

Ryan White Part A Women, Infants, Children & Youth (WICY) Minimum Expenditure Requirement

Administrative Overview

Ryan White Part A

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Today's WICY Agenda

- Legislative Overview & Purpose
- WICY Population Definitions
- Funds Subject to WICY Requirement
- Calculating Your Minimum Expenditure Requirement
- Waiver Options & Allowable Sources of Funds
- Reporting Deadlines
- *WICY Expenditure Report* Guidelines
- WICY Waiver Documentation Guidelines



Objectives for This Session

- Learn how to calculate your WICY minimum expenditure requirement
- Learn how and when to request a waiver
- Understand what information must be tracked, documented and reported to HRSA
- Find out what guidelines and resources are available to assist you



Legislative Overview

RYAN WHITE (RW) COMPREHENSIVE AIDS RESOURCES EMERGENCY (CARE) ACT OF 1990

- **Part A Grantees (Title I):**
 - Demonstrate funds allocated in accord with local incidence of AIDS among women, infants, children (WIC) & families
 - No minimum expenditure level mandated
- **Part B Grantees (Title II):**
 - ALL states must use at least 15% of grant funds to provide services for WIC
 - I.E., irrespective of the incidence of AIDS cases among WIC



Purpose & Reasons

Purpose:

- To close the gaps in HIV services for women and children
- It is a 'set-aside' of grant funds

Reasons:

- In general, women and children are often underserved. With HIV/AIDS, this problem was exacerbated by:
- Reluctance of many providers at that time– including community health centers– to serve persons living with HIV
- Limited number of knowledgeable medical providers
- Concern that absent the requirement, RW Part A and B programs would assume that Part D (Title IV) addressed all HIV/AIDS care needs of women and children.



Legislative Overview: Evolution of the WICY Requirement

1996 CARE ACT REAUTHORIZATION

- Established minimum expenditure requirement for these priority populations
 - Based on the proportion of WIC AIDS cases within the Eligible Metropolitan Area (EMA) or State
 - As reported to and confirmed by Centers for Disease Prevention and Control (CDC)
- HRSA permitted grantees to aggregate expenditures



Legislative Overview: Evolution of the WICY Requirement

2000 CARE ACT REAUTHORIZATION

- Added youth : $WIC + Y = WICY$
- Minimum expenditures must be calculated separately for each priority population (not aggregated)
- New waiver option: May request a waiver, if the grantee can demonstrate that one or more populations are receiving HIV-related health services through other specified programs.



Legislative Overview: Evolution of the WICY Requirement

Post 2000 Reauthorization

- WICY Guidelines developed with input from Part A and Part B grantee workgroup and external experts
- New provisions were phased-in.
- By 2003, all grantees had to be in full compliance
- Waiver did NOT eliminate reporting requirements: Grantees must document either their Part A WICY expenditures or allowable '*waiver expenditures*' that satisfy their minimum set-aside requirement



Legislative Overview: Evolution of the WICY Requirement

2006 RW HIV/AIDS Treatment Program Act

- **New:** Expenditures based on proportion of HIV + AIDS cases, as reported to and confirmed by the CDC
- **Implementation Change:** Due to new separate, competitive Part A and B Minority AIDS Initiative (MAI) grants with different budget periods, if the grantee met their Part A or Part B minimum WICY requirement, HRSA deemed them to have met it also in relation to their MAI grant funds



Legislative Overview: Evolution of the WICY Requirement

2009 HIV/AIDS Treatment Program Extension Act

- WICY provisions remained the same
- **Implementation Change:** MAI grants synchronized with their respective Part A or B Budget periods
- Therefore, MAI funds are once again included when calculating a grantee's minimum WICY expenditure requirement, as of 2010



WICY Population Definitions

- Infants – Under 2 years
- Children – 2 to 12 years old
- Youth – 13 to 24 years old
- Women – 25 and older

Note: Definitions are based on categories established by Congress



Part A Funds Subject to the WICY Requirement

- Current fiscal year (FY) Formula funds
- Current FY Supplemental funds
- Current FY MAI funds
- Prior year Formula and/or MAI carryover funds



Calculating Your Required Minimum Part A Expenditure Amounts

- Applies to SERVICE dollars only
- Excludes:
 - Grantee administration expenditures (10% cap)
 - Clinical Quality Management (CQM) expenditures (5% or \$3 million cap, whichever is less)



Calculating Your Required Minimum Part A Expenditure Amounts

- Add together all expenditures for the fiscal year:
Formula + Supplemental + MAI + Carryover
- From that sum, subtract expenditures for:
 - Grantee Administration
 - Clinical Quality Management
- Result: Total expenditures for outpatient services



