocation methodology



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# Federal/Program Guidance and Expectations

# Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards

- The Uniform Guidance is:
  - a government-wide framework for grants management and provides an authoritative set of rules and requirements for federal awards.
  - the foundation on which federal agencies develop their policies for grants and cooperative agreements.
  - an effort to by OMB (Office of Management & Budget) to streamline guidance for the management of federal grant awards and to strengthen oversight of federal funds.

45 CFR PART 75 - UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR HHS AWARDS



# 45 CFR Part 75.302 - Financial Management & Standards for Financial Management Systems

- Non-Federal entities must track expenditures at a level that can establish and demonstrate that federal funds have been used according to:
  - Federal statutes
  - Federal Regulations
  - Terms and conditions of the Federal award

Federal Funding Requirements	RWHAP Requirements
Federal Statutes	RWHAP Legislation
Regulations	Notice of Funding Opportunity Policy Clarification Notices Program Letters
Terms and Conditions of the Federal Award	Notice of Award

# 45 CFR Part 75.302 - Financial Management & Standards for Financial Management Systems



- The financial management systems for non-federal entities (recipients) must identify:
  - All Federal awards received and expended
  - The Federal programs under which they were received.
- Federal program and Federal award identification must include, as applicable:
  - The CFDA title and number
  - Federal award identification number and year
  - Name of the HHS awarding agency
  - Name of the pass-through entity, if any (subrecipients)



# 45 CFR Part 75.302 - Financial Management & Standards for Financial Management Systems

- The financial management systems for non-federal entities (recipients) must:
  - Allow for accurate, current, and complete disclosure of the financial results for each Federal award or program in accordance with the reporting requirements.
  - Identify source and application of funds for federally-funded activities.
    - These records must contain information pertaining to Federal awards, authorizations, obligations, unobligated balances, assets, expenditures, income and interest and be supported by source documentation.
  - Demonstrate effective control over, and accountability for, all funds, property, and other assets.
  - Adequately safeguard all assets and assure that they are used solely for authorized purposes.
  - Provide a comparison of budgeted amounts and actual expenditures for each Federal award

# RWHAP Fiscal Management Expectations

## Program Expectations:

- An adequate financial system for managing multiple budgets and funding streams
- An accounting system which provides for accumulating and recording expenditures by each award or grant and RWHAP cost category
- Ability to prepare financial reports to
- Sufficient, experienced personnel and co-management between program and fiscal staff
- A process to determine which appropriate expenses to apply to the grant according to the approved budget
- A process to track and report on those grant expenses
- An adequate system for allocating payroll costs to the proper accounts, programs and other functions
- Process in place to verify that the actual time worked is consistent with the allocations of time and effort included in the RWHAP budget

# RWHAP Services & Priorities – Enrollment and Eligibility

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# Statutory and Program Guidance

## Ryan White HIV/AIDS Treatment Extension Act of 2009

Guidance	Part A	Part B	Part C	Part D
RWHAP grant funds will be expended on core medical services, support services, administrative and clinical quality management	X	X	X	X
Limit of 10% administration	X	X	X	X
Planning and Evaluation (P & E)		X		
Limit of 5% CQM or \$3 million, whichever is less	X	X		
At least 75% of HIV services funds must be used on core medical services (unless core medical services waiver approved)	X	X	X	
Services are provided regardless of the client's ability to pay	X	X	X	X

# Service Categories - Core Medical Services (Policy Clarification Notice (PCN) 16-02)



- HIV Ambulatory Outpatient Medical Care
- Early Intervention services
- Oral Health
- Health Insurance Premium and Cost Sharing Assistance
- Home Health Care
- Medical Nutrition Therapy
- Hospice Services
- Home and Community Based Health Services
- Mental Health Services
- Substance Abuse Outpatient Care
- Medical Case Management
- Treatment Adherence Services

# Service Categories - Support Services (PCN 16-02)

- Non-Medical Case Management Services
- Child Care Services
- Emergency Financial Assistance
- Food Bank/Home Delivered Meals
- Health Education and Risk Reduction
- Housing
- Other Professional Services
- Linguistic Services
- Medical Transportation
- Permanency Planning
- Outreach Services
- Psychosocial Support Services
- Referral for Health Care and Support Services
- Rehabilitation Services
- Respite Care
- Substance Abuse Services  
Residential

