Fiscal Requirements
Ryan White HIV/AIDS Program (RWHAP) Part D WICY Training

April 18, 2023

Division of Community HIV/AIDS Programs
HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People

Please enter name, agency, and role in the chat room

Session Objectives

- Discuss Ryan White HIV/AIDS Program (RWHAP) Part D fiscal requirements and expectations

- Become knowledgeable about approaches implemented by RWHAP Part D recipients as it relates to fiscal management

- Identify common fiscal challenges recipients face and potential solutions

- Explore fiscal resources available to RWHAP Part D recipients

Topics

- RWHAP Part D Cost Categories
- RWHAP Part D Budget
- Cost Principles
- Time and Effort
- Program Income
- Subrecipient Monitoring
- PO Monitoring and Site Visits
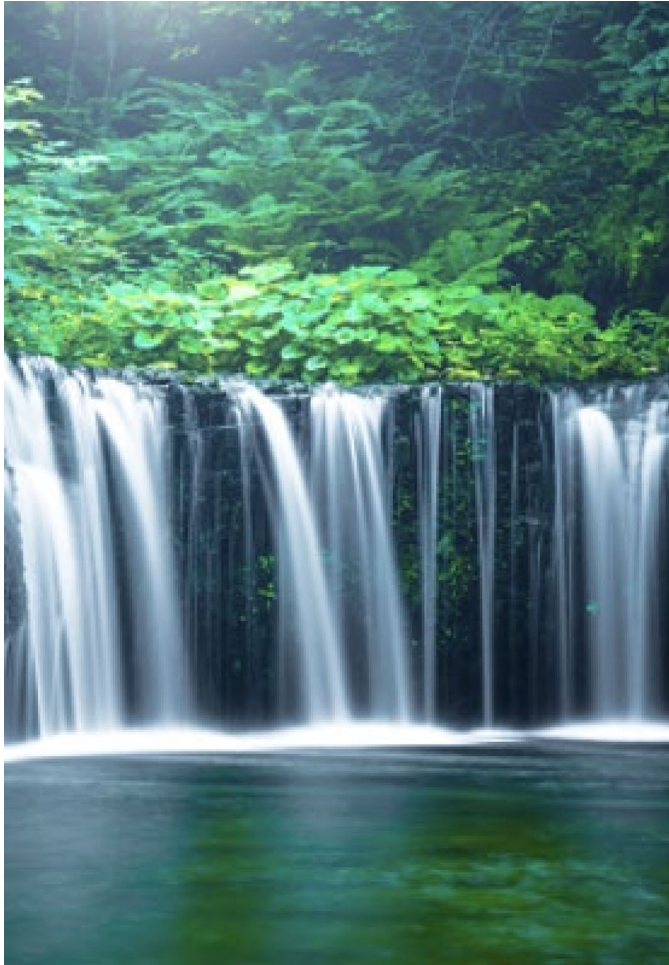- Lessons from the field

Introductions

- HRSA Division of Community HIV/AIDS Programs (DCHAP)
  - Brian Fitzsimmons
  - Cypriana Fowell
- Facilitators
  - Lori DeLorenzo
  - Cheryl Nesbitt
- Recipients
  - Harborview Medical Center, Eric Mose
  - University of Pittsburgh Medical Center, Dr. Deborah McMahon & Maja Sarac

