NATIONAL
2018 RYAN WHITE
CONFERENCE ON HIV CARE & TREATMENT

MAKE it, TRACK it and SPEND it

Brigid Kennedy and Dan Wakefield

Ursuline Center—Ursuline Sisters HIV/AIDS Ministry

Disclosures

Presenters have no financial interest to disclose.

This continuing education activity is managed and accredited by AffinityCE/Professional Education Services Group in cooperation with HRSA and LRG. PESG, HRSA, LRG and all accrediting organization do not support or endorse any product or service mentioned in this activity.

PESG, HRSA, and LRG staff as well as planners and reviewers have no relevant financial or nonfinancial interest to disclose.

Commercial Support was not received for this activity.

Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Describe what constitutes program income and list several possible sources
2. List ways program income can be used to further RWHAP goals
3. List examples of expenses that are ineligible for program income use

Obtaining CME/CE Credit

If you would like to receive continuing education credit for this activity, please visit:

http://ryanwhite.cds.pesgce.com

Figuring Out Program Income

Official HRSA/HAB resources

- HAB Policy Notice 15-03 (Clarifications on Program Income)
- HAB Policy Notice 16-02 (Allowable Uses of Funds)
- FAQs for the above notices
- 45 CFR 75.2

What is it and why should I care?

Program income is any income directly generated by a RWHAP grant-supported activity or earned as a result of your RWHAP grant.

Program income includes income such as

- Third-party reimbursement for clinical services
- Patient payments for clinical services
- 340B drug program revenue

Per your Notice of Award, it must be

- Tracked
- Reported on your annual FFR
- Spent to further RWHAP objectives

Tracking Program Income

- All RWHAP grantees must have a mechanism in place to track RWHAP-related program income, such as **coding it in your chart of accounts**.
- Unless you've received permission to treat program income otherwise, it must be spent using the **additive method**—you must spend program income on your Ryan White program in addition to your federal award and any other sources of income designated for an eligible expense
- Therefore, you must also be able to track when you spend program income on **eligible expenses**, also as coded in your chart of accounts

Sample Chart of Accounts

INCOME

3110.02	Donations
3120.02	Grants
3122.02	FHLB
3210.02	Fundraising Events
3210.02.1	Wine & Beer Taste
3210.02.2	Nun Run
3310.02	Ministry Fund
3410.02	Ryan White grant
3420.02	OHFA grant
3430.02	ODH Prevention grant
3440.02	Other Gov't grants
3450.02	HUD CoC grant
3560.02	Clinic Income
3570.02	Pharmacy Income
3610.02	Rental Fees: Housing

EXPENSE

4832.02	Educational Exp Adults
4832.02.5	Educational Exp Adults RW EIS
4840.02	Medical supplies
4840.02.5	Medical Supplies RW EIS
4850.02	Furnishings & Supplies
4860.02	Property Purchase, tax
4885.02	Professional Memberships
4890.02	Miscellaneous
4910.02	Direct Treatment Costs
4910.02.5	Direct Treatment Cost RW EIS
4920.02	Food Vouchers

Spending Program Income: When

- You must spend program income before drawing down grant funds, though "spend" and "before" are defined differently depending on your accounting method
  - In accrual accounting when you incur an expense you can consider it "spent" such as accounts payable amounts for goods & services already received
- In general though:

Eligible Expenses – Program Income = Amount to draw from RWHAP grant

- Program Income received at the end of a grant cycle/period of performance must be spent before grant funds in the new cycle can be drawn

Spending Program Income: What

- RWHAP Parts A, B & C programs must use program income to enhance their comprehensive system of care for low-income persons living with HIV
- RWHAP Part D programs must use program income for family-centered care of low-income women, infants, children and youth affected by or living with HIV
- Parts A, B, C & D can use program income for
    - Core medical services (Parts A, B, C)/outpatient or ambulatory care (Part D)
    - Support services
    - Clinical quality management & improvement
    - Administrative expenses
- Parts A, B, C & D can use program income to cover shortfalls without regard to SOME statutory requirements of the grants (e.g. 10% admin cap)

Program Income: What Specifically

Eligible RWHAP services include (with some limitations as described in PCN 16-02):

Medical services you may not think of like

- Health education/risk reduction
- Health insurance premium assistance
- Home health care
- Hospice services
- Medical nutrition therapy
- Rehabilitation services
- Substance abuse, outpatient & residential

Support services you may not think of like

- Child care services
- Emergency financial assistance
- Food bank/delivered meals
- Housing (newest eligible Part C expense)
- Legal services & permanency planning
- Linguistic services
- Respite care

Spending Program Income: What Not

Program Income Can NOT be spent on

- Syringes
- Pre-exposure Prophylaxis medications
- Construction
- Cash payments to clients
- Salaries in excess of the federal salary rate limit
- Expenses for which another resource is available
- Anything else that is an ineligible expense under your grant, such as clothing, employment readiness, funeral/burial expenses, property taxes

Ursuline Sisters HIV/AIDS Ministry

The ministry, founded in 1993, serves roughly 500 people with a variety of programs. In addition to its Part C clinic that currently provides care to 368 adults, adolescents and children, the ministry includes:

- Support groups, patient/client advocacy and psychosocial support services
- The Ursuline Sisters Café, a meal for the HIV community and their guests, where over 80 people are served each month
- Angela's Place, a non-food pantry of household items and personal supplies distributed to an average of 60 individuals and families each month
- A food pantry, from which is distributed approximately 180 bags of food each month
- Child and Family Services, primarily consisting tutoring, mentoring, and life skills for school-aged children, family support, and early education interventions, serving over 50 children
- Merici Housing, low barrier emergency shelter, permanent supportive housing and housing case management for homeless and at-risk HIV positive individuals and families

Our Program Income Growth

- In our early years, we had very little program income
  - 30% of our patients were uninsured and uninsurable
  - Our patient base was small—at the end of our first year (2001-2002) we had 95 patients
  - We contracted out for billing & didn't have a 340B program
- Over the years, several things changed to impact program income
  - The Affordable Care Act allowed us to reduce our uninsured rate to less than 3% in the first year Expanded Medicaid was available
  - Our patient base steadily grew over time
  - We brought billing in-house and have done a much better job capturing available income
  - We began with a few patients using one mail-order 340B provider

Our Program & Income Now

- Now we have a much more robust revenue stream
  - Less than 1% of our patient base is uninsured
  - We currently serve 368 patients, almost triple the number we were serving at the end of year one
  - Three different 340B providers give our patients the option of mail-order, home delivery from local store, and brick & mortar store pick-up
  - We earn more in a single month on 340B than we did for a whole year when we started
  - We earn almost 3x in program income than we receive in RWHAP grant dollars—though of course we couldn’t earn a penny without the grant!

Where Do We Spend It

Among the many ways we use program income to enhance our Ryan White program, we'll look at a few that stand out for us as

- Having a great, positive impact on health outcomes
- Services we could not provide before the increase in program income

These services are

- Housing services
- HIV testing in the community
- Expanded Clinical Quality Improvement

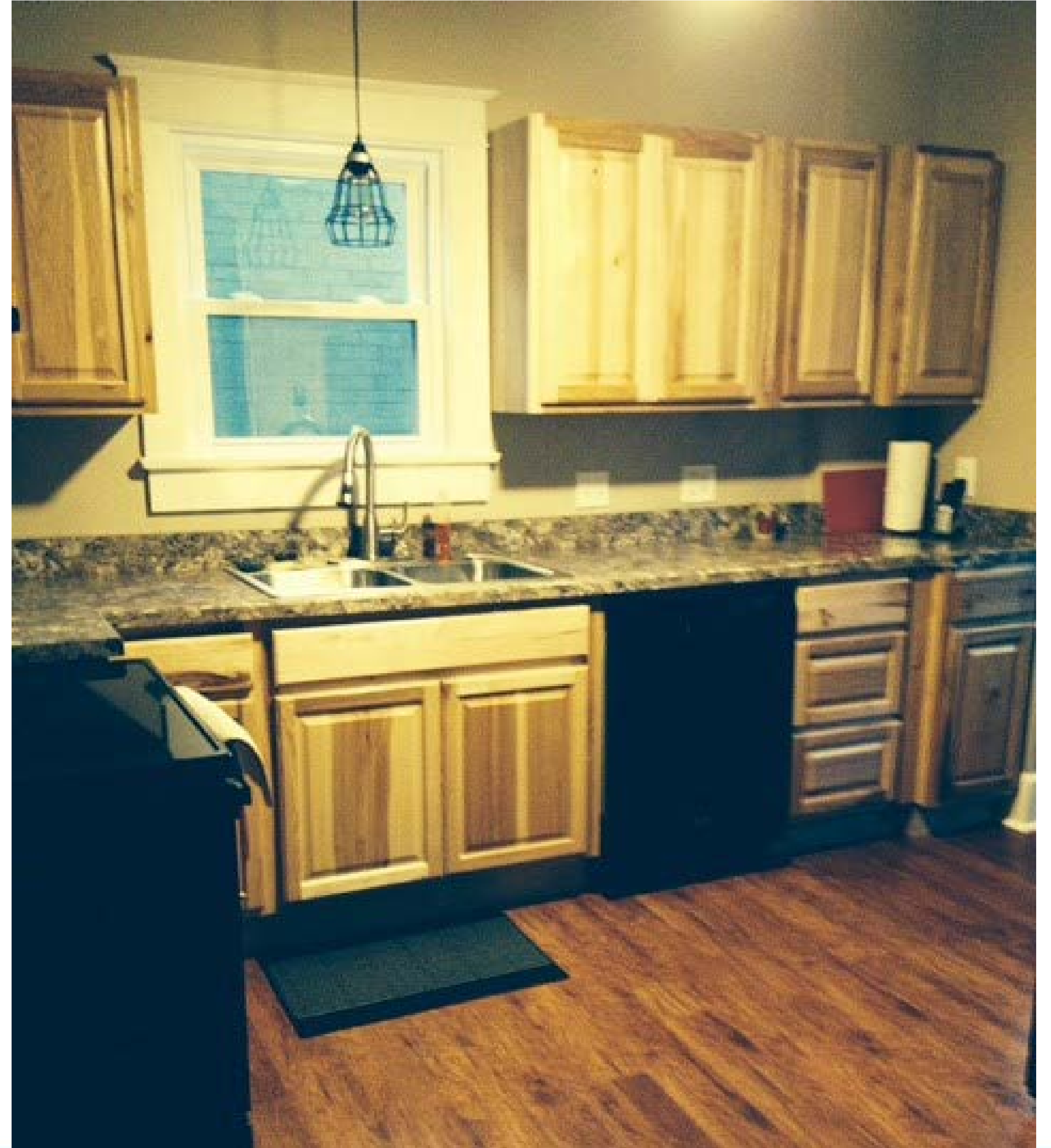
Effects of Stable Housing

Case Study: Tim D

- Homeless after multiple evictions and "burnt bridges" with family & friends
- Debilitating addictions to alcohol and opioids
- Housed at Merici Apartments, a 4-unit (1-bedroom) building where we provide permanent supportive housing
- Tim's viral load during his year with us dropped from 14,608 to 4580 during his time with us

Case Study: Albert S

- Homeless upon exiting prison; living in several places not meant for human habitation, including a laundromat
- Developmental disabilities, and multiple MH diagnoses
- Housed at Francis House, a 3-bedroom home where we deliver intensive supportive housing
- Albert's viral load during his year with us dropped from 126,000 to 303



