

One Program, Multiple Funding Streams: How to Manage Funding, Resources, and Eligibility

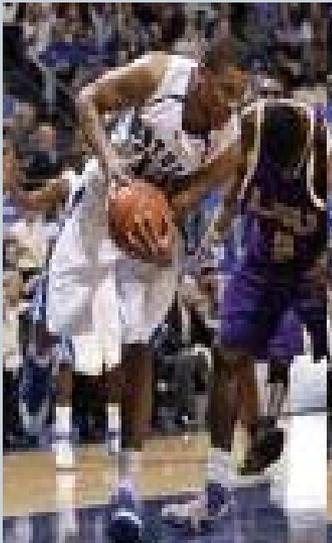


**AMY DOWNS, MSW
RYAN WHITE PART B PROGRAM COORDINATOR**

**JANA COLLINS, MS
RYAN WHITE PART C/D PROGRAM COORDINATOR**

BLUEGRASS CARE CLINIC – UNIVERSITY OF KENTUCKY

The Bluegrass Care Clinic



Ryan White Programs

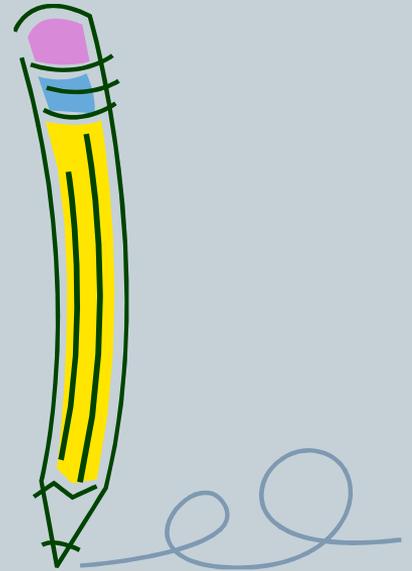


- Ryan White Part A
- Ryan White Part B
- Ryan White Part C
- Ryan White Part D
- SPNS
- AETC

- Single Funding
- Two funding sources
- Three funding sources
- Four funding sources



Draw a pig!



Presentation – Goals and Objectives



- **Overview of Ryan White Grant Programs**
 - Program Services & Priorities
 - ✦ Part A
 - ✦ Part B
 - ✦ Part C
 - ✦ Part D
 - Administrative & CQM Limitations
 - Enrollment and Eligibility
- **Strategies for Managing Multiple Funding Streams**
 - Case Studies
- **Solutions & Successes**



Ryan White Programs



Ryan White Services



- The Ryan White legislation created a number of programs, called Parts, to meet needs for different communities and populations affected by HIV/AIDS.
- The majority of Ryan White funds support:
 - ✦ **primary medical care**
 - ✦ **essential support services**
- A smaller but equally critical portion funds technical assistance, clinical training, and research on innovative models of care.

Ryan White Services



- **Ryan White Services are Specifically Designed to:**
 - Assist patients that do not have sufficient health care coverage or financial resources for coping with HIV disease
 - fills 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

Ryan White Part A



- Provides assistance to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs)

- Formula Grants
- Supplemental Grants
- Minority AIDS Initiative (MAI) funds

- Provide a continuum of care through core medical and support services

- Funding Limitations

- Administrative expenses total no more than 10%
 - ✦ Grantee- CQM limit 5%
- At least of 75% (after Admin) of the award on core medical services
- No more than 25% (after Admin) on support services

Ryan White Part B



- **Grants to States and US territories**

- Base grant
- ADAP
- ADAP Supplemental
- Emerging Communities
- Minority AIDS Initiative (MAI)

- **Provide a continuum of care through core medical and support services**

- **Funding Limitations**

- Administrative expenses total no more than 10%
- At least of 75% (after Admin) of the award on core medical services
- No more than 25% (after Admin) on support services