# RWHAP Funding

- Many programs are funded by multiple RWHAP Parts and other federal sources in order to offer comprehensive programs and services to patients with HIV.
- Multiple funding sources require systems in place to ensure funds are utilized to:
  - Serve the patients meeting each programs eligibility criteria
  - Meet the proposed program goals and expectations
  - Appropriately support the staff and services providing patient/client services to people with HIV

# RWHAP Enrollment

- Regardless of RWHAP Part, patients should be assessed for eligibility and enrolled in services, in compliance with PCN 21-02 to include:
  - HIV/AIDS Diagnosis
  - Proof of Residency
  - Proof of Income (Federal Poverty Level Assessment)
- Payer of Last Resort
  - Determination of eligibility for other third-party payer sources
  - Insurance Status

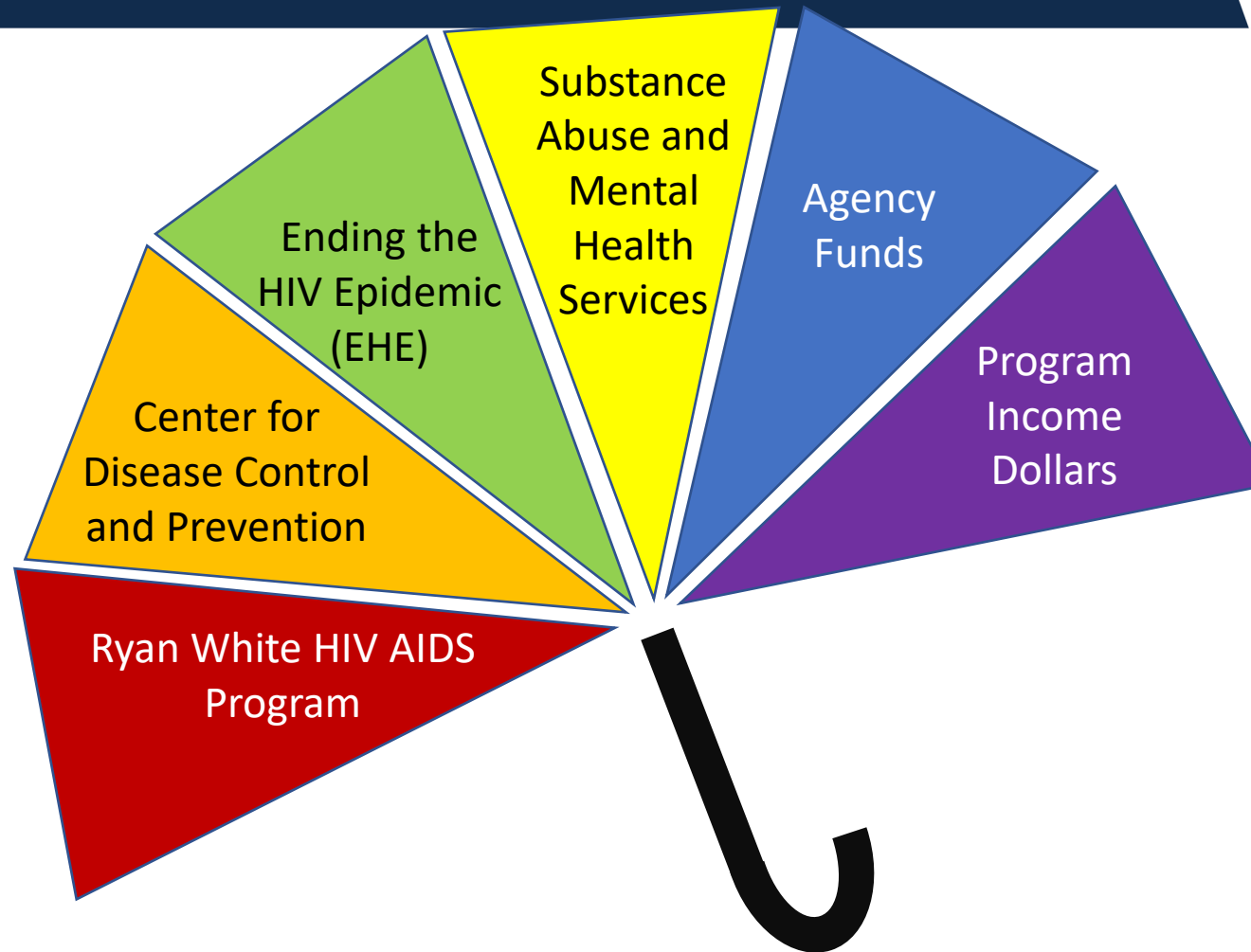


# RWHAP Eligibility

- RWHAP Eligibility based on residency and income is defined by the recipient (Individual Program, Eligible Metropolitan Area (EMA), Transitional Grant Area (TGA), or State)
- For each RWHAP Part eligibility guidelines could be different:
  - Service Area (i.e., some counties/territories covered, others are not)
  - Federal Poverty Level (FPL) (i.e., patients excluded that are above 300%/400% of the FPL)
  - Gender Identity/Age (i.e., Part D)