Chatter-fall

What is your biggest challenge related to fiscal management for your RWHAP Part D grant?
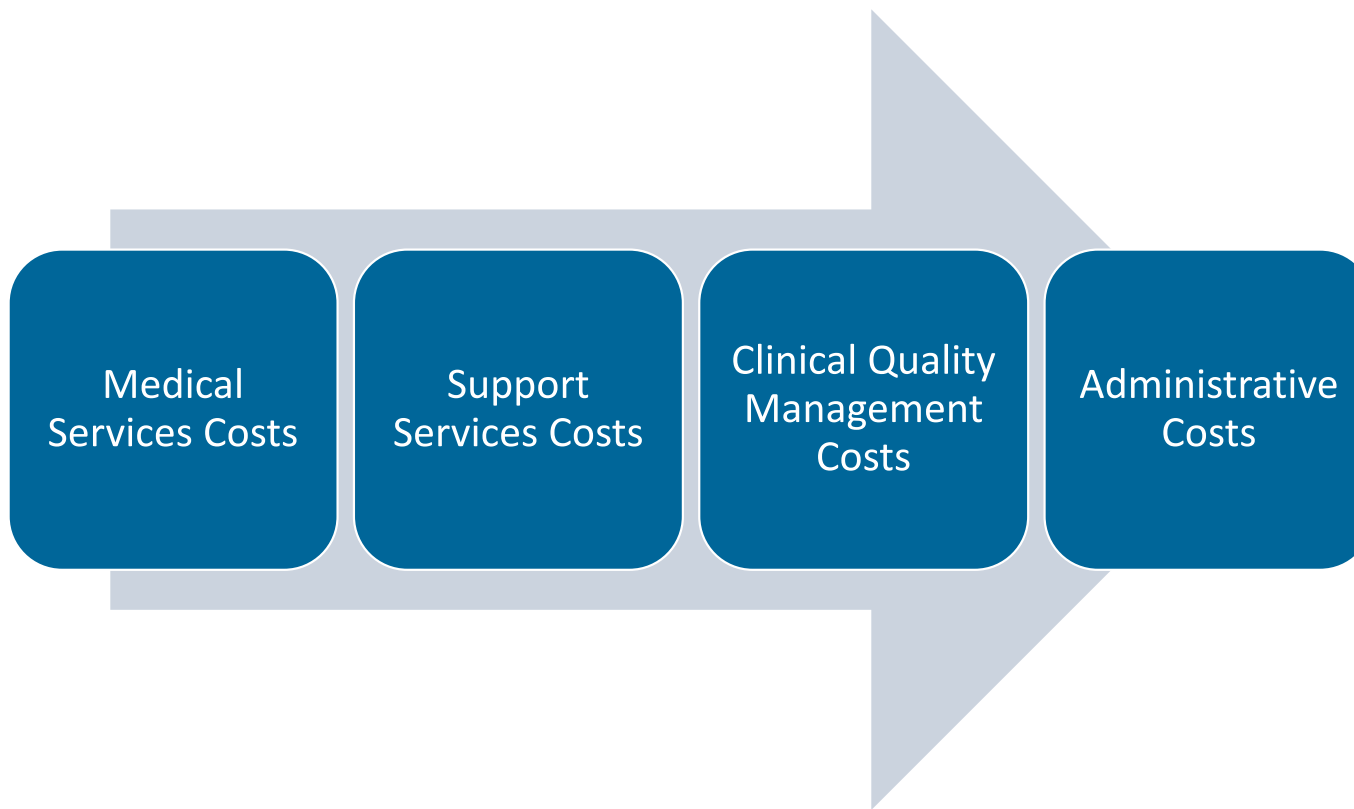
Drop the response into the chat room but **don't post just yet**
- On the count of "3" everyone will post at the same time

RWHAP Part D Cost Categories

RWHAP Part D WICY Budget Cost Categories

Medical Services Costs

Support Services Costs

Clinical Quality Management Costs

Administrative Costs

RWHAP Part D WICY Medical Service Costs

Outpatient ambulatory health services (OAHS)	Medical Case Management
AIDS Pharmaceutical Assistance (rare in Parts C or D)	Medical Nutritional Therapy
Health Insurance Premiums and Cost Sharing	Mental Health Services
Home and Community-Based Health Services	Oral Health Care
Home Health Care	Substance Abuse Outpatient

RWHAP Part D WICY Support Services Costs

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

**Available to affected family members/caregivers. See PCN 16-02 for more information

RWHAP Part D WICY Clinical Quality Management Costs

Clinical quality management (CQM) coordination	Staff training and TA (travel and registration) to improve services, e.g. HAB clinical conferences
Implementing Continuous Quality Improvement (CQI) activities	Consumer involvement to evaluate and/or improve services
Data collection for CQM purposes (collect, aggregate, analyze, and report on measurement data)	Use of EMR/EHR to facilitate CQM activities, e.g. running reports and analyzing data for program improvements
Membership dues for CQM-related professional organizations; quality-related certification, recertification, and continuing education.	