Ryan White Part A/B Services



- **Core Medical Services**

- Outpatient / Ambulatory medical care
- AIDS Drug Assistance Program
- Local Pharmaceutical Assistance
- Oral Health Care
- Early Intervention Services
- Health Insurance Premium/Cost Sharing Assistance
- Medical Nutrition Therapy
- Hospice Services
- Home & Community-Based Health Services
- Mental Health Services
- Substance Abuse Outpatient Care
- Home Health Care
- Medical Case Management

Ryan White Part A/B Services



• Support Services to Achieve Medical Outcomes

- Non-medical case management
- Child care services
- Food bank/home-delivered meals
- Health Education/Risk Reduction
- Emergency financial assistance
- Housing Services
- Legal Services
- Linguistics services
- Outreach services
- Psychosocial support services
- Referral for health care/support services
- Rehabilitation services
- Respite care
- Substance abuse services-residential
- Treatment adherence counseling
- Medical transportation services

Ryan White Part C



- **Ambulatory Medical Clinics to support outpatient HIV early intervention services and ambulatory care**



- **Funding Limitations**
 - No More than 10% of funds allocated to Admin Charges
 - 75% of Funds (after Admin and CQM) must be used for Core Medical Services

Ryan White Part C



- **Ambulatory Medical Clinics to support outpatient HIV early intervention services and ambulatory care**
- **Early Intervention Services**
 - Primary Care Providers
 - Lab, X-Ray, & Diagnostic Testing
 - Medical/Dental Equipment Supplies
 - Medical Case Management
 - Electronic Medical Records
 - Patient Education, incorporated into Medical Care
 - Transportation for clinical provider staff to provide care
 - Other Clinical & Diagnostic Services and periodic medical evaluations for patients with HIV/AIDS

Ryan White Part C



- **Core Medical Services**
 - HIV Testing/Counseling
 - Part A/B Covered Services that Require Justification
 - ✦ AIDS Drug Assistance Program
 - ✦ Health Insurance Premium and Cost Sharing Assistance
 - ✦ Home Health Care
 - ✦ Hospice Services
 - ✦ Home and Community-Based Health Services

Ryan White Part C



- **Support Services to Achieve Medical Outcomes**
 - Patient Transportation to medical appointments
 - Staff travel to provide support services
 - Outreach to identify people with or at risk for contracting HIV – educate them about benefits of early intervention and link them to primary care services
 - Translation Services (including deaf interpretation)
 - Patient Education Materials for general use
 - Participation in Statewide Coordinated Statement of Need
 - Patient Advocates to Maintain Access to Care
 - Respite Care

Ryan White Part D



- **Family Center Primary Medical Care – Outpatient or Ambulatory Care for Women, Infants, Children, and Youth with HIV/AIDS**
 - Family-Centered primary and specialty medical care
 - Support Services

- **Funding Limitations**
 - No more than 10% of Part D Budget can be Allocated to Administrative Costs



Ryan White Part D – Service Delivery Costs



- The provision of primary medical care, specialty and subspecialty care, referrals for health and support services, and adherence monitoring/education services.
- Salaried personnel, contracted personnel or visit fees associated with service delivery costs, Types of providers typically included under service delivery are:
 - OB/GYN physicians, mid-level providers,
 - dentists, dental hygienists,
 - Nurses, Radiologists, lab technicians,
 - Medical assistants, intake receptionists,
 - Pharmacists, Nutritionists
 - Behavioral health/substance abuse service professionals,
 - Referral coordinators, medical and family-centered case managers,
 - Specialists and sub-specialists.

Ryan White Part D – Service Delivery Costs



- **Other Service Delivery Costs, such as:**
 - Lab, x-ray, and other diagnostic tests
 - Medical/dental equipment and supplies
 - Electronic Medical Records
 - Patient education, in conjunction with medical care
 - Transportation for clinical care provider staff to provide care
 - Patient advocates to maintain access to care
 - Patient transportation to medical appointments
 - Translation services, including interpretation services for deaf persons

Ryan White Part D – Service Delivery Costs



- **Services Unique to the Ryan White Part D Program**
 - Family-centered care such as childcare and family advocacy*
 - Outreach to recruit and retain women, infants, children, and youth with HIV, or at-risk of contracting HIV*
 - Services associated with the provision of information and education on opportunities to participate in HIV/AIDS-related clinical research*

Ryan White

Clinical Quality Management



- **Continuous Quality Improvement (CQI) activities**
 - Clinical quality management coordination
 - Data collection for clinical quality management purposes
 - Consumer Involvement to improve services
 - Staff training/technical assistance (including travel and registration) to improve services -this includes the Annual Clinical Update and the every other year All Grantee Meeting
 - Participation in Statewide Coordinated Statement (Part C Support Services) of Need process and local planning bodies and other local meetings

Ryan White

Administrative Costs



- **Routine grant administration and monitoring activities:**
 - including the receipt and disbursement of program funds
 - administrative staff (executive and clerical);
 - accounting and billing functions;
 - preparation of routine programmatic and financial reports; and
 - compliance with grant conditions and audit requirements.
- **Contracts for services awarded as part of the grant - such as development of RFPs, review of proposals, and monitoring contracts through onsite visits**

Ryan White

Administrative Costs



- **Costs which could qualify as either indirect or direct costs but are charged as direct costs, such as:**
 - rent, occupancy, and utilities
 - computer hardware and software (unrelated to electronic medical records or CQM),
 - telecommunications (telephones, toll-free lines, cell phones, pagers, fax, internet),
 - postage
- **Indirect Costs**
- **Liability insurance**
- **Office supplies**
- **Audits**
- **Payroll-Accounting services**

Ryan White Eligibility



- Program Eligibility is specified by the Individual Program, EMA, TGA, or State
- Eligibility should be determined based on:
 - HIV Diagnosis
 - Patient's Income – Federal Poverty Level
 - Insurance Status
 - Eligibility for Third Party Payer Sources
- Patients should not be denied services due to eligibility for services from the Department of Veterans Affairs

Ryan White

Considering Patient Eligibility



- **Are there Program Restrictions by:**
 - Service Area (Some Counties covered, others are not)
 - Federal Poverty Level (Patients excluded that are above 300% of the poverty level)
 - Sex/Age (Part D)



Ryan White Enrollment



- Patients should be enrolled Annually and reassessed every six months
- Enrollment should include an assessment of:
 - HIV/AIDs Diagnosis
 - Income (Federal Poverty Level Assessment)
 - Insurance Status
 - Determination of Eligibility for other Third Party Payer Sources

Ryan White Service Report

Client Level Data Reporting



- The goal of client level reporting is to provide data on characteristics of funded grantees, providers, and the clients served with program funds.
- Data Submitted is used to
 - Monitor outcomes achieved on behalf of HIV/AIDS clients and their affected families receiving care and treatment through Ryan White grantees/providers
 - Address the disproportionate impact of HIV in communities of color by assessing organizational capacity and service utilization in minority communities
 - **Monitor the use of Ryan White funds** for appropriately addressing the HIV/AIDS epidemic in the US

Strategies for Managing Multiple Funding Streams



Patients

Providers



Services

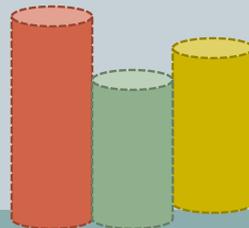


Strategy #1 – Patient Assignment



- Assigning Patients to “Part” or “Payer Source”
 - Things to consider:

Patients	✓
Would Patient be Ineligible for any Offered Services?	
Is Patient’s Current Provider Cover under that Payer Source/Part? Would Patient Have to Switch Providers?	
If Patient Moves Out of Service Area – How Would Patient’s coverage/service be effected?	
If Patient’s Income Situation Changes – How Would Patient’s coverage/service be effected?	

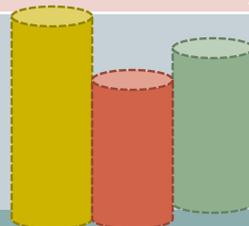


Strategy #2 – Provider Assignment



- Assign Providers to “Part” or “Payer Source”
 - Things To Consider:

Providers	✓
Would provider be able to continue to serve current patients?	
Does the providers effort accurately reflect the goals and patients represented by the payer source?	
Will restriction of provider’s payer source make some patients ineligible for the provider’s services?	

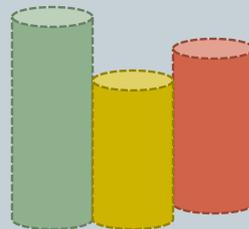


Strategy #3 – Service Assignment



- Assign Services to “Part” or “Payer Source”
- Things To Consider:

Services	✓
Are All Services Available to every patient?	
Is the service restricted by a certain Part/Payer Source?	





Case Studies

Case Study #1

The Red Clinic



● Funding

- Part C- 63 county service area
- Part B- 32 county service area
- Other 31 counties served by another Part B region

● Services

Part C Services	On-Site Part B Services	Other Region Part B Services
<ul style="list-style-type: none">• HIV Specialty Care• Primary Care• Laboratory, Radiology, & Diagnostic Testing• Nutrition Counseling• Pharmaceutical Counseling	<ul style="list-style-type: none">• Case Management Services• KADAP• Insurance Continuation Program• Transportation Assistance• Nutrition Supplements• Pharmaceutical Assistance• Specialty Care Referrals• Mental Health Counseling• Durable Medical Equipment• Patient Parking	<ul style="list-style-type: none">• Specialty Care Referrals• Mental Health Counseling• Durable Medical Equipment• Patient Parking

Case Study #2

The Blue Clinic



- **Funding:**

- Part B, C, D

- Increasing patient population with medical insurance coverage

Services Provided

- Case Management Services
- KADAP
- Insurance Continuation Program
- HIV Specialty Care
- Primary Care
- Support Groups
- Pharmaceutical Assistance

- Specialty Care Referrals
- Laboratory, Radiology, & Diagnostic Testing
- Transportation Assistance
- Mental Health Counseling
- Nutrition Counseling/Supplements

- Pharmaceutical Counseling
- Durable Medical Equipment
- Patient Parking
- Lunch Vouchers
- Hygiene Vouchers
- Child Care for Medical Appts.

Case Study #3

The Green Clinic

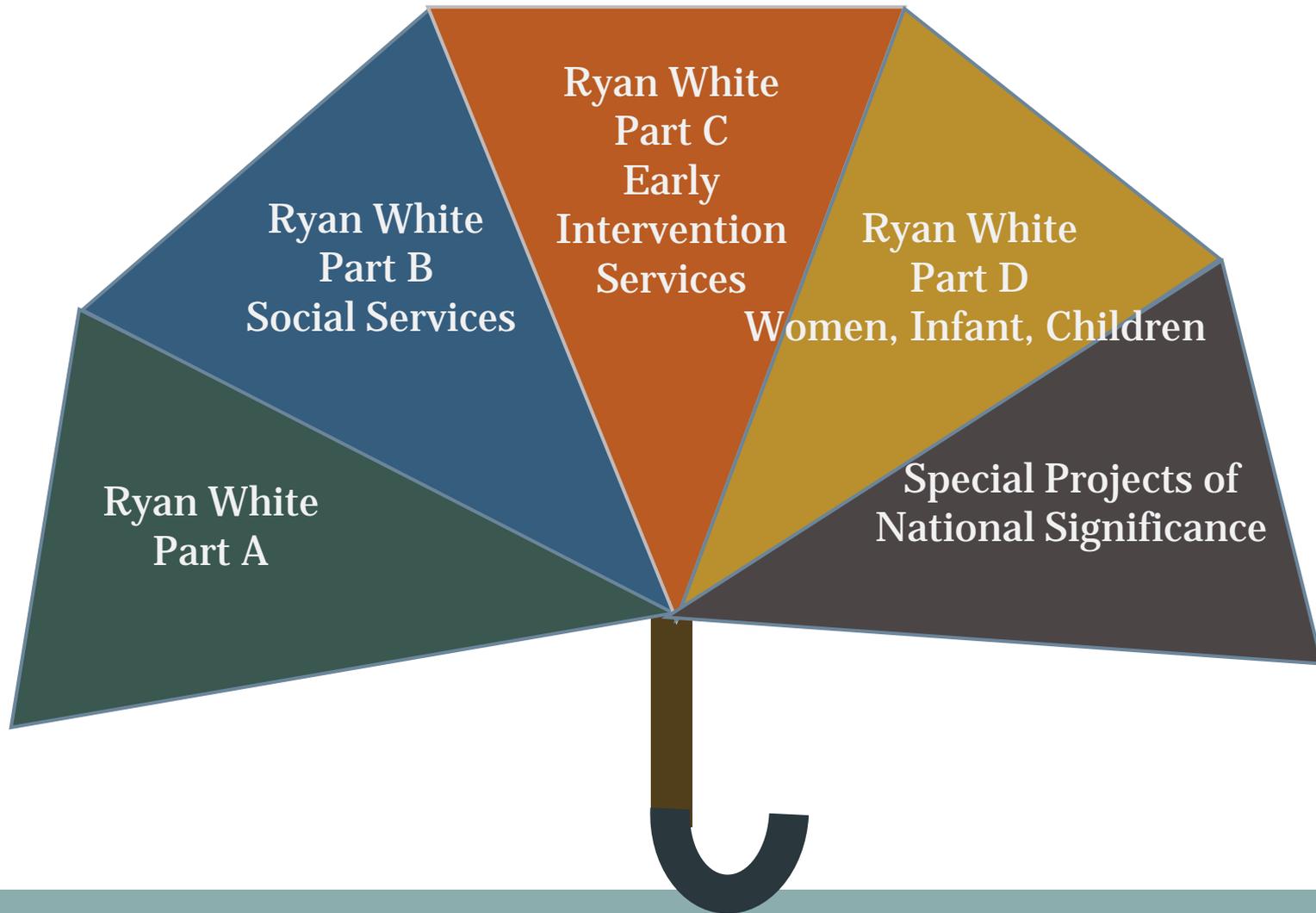


● Funding:

- Part A, B, C, D – Each “Part” is managed by a separate “Project Director”
- Funds are managed centrally by the organization’s accounting department
- Part A & B eligibility is restricted to patients that are <200% of the Federal Poverty Level

Services Provided			
Ryan White Part A	Ryan White Part B	Ryan White Part C	Ryan White Part D
<ul style="list-style-type: none"> • Case Management Services • HIV Specialty Care • Primary Care • Support Groups 	<ul style="list-style-type: none"> • AIDS Drug Assistance • Pharmaceutical Assistance • Medical Case Management • Mental Health Services 	<ul style="list-style-type: none"> • HIV Specialty Care • Primary Care • Laboratory, Radiology, & Diagnostic Testing • Pharmaceutical Counseling 	<ul style="list-style-type: none"> • Medical Care for Youth and Adolescents • Insurance Assistance • Case Management

Supporting the Same Population with Multiple Funding Streams



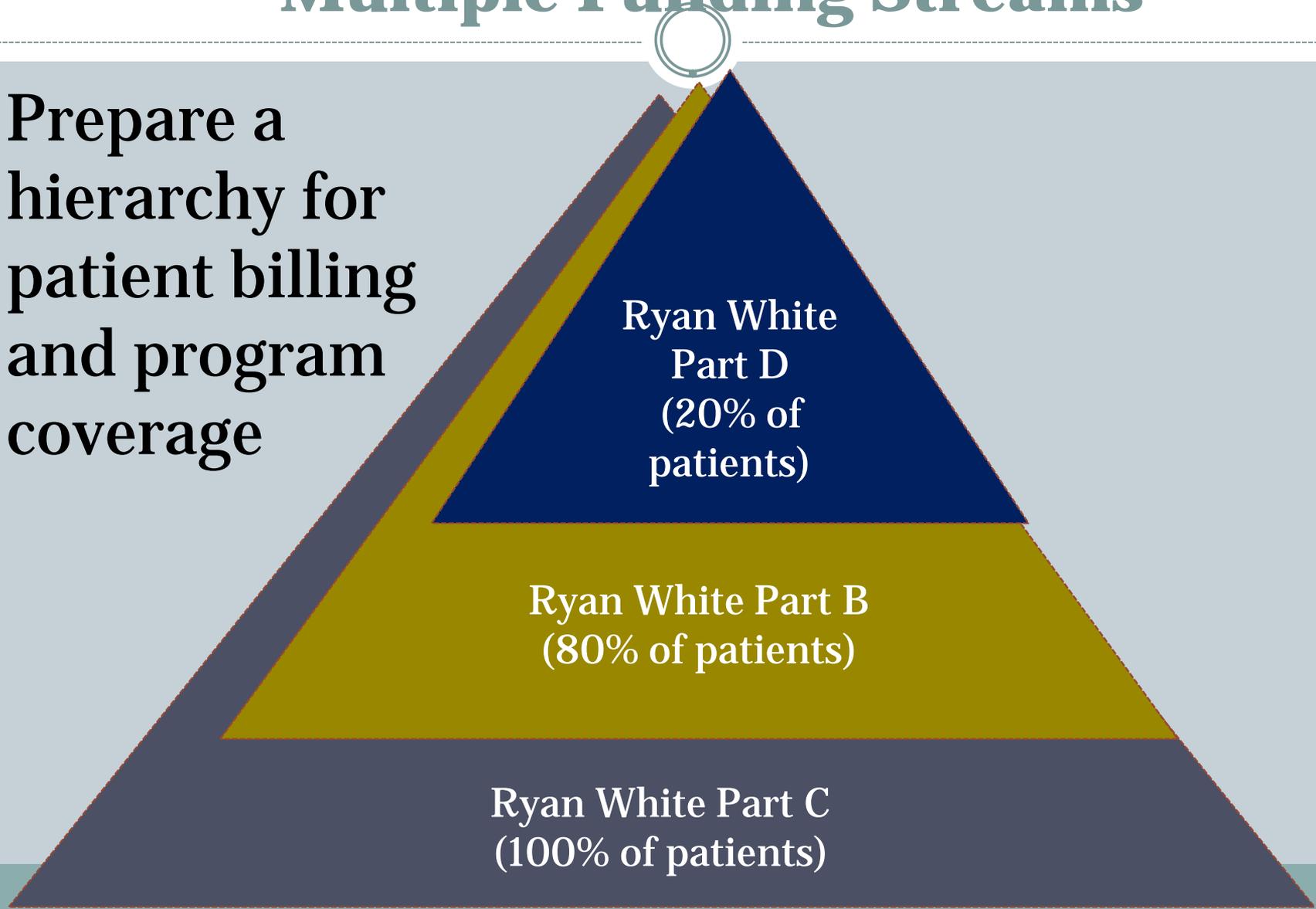
Supporting the Same Population with Multiple Funding Streams



- Review your patient population and identify how many active patients are eligible for each funding source.

Supporting the Same Population with Multiple Funding Streams

- Prepare a hierarchy for patient billing and program coverage



Supporting the Same Population with Multiple Funding Streams



- Prepare a Flow Chart or Table that identifies what each grant is allowed to pay for to ensure the funds are utilized correctly

Grant Coverage – Summary

**All Female Clients &
All Male Clients 24 yrs. and younger**

Part B	Part C	Part D
<ul style="list-style-type: none">• Case Management Services• KADAP• Insurance Continuation Program	<ul style="list-style-type: none">• HIV Specialty Care (Physicians - Hoven, Greenberg, Schaninger)• Primary Care (Hoellein)	<ul style="list-style-type: none">• HIV Specialty Care (Physicians - Thornton, Murphy)• Primary Care (Mullen & Cary)• Specialty Care Referrals• Laboratory, Radiology, & Diagnostic Testing• Transportation Assistance• Pharmaceutical Assistance• Mental Health Counseling• Nutrition Counseling• Nutrition Supplements• Pharmaceutical Counseling• Durable Medical Equipment• Patient Parking• Lunch Vouchers• Hygiene Vouchers• Support Groups• Child Care for Medical Appts.