RWHAP Part A Eligibility	RWHAP Part B Eligibility	RWHAP Part C Eligibility	RWHAP Part D Eligibility
<ul style="list-style-type: none"><li>• People with HIV</li><li>• Low Income (as defined by the recipient)</li><li>• Resident of EMA/TGA</li></ul>	<ul style="list-style-type: none"><li>• People with HIV</li><li>• Low Income (as defined by the recipient)</li><li>• Resident of the state/territory</li></ul>	<ul style="list-style-type: none"><li>• People with HIV</li><li>• Low Income (as defined by the recipient)</li><li>• Resident of the defined service area</li></ul>	<ul style="list-style-type: none"><li>• People with HIV</li><li>• Low Income (as defined by the recipient)</li><li>• Resident of the defined service area</li><li>• Women, Infant, Children, Youth (WICY) (some services for affected family members)</li></ul>

# Strategies for Budgeting and Managing Multiple Funding Streams



# Budgeting with Multiple Funding Sources

- Review the required and proposed goals/objectives of each funding source (grants, subcontracts, rebates, program income)
- Assess your entire program looking at all funding streams and expenses to obtain an accurate picture of the program's finances
- Prepare a Flow Chart or Table that identifies funding source; amount of funds available; allowable activities; scope and goals of program; and clients, patients, participants served to ensure the funds are utilized correctly and the needs of the community are addressed (as much as possible)

# Budgeting with Multiple Funding Sources

- Budget and Program Expenditures should be built off a combination of grant funds, subcontracts, organizational support, and program income

Funding Source	Amounts
Federal Grant Funds	\$550,000
State Subcontract	\$250,000
Total Grant Funds	\$800,000
Projected Program Income	\$1,200,000
Agency Funds	\$400,000
Total Program Funding	\$2,400,000

- Budget and spending should be based on \$2,400,000, not on any individual grant/program

# Budgeting with Multiple Funding Sources - Example

Funding Source	Amount of Funds Available	Allowable Activities	Scope and Goals of Program	Clients, patients, participants served
CDC Prevention (subrecipient of state)	\$50,000	HIV testing & Linkage to care	HIV testing through targeted outreach activities	Persons at risk for HIV
RWHAP Part C (recipient)	\$250,000	Early Intervention Services, Core Medical and Support Services (PCN 16-02)	Outpatient Ambulatory, Dental, Mental Health Services	People with HIV in defined service area meeting income criteria (<400% of the FPL)
RWHAP Part B (sub-recipient)	\$175,000	Core Medical and Support Services (PCN 16-02)	Medical Case Management; ADAP enrollment; Insurance & Premium assistance	People with HIV in defined service area meeting income criteria (<300% of the FPL)
Program Income (RWHAP Part C)	\$300,000	Early Intervention Services, Core Medical and Support Services (16-02)	Administrative costs, Emergency Financial Assistance, Substance Abuse Outpatient Care	People with HIV in defined service area meeting income criteria (<400% of the FPL)

# When Considering Program Income

- Look at the Big Picture - Estimate the larger needs of PWH, not just the needs covered directly by grant funds
- Review PCN 16-02 “Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds” to consider all possible services that can be funded under the RWHAP Program
- Review virally unsuppressed patients looking at barriers preventing suppression (ie. unstable housing, mental health needs, substance use disorder)
- Consider budgeting program income funds in services that will assist vulnerable PWH in maintaining access to medical care and achieving viral suppression

# When Considering Program Income, cont.

- Estimate (to the extent possible) how much program income will accrue
- Monitor income and expenditures as often as possible to ensure funds are being received as anticipated
- Best practices include developing a plan to spend down program income simultaneously, so as not to have unobligated balance (UOB) on the federal award or program income
- Program income should not simply replicate services already funded directly by RWHAP grant funds
- Budget and expend program income to compliment your federal award and expand allowable services for PWH.

