

Review of the Uniform Standard for Waiver of Core Medical Services Requirement: Part A Waiver Requests Trends and Policy Considerations

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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.

HIV/AIDS Bureau Priorities

- **NHAS 2020/PEPFAR 3.0 - Maximize HRSA HAB expertise and resources to operationalize NHAS 2020 and PEPFAR 3.0**
- **Leadership - Enhance and lead national and international HIV care and treatment through evidence-informed innovations, policy development, health workforce development, and program implementation**
- **Partnerships - Enhance and develop strategic domestic and international partnerships internally and externally**
- **Integration - Integrate HIV prevention, care, and treatment in an evolving healthcare environment**
- **Data Utilization - Use data from program reporting systems, surveillance, modeling, and other programs, as well as results from evaluation and special projects efforts to target, prioritize, and improve policies, programs, and service delivery**
- **Operations - Strengthen HAB administrative and programmatic processes through Bureau-wide knowledge management, innovation, and collaboration**

Purpose of Session

- Provide an overview of the Core Medical Services (CMS) policy outlined in HIV/AIDS Bureau (HAB) Policy Notice 13-07, request documentation requirements, and added submission flexibility
- Provide an analysis of the number of requests received and approved 2013-2015
- Provide a summary of waiver allocation ratios and support service gap themes for approved waivers
- Discuss waiver standard requirement improvements and future considerations

Review of the Waiver Standard and Waiver Request Review Process

The Core Medical Services Requirement

- Under Title XXVI of the Public Health Service Act, Recipients receiving Ryan White HIV/AIDS Program Part A, B, and/or C funds are required to spend at least 75% of grant funds on Core Medical Services:
 - Section 2604(c) – Part A
 - Section 2612(b) – Part B
 - Section 2651(c) – Part C

Core Medical Services

Core Medical Services in the Ryan White HIV/AIDS Program statute are defined as:

- Outpatient and ambulatory health services
- AIDS Drug Assistance Program (ADAP) treatments
- AIDS pharmaceutical assistance
- Oral health care
- Early intervention services
- Health insurance premium and cost sharing assistance for low-income individuals
- Home health care
- Medical nutrition therapy
- Hospice services
- Home and community-based health services
- Mental health services
- Substance abuse outpatient care
- Medical case management, including treatment adherence services

Support Services

- **In the Ryan White HIV/AIDS Program, support services are defined as services that are needed for individuals with HIV/AIDS to achieve their medical outcomes.**
- **Examples include:**
 - Respite care for persons caring for individuals with HIV/AIDS
 - Outreach services
 - Medical transportation
 - Linguistic services
 - Referrals for health care and support

Basic Requirements to Qualify for a 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 Waiver Policy Standard Implementation

- **HAB Policy Notice 13-07** outlines the request procedures and documentation requirements to apply for a waiver of the Core Medical Services requirement:
- **78 FR 31563**: Published May 24, 2013, announced new policy and sought public comment
- **78 FR 63990**: Published October 25, 2013, finalized policy and addressed comments from the public
- <http://www.gpo.gov/fdsys/pkg/FR-2013-10-25/pdf/2013-25276.pdf>

Request Submission Options

- **Two different processes:**
- **One for requests submitted before or after grant application**
 - Before: Any time in advance of a recipient's annual application
 - After: Up to 4 months into the grant year for which a waiver is being requested
- **Another for requests submitted with the annual grant application**
- **Both are similar (Requirement 5)**

Request Requirements – 1

- Request must be signed by Chief Elected Official or Project Director
- Letter signed by the Director of the Ryan White HIV/AIDS Program Part B state/territory grantee indicating that there is no current or anticipated ADAP services waiting list in the state/territory

Request Requirements – 2

- Evidence that all Core Medical Services are available and accessible within 30 days.
- Requests must include the following:
 - Care and treatment services inventories
 - Non-RSR HIV/AIDS client/patient service utilization data, such as:
 - Medicaid data
 - Surveillance data
 - Other sources that provide information on PLWH receiving available services

Request Requirements – 2

- **Letters from HIV/AIDS entitlement and benefits programs that evidence the availability of Core Medical Services.**
- **Examples include:**
 - Medicaid (minimum requirement)
 - Private insurers
 - State or local-funded HIV health care programs
 - Foundations providing HIV drug assistance or health care to low income people
 - Other sources of health care or drug assistance available in the grantee's community

Request Requirements – 3

- **Evidence of a public input process:**
 - Public input process can be same as for regular planning
- **At a minimum, documentation must include:**
 - A letter from the Planning/ Body Council Chair (Part A) and
 - A letter from the state HIV/AIDS Director (Part B):
 - Describing state process
 - Conveying knowledge of the public process in the Part A jurisdiction

Request Requirements – 4

- **A narrative of up to 10 pages that explains:**
 - The underlying state or local issues
 - How the documentation submitted supports the assertion that Core Medical Services are available
 - How the waiver will contribute to the grantee's ability to address service needs for HIV/AIDS non-core services, including outreach, linkage, and retention for individuals not currently in care

Request Requirements – 5: Before or After Grant Application Submission

- **In advance of the annual grant application or Up to four months after the initial grant award:**
 - Demonstrate consistency with proposed allocations of resources, jurisdiction's comprehensive plan, and SCSN
 - Proposed allocation table
 - Via EHB Prior Approval Portal

Request Requirements – 5: Submission with Grant Application

- **With the annual grant application**
 - Demonstrate consistency with grant application, SCSN, jurisdiction's comprehensive plan
 - Part A: Consistency with Description of Priority Setting and Resource Allocation Processes, Unmet Need and Assessment sections of current application
 - Part B: Needs Assessment and Unmet Need Section of current application
 - Part C: Description of Local HIV Service Delivery System, Current and Projected Sources of Funding sections of current application
 - Proposed allocation table

HAB Review Process

- Requests are reviewed by a panel of HAB staff
- The Division administering each Part (A, B, and C) has its own review committee
- Made of representatives from HAB staff in Ryan White HIV/AIDS Program Parts A, B, C, and the Policy Development Branch
- Committee reviews each waiver to ensure request:
 - Is complete
 - Documentation meets the legislative and programmatic requirements, including those outlined in Policy Notice 13-07
- Committee makes recommendations for each waiver request to appropriate division director

Official Waiver Decision Communication

- Recipients are informed regarding the decision about their request (approval/denial). All recipients receive an official letter
- For Core Medical Services waiver requests submitted with the annual grant application, notification is with the Notice of Award
- For Core Medical Services waiver requests submitted before or after grant application, notification within 8 weeks of submission

Additional Waiver Information

- Without approval of a waiver request, Recipients **MUST** spend at least **75%** of service grant funds on core medical services
- Recipients that are granted a waiver are **NOT** required to use the waiver
- Recipients whose waiver requests are denied may submit a revised request , if it is less than four months into the grant award
- An approved waiver is limited to the one-year budget period for which it was approved
- Future waivers will require a new request

Part A Waiver Requests Trends and Themes

Core Medical Services Waiver Requests Submissions FY 2013-2015

Fiscal Year	Part A Core Medical Services Waiver Requests Received	Part A Core Medical Services Waiver Requests Approved	Total Approved Requests
FY 2013	Baltimore MD Boston, MA New York City, NY Orange County CA Ponce, PR	Boston, MA New York City, NY Orange County CA	3
FY 2014	Boston, MA New York City, NY Orange County, CA Sacramento, CA San Diego, CA San Francisco, CA Seattle, WA	Boston, MA; New York City, NY Orange County, CA Sacramento, CA San Diego, CA San Francisco, CA Seattle, WA	7
FY 2015	Boston, MA Seattle, WA Baltimore, MD New York City, NY Denver, CO San Diego, CA San Bernardino, CA San Francisco, CA Orange County, CA Los Angeles, CA Oakland, CA Las Vegas, NV Portland, OR	Boston, MA Seattle, WA Baltimore, MD New York City, NY Denver, CO San Diego, CA San Bernardino, CA San Francisco, CA Orange County, CA Los Angeles, CA Las Vegas, NV Portland, OR	12

Waiver Requests Submissions by Region FY 2013-2014

Grantee Recipient	Fiscal Year	Region
Boston	2013	Eastern
Ponce	2013	Eastern
New York City	2013	Eastern
Baltimore	2013	Eastern
Orange County	2013	Western
Boston	2014	Eastern
New York City	2014	Eastern
Orange County	2014	Western
San Diego	2014	Western
Sacramento	2014	Western
San Francisco	2014	Western
Seattle	2014	Western

Waiver Requests Submissions by Region FY 2015

Grantee Recipient	Fiscal Year	Region
Boston	2015	Eastern
New York City	2015	Eastern
Orange County	2015	Western
San Diego	2015	Western
San Francisco	2015	Western
Seattle	2015	Western
Los Angeles	2015	Western
Baltimore	2015	Eastern
Las Vegas	2015	Western
Denver	2015	Western
Portland	2015	Western
San Bernardino/Riverside	2015	Western

FY 2013 Core Medical Waiver Approvals: Allocation Ratios and Service Gaps

Grantee Recipient	Fiscal Year	CMS Waiver Allocation Ratio	Service Gaps to be Covered From Waiver
Boston	2013	73% core/27 % support	Housing/ Rental Assistance Psychol/Soc Support
New York City	2013	70.3 % core/29.7% support	Counseling/Psychol/Soc Support Food/Nutrition
Orange County	2013	74.66 % core/25.34% support	Non-Medical Case Management

FY 2014 Core Medical Waiver Approvals: Allocation Ratios and Service Gaps

Grantee Recipient	Fiscal Year	Waiver Allocation Ratio	Service Gaps to be Covered From Waiver
Boston	2014	72 % core/28% support	Housing Transportation Food/Nutrition
New York City	2014	67.2% core/32.8% support	Psychol/Soc Support Food/Nutrition Non-Medical Case Management Housing
Orange County	2014	74.71% core/25.29% support	Non-Medical Case Management EFA medications Housing Food/Nutrition
San Diego	2014	74.33% core/25.67% support	Outreach
Sacramento	2014	74% core/26% support	Outreach
San Francisco	2014	70.25% core/24.75% support	Food/Nutrition Linkage to care/Outreach Housing Psychol/Soc Support
Seattle	2014	74.66% core/25.34% support	Food/Nutrition Psychol/Soc Support Housing

FY 2015 Core Medical Waiver Approvals: Allocation Ratios and Service Gaps

Grantee Recipient	Fiscal Year	Core Medical Service Waiver Allocation Ratio	Service Gaps to be Covered From Waiver
Los Angeles	2015	72.2% core/27.8 % support	Housing Outreach/Service Linkage
Baltimore		73.64% core/26.64% support	Outreach/Service Linkage Food/Nutrition Transportation Psychol/Soc Support Housing
Las Vegas	2015	71.84% core/28.16% support	Emergency Financial Assistance Food Bank/ Home Delivered Meals Health Education/ Risk Reduction Housing Services Medical Transportation Psychosocial Support Services
Denver	2015	66.81% core/33.19 %support	Case Management non-Medical Emergency Financial Assistance Housing Services Food Bank/Home Delivered Meals Psychosocial Support Services Medical Transportation Services
Portland	2015	72% core/28% support	Housing Services Psychosocial Support Services
San Bernardino/Riverside	2015	73% core/27% support	Housing Services Medical Transportation Non-Medical Case Management

FY 2015 Core Medical Waiver Approvals: Allocation Ratios and Service Gaps

Grantee Recipient	Fiscal Year	Core Medical Service Waiver Allocation Ratio	Service Gaps to be Covered From Waiver
Boston	2015	72 % core/28 % support	Housing Transportation Food/Nutrition
New York City	2015	67.2% core/32.8% support	Psychol/Soc Support Food/Nutrition Non-Medical Case Management
Orange County	2015	74.71% core/25.29% support	Non-Medical Case Management EFA medications Housing Food/Nutrition
San Diego	2015	74.33% core/25.67% support	Outreach/Service Linkage
San Francisco	2015	70.25% core/24.75% support	Food/Nutrition Linkage to care/Outreach Housing Psychol/Soc Support
Seattle	2015	16% core/84% support	Food/Nutrition Psychol/Soc Support

Waiver Requests Allocation Ratio Ranges and Service Themes FY 2013-2015

Fiscal Year	Part A Core Medical Services Waiver Requests Approved	Part A Core Medical Services Waiver Allocation Ratio Range	Part A Core Medical Services Waiver Service Gap Themes
FY 2013	Boston, MA; New York City, NY Orange County CA	70.3 % core/29.7% support– 74.66 % core/25.34% support	Psychol/Soc Support
FY 2014	Boston, MA; New York City, NY; Orange County, CA; Sacramento, CA San Diego, CA; San Francisco, CA; Seattle, WA;	67.2% core/32.8% support– 74.66% core/25.34% support	Psychol/Soc Support Food/Nutrition Housing Outreach
FY 2015	Boston, MA Seattle, WA Baltimore, MD New York City, NY Denver, CO San Diego, CA San Bernardino, CA San Francisco, CA Orange County, CA Los Angeles, CA Las Vegas, NV Portland, OR	16% core/84% support– 74.71% core/25.29% support	Psychol/Soc Support Food/Nutrition Housing

FY 2013 Core Medical Waiver Approvals: Actual Core Medical Services Expenditure Ratios

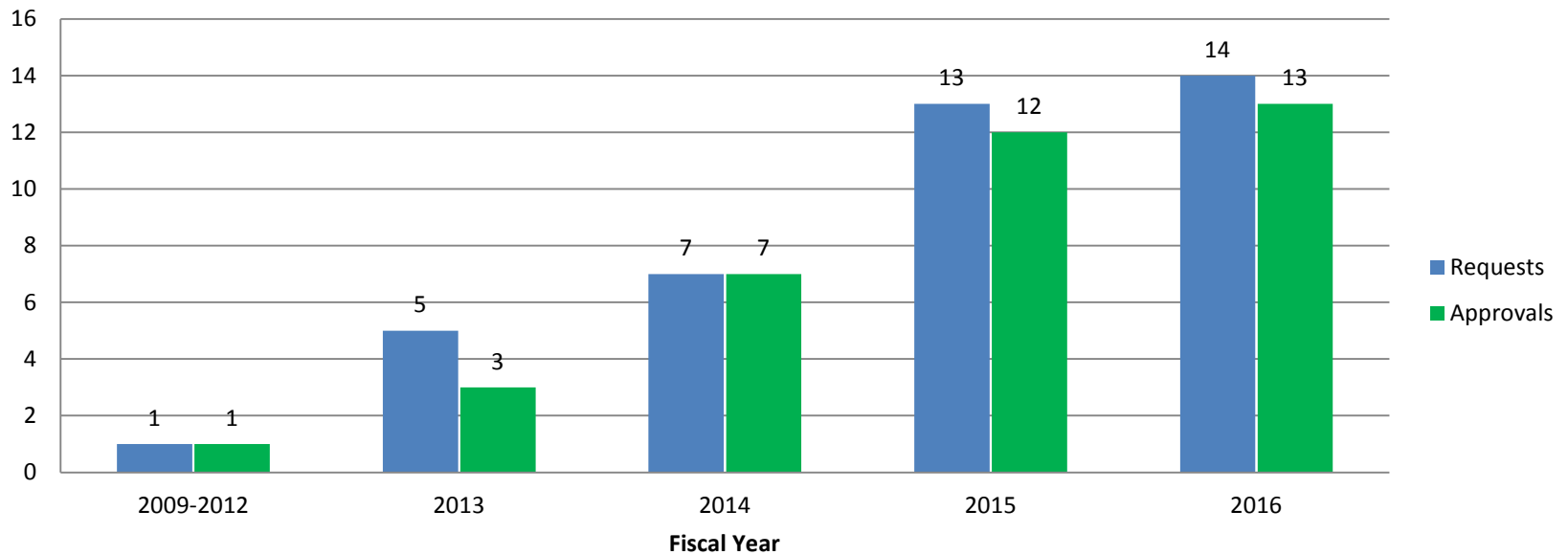
Grantee Recipient	Fiscal Year	Core Medical Services Waiver Allocation Ratio	Actual Core Medical Services Expenditure Ratio
Boston	2013	73% core/27 % support	71% core/ 29%support
New York City	2013	70.3 % core/29.7% support	69.4% core/ 29.6 %support
Orange County	2013	74.66 % core/25.34% support	75.2% core/ 24.8 %support