WICY Waiver Request Options

Prospective

- When the grantee knows in advance they will NOT meet one or more WICY minimum expenditure requirements due to other existing HIV/AIDS outpatient care resources
- Due with grant application starting in 2012

Retrospective

- When spending for one or more WICY populations fails to meet the grantee's minimum expenditure requirement as planned
- Due at the same time as the WICY Expenditure Report



Allowable Sources of WICY Waiver Expenditures

- Medicaid
- State Children's Health Programs (SCHIP)
- Other federal or State programs providing HIV/AIDS services (e.g. other Ryan White programs, including Part A, B, C, D, SPNS, Dental Reimbursement)



Allowable Sources of WICY Waiver Expenditures

Allowable expenditures must be:

- For outpatient HIV/AIDS care services only
- For services provided to WICY living within the eligible metropolitan area (EMA) or transitional grant area (TGA)
- RW Part D: If the sole source of waiver funding, the services must be available throughout the EMA/TGA
- Expenditures must cover a 12-month period, including at least 6 months that overlap the Part A fiscal year budget period



WICY Reporting Deadlines

Prospective Waiver Requests:

- FY 2011: due 90 days after FY grant award
- FY 2012 & beyond: Must submit with your Part A grant application

150 days after FY budget end-date (July 30th) submit via ElectronicHandbook (EHB) as a component of your Part A Annual Progress Report:

- *Part A WICY Expenditure Report*
- Part A Retrospective Waiver Request (if applicable)
- Part A Waiver Expenditure Documentation (required for both a prospective and retrospective waiver request)



Part A WICY Reporting Deadlines

Grant Program	Fiscal Year	Fiscal Year Budget Period	Due Date for <i>WICY Expenditure and Waiver Documentation Reports</i>
Part A	2010	3/1/10– 2/28/2011	July 30, 2011
	2011	3/1/11– 2/28/2012	July 30, 2012
	2012	3/1/12– 2/28/2013	July 30, 2013
	2013	3/1/13– 2/28/2014	July 30, 2014



WICY Expenditure Report Includes:

- Grantee name, contact, and fiscal year being reported
- Table with the number & percent of WICY in EMA/TGA:
 - As confirmed by the CDC in a table provided by HRSA for the most recent calendar year available
 - These percentages are the EMA/TGA's minimum required WICY expenditure percentages
- For each population, report in one column the minimum amount of Part A service-dollar expenditures that were required (separately) that FY, and in a second column the actual expenditures:
 - Recommend using one of the tables provided by HRSA



WICY Expenditure Report (continued)

- If the amount of service expenditures did not satisfy the minimum required for one or more WICY populations, the grantee must also:
 - Explain why
 - Submit a retrospective waiver request for those populations
 - Include waiver expenditure documentation for those populations



Prospective Waiver

- Two Required Submissions:
 - Request the Waiver with the grant application
 - Report 'Waiver' and any Part A WICY expenditures
- Waiver request must:
 - State the fiscal year for which a waiver is being requested
 - Specify the population(s) to be waived, and the reason for each
 - Clearly state all source(s) of funding for outpatient HIV/AIDS care that are already providing services for each population to be waived
 - Include a WICY Waiver Assurance signed by Chief Elected Official (CEO) or the official to whom the CEO has delegated authority (letter delegating authority must be included)
 - If it is a joint waiver request with the state's Part B program: include an assurance signed by the Part B CEO/authorized delegated authority



Prospective Waiver: Required Assurance

The Waiver must state:

1. HIV/AIDS health services will be provided to one or more specified priority populations during the fiscal year for which a waiver is being requested through Medicaid, SCHIP and/or other federal state eligible program.
2. Medicaid, SCHIP, and/or other eligible federal/state HIV/AIDS expenditures for the specified populations will be documented and submitted to HRSA within 150 days after the end of the fiscal year.



Prospective Waiver: Cross-Part Collaboration Encouraged

- Joint Waiver application
- Multiple cross-Part expenditures may be used to satisfy the WICY requirement:
 - Reminder - Part D Accessibility: If grantees uses only these funds to satisfy the minimum spending requirement for a population, the Part D program must be accessible to that population(s) throughout the EMA/TGA



Retrospective Waiver

- Submit request with Part A Annual Progress Report
- Waiver request must:
 - Specify the population(s) to be waived, and why in each case the Part A expenditures that fiscal year failed to meet the minimum spending requirement
 - Identify source(s) of funding for outpatient HIV/AIDS care that delivered services to each population to be waived
 - Document waiver expenditures for waived populations, and Part A expenditures for non-waived population(s)



Waiver Expenditure Documentation

- Grantee name, contact and fiscal year reported
- Each population for which a waiver requested
- Table with the number & percent of WICY in EMA/TGA
 - As confirmed by the CDC in a table provided by HRSA for the most recent calendar year available
 - These percentages are the EMA/TGA's minimum required WICY expenditure percentages



Waiver Expenditure Documentation

- For each separate ‘waived’ population, report the:
 - Minimum amount of Part A service-dollar expenditures required for that fiscal year
 - Each source of ‘waiver expenditures
 - For each source:
 - The actual amount of funds spent to provide HIV/AIDS outpatient care to that population living within EMA/TGA
 - The 2-month period in which the expenditures occurred (at least 6 months must overlap Part A budget period)
- For non-waived populations: report the actual amount and percent of Part A expenditures used to deliver services to each population(s)



Waiver Expenditure Documentation

- Grantees must use consistent methods to document waiver-related expenditure data from one year to the next.
- Waiver documentation is subject to audit.
- Reminder: Data must reflect a continuous 12 month period that includes at least 6 months of data that overlaps the fiscal year being reported



Waiver Expenditure Documentation

If waiver documentation does not meet guidelines, grantees must include a narrative explanation:

- Acknowledge how HRSA guidelines have not been met
- Explain the reason(s) and steps being taken to remedy issue(s)
- If expenditure data was incomplete or inconsistent with required reporting time-frame:
 - Describe efforts to work collaboratively with the program(s)
 - State when the grantee will obtain and submit the required expenditure data documentation to HRSA



Project Officer Review Procedure: WICY Waiver Requests

- Reviewed within 30 days of receiving request
- When approved, grantee is notified via EHB
- If incomplete or inaccurate, request will be returned for correction and resubmitted
- Requires PO approval of submission before condition can be lifted



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Part A and B Ryan White HIV/AIDS Program:

***GUIDELINES FOR IMPLEMENTING THE MINIMUM EXPENDITURE REQUIREMENT TO
PROVIDE SERVICES TO WOMEN, INFANTS, CHILDREN AND YOUTH***

Updated September 23, 2010

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INTRODUCTION

Title XXVI of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Modernization Act Extension of 2009, requires Part A and Part B grantees to use a proportionate amount of their grant dollars to provide services to women, infants, children and youth (WICY) living with HIV/AIDS.¹ These *Guidelines for Implementing the Minimum Expenditure Requirement to Provide Services to Women, Infants, Children and Youth (WICY Guidelines)* have been prepared by the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB). Their purpose is to assist Part A and B grantees with implementation of the WICY requirement and preparation of required reports and documentation.

The Guidelines are organized as follows.

Section A: Description of WICY expenditure and waiver requirements.

Section B: Guidance for requesting a waiver and documenting waiver expenditures.

Attachments: Part A and B *Assurances* required for a prospective waiver request.

BACKGROUND:

When the Congress established the Ryan White HIV/AIDS Programs in 1990, Part A grantees had to demonstrate that funds were allocated in accordance with the local demographic incidence of AIDS among infants, children, women and families, but there was no minimum expenditure requirement. Conversely, Part B grantees were mandated to allocate at least 15 percent of grant funds to provide health and support services to these three priority populations.

In 1996, the Congress enacted amendments requiring Part A and B grantees to ‘set-aside’ funds for services to women, infants and children based on the proportion of AIDS cases for these populations within the eligible metropolitan area or State/territory respectively. The purpose was to close gaps in services for women and children who often are underserved in general and women-of-color who are disproportionately impacted by the epidemic. HRSA guidelines permitted grantees to aggregate their Part A or B expenditures for women and children to calculate their minimum expenditure amounts.

Starting in 2000, legislative amendments added youth to the priority populations and requires Part A and B grantees to meet their minimum spending requirement separately for each priority population. However, a provision was added that allows HRSA to waive the minimum expenditure requirement **if** the grantee can demonstrate that one or more populations are receiving HIV-related health services through other specified programs. These include: the State Medicaid program under Title XIX of the Social Security Act, the State Children’s Health Program under Title XXI of such Act, or other federal or State programs providing HIV/AIDS outpatient services.

In consultation with grantees, HRSA developed these *WICY Guidelines*. They were implemented over a 2-year period, and as of fiscal year (FY) 2003, all Part A and B grantees are required to be in compliance.

The *WICY Guidelines* have been updated as needed following each reauthorization of the Ryan White HIV/AIDS Programs. For example, the Ryan White HIV/AIDS Treatment Program Act of 2006 required the addition of populations living with HIV, as well as those living with AIDS. In 2009, the Congress did

¹ Section 2604(f) and Section 2612(e) of the Public Health Service (PHS) Act

not change the Part A/B WICY requirement. However, other mandated program changes and changes in HRSA grant management operations require this revision of the *Guidelines* as explained below.