# Budgeting for Multiple Funding Streams - Example

Line Item	FQHC	RWHAP B	RWHAP C	Program Income	TOTAL
HIV Specialty Care	\$ -	\$ 50,000.00	\$ 90,000.00	\$ -	\$ 140,000.00
Primary Care	\$ 85,000.00	\$ 12,000.00	\$ -	\$ 102,000.00	\$ 199,000.00
Outpatient/ Specialty Care	\$ 70,000.00	\$ 45,000.00	\$ 11,000.00	\$ -	\$ 126,000.00
Laboratory/Radiology	\$ -	\$ 50,000.00	\$ 15,000.00	\$ -	\$ 65,000.00
Medical Case Management	\$ -	\$ 65,000.00	\$270,000.00	\$ -	\$ 335,000.00
Mental Health Services	\$ 55,000.00	\$ 5,000.00	\$ 15,000.00	\$ 140,000.00	\$ 215,000.00
Substance Abuse Services	\$ 50,000.00	\$ -	\$ -	\$ 95,000.00	\$ 145,000.00
Psychosocial Support Services	\$ -	\$ -	\$ 15,000.00	\$ 25,000.00	\$ 40,000.00
Pharmaceuticals	\$ -	\$ 50,000.00	\$ 25,000.00	\$ -	\$ 75,000.00
Medical Transportation	\$ -	\$ -	\$ 5,000.00	\$ 40,000.00	\$ 45,000.00
Insurance Program	\$ -	\$ 25,000.00	\$ 20,000.00	\$ 20,000.00	\$ 65,000.00
Administration	\$ 100,000.00	\$ 50,300.00	\$ 26,200.00	\$ 102,000.00	\$ 278,500.00
Total Award	\$ 665,300.00	\$ 503,300.00	\$ 262,200.00	\$ 479,000.00	\$ 1,909,800.00



# Strategies for Managing - Multiple Funding Streams



**Providers**



**Patients**



**Services**

# Strategy #1 – Patient Assignment

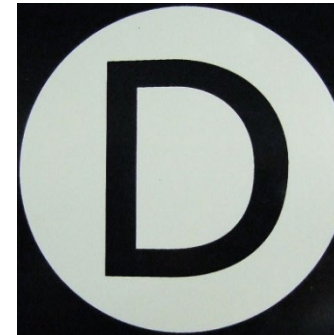
Assigning Patients to a “Part” or “Payer Source”

A



B

C



# Assigning Patient's By Eligible Part

- Patient eligibility is assessed for by:
  - Available third-party payer sources
  - Grant/program Eligibility
  - Available/Needed Services



# Considerations – Patient Assignment

- Would the patient be ineligible for any offered services?
  - Example: If the patient is assigned as a RWHAP Part C patient, but RWHAP Part B is the only funder of Mental Health Services, would patient still receive mental health services?
- Is the Patient's Current Provider Covered under that Payer Source/Part? Would Patient Have to Switch Providers?
  - Example: If patient is assigned as a RWHAP Part D only patient, but the patient's provider is funded solely paid for by RWHAP Part C would the patient have to switch physicians?

# Considerations – Patient Assignment

- If the patient moves out of the service area how would the patient's coverage be affected?
  - Example: Patient lives in a RWHAP Part A eligible county and is assigned as a RWHAP Part A patient – receives RWHAP Part A mental health services.
    - If the patient moves out of area, would mental health services still be available?
    - Would the patient have to change providers?
- If the Patient's Income Situation Changes (increases↑ or decreases↓) how would the patient's coverage/services be affected?
  - Patient was once eligible for RWHAP Part A – is now over income and is now only eligible for Part RWHAP Part C – how will transitioning from a RWHAP Part A patient to a RWHAP Part C patient effect the patient's care and access to services?



# Strategy #2 – Provider Assignment

Assign Providers to a “Part” or “Payer Source”

A

C



B

D

# Provider Assignment

- Provider full time equivalent (FTE) support is based on the duties provided and patients served.
- Must consider other duties that may not be allowable under the RWHAP (medical care for persons that do not have HIV, inpatient medical services)
- Patient services reports should be used to document services and support funding



# Considerations – Provider Assignment

- Would Provider be able to continue to serve current patient population?
  - Example: If provider is 100% funded by RWHAP Part D – will current population of men >24 have to be transitioned to another physician?
  - If provider is 100% funded by RWHAP Part B, would patients with an income greater than Part B threshold (ie. 400%) have to see another provider?
- Will restriction of provider's payer source make some patients ineligible for the provider's services?
  - Mental health provider is paid solely by RWHAP Part B project – does that mean services can only be provided to RWHAP Part B eligible patients?