Grant Coverage – Summary

Part B/C Eligible Patients All Male Clients 25 years and older

Part B

- Case Management Services
- KADAP
- Insurance Continuation Program
- Transportation Assistance
- Nutrition Supplements
- Pharmaceutical Assistance
- Specialty Care Referrals
- Mental Health Counseling
- Durable Medical Equipment
- Patient Parking

Part C

- HIV Specialty Care
- Primary Care
- Laboratory, Radiology, & Diagnostic Testing
- Nutrition Counseling
- Pharmaceutical Counseling

Supporting the Same Population with Multiple Funding Streams



- Review your entire program looking at all funding streams to obtain an accurate picture of the program's finances and how many funds are dedicated per line item

Supporting the Same Population with Multiple Funding Streams, cont.

Line Item	Ryan White Part B	Ryan White Part C	Ryan White Part D	TOTAL	Budget/Patient (900)
HIV Specialty Care	\$0.00	\$125,000	\$25,000	\$150,000	\$167
Primary Care	\$0.00	\$62,000	\$11,000	\$73,000	\$81
Outpatient/ Specialty Care	\$70,000	\$45,000	\$9,000	\$124,000	\$138
Laboratory/ Radiology	\$0.00	\$57,000	\$11,000	\$68,000	\$76
Pharmaceuticals	\$36,000	\$8,000	\$8,000	\$64,000	\$71
Transportation	\$7,000	\$0.00	\$5,000	\$12,000	\$13
Insurance Program	\$130,000	\$0.00	\$0.00	\$130,000	\$144

Supporting the Same Population with Multiple Funding Streams, cont.

- Review Salary Support of all grant funded personnel to ensure:
 - Support is equal to actual effort on the project
 - No personnel is funded at over 100% effort

Grant/Project		Part B FTE	Part C FTE	Part D FTE	AETC FTE	TOTAL
Personnel	Salary					
HIV Physician	\$ 160,000.00	0.1	0.505	0.15	0.14	0.895
HIV Physician	\$ 7,400.00	0	0.5	0.5	0	1
HIV Physician	\$ 140,000.00	0	0.18	0.02	0	0.2
Pharmacist	\$ 142,732.00	0	0.1	0.05	0.1	0.25
Primary Care Physician	\$ 42,656.00	0	0.75	0.25	0	1
Registered Dietician	\$ 38,464.00	0	0.12	0.2	0	0.32
Clinic Nurse	\$ 39,515.00	0	0.14	0.25	0	0.39
Mental Health Counselor	\$ 56,127.00	0.4	0.45	0.15	0	1
Medical Case Manager	\$ 44,141.00	0.9	0.1	0	0	1
Program Coordinator	\$ 37,975.00	0.1	0.55	0.3	0.05	1

Grant Coverage – Case Study

Male, 46, Level 1, Jessamine County Resident

Part B & C Eligible

Part C Funding

\$630.00

Part B Funding

\$2,000.00

Transportation to Appointment (\$5)

HIV Specialty Care
Three Referrals to Specialty Care

Transportation to Referrals (\$5 x 15)

Sports Medicine (\$90)
Referral for MRI

Primary Care
Referral for Labs

Psychiatry (\$150)
Prescription for Lexapro

MRI (\$400)
Based on MRI
Referral to Physical
Therapy

Lab Results (\$230)
Based on Lab Results
Referral to Endocrinology

Monthly Prescription
of Lexapro
(\$20 x 12)

Weekly Physical Therapy
Appointments
8 weeks (\$75 x 8)

Endocrinology (\$90 x 2)
Two Follow-Up Visits

Monthly Psychiatry
Follow-Up
Appointments
(\$60x11)