RWHAP Part D WICY Administrative Costs

Personnel salary and fringe benefits for management staff	Payroll/accounting services and audits
Computer hardware and software (unrelated to EHR or CQM and direct RWHAP patient care services)	Rent, utilities, and other facility support costs related to management of grant funds
Liability insurance unrelated to direct RWHAP services	Telecommunications (e.g., telephone, fax, pager, internet access)
Non-client related legal activities	Contracting activities: development of RFPs, proposal review, issuing contracts to include sub-recipient monitoring by phone, site visits, reports
Preparation of RWHAP program and financial reports	Office supplies and postage

10% cap on administrative expenses: By law, no more than 10% of Part D awards (including Part D supplemental awards) can be used for administrative expenses. All indirect costs count toward this limit. This cap does not apply to subrecipients. *See PCN 15-01.*

RWHAP Part D WICY Direct Costs

Assisting clients with RWHAP client enrollment on program and/or re-certification	Portion of clinical or professional supervision dedicated to RWHAP-funded services
Portion of medical billing staff related to provision of RWHAP Services	Malpractice Insurance
Portion of fees and services for electronic medical records maintenance, technology licensure, and annual updates, and staff time for data entry related to RWHAP clinical care and support services	Fees and services for EMH/EHR maintenance, license, software updates, and staff time for data entry related to RWHAP services
Medical waste removal and linen services related to RWHAP services	

Statutory Requirements: Comparison

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

Ryan White HIV/AIDS Program

Which of the following are administrative expenses? (select all that apply)

1. Chart review
2. Writing the annual grant
3. Registration fees to attend clinical training
4. Gift cards for consumers to participate in focus group
5. Salary support for data entry personnel
6. Nutritional therapy
7. Assessment of client eligibility

Which of the following are administrative expenses? (select all that apply)

1. ==**Chart review**==
2. ==**Writing the annual grant**==
3. Registration fees to attend clinical training
4. Gift cards for consumers to participate in focus group
5. ==**Salary support for data entry personnel**==
6. Nutritional therapy
7. Assessment of client eligibility

Questions

RWHAP Part D Budget

RWHAP Part D Line Item Budget Example - OAHS

Line Item	Salary	% FTE	Mths	Medical Services	CQM	Support Services	Admin	Total Ryan White Funds
Grantee Name: Friendly Neighborhood Clinic, Inc.			Part D					
Infectious Diesaes Doctor	$185,000	0.20	12	37,000				$37,000
Social Services Coordinator	53,530	1.00	12	39,779		10,051	3,700	53,530
Outreach Coordinator	40,192	0.26	12			10,277		10,277
Lead Social Worker	38,274	1.00	12		1,047	37,227		38,274
Case Manager	29,765	1.00	12		1,097	28,668		29,765
Youth Coordinator	36,875	1.00	12		1,045	35,830		36,875
Consumer Advocate	21,074	0.50	12		268	10,269		10,537
Consumer Advocate	20,844	0.50	12		258	10,164		10,422
Data Manager	47,388	0.54	12		13,247	12,257		25,505
Administrative Assistant	27,474	0.70	12		14,621		4,617	19,238
Nurse	35,124	0.16	12	5,775				5,775
Nurse	38,452	0.01	12	525				525
Personnel Total				83,079	31,583	154,743	$8,317	277,722
Fringe Benefits 22%				$18,277	$6,948	$34,043	$1,830	61,099

RWHAP Part D Budget Narrative Example - OAHS

A. Personnel

Medical Services

Infectious Disease Doctor, Medical Director (.2 FTE-$37,000). Will oversee all clinical service activities of the Part D program as the Medical Director. Dr. Care will provide HIV primary care for all Part D patients and coordinate ancillary care with case management and client support staff. Dr. Good is also the lead HIV specialist in the telemedicine project at the agency and consults on patient management and care with our three satellite clinics.

