HRSA HAB Policy Clarifications
Recently Released & Updated Policy Clarification Notices

Policy Development Branch, Division of Policy & Data
HIV/AIDS Bureau (HAB)
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 with HIV, pregnant women, mothers and their families, and those otherwise unable to access quality health care.
HRSA’s HIV/AIDS Bureau (HRSA HAB) 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 with HIV and their families.
HRSA Ryan White HIV/AIDS Program (RWHAP)

- Public health approach with integrated medical care and support services
  - Recipients determine service delivery and funding priorities based on local needs and planning process
  - People with HIV are integral to the planning process
  - Quality management is required
- Payor of last resort statutory provision: HRSA RWHAP funds may not be used for any item or service if payment has been made or can reasonably be expected to be made under an insurance policy, under any federal or state health benefits program, or pursuant to other specified payment sources.
Learning Objectives

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

  • Identify and be familiar with revised HRSA HAB policy clarification notices (PCNs)

  • Identify and be familiar with new HRSA HAB PCNs

  • Understand the programmatic issues the HRSA HAB PCNs seek to address
Policy Clarification Notices (PCNs) Updates

- Updates reduce administrative burden
- Updates reflect recipient and stakeholder feedback
- Revised three HRSA HAB PCNs
  - **PCN #13-02**: Clarifications on Ryan White Program Client Eligibility Determinations and Recertifications Requirements
  - **PCN #15-02**: Clinical Quality Management Policy Clarification Notice
  - **PCN #16-02**: Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds
- Released two new HRSA HAB PCNs
  - **PCN #18-01**: Services for Clarifications Regarding the Use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance
  - **PCN #18-02**: The Use of Ryan White HIV/AIDS Program Funds for Core Medical Services and Support for People Who are Incarcerated and Justice Involved
HRSA HAB PCN #13-02

Clarifications on Ryan White Program Client Eligibility Determinations and Recertifications Requirements
HRSA HAB PCN 13-02: Background

- PCN 13-02: Clarifications on Ryan White Program Client Eligibility Determinations and Recertifications Requirements

  - Clarifies requirements for determining initial eligibility, and six-month and annual recertification
  - Explains eligibility determination and recertification are necessary to ensure HRSA RWHAP remains the payor of last resort

- Changes reflect clinical and other contextual shifts
HRSA HAB PCN 13-02: Context & Changes

- Viral suppression is essential to end the HIV epidemic
  - Clinical outcomes for people with HIV
  - Prevention in the community and public health realm

- Rapid initiation of antiretroviral therapy is clinical care standard
  - Newly diagnosing people with HIV
  - Maintaining treatment for people with HIV
  - Re-engaging people with HIV who are lost to care
HRSA HAB PCN 13-02: Rapid Eligibility Determinations

- Clarifies flexibility for documenting HRSA RWHAP eligibility and recertification
  - HAB defers to recipients to determine
    - If they will implement rapid eligibility determinations
    - Range of services to provide to clients before HRSA RWHAP eligibility is documented/ascertained
    - Time limit for provision of these services while eligibility is being determined
- HRSA RWHAP remains the payor of last resort
  - If HRSA RWHAP funds are used for clients ultimately determined to be ineligible, recipients:
    - Assume risk of recouping funds
    - Ensure funds are returned to the recipients' RWHAP
- All existing requirements related to eligibility and recertification continue
Clarifications on Ryan White Program Client Eligibility Determinations and Recertifications Requirements

Policy Clarification Notice (PCN) #13-02 (Revised 5/1/2019)
Award to Policy Notice 1/13/19

Scope of Coverage: Health Resources and Services Administration (HRSA) H useCallback(5A02) Bureau, (HRSA) Ryan White H useCallback(5A02) Program (HRSA)P(A) A, B, C, D, and Part F where funding supports direct care and treatment services.

Purpose of PCN: This policy clarification outlines the HRSA RAMP expectations for client eligibility assessments and clarifies the recertification requirements.

Background: By statute, RAMP funds may not be used for any item or service "to the extent that such item or service is otherwise substantially duplicated by any other item or service paid for by other federal, state, or local government program(s) or other non-governmental programs (Sections 300(5)(B), 300301(B)(2), 300401(A)) and 30031(B) of the Public Health Service (PHS) Act)." HRA 15A02 funds must be used to provide services that are "not covered by other federal, state, or local government programs, or other non-governmental programs" (similarly to what the individual is otherwise entitled to receive based on state law or other available funds, but not inadvertently). The PCN outlines eligibility requirements and clarifies the requirements for clients to receive services as defined by the HRSA RAMP. Requirements and subsequent recommendations must ensure that individuals receive services that are targeted to meet the needs of those who are otherwise eligible.