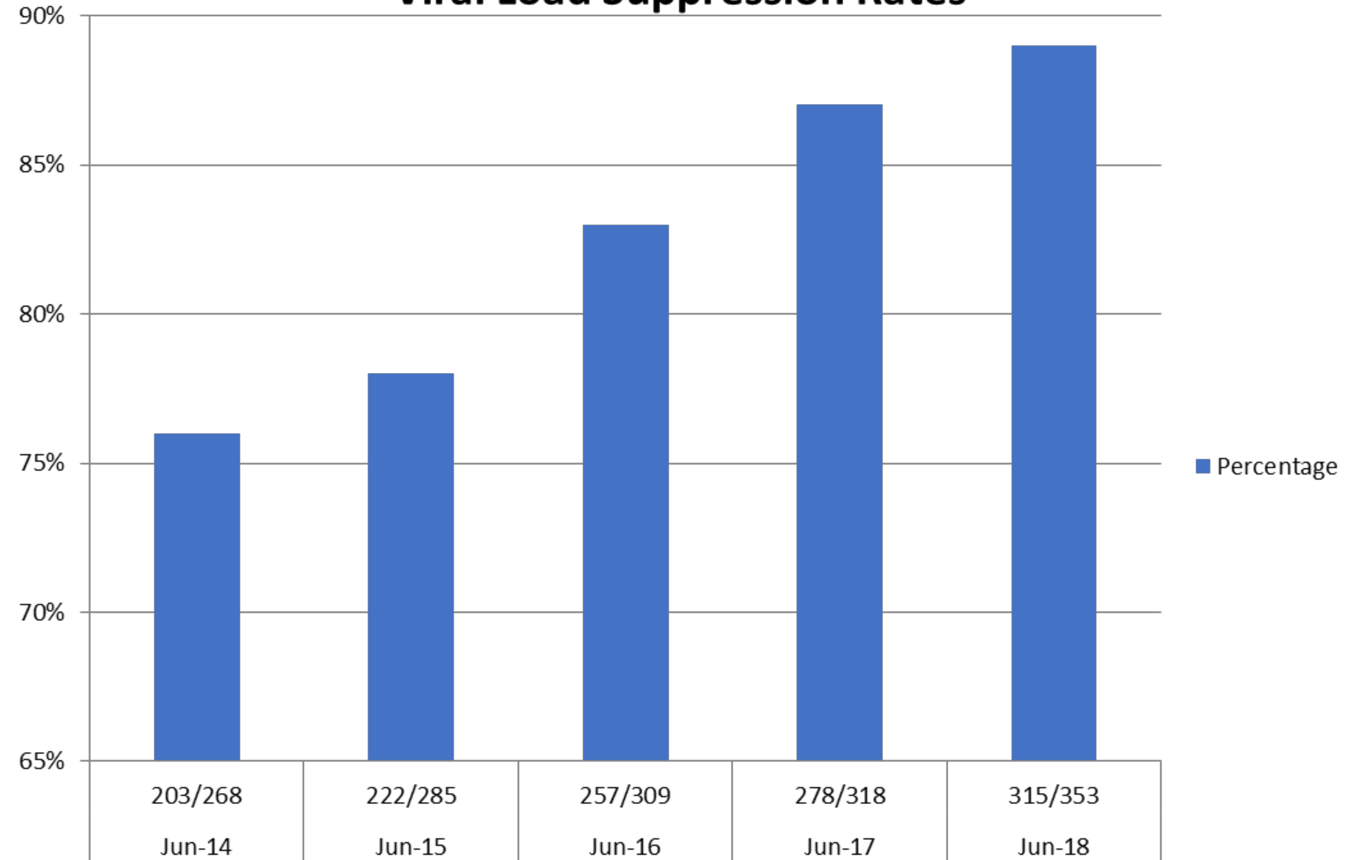
HIV Testing

- The boundaries and leadership for the Prevention Region we are located in have changed twice in the last several years
- Prior to our expansion to community HIV testing we were doing between 25 and 90 tests/year, mostly in the clinic
- We were able to hire and train consumer staff to do HIV testing
- We work closely with Prevention to ensure non-duplication of services
- Our peer testers are able to refer clients testing positive to HIV health care and related services that they know as well as anyone
- They now conduct roughly 80% of the testing in our region, over 600 tests/year

Focus on CQI

Program income allowed for

- Participation in national CQI collaboratives
- More clinical staff and consumer staff
- Training in motivational interviewing and trauma-informed care training
- Emphasis on and ability to do one-on-one interventions
- Using peers in Quality work
- Creating our own Quality resources, such as medication adherence teaching tools



Questions?

And for any questions you have for us after this presentation:

Brigid Kennedy

bkennedy@ursulineministries.org

Dan Wakefield

dwakefield@ursulinesistersaids.org