RWHAP Part D Line Item Budget Examples – Medical Case Management, Support Services, and Administrative

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RWHAP Part D Budget Narrative Examples – Medical Case Management, Support Services, and Administrative

Joyce Social Worker, Social Services Coordinator (1.0 FTE): Coordinates, and supervises the coordination of, medical (.74 FTE) and support services (.19 FTE) of Part D patients and clients including medical case management and treatment plans, behavioral health, nutrition, dental care, specialty HIV care and specialty medical care (OB/GYN, hepatology, neurology). Provides clinical supervision to outreach staff, non-medical case management staff and the Part D Youth Coordinator on care plans, emergency financial assistance and medical transportation. Prepares reports, attends agency management meetings, and reviews Careware and other performance data (.07).

RWHAP Part D Line Item Budget Example - Outreach

Line Item	Salary	% FTE	Mths	Medical Services	CQM	Support Services	Admin	Total Ryan White Funds
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RWHAP Part D Budget Narrative Example - Outreach

Outreach Coordinator (.26 FTE-Part D-$10,277) Coordinates with local health department staff on newly-identified patients from testing and STI clinics, works with social services coordinator to identify patients lost to care and in need of contact. Assists Youth Coordinator to link adolescents to care and support services which target youth ages 13-24 years of age. Conducts brief intake of new patients and screens new clients for eligibility for Ryan White Part D until new clients are assigned a case manager. Conducts outreach to community providers and organizations that are known to serve WICY clients with HIV.

RWHAP Part D Budget Example – Medical Transportation

Line Item	Salary	% FTE	Mths	Medical Services	CQM	Support Services	Admin	Total Ryan White Funds
Other								
Audit							4,339	4,339
Agency Management							5,508	5,508
Medical Transportation						$2,725		$2,725
Emergency Medication Assistance				$8,500				$8,500
Child Care Services						$100		$100
Behavioral Support Group						$2,400		$2,400
Educational and Marketing Materials						$2,300		$2,300
Rent							$11,200	$11,200
Mobile							$4,720	$4,720
Office Telephone							$4,000	$4,000
Mileage				$1,300	$5,241	$0		$6,541
Postage							$500	$500
Printing							$500	$500
Total Other				9,800	5,241	7,525	30,767	53,333
Grand Budget Total				$227,835	$62,339	$240,299	$47,141	577,614
Percent of Total Grant				26%	13%	51%	10%	100%

Grantee Name: Friendly Neighborhood Clinic, Inc.   Part D

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RWHAP Part D Budget Narrative Example – Medical Transportation

Client Transportation $2725

We are requesting funds to provide local travel for clients and their families to get to and from clinic appointments, support groups, specialty care visits, childcare services, mental, psychosocial, or other appointments or activities sponsored or co-sponsored by Part D program.

$15.00 Bus Vouchers x 50 patients = $750
$50 Gas Cards x 29 patients = $1,450
Uber Health Rides Estimated $52.50 for 10 round trips = $525

Questions

Cost Principles

Allowable, Allocable & Reasonable

Allowable (45 CFR 75.403)

To be an allowable cost under the RWHAP, all services must:

- Relate to HIV diagnosis, care and support

- Adhere to established HIV clinical practice standards consistent with U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV and other related or pertinent clinical guidelines

- Comply with state and local regulations, and provided by licensed or authorized providers, as applicable

- Not be included as costs or used to meet cost sharing or matching requirements of any other federally-financed program either current or a prior period.

al·low·a·ble
adjective
allowed, especially within a set of regulations; permissible.

Allocable

A cost is allocable to a particular Federal award or other cost objective if the goods or services involved are chargeable or assignable to that Federal award or cost objective in accordance with relative benefits received.

Allocable Costs Must:

- Be incurred specifically for the Federal award
- Benefit both the Federal award and other work of the non-Federal entity and be distributed in proportions that may be approximated using reasonable methods
- Be necessary to the overall operation of the non- Federal entity and is assignable in part to the Federal award

al·lo·ca·ble
adjective
Capable of being allocated or assigned.

Reasonable

A cost is reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost.

Reasonable Costs Must:

- Be generally recognized as ordinary and necessary for operations and performance
- Have restraints or requirements (e.g. internal control) in place
- Must be comparable to market prices for goods or services
- Indicate that individuals acted with prudence for the circumstances
- Must not significantly deviate from established practices and policies

rea·son·able
adjective
Being in accordance with reason. Not extreme or excessive.

How to Analyze the Budget Cost Principles

Is it Allowable?

- Authorizing Legislation
- Appropriations Act
- Federal Regulations
- Program Policy Clarification Notices
  - PCN 15-01
  - PCN 16-02
- Notice of Funding Opportunity
- SF-424 Application Guide

Is it Allocable, Reasonable & Necessary?

- Project Narrative
- Work Plan
- Staffing Plan
- Fair Market Value Pricing/Reasonable

Questions

Time and Effort

Time and Effort

What is Time and Effort Reporting?

Federal regulation requires that any salaries and benefits charged to a federal award(s) must be based on documentation that meets the following criteria in order to be allowable:

- Employee's time must be documented in writing
- Documentation must reflect the actual time spent by the employee on activities of the federal program(s) being charged
- Documentation must account for all employee's time for the period covered.
- Documentation must be signed by the employee and the employee's supervisor.
- Time and Effort must be tracked by the Cost Categories, documentation must reflect the time spent by the employee on each activity by Cost Category e.g., time spent on Admin activity

Time and Effort Log

- Federal regulations do not prescribe a specific form or style or reporting.
- Time & Effort reporting must:
  - Account for employees' compensated time
  - Must not exceed 1 FTE (across all Federal Grants)
- Time sheet should include a statement such as:

  "I/we certify that to the best of our knowledge the above allocation of time expended performing Federal, State, and other program duties is true and accurate."

Is an annual time study an acceptable way to document time and effort?

1. Yes
2. No
3. I don't know

Is an annual time study an acceptable way to document time and effort?

1. Yes
2. <mark>No</mark>
3. I don't know

Program Income

Program Income

Per 45 CFR §75.2, Program Income: Program income means gross income earned by the non-Federal entity that is directly **generated by a supported activity or earned as a result of the Federal award** during the period of performance except as provided on 45 CFR §75.307(f). Program income includes but is not limited to income from **fees for services** performed, the use or rental of [sic.] real or personal **property acquired** under Federal awards, the **sale of commodities** or items fabricated under a Federal award, license fees and **royalties on patents and copyright**s, and **principal and interest on loan**s made with Federal award funds. Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulation, or the terms and conditions of the Federal award, **program income does not include rebates, credits, discounts, and interest earned on any of them.**

Program Income: Sources

- The difference between the third-party reimbursement and the 340B drug purchase price.

- Fees, payments, or reimbursement for the provision of a specific service, such as patient care reimbursements (office visits) received under Medicare, Medicaid, or Children's Health Insurance Program.

- On paper, but rare in practice: Charges imposed on clients* for services, as required by RWHAP Parts A, B, and C legislation.

*Charges imposed on clients for services as required by legislation for RWHAP Parts A, B, and C

Program Income: Allowable Use

- To support a comprehensive system of family-centered care for low-income women, infants, children, and youth affected by or living with HIV
  - Outpatient or ambulatory care
  - Support Services
  - Administrative expenses
  - Clinical quality management activities

- Not subject to statutory distribution requirements or caps (i.e., 10% admin including all indirect costs)

Program Income: Expectations

- Program income must be reported on the FFR
- If the recipient is 340B eligible and purchases pharmaceuticals via 340B pricing under multiple awards, the recipient must use a reasonable allocation method for the attribution of costs and program income and be able to document the methodology used
- Must monitor and track program income earned by subrecipients
  - Need to ensure program income is earned for the purposes and under the conditions of the award
  - Should require financial and performance reports to document income is used for authorized purposes
- Have established written program Income policy and procedure

Program Income: Common Findings/Issues

- Not correctly tracking, allocating, and spending program income in accordance with the parameters of the RWHAP statute and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards (45 CFR Part 75)
  - Using funds for unallowable costs
- Not reporting program income on the FFR
- Not monitoring subrecipients' program income
- Limited or no written program income policy and procedures
- Lack of planning for program income

Program Income: Resources

- Technical Assistance webinars
- PCN 15-03 & FAQs
  - *Clarifications Regarding the Ryan White HIV/AIDS Program and Program Income*
  - http://hab.hrsa.gov/manageyourgrant/policiesletters.html

- Target HIV Center
- PO Monitoring calls
- Site visits

Which of the following can be funded by RWHAP Part D? (select all that apply)

1. Construction
2. Pre-exposure prophylaxis (PrEP)
3. Travel to conferences
4. Meals for consumers for Advisory Board meetings
5. Services for affected family members
6. Childcare

Which of the following can be funded by RWHAP Part D? (select all that apply)

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3. **Travel to conferences**
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5. **Services for affected family members**
6. **Childcare**

Questions

Subrecipient Monitoring

Subrecipient Monitoring

- Must monitor subrecipient activities to ensure subaward:
    - Use for authorized purposes
    - Compliance with requirements
    - Performance goal achievement
- Monitoring must include:
    - Reviewing required financial and performance reports
    - Ensuring deficiency corrective actions
    - Issuing a management decision for audit findings pertaining to the HRSA award

Subrecipient Monitoring

- Lead recipient must:
  - Include all subrecipients in the line-item budget
  - Monitor expenditures and program income across all sites
  - Require documentation of all fiscal expenditures
  - Ensure timely submission of invoices and regular draw down of the budget

PO Monitoring Calls & Site Visit

Typical Fiscal Questions PO Might Ask…

Has the recipient established policies and procedures for cash draws of Ryan White Funds in accordance with the award?

How has the recipient implemented said policies? Are funds accessed as needed or on a regularly scheduled basis?

How much of the grant has been expended to date?

Is the percentage of funds expended consistent with time elapsed in the budget period?

HRSA Site Visit Fiscal Areas of Focus

Section I. Fiscal		
No.	**Title**	**Requirement**
1.	**Ryan White HIV/AIDS Program Budget and Use of Grant Funds**	Grant funds are allocated (budgeted and expended) for allowable RWHAP activities in alignment with applicable RWHAP legislation, federal regulations and programmatic requirements. This includes the requirements regarding the distribution of funds.
2.	**Fiscal Management and Oversight**	Recipient maintains financial management and internal control systems appropriate for the size and complexity of the organization and in compliance with 45 CFR part 75. Recipients maintains external oversight of subrecipient budgets in compliance with 45 CFR part 75.
3.	**Third Party Reimbursement: Billing, Collections, and Program Income Reporting**	Recipient has systems in place for identification and maximization of collections and third-party reimbursement for costs in providing health services, including written billing, credit, and collection policies and procedures; and the tracking and spending of program income.
4.	**Imposition of Charges for Services and Related Fiscal Requirements**	Recipient has a system in place to implement requirements regarding Imposition of Charges for Services and Annual Cap on Charges.