Instructions: HRSA RAMP (Initial Eligibility Requirements)

The PCN establishes the requirements for eligibility assessment services through the HRSA RAMP. The PCN outlines the services provided by the HRSA RAMP, including medical eligibility determination and verification, and the documents required to verify eligibility. The PCN also clarifies the requirements for clients to receive services as defined by the HRSA RAMP. Requirements and subsequent recommendations must ensure that individuals receive services that are targeted to meet the needs of those who are otherwise eligible.

Client Eligibility Determination:

To maintain eligibility for HRSA RAMP services, clients must be certified at least annually. The primary purpose of the recertification process is to ensure that clients continue to meet HRSA RAMP requirements and to confirm that the HRSA RAMP is meeting the needs of all clients. The recertification process includes checking the availability of all other third-party payers. Recertification timelines will vary depending on the type of service provided and the client's specific needs. All clients must engage in eligibility determination and recertification.

The expectation is that HRA RAMP will at least once a year, after an initial eligibility determination (whether defined as a 12-month period or calendar year), determine whether the client continues to meet the eligibility requirements for services to individual clients. Recipients and their subgrantees are expected to report the ongoing eligibility requirements for services to individual clients.

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Knowledge Check #1

While conducting HIV testing, a RWHAP case manager identifies a person with a new diagnosis of HIV. The RWHAP case manager tells this person that they may be able to receive RWHAP services if they meet the eligibility requirements. The RWHAP case manager gets the person with HIV into an outpatient ambulatory health services visit with a RWHAP provider before eligibility determination has been made. The person with HIV demonstrates they are eligible to receive RWHAP services, and the person has Medicaid coverage. Medicaid has reimbursed the RWHAP provider for the outpatient ambulatory health services (OAHS) provided before the eligibility determination had been made.

The Medicaid reimbursement amount is:

a. Sent to HRSA HAB
b. Returned to the provider’s RWHAP funds
c. Sent back to the U.S. Treasury
d. Reimbursed to the doctor providing the OAHS
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The Medicaid reimbursement amount:

a. Sent to HRSA HAB

b. **Returned to the provider’s RWHAP funds**

c. Sent back to the U.S. Treasury
d. Reimbursed to the doctor providing the OAHS
HRSA HAB PCN #16-02

Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds
HRSA HAB PCN 16-02: Background

• The “service categories”
  • Description of each service category and program guidance on associated activities

• Keeps the original HRSA HAB PCN number
  • 2018 revisions are additional clarifications – not policy changes

• Additional clarifications on 9 service categories
  • Four core medical services
  • Five support services
### HRSA HAB PCN 16-02: Core Medical Services

| 1. AIDS Drug Assistance Program Treatments | 8. Medical Case Management, including Treatment Adherence Services |
| 2. AIDS Pharmaceutical Assistance | 9. Medical Nutrition Therapy |
| 3. Early Intervention Services (EIS) | 10. Mental Health Services |
| 5. Home and Community-Based Health Services | 12. Outpatient Ambulatory Health Services |
| 6. Home Health Care | 13. Substance Abuse Outpatient Care |
| 7. Hospice |
HRSA HAB PCN 16-02: Support Services

1. Child Care Services
2. Emergency Financial Assistance
3. Food Bank/Home Delivered Meals
4. Health Education/Risk Reduction
5. Housing
6. Linguistic Services
7. Medical Transportation
8. Non-Medical Case Management Services
9. Other Professional Services
10. Outreach Services
11. Psychosocial Support Services
12. Referral for Health Care and Support Services
13. Rehabilitation Services
14. Respite Care
15. Substance Abuse Services (residential)
HRSA HAB PCN 16-02: Changes

- States telehealth is allowable, and encouraged
- Aligns description of unallowable costs with Notice of Funding Opportunity/Notice of Award
- Includes more information on service standards
- Clarifies accounting and reporting requirements apply to all Service Categories
- Clarifies licensure/certification requirement is based on state/local requirements
AIDS Drug Assistance Program Treatments

“The AIDS Drug Assistance Program (ADAP) is a state-administered program authorized under RWHAP Part B to provide FDA-approved medications to low-income clients living with HIV...

• Clarifies ADAP formularies include at least one ARV from each class based on U.S. Department of Health and Human Services’ Clinical Guidelines for the Treatment of HIV
  • Basis: from statute
  • Aligns with program guidance
AIDS Pharmaceutical Assistