

The Core Medical Services Waiver: Outcomes from Annual RWHAP Part A Core Medical Services Waiver Request Approvals

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Health Resources and Services Administration (HRSA)**



Health Resources and Services Administration (HRSA) Overview

- Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically vulnerable through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities
- Every year, HRSA programs serve tens of millions of people, including people living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care



HIV/AIDS Bureau Vision and Mission

Vision

Optimal HIV/AIDS care and treatment for all.

Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people living with HIV/AIDS and their families.



Ryan White HIV/AIDS Program

- Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people living with HIV
 - More than half of people living with diagnosed HIV in the United States – more than 550,000 people – receive care through the Ryan White HIV/AIDS Program (RWHAP)
- Funds grants to states, cities/counties, and local community based organizations
 - Recipients determine service delivery and funding priorities based on local needs and planning process
- Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available
- 84.9% of Ryan White HIV/AIDS Program clients were virally suppressed in 2016, exceeding national average of 59.8%



Source: HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2016; CDC. HIV Surveillance Supplemental Report 2016;21(No. 4)



Learning Objectives

At the conclusion of this presentation, you will be able to:

- Understand current core medical waiver standard requirements and the trends in RWHAP Part A submissions since 2013
- Learn about the client and system level outcomes three RWHAP Part A jurisdictions achieved and overall benefits derived from annual core medical services waiver request approvals



Session Background and Overview

- The RWHAP legislation requires RWHAP Part A, Part B, and Part C grant recipients to allocate and expend at least 75% of service funds on core medical services.
- Recipients may request a waiver of this requirement if they can demonstrate that core medical services are available and accessible to all eligible clients in their jurisdiction, state or service area, and there is no current or anticipated AIDS Drug Assistance Program (ADAP) waiting list in their state.



Session Background and Overview

- The current waiver standard, which was implemented in 2013, provides submission flexibility for waiver requests, allowing requests to be submitted within or separate from annual grant applications.
- This panel discussion will feature presentations from three RWHAP Part A recipients that have received multiple waiver approvals since 2013 and the benefits their programs have derived from the approvals.



Presenters

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Basic Requirements to Qualify for a Core Medical Services Waiver

- **The Public Health Service Act grants HRSA authority to waive the Core Medical Services requirement if:**
 - The recipient is funded by Ryan White HIV/AIDS Program Parts A, B, or C;
 - There are no ADAP waiting lists in the applicant's state; and
 - Core Medical Services are available to all eligible individuals in the applicant's state, jurisdiction, or service area.

Current Core Medical Services Waiver Standard Documentation Requirements

- Request Requirement 1-Signed Application and ADAP Certification
 - Application must be signed by Chief Elected Official or Project Director
 - Letter signed by the director of the RWHAP Part B state/territory recipient indicating that there is no current or anticipated ADAP services waiting list in the state/territory
- Request Requirement 2- Evidence of the availability of core medical services in the Part A/B area
 - Evidence that all core medical services are available within 30 days
 - Care and treatment services inventories
 - Non RSR HIV/AIDS client/patient service utilization data (Medicaid, needs assessment)
- Request Requirement 3- Letters from HIV/AIDS entitlement and benefits programs.
 - Letters from HIV/AIDS entitlement and benefits programs. (Medicaid (minimal requirement, private insurers, state or local-funded HIV health care programs)



Current Core Medical Services Waiver Standard Documentation Requirements

- Request Requirement 4 – Evidence of a Public Process
 - Evidence of a public process:
 - Public process can be same as for regular planning
 - At a minimum, documentation must include:
 - A letter from the Planning Council Chair in the Metropolitan area (or the chair of the TGA Planning Body)
 - A letter from the State HIV/AIDS Director
- Request Requirement 5 – Narrative (up to 10 pages)
 - The underlying state or local issues
 - How the documentation submitted supports the assertion that CMS are available.
 - How the waiver will contribute to the grantee’s ability to address service needs for HIV/AIDS non-core services, including outreach and linkage for individuals not currently in care

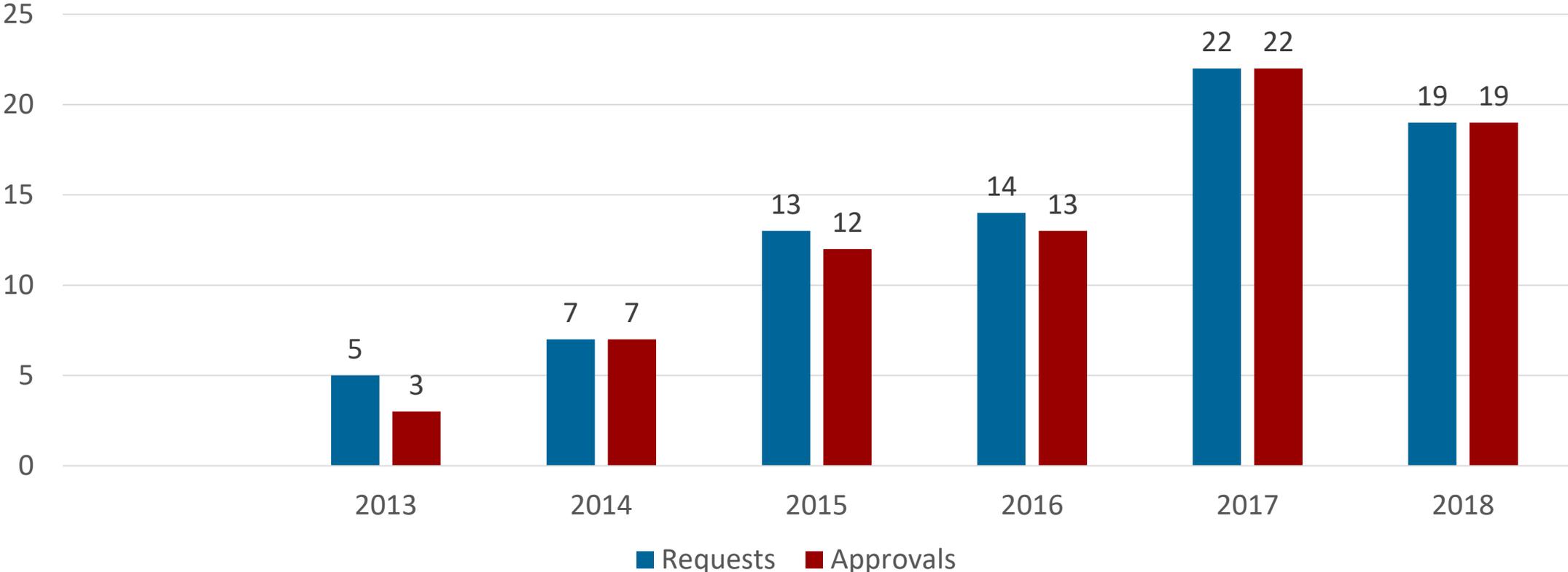


Current Core Medical Services Waiver Standard Documentation Requirements

- Request Requirement 6- Description of Waiver Consistency
 - Description of how the waiver is consistent with:
 - The proposed percentage allocation of resources
 - The state's comprehensive plan
 - The statewide coordinated statement of need (SCSN)
 - The grant application
- All applicants must also provide a proposed allocation table
- Waiver Requests may be submitted:
 - Prior to annual grant applications
 - Included in the annual grant applications
 - Up to four months into the grant period for which the waiver is needed



RWHAP Part A Core Medical Service Waiver Requests Trends 2013-2018



Panel Presentations and Discussion



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