# Considerations – Provider Assignment

- Does the Providers Effort accurately reflect the goals and patients represented by the payer source?
  - Example: If provider is funded 100% by RWHAP Part A – but only 50% of patients are RWHAP Part A eligible.
  - Example: Provider is funded 100% by RWHAP Part C but also provides Infectious Disease care to non-HIV patients

# Strategy #3 – Service Assignment

Assign Services to “Part” or “Payer Source”



# Service Assignment

- Services are supported by varying funding sources based on objectives and goals of the project
- Consideration must be given to the persons that need the services – will they be eligible for services based on the supporting funding source
- How will available services and funding sources provide patient eligibility?

# Considerations – Service Assignment

- Are All Service Available to Every Eligible Patient?
  - Example: Is medical transportation only available through RWHAP Part A? If a patient lives outside of the RWHAP Part A service area but needs transportation assistance how will that be supported?
- Is the service restricted by a certain Part/Payer Source?
  - Example: If Mental Health Services are paid solely by RWHAP Part D? How patients that are not eligible for RWHAP Part D receive these services?

# Budgeting for Multiple Funding Streams - Example

Line Item	FQHC	RWHAP B	RWHAP C	Program Income	TOTAL
HIV Specialty Care	\$ -	\$ 50,000.00	\$ 90,000.00	\$ -	\$ 140,000.00
Primary Care	\$ 85,000.00	\$ 12,000.00	\$ -	\$ 102,000.00	\$ 199,000.00
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Psychosocial Support Services	\$ -	\$ -	\$ 15,000.00	\$ 25,000.00	\$ 40,000.00
Pharmaceuticals	\$ -	\$ 50,000.00	\$ 25,000.00	\$ -	\$ 75,000.00
Medical Transportation	\$ -	\$ -	\$ 5,000.00	\$ 40,000.00	\$ 45,000.00
Insurance Program	\$ -	\$ 25,000.00	\$ 20,000.00	\$ 20,000.00	\$ 65,000.00
Administration	\$ 100,000.00	\$ 50,300.00	\$ 26,200.00	\$ 102,000.00	\$ 278,500.00
Total Award	\$ 665,300.00	\$ 503,300.00	\$ 262,200.00	\$ 479,000.00	\$ 1,909,800.00

# Managing Patients, Services, and Providers

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A



B

C



D

- Define an eligibility system that assess patients for **ALL** eligible RWHAP Parts:
  - Federal Poverty Level
  - Sex/Age
  - County/Zip Code of Residence
- Establish a system where patients can be assigned to multiple Parts/funding sources based on defined criteria



# Providers

- Determine funding levels by location and patients served
  - Assess Providers patient load by RWHAP Part-Defining (funding source) criteria: sex/age, zip code, federal poverty level, etc.
  - Assess patient load for HIV+ patients versus non-HIV patients
  - Consider location of service delivery – are all RWHAP Part D patients seen at one clinic, while other patients are seen in another location
- Time & Effort must accurately reflect the work performed and that the actual time worked is consistent with the allocations of time and effort included in the RWHAP budget



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# Time and Effort Support Documentation

- For positions that have multiple funding sources and cost categories, the question to ask is:
  - How was the amount of salary and benefits that was charged to the grant determined for this position?
  - What documentation is available to demonstrate that the costs were accurate and properly allocated.
  - How does the recipient/subrecipient ensure that the time being charged to the funding source is accurate?
  - What process is in place to ensure accuracy and correct charges, as needed?

# Support Documentation per Position

## Not a “One-Sizes-Fits-All” Approach

Position Types	Possible Supporting Documentation
Billable patient care providers (Physician, PA, NP, mental health providers, etc.)	<ul style="list-style-type: none"><li>• Registration lists - arrived appointments</li><li>• Electronic health record notes</li><li>• Billing reports</li><li>• Daily time and effort logs</li></ul>
Non-billable patient care (medical case manager, dietician, pharmacist, health educators, etc.)	<ul style="list-style-type: none"><li>• Registration lists - arrived appointments (if there is an associated schedule for the employee)</li><li>• Electronic health record notes</li><li>• Service encounters</li><li>• Daily time and effort logs</li></ul>
Administrative staff	<ul style="list-style-type: none"><li>• Calendar reports (standing/scheduled meetings)</li><li>• Daily time and effort logs</li></ul>