WHAT HAS CHANGED FOR FISCAL YEARS 2010 – 2013

These *WICY Guidelines* have been updated to address the following Part A and B program change as well as changes in HRSA grants management operations.

1. **Inclusion of Minority AIDS Initiative (MAI) service dollars when calculating your minimum WICY expenditure requirement:** As legislatively mandated since FY 2000, all Part A and B funds must be considered in calculating your minimum annual WICY expenditure requirement. However, during the 3-year period when MAI grants were awarded separately (FY 2007 – 2009), grantees that met the requirement for their Part A or B award were deemed also to have met it in relation to their MAI expenditures, due to the 120-150 day lag time between Part A/B awards and MAI awards. Now that MAI awards are synchronized with Part A and B base awards, MAI service dollars must once again be included when calculating your minimum WICY expenditure amount.
2. **Part B Supplemental Grant Funds** are awarded competitively based on criteria that may differ state-to-state and have a different project period. Thus, grantees that satisfy their Part B WICY requirement will be deemed also to have met it for their Part B Supplemental funds.
3. **Grants Management Operations Changes: Grantees must submit all WICY related reports and waiver requests via HRSA’s Electronic HandBooks (EHBs),** as with all other Conditions-of-Award, 'Program Terms,' and required reports. This includes: *WICY Expenditure Reports*, *WICY Waiver Requests* (prospective or retrospective), and *WICY Waiver Expenditure Documentation*.

WICY REPORTING DEADLINES

The mandated Part A/B WICY requirement applies to each fiscal year separately.

1. **Part A/B WICY Expenditure Reports:** Starting in FY 2010, both Part A and Part B grantees must submit these *Reports* within 150 days after the Part A and B budget end dates as part of your Part A or Part B *Annual Progress Report*.
2. **Part A/B Waiver Requests:**
 - a. **Prospective requests:** For FY 2010 and 2011 as in past years, prospective waiver requests must be submitted by grantees within 90 days of receiving your Part A or B award. Starting in FY 2012, HRSA plans to require grantees to submit their prospective WICY waiver requests with their FY 2012 Part A or B grant.
 - b. **Retrospective WICY waiver requests** are due 150 days after the FY budget end date, with the Part A or Part B *Annual Progress Report*.
3. **WICY Waiver Expenditure Documentation** is due at the same time the Part A/B *WICY Expenditure Report*, i.e. 150 days after the FY budget end date. It should be included with your Part A or Part B *Annual Progress Report*.

Program	Fiscal Year	FY Budget Period	WICY Expenditure Reports and Waiver Documentation Due Dates
Part A	FY 2010	3/1/10– 2/28/11	July 30, 2011
	FY 2011	3/1/11– 2/28/12	July 30, 2012
	FY 2012	3/1/12– 2/28/13	July 30, 2013
	FY 2013	3/1/13– 2/28/14	July 30, 2014
Part B	FY 2010	4/1/10– 3/31/11	August 30, 2011
	FY 2011	4/1/11– 3/31/12	August 30, 2012
	FY 2012	4/1/12– 3/31/13	August 30, 2013
	FY 2013	4/1/13– 3/31/14	August 30, 2014

SECTION A: WICY EXPENDITURE AND WAIVER REQUIREMENTS

A1. REQUIRED ANNUAL FISCAL YEAR WICY REPORTING

As with all Congressionally mandated requirements on the use of grant funds, Part A and B Ryan White grantees must do the following each year.

- a. When applying for grant funds, the chief-elected-official (CEO) of the Part A eligible metropolitan area (EMA)/transitional grant area (TGA) or Part B State/Territory—or the person to whom the CEO has officially delegated authority in a letter—must sign an assurance that the grantee will comply with the WICY “set-aside” legislative requirement.
- b. Comply with Conditions-of-Award and Program Terms pertaining to the WICY requirement.
- c. Grantees must maintain consistent, clear records documenting their compliance with the WICY expenditure and waiver requirements. Reminder: Grantees may be audited to determine compliance with the WICY minimum expenditure requirement and/or waiver requirements.

Definition of “set-aside:” HRSA interprets the term *set-aside* with respect to the WICY requirement as follows: Part A/B grantees are NOT required to absolutely freeze funds in proportionate amounts and prohibit their use for any other purpose. Rather, grantees must reserve proportionate amounts of money to achieve the legislative purpose of providing services to WICY. Once that purpose is achieved or the grantee documents that such services are already being provided to the population(s), funds that were reserved/kept available/set-aside for WICY may be released during that FY and used for other purposes.

A2. WICY PRIORITY POPULATION DEFINITIONS

WICY populations are defined as follows.

Infants: under 2 years

Youth: 13 – 24 years

Children: 2 – 12 years

Women: 25 and older

A3. PART A AND PART B GRANT FUNDS SUBJECT TO THE WICY REQUIREMENT

The WICY requirement applies to Part A and B grant funds used to provide services to clients, including funds awarded under the Minority AIDS Initiative (MAI).

- **Part A funds subject to the WICY requirement include:** formula, supplemental and MAI grant funds for the fiscal year being reported, and any carryover from prior fiscal years.
- **Part B funds subject to the WICY Requirement include:** base formula, AIDS Drug Assistance Program (ADAP), ADAP Supplemental, Emerging Communities and MAI grant funds for the fiscal year being reported, including any carryover from prior fiscal years.

A4. REQUIRED SEPARATE DOCUMENTATION FOR EACH PRIORITY POPULATION

Grantees have been required to document WICY expenditures separately for each priority population since FY 2003, and this requirement continues. Reports and/or waiver requests that include aggregate data are unacceptable and will not be approved. **Grantees are advised that failure to document full compliance with the WICY requirement and HRSA guidelines may result in grant funds being delayed for the next funding cycle** until the grantee demonstrates that appropriate corrective actions have been taken to assure full compliance.

A5. CALCULATING YOUR MINIMUM WICY EXPENDITURE AMOUNT

To determine if a grantee has met their minimum required WICY expenditure for each population in a given year, the amount spent for each population is calculated as a percentage of total service expenditures for all clients during that fiscal year. The formula for determining Total Service Expenditures is as follows.

Add: (Part A/B award + MAI Grant award for the FY) + (carryover from prior FY's)

From that sum, subtract: (Part A/B grantee administration expenditures + clinical quality management expenditures + Part B planning/evaluation expenditures)

A6: OPTIONS FOR SUBMITTING A WICY WAIVER REQUEST

Grantees may submit either a prospective or retrospective waiver application.

PROSPECTIVE WAIVER REQUESTS:

For FY 2010 and 2011, prospective requests are due within **90** days of receiving the Part A or B grant award (as in past years). Starting in FY 2012, HRSA plans to require grantees to submit a prospective waiver request with their FY 2012 Part A or B grant application.

The prospective waiver request option recognizes that some grantees generally expect to satisfy the WICY requirement for one or more WICY populations through Medicaid, SCHIP and/or other federal and State programs. However, approval of a prospective waiver is NOT based on projections of past expenditures. Rather, grantees must submit an assurance signed by the Chief-Elected-Official stating that:

- i. HIV/AIDS health services will be provided to the priority population(s) during the fiscal year for which a waiver is requested through Medicaid, SCHIP, and/or other eligible federal/State programs consistent with HRSA guidelines (See Section B); and,
- ii. During the year for which the waiver is requested, Medicaid, SCHIP, and/or other eligible federal/State HIV/AIDS expenditures for the specified population(s) will be documented and submitted to HRSA within 150 days of the fiscal year end date.

RETROSPECTIVE WAIVER REQUESTS:

These are due 150 days after the fiscal year end date, at which time waiver expenditure documentation must also be submitted. The documentation must demonstrate that the grantee satisfied their WICY minimum expenditure amount through Medicaid, SCHIP or other qualified federal or State expenditures, consistent with HRSA guidelines. (See Section B).

A7. JOINT PART A AND PART B WAIVER REQUESTS

HAB encourages Part A and B programs to work together and submit a joint waiver application if both plan to apply for a waiver. **In such cases, the Part B waiver request/waiver documentation deadlines apply.** Frequently, a significant portion of a Part A waiver justification will be the amount of Part B grant funds used to provide services to WICY living within that EMA/TGA, and vice-versa. In addition, a joint application may reduce grantee workload (particularly in multi-EMA/TGA States) by eliminating redundancy in obtaining expenditure data from other Ryan White grantees, Medicaid, SCHIP or other federal/State programs.

A8. DOCUMENTING WAIVER EXPENDITURES

Grantees that apply for a WICY waiver and document to HRSA's satisfaction that all priority populations are receiving HIV/AIDS health services through Medicaid, SCHIP or other eligible

federal/State program expenditures, must submit documentation to justify and support the waiver request. If approved by HRSA, the grantee does NOT have to report their Part A (or B) program expenditures to deliver services to WICY.

IMPORTANT: If a waiver does not apply to all WICY populations, the grantee must submit:

- A *WICY Expenditure Report* for the non-waived WICY populations, **and**
- Waiver Expenditure Documentation for all waived population(s).