Managing Multiple Funding Streams

Monthly Burn Rate

- Review budget per funding source monthly
- Look at Budget vs. Annual for the entire grant year, as well as monthly burn rates (budget vs. actual)
- Adjust and Modify budget/spending as needed

	A	O	Z	AI	AJ	AK	AL	AM
1	Ryan White Part C FY 2012-2013 Budget Vs. Actual			Months Burned		6		
2	Line Item	TOTAL	Oct	Total Expenditures	Budget Versus Actual	Monthly Estimated Burn Rate	Monthly Actual Burn Rate	Monthly Burn Rate Budget vs. Actual
3	A. Personnel	\$ 420,429	\$ 31,949.43	\$ 217,437.43	\$ 202,991.57	\$ 35,035.75	\$ 36,239.57	\$ (1,203.82)
4	B. Fringe	\$ 136,713	\$ 7,158.68	\$ 55,898.87	\$ 80,814.13	\$ 11,392.75	\$ 9,316.48	\$ 2,076.27
5	TOTAL Personnel & Fringe	\$ 557,142	\$ 39,108.11	\$ 273,336.30	\$ 283,805.70	\$ 46,428.50	\$ 45,556.05	\$ 872.45
6	C. Travel							
7	Continuing Education	\$ 3,669	\$ 60.00	\$ 60.00	\$ 3,609.00	\$ 305.75	\$ 10.00	\$ 295.75
8	HIV Annual Clinical Update	\$ 1,469		\$ -	\$ 1,469.00	\$ 122.42	\$ -	\$ 122.42
9	HRSA Grantee Meeting	\$ 4,407		\$ -	\$ 4,407.00	\$ 367.25	\$ -	\$ 367.25
10	Sub-Total Travel	\$ 9,545	\$ 60	\$ 60	\$ 9,485	\$ 795.42	\$ 10.00	\$ 785.42
11	D. Equipment							
12	None at this time	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -
13	Sub-Total Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14	E. Supplies							
15	Computer Replacement (2)	\$ 2,900		\$ -	\$ 2,900.00	\$ 241.67	\$ -	\$ 241.67
16	Client Advisory Board	\$ 900		\$ 162.48	\$ 737.52	\$ 75.00	\$ 27.08	\$ 47.92
17	Data Procurement	\$ 971		\$ 1,140.92	\$ (169.92)	\$ 80.92	\$ 190.15	\$ (109.24)
18	Sub-Total Supplies	\$ 4,771	\$ -	\$ 1,303	\$ 3,468	\$ 397.58	\$ 217.23	\$ 180.35
19	F. Contractual							
20	Medical/Surgical. Specialty referrals	\$ 33,721		\$ 17,769.83	\$ 15,951.17	\$ 2,810.08	\$ 2,961.64	\$ (151.56)

The Take Home Message



- **When Managed Properly at Eligibility and Enrollment the Ryan White Parts can work together to provide a full range of services to the HIV positive patient population**
- **Proper Management and Program Design can ensure that program funds are not duplicative and can assist in accounting for program expenditures at the client level.**

The Take Home Message



- **Ryan White Services are Specifically Designed to:**
 - Assist patients that do not have sufficient health care coverage or financial resources for coping with HIV disease
 - fills 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

Resources



- Ryan White Part D Competitive Guidance
- Ryan White Part C Competitive Guidance
- Ryan White Part A & B Monitoring Standards:

<http://hab.hrsa.gov/manageyourgrant/files/fiscalmonitoringparta.pdf>

<http://hab.hrsa.gov/manageyourgrant/files/fiscalmonitoringpartb.pdf>

- RSR Instruction Manual

<http://hab.hrsa.gov/manageyourgrant/files/rsrmanual.pdf>

- About the Ryan White HIV/AIDS Program

<http://hab.hrsa.gov/abouthab/aboutprogram.html>

Questions?



Jana Collins, MS
Part C/D Program
Coordinator

janacollins@uky.edu

859-323-4792

Amy Downs, CSW
Part B Program
Coordinator

Amy.downs@uky.edu

859-323- 6303