# Provider Time & Effort

- Suggested supporting documentation includes:
  - Schedule that reflects actual work
  - Personnel activity reports/timesheets
  - Case counts for state and local governments
  - Patient logs/services reports by diagnosis or program eligibility
- Unacceptable supporting documentation includes:
  - Estimates/prorates based on patient population or program budget size that are not reconciled with actual hours, budgeted or projected figures that are not reconciled with actual hours, time studies (except for governments), or percentages written into a position description
    - Subrecipients of government-funded RWHAP organizations cannot use time studies unless they are health departments
- Time and effort logs must be mindful of RWHAP cost categories
- Time and effort logs should reflect time spent in each cost category to allow for accurate tracking of percentages and defined category caps

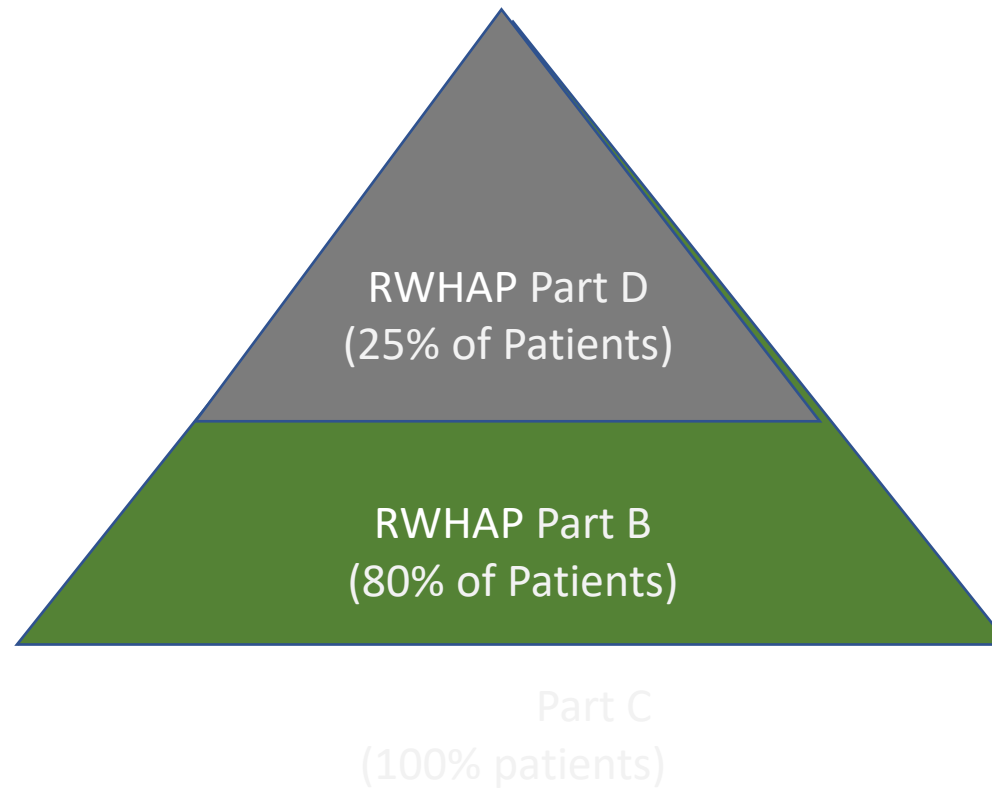


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- When one services is funded by multiple funding sources the combinations of funding sources for services should be justifiable.
- For example, medical transportation services funded by RWHAP Part B, Part C, and Part D
  - RWHAP Part D Medical Transportation funds are utilized to support medical appointments of women, infant, children, and youth – amount corresponding to number of patients served
  - RWHAP Part B Medical Transportation funds reserved for eligible patients living in the RHWAP Part B service area
  - RWHAP Part C medical transportation funds reserved for patient out of the service area or over income for RWHAP Part B, but in need of emergency assistance

# Supporting the Same Population with Multiple Funding Streams – Example

Prepare a hierarchy for patient billing and program coverage



# Managing Multiple Funding Streams Patient Case Study



# Managing Multiple Funding Streams – A Case Study



Journey Clinic is a Federally Qualified Health Center (FQHC) that receives RWHAP Part A and Part C funding.

Federal Funding	Eligibility Criteria
FQHC	Patient receiving services at Journey Clinic on a sliding fee scale based on the patient’s federal poverty level
RWHAP A	PWH with incomes less than 300% of the federal poverty level in a 5 county service area (Pike, Carter, Floyd, Martin, Johnson)
RWHAP C	PWH at less than 500% of the federal poverty level on a discounted fee schedule based on income

# Managing Multiple Funding Streams – A Case Study

Journey Clinic is an FQHC that receives RWHAP Part A and Part C funding.