Common Challenges

Ensuring appropriate billing, tracking, reporting, and expenditure/use of program income

Documentation requirements for time and effort charged to grants

Payor of last resort

Written policies and procedures for financial management in compliance with 45 CFR part 75

Subrecipient monitoring to ensure that subrecipients report program income and compliance with requirements/legislation

Proper financial system to track receipt and expenditure by RWHAP awards, subawards, cost category, object class, and service category

Key Takeaways

Key Points

- Consider the common challenges faced by other sites
- Review your budget with cost principles in mind:
  - Allowable, allocable and reasonable
  - Adjust accordingly
  - If a budget modification is needed, consult your PO
- At a minimum, conduct quarterly review of program expenditures between fiscal and program staff
  - Establish a detailed approval process for RWHAP expenditures that shows approval by both fiscal and program designees
- Do not wait until the final months of the project period to submit a budget request
- Ensure appropriate monitoring and tracking for time and effort, program income, and subrecipients

Submitting Proper Budgets

By submitting a proper budget within a competing continuation application or a noncompeting continuation progress report recipients may:

- Eliminate need for Conditions of Award
- Avoid delay in approval of the Allocation Report
- Avoid drawdown restrictions

Additionally, proper submission of prior approvals, such a budget modifications and carryover requests, ensure timely approval of FFRs, Allocation, and Expenditure Reports.

Questions

Let's Explore

Lessons from the Field

How often do your program and fiscal staff meet to discuss your RWHAP Part D budget?

- How often does it happen and what is the focus?
- Does your program staff have a way to track variances in the budget without solely relying on fiscal staff to provide this information?

Lessons from the Field

What is your approach for constructing your annual budget?

- Do you use the prior year's actual expenditures when constructing your budget for the coming year?
- If you're never (or rarely) fully staffed, do you factor in staff turnover?

Lessons from the Field

What is your process for deciding when a budget modification is needed?

- How often does program and fiscal meet to discuss the need for a budget modification?
- Do you have a procedure for shifting funds when there is a staff vacancy?

Lessons from the Field

If you earn program income, how do you track and allocate those funds?

- How do you plan and budget for program income?
- How do you decide how program income will be used?
- How do you monitor expenditures of program income?

Lessons from the Field

How do you maximize your funding across multiple grant awards?

- Do you have a coordinated approach? How does program income factor into your approach?
- Are you able to articulate your program's internal methodology or process for allocating your grant awards to various activities?

Lessons from the Field

Do you have subrecipients?

- How do you monitor your subrecipients?

Lessons from the Field

What piece of advice or words of wisdom related to fiscal management do you want to share?

Questions

Use of Information

- Sharing the information with your internal and external stakeholders to enhance their understanding and knowledge about the RWHAP Part D
- Identify areas for improvement and quality improvement projects
- Use information to prepare for a site visit

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Resources: Fiscal

- Tip sheet, Developing Effective Financial Management Practices, will help you to advise recipients to avoid misspending grant funds
- Use the Internal Controls Tip Sheet to effectively manage and protect federal funds June 22, 2016 RWHAP and PrEP program letter.
- HHS Grants Policy Statement details what applies to all HHS grants and any exceptions or exclusions to these requirements.

Resources

- HHS Grants Policy Statement – general terms and conditions of HHS discretionary grants
- HRSA HAB Policy Notices – help grant recipients understand and carry out RWHAP legislative requirements
- HRSA HAP Program Letters – clarify RWHAP policy notices and initiatives
- HRSA Manage Your Grant - Financial Management
- Ryan White HIV/AIDS Program legislation
- TargetHIV – technical assistance resources for RWHAP recipients
- Uniform Administrative Requirements, 45 CFR part 75 – requirements, cost principles, and audit requirements for HHS awards

RWHAP Part D WICY Basic Training Program

Next WICY Training

When: Summer 2023

What: Reaching Youth Population

1. **How was the length of the session?**
2. **How useful was the information presented?**
3. **Which topics would you like additional training?**

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See you in the next session!