FY 2014 Core Medical Waiver Approvals: Actual Core Medical Services Expenditure Ratios

Grantee Recipient	Fiscal Year	Core Medical Services Waiver Allocation Ratio	Actual Core Medical Services Expenditure Ratio
Boston	2014	72 % core/28% support	69.1% core/30.9% support
New York City	2014	67.2% core/32.8% support	68.2% core/30.9% support
Orange County	2014	74.71% core/25.29% support	74.3%core/25.7% support
San Diego	2014	74.33% core/25.67% support	75.7% core/24.3% support
Sacramento	2014	74% core/26% support	92.4% core/7.6% support
San Francisco	2014	70.25% core/24.75% support	70.3% core/29.7% support
Seattle	2014	74.66% core/25.34% support	53.4% core/46.6 support

Part A Core Medical Services Waiver Requests and Approvals 2009-2016

Part A Core Medical Services Waiver Requests Submissions and Approvals



Why Have Requests and Approvals Increased?

- **Affordable Care Act Implementation and availability of third party payers**
- **Request submission flexibility**
- **AIDS.gov blog posting to describe new standard and submission process**
- **National Technical Assistance for CMS Waiver Request Process**
 - Sample letters of support formats, service inventory formats made available to all Recipients
 - Webinar held in FY 2014 to explain waiver standard and submission process
- **Internal Review and Feedback Process**
- **Recipient technical assistance calls for resubmissions, disapprovals**
- **Detailed specificity of deficiencies and recommended improvements in official response letters**

Waiver Template Letter

January 28, 2014

{Division Director}
Division of {Metropolitan, State, or Community} HIV/AIDS Programs
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane
Rockville, Maryland 20857

Dear {Division Director}:

This letter is being provided to {Grantee Name} for inclusion in their request for a waiver of the Ryan White HIV/AIDS Program (RWHAP) core medical services requirement. In {State Name}, there are currently no waiting lists for medications on the AIDS Drug Assistance Program (ADAP) formulary. As of the date of this letter, we also do not anticipate that there will be an ADAP waiting list in the near future.

{Name of ADAP Program} supports {Grantee Name}'s request for a waiver of the core medical services requirement. We agree that a waiver of the core medical services requirement will allow {Grantee's Name} to better meet the needs of people living with HIV and AIDS (PLWH) in the state.

Please contact {name and title} at {insert phone/email or other contact information here} if you need additional information.

Sincerely,

{signed by ADAP Director}

{Name}
{Title}

Waiver Standard Clarifications and Improvement Considerations

Core Medical Services Waiver Standard Clarifications and Improvements

- **Streamline and Clarify Documentation Requirements**
 - Establish documentation page limit
- **Documentation Clarifications**
 - Non RSR Data specificity
 - Resource Inventory- Required format, detail; entities vs provider names
 - Clarify requirement to evidence the availability and accessibility of all core medical services whether funded or not by Ryan White funds (e.g. EIS, medical nutrition therapy)
 - Clarify need to reference and align request documentation with grant application information

Core Medical Services Waiver Standard Clarifications and Improvements

- **Submission Flexibility**
 - Flexibility does not allow for assessment of waiver impact
- **Overlap in allowing submissions 4 months into the grant period vs applying for new waiver anytime before new grant application**
- **Signed Request**
 - Submissions with applications often do not include a separately signed request by the program director

FY 2016 Core Medical Services Update

- **Received Requests- 14**
 - New York City
 - Boston
 - Seattle
 - San Diego
 - Portland
 - Denver
 - Baltimore
 - San Bernardino/Riverside
 - Oakland
 - San Francisco
 - Middlesex
 - Baton Rouge
 - Los Angeles
 - Orange County

FY 2016 Core Medical Services Update

- **Approvals- 13**

- New York City
- Boston
- Seattle
- San Diego
- Portland
- Denver
- Baltimore
- Los Angeles
- San Francisco
- Orange County
- Oakland
- San Bernardino/Riverside
- Baton Rouge

Questions??