Personnel	Description of Services	FTE		
		FQHC	RWHAP Part A	RWHAP Part C
Dr. Matthews	Provides two clinic sessions per week to low income PWH. 25% of Dr. Matthews patient population lives in the Part A defined service area.	0.00	0.05	0.15
Mr. Davis	Provides mental health counseling services 5 clinic sessions per week at the FQHC.	0.50	0.00	0.00
Dr. Smith	Provides psychiatric services 1 clinic session per week to PWH	0.00	0.00	0.10



# Managing Multiple Funding Streams – A Case Study

- Latasha receives medical care and services from at the Journey clinic.
- Latasha is:
  - HIV-positive
  - A resident of Carter County
  - 22 years old
- Latasha has an income at 183% of the federal poverty level

Federal Funding	Eligibility Criteria	Latasha's Enrollment
FQHC	Patient receiving services at Journey Clinic with income below 300% of the federal poverty level	✓
RWHAP A	PWH with incomes less than 300% of the federal poverty level in 5 county service area (Pike, Carter, Floyd, Martin, Johnson)	✓
RWHAP C	PWH at less than 500% of the federal poverty level on a discounted fee schedule based on income	✓

# Managing Multiple Funding Streams – A Case Study

- Latasha has private insurance through her employer that requires a \$10 co-payment for medical services and a \$25 co-payment for mental health and psychiatric services
- Based on Journey Clinic's discounted fee schedule, Latasha is responsible for \$5 per service



# Managing Multiple Funding Streams – A Case Study

- Latasha receives HIV medical care from Dr. Matthews
- Latasha pays a \$5 co-payment per Journey Clinic's discounted fee schedule
- Journey Clinic bills Latasha's insurance for the medical services and receives agreed upon payment of \$95
- Dr. Matthews' funding is split based on RWHAP Part A and Part C eligible patients (county of residence)

Personnel	Description of Services	FTE		
		FQHC	RWHAP Part A	RWHAP Part C
Dr. Matthews	Provides two clinic sessions per week to low income PWH. 25% of Dr. Matthews patient population lives in the Part A defined service area.	0.00	0.05	0.15

What funding source supports Latasha's HIV medical care appointment?

# Managing Multiple Funding Streams – A Case Study



- Dr. Matthews’ funding is split based on RWHAP Part A and Part C eligible patients (county of residence)
  - 25% of Dr. Matthews’ patient census are RWHAP Part A patients, living within the RWHAP Part A defined service area
  - Latasha lives within the RWHAP Part A defined service area and is therefore part of that RWHAP Part A patient census
  - **Part A funds are used to support Latasha’s visit**

Personnel	Description of Services	FTE		
		FQHC	RWHAP Part A	RWHAP Part C
Dr. Matthews	Provides two clinic sessions per week to low income PWH. 25% of Dr. Matthews patient population lives in the Part A defined service area.	0.00	0.05	0.15

# Managing Multiple Funding Streams – A Case Study

RWHAP Part A

RWHAP Part C

FQHC

**Services**  
Dr. Matthews  
(FTE Support)

**Program Income**  
\$5 Copayment  
\$95 Insurance  
Payment

# Managing Multiple Funding Streams – A Case Study

- Dr. Matthews prescribed Latasha's ART regimen
- Latasha fills the script in the Journey Clinic's 340B pharmacy which was received due to RWHAP Part A/C funding
- The pharmacy orders the medication from an approved 340B supplier at \$500 and bills Latasha's insurance
- Latasha's insurance company reimburses the pharmacy \$1,000
- Journey clinic pays the manufacturer or distributor \$500 for the medication
- The Clinic keeps \$500 as the 340B revenue, which is tracked as program income

What funding source receives program income for Latasha's ART prescription?



# Managing Multiple Funding Streams – A Case Study

RWHAP Part A

RWHAP Part C

FQHC

**Services**

Dr. Matthews  
(FTE Support)

**Program Income**

\$5 Copayment  
\$95 Insurance  
Payment

**Services**

340B Pharmacy  
Eligibility  
ART Therapy

**Program Income**

\$500  
340B Pharmacy

# Managing Multiple Funding Streams – A Case Study

- Latasha sees Mr. Davis for mental health services
- Latasha pays a \$5 co-payment per Journey Clinic’s discounted fee schedule
- Journey Clinic bills Latasha’s insurance for the mental health services and receives agreed payment of \$45

Personnel	Description of Services	FTE		
		FQHC	RWHAP Part A	RWHAP Part C
Mr. Davis	Provides mental health counseling services 5 clinic sessions per week at the FQHC.	0.50	0.00	0.00

**What funding source supports Latasha's mental health appointment?**

# Managing Multiple Funding Streams – A Case Study



- Mr. Davis’ FTE is supported fully by the FQHC
- Latasha is eligible for FQHC services because she meets the FQHC enrollment/eligibility criteria
- **FQHC funds support Latasha’s mental health visit**

Personnel	Description of Services	FTE		
		FQHC	RWHAP Part A	RWHAP Part C
Mr. Davis	Provides mental health counseling services 5 clinic sessions per week at the FQHC.	0.50	0.00	0.00

# Managing Multiple Funding Streams – A Case Study



## RWHAP Part A

## RWHAP Part C

## FQHC

### Services

Dr. Matthews  
(FTE Support)

### Program Income

\$5 Copayment  
\$95 Insurance  
Payment

### Services

Mr. Davis  
(FTE Support)

### Program Income

\$5 Copayment  
\$45 Insurance  
Payment

### Services

340B Pharmacy  
Eligibility  
ART Therapy

### Program Income

\$500  
340B Pharmacy

# Managing Multiple Funding Streams – A Case Study

- Mr. Davis refers Latasha to Dr. Smith for psychiatric services
- Latasha pays a \$5 co-payment per Journey Clinic's discounted fee schedule
- Journey Clinic bills Latasha's insurance for the psychiatric service and receives agreed upon payment of \$60
- Since Dr. Smith's funding is solely RWHAP Part C, Latasha's mental health visit is considered a Part RWHAP C service.

Personnel	Description of Services	FTE		
		FQHC	RWHAP Part A	RWHAP Part C
Dr. Smith	Provides psychiatric services 1 clinic session per week to PWH	0.00	0.00	0.10

# Managing Multiple Funding Streams – A Case Study

- Dr. Smith prescribes a psychiatric med for Latasha
- Latasha fills the script in the Journey Clinic's 340B pharmacy
- The pharmacy orders the medication from an approved 340B supplier at \$60 and bills the patient's insurance
- Latasha's insurance company reimburses the pharmacy \$100
- Journey Clinic pays the manufacturer or distributor \$60 for the medication
- The Clinic keeps \$40 as the 340B revenue.



**What funding source receives program income for Latasha's psychiatric medication?**

# Managing Multiple Funding Streams – A Case Study

## RWHAP Part A

## RWHAP Part C

## RWHAP FQHC

### Services

Dr. Matthews  
(FTE Support)

### Program Income

\$5 Copayment  
\$95 Insurance  
Payment

### Services

Dr. Smith  
(FTE Support)

### Program Income

\$5 Copayment  
\$60 Insurance  
Payment

### Services

Mr. Davis  
(FTE Support)

### Program Income

\$5 Copayment  
\$45 Insurance  
Payment

### Services

340B Pharmacy  
Eligibility  
ART Therapy

### Program Income

\$500 ART  
340B Pharmacy

### Services

340B Pharmacy  
Eligibility  
Psychiatric  
Medication

### Program Income

\$40 Medication  
340B Pharmacy

# The Goal of Managing Multiple Funding Streams Income

- RWHAP services are specifically designed to:
  - Assist patients that do not have sufficient health care coverage of financial resources for coping with HIV disease
  - Fill gaps in care that are not covered by any other sources (public or private)
  - Serve as the payer of last resort for uninsured or underinsured
- Proper management and program design can ensure that all funding sources work together to provide a full range of services



# Contact Information



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# Connect with the Ryan White HIV/AIDS Program

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Learn more about our program at our website:  
[ryanwhite.hrsa.gov](https://ryanwhite.hrsa.gov)



Sign up for the Ryan White HIV/AIDS Program Listserv:  
<https://public.govdelivery.com/accounts/USHSHRSA/signup/29907>

# Connect with HRSA

Learn more about our agency at:

[www.HRSA.gov](http://www.HRSA.gov)

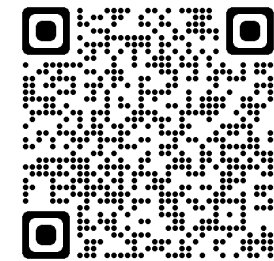


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