For example, if a State's Part B waiver is requested and approved for infants and children based on Medicaid and SCHIP expenditures, then the grantee must submit: a) documentation of Medicaid and SCHIP expenditures separately for infants and children that meet or exceed the grantee's minimum Part B spending requirements that year for those two populations; and b) a Part B *WICY Expenditure Report* documenting services expenditures that fiscal year for women and youth.

A9. HRSA REVIEW OF WAIVER REQUESTS

HAB/DSS staff will review WICY expenditure data and all waiver applications. Decisions to approve/ disapprove a waiver request will be made approximately 30 days after their receipt. Approval is based on compliance with HRSA guidelines for requesting waivers and documenting expenditures, including compliance with established due dates. Grantees will be notified in writing when a waiver request has been approved or disapproved.

SECTION B: REQUESTING AND DOCUMENTING A WICY WAIVER

B1. ELIGIBLE RYAN WHITE WAIVER EXPENDITURES

Part A/B grantees may qualify for a waiver based solely on total Ryan White HIV/AIDS Program expenditures within the EMA/TGA or State respectively. HRSA has determined that services for WICY provided under Parts A, B, C and D and Special Projects of National Significance (SPNS) qualify as "*other federal programs.*" Moreover, in localities or States with multiple Ryan White Programs, it is likely that total 'cross-Part' WICY expenditures will exceed all or a portion of a grantee's minimum requirement. Exceptions will most likely occur with infants or children.

However, if a grantee submits a waiver request for a priority population(s) based solely on Part D (Title IV) expenditures, then the grantee must document that the Part D funded services are accessible to the priority population(s) living throughout the EMA/TGA (Part A) or State (Part B).

B2. ELIGIBLE STATE AND FEDERAL WICY WAIVER EXPENDITURES

Medicaid, SCHIP, Ryan White Program or other federal/state expenditure data used to justify a waiver of the WICY requirement for one or more priority populations, must be for outpatient HIV/AIDS health services to the population(s) living within the EMA/TGA (Part A) or State (Part B).

The purpose of Part A and B Program funds is to provide community-based outpatient core medical and allowable support services to individuals and families living with HIV/AIDS. Therefore, for the purposes of requesting a waiver, only outpatient Medicaid, SCHIP and other qualified State/federal expenditures may be used to justify a Part A or B WICY waiver request.

B3. WAIVER DOCUMENTATION CONSISTENCY REQUIREMENTS

The grantee must use consistent methods to document waiver-related expenditure data from one year to the next. Reminder: WICY waiver documentation is subject to audit.

Internal consistency is necessary for effective grantee program administration and to meet program and fiscal audit standards, as with other mandated Part A and B program requirements that are subject to a Condition-of-Award (e.g., grantee administration cost-caps, maintenance-of-effort, Part B State matching requirements).

B4. ALLOWABLE WAIVER DATA REPORTING TIME-FRAMES

Expenditure data to justify a waiver for any given fiscal year must:

- Reflect an unbroken, continuous 12-month time period; and
- Include a minimum of 6 months (two quarters) worth of expenditure data/documentation that overlaps or corresponds to the fiscal year for which a waiver is being sought.

As a general principle, service expenditures used to justify waiving a set-aside requirement should correspond to the period for which a waiver is being sought. This principle is especially relevant to the WICY requirement because of year-to-year fluctuations in HIV care resources and potential changes in the distribution of individuals living with HIV/AIDS in EMA's/TGA's and States. However, some flexibility is needed because of variability among State Medicaid, SCHIP and other federal/State programs in terms of their information management system and reporting capabilities. In some States, the lag-time before these data are available may be up to 6-8 months.

The minimum 6-month overlap between the waiver data/documentation and the Part A or B fiscal year, combined with the documentation submission deadline four months after the end of the fiscal year, gives grantees up to 10-months to obtain and submit required expenditure data from Medicaid, SCHIP and/or other federal/State programs. At the same time, it assures that a minimum of 50 percent of the waiver data/documentation will coincide with the fiscal year for which a waiver is requested. (Please refer to the examples below.)

Exceptions: HAB will consider exceptions on a case-by-case basis, but exceptions will not be automatic. To qualify for an exception, in addition to submitting the most recent data available by the documentation submission deadline, the grantee must also submit a narrative describing:

- Grantee efforts to work collaboratively with the particular program(s) (e.g., Medicaid, SCHIP) to obtain needed expenditure data;
- The reason data is unavailable for the required time-period; and
- Changes in program(s) that may have impacted WICY expenditure patterns during that fiscal year (e.g., changes in Medicaid or SCHIP eligibility or covered services).

Example: Part A Waiver Documentation for FY 2010:

FY 2010 Program Year: March 1, 2010 — February 28, 2011

Acceptable Medicaid data: September 1, 2009 — August 31, 2010

This provides 12 continuous months of data of which 6 months are consistent with the FY 2010 Part A program year (i.e., from 3/1/10 – 8/31/10).

Example: Part B Waiver Documentation for FY 2007:

FY 2010 Program year: April 1, 2010 — March 31, 2011

Acceptable Medicaid data: October 1, 2009 — September 30, 2010

This provides 12 continuous months of data of which 6 months are consistent with the Part B program year (i.e., from 4/1/10 – 9/30/10).

B5. PART A ALLOWABLE WAIVER EXPENDITURE DATA

Grantees are reminded that expenditures under each of the programs listed below must be for **outpatient** HIV/AIDS health services provided to WICY living within the EMA/TGA.

1. **Other Ryan White HIV/AIDS Program funds spent to provide services to WICY who live within that EMA/TGA only:**
 - i. Part B grant funds, including: Part B Base, ADAP, ADAP Supplemental, Emerging Communities, Part B MAI, and Part B Supplemental grant funds
 - ii. Part C grant funds
 - iii. Part D grant funds (Please see paragraph B1 above regarding limitations.)
 - iv. Special Projects of National Significance (SPNS) grant funds
2. **State Medicaid and SCHIP** expenditures to provide services to WICY living in the EMA/TGA.
3. **Other State/federal programs** providing HIV care, treatment and related support services to WICY living in the EMA/TGA. Examples include State funded medication programs for non-Medicaid eligible low-income persons, Medicare and CHAMPUS.

B6. PART B ALLOWABLE WAIVER EXPENDITURE DATA

Grantees are reminded that expenditures under the programs listed below must be for outpatient HIV health services provided to WICY living within the State.

1. **Other Ryan White HIV/AIDS program expenditures to provide services to WICY who live within that State only:**
 - i. Part A Formula, Supplemental and MAI expenditures to provide services to WICY living within the State.
 - ii. Part C (Title III) expenditures for services to WICY living within the State.
 - iii. Part D (Title IV) (Please see paragraph B1 above regarding limitations.)
 - iv. SPNS project expenditures for services to WICY living within the State.
2. **State Medicaid and SCHIP** expenditures to provide services to WICY within that State.
3. **Other State/federal programs** providing HIV care, treatment and related support services to WICY living within that State. Examples include State-funded medication or indigent-care programs for non-Medicaid eligible low-income persons, Medicare and CHAMPUS.

WICY SUBMISSION CHECKLISTS

WICY EXPENDITURE REPORT CHECKLIST FOR GRANTEES

Grantees may develop their own reporting format or use the worksheets provided by HRSA. Reports should be clearly identified and submitted as to HRSA via the EHB's as part of the grantee's Part A or Part B Annual Progress Report, which also is due within 150 days after the FY budget end date.

- Grantee name
- Fiscal year being reported
- Name, phone number and email address of the person completing the report.
- The most recently available number and percentage of living HIV/AIDS cases reported for women, infants, children and youth in the EMA/TGA or State as shown in the data table provided by HRSA for the FY being reported. (These data are provided to HRSA by the Centers for Disease Control and Prevention (CDC), and emailed to Part A and Part B grantees in September or October annually.)
- Based on the data table above, the Grantee's required minimum Part A or Part B expenditure percentage and amount for each WICY priority population for the FY being reported. (Please see A5 re: calculating the minimum expenditure amounts.)
- The amount and percentage of Part A or B funds spent in the FY being reported to provide services each WICY priority population.
- IF the amount of service expenditures did not satisfy the minimum required for one or more WICY populations, the grantee must also complete a retrospective waiver request for those populations and waiver expenditure documentation, e.g. Medicaid expenditures for those populations.

WICY WAIVER REQUEST CHECKLIST FOR GRANTEES

Waiver requests must be submitted to HRSA via the EHB's, in the form of a PDF copy of a letter signed by the Chief Elected Official (CEO) for the Part A or B grant. Address the letter to the Director, Division of Service Systems (DSS), HIV/AIDS Bureau (HAB), HRSA; 5600 Fishers Lane, Room 7A-55, Rockville, MD 20857. (See pg. 4 for deadlines.) Waiver request letters must include the following information.

- Name of the grantee and fiscal year for which the waiver is being requested
- For each priority population for which a waiver is being requested, provide separately:
 - The required minimum Part A/B expenditure amount and percentage for the FY
 - The reason for requesting the waiver
 - The name(s) of the program(s) providing outpatient HIV/AIDS health services to that population (e.g., Medicaid, other Ryan White Programs)
 - The reporting period for the waiver data the grantee will or is submitting
 - The name, title, phone number and email address for the program official that HRSA should contact with any questions about the waiver request
- ***Prospective Waiver Requests must also include an assurance signed by the CEO (or delegated official) for the Part A or B grant.** (Please see Appendix I and II respectively.)

WAIVER EXPENDITURE DOCUMENTATION REPORT CHECKLIST FOR GRANTEES:

Documentation of 'waiver expenditures' is required to justify a prospective or a retrospective waiver. The documentation must be submitted via the EHB's within 150 days after the Part A or B FY end date along with the Part A or B year-end Annual Progress Report. (See page 4 for specific FY deadlines.)

If it supports a retrospective waiver request, the documentation should be included in the PDF copy of the CEO's retrospective waiver request letter described above.

If it supports a prospective request approved by HRSA at the start of the FY, submit the documentation as a PDF copy of a letter from the Part A/B Program Director to the Director, DSS/HAB/HRSA.

All waiver expenditure documentation submitted to HRSA must include the following information.

- Grantee name
- Fiscal year being reported
- Name, title, phone number and email address for the person HRSA should contact with questions
- Total amount of Part A or B grant funds used to provide services that fiscal year, including any approved carryover from a prior fiscal year.
- Required minimum Part A or B WICY expenditure percentages and amounts for each priority population absent a waiver, based on the WICY table provided by HRSA.
- Documented 'waiver' expenditures for each waived priority population, including the:
 - **Actual amount spent by each waiver program source** (e.g. Medicaid, SCHIP, other Ryan White Programs) to provide HIV/AIDS outpatient services to that population;
 - Reporting time-frame for each program source; and
 - Total amount of 'waiver' program funds across all sources spent for that population.

Important: If the grantee does not request a waiver for all WICY priority populations, then the grantee must submit a Part A or B *WICY Expenditure Report* for the non-waived population(s) verifying compliance with the minimum expenditure requirement for the population(s).

**ATTACHMENT I:
Part A WICY Assurances**

**FY _____ Assurances Related to Request for Prospective Waiver of the
Part A Women, Infants, Children and Youth (WICY) Expenditure Requirement**

I, the Chief Elected Official (CEO) for the Eligible Metropolitan Area/Transitional Grant Area of _____ (hereinafter referred to as the EMA/TGA), or the CEO's designated delegate pursuant to the Part A Ryan White Program provision, do hereby certify that:

A. Consistent with Section 2604 (f) of the Public Health Service Act:

Outpatient HIV/AIDS health services are already being provided under the State Medicaid Program, State Children's Health Insurance Program, and/or other qualified federal and/or State HIV/AIDS programs to the following priority populations in amounts that are not less than the percentage constituted by the ratio of each population with HIV/AIDS to the general population within the EMA/TGA reported with HIV/AIDS. (Check populations for which a waiver is being requested.)

- Women
- Infants
- Children
- Youth

B. During FY _____, Medicaid, SCHIP, and/or other eligible federal/State HIV/AIDS expenditures for the specified WICY population(s) will be documented separately and submitted to HRSA within 150 days after the end of the Part A grant fiscal year; and

C. The EMA/TGA will use consistent methods to document waiver expenditures that are in accordance with established HRSA guidelines.

Signature

Date

Title

City/County Jurisdiction

**ATTACHMENT II:
PART B WICY ASSURANCES**

**FY _____ Assurances Related to Request for Prospective Waiver of the
Part B Women, Infants, Children and Youth (WICY) Expenditure Requirement**

I, the Governor of _____ (hereinafter referred to as the State),
or the Governor's designated delegate pursuant to the Part B Ryan White Program provision,
do hereby certify that:

A. Consistent with Section 2612 (e)(1) of the Public Health Service Act:

Outpatient HIV/AIDS health services are already being provided in the State under the State Medicaid Program, State Children's Health Insurance Program, and/or other qualified federal and/or State HIV/AIDS programs to the following priority populations in amounts that are not less than the percentage constituted by the ratio of each population with HIV/AIDS to the general population within the State reported with HIV/ AIDS. (Check populations for which a waiver is being requested.)

- Women
- Infants
- Children
- Youth

B. During FY _____ , Medicaid, SCHIP, and/or other eligible federal/State HIV/AIDS expenditures for the specified WICY population(s) will be documented and submitted to HRSA within 150 days after the end of the fiscal year;

C. The State will use consistent methods to document waiver expenditures that are in accordance with established HRSA guidelines.

Signature

Date

Title

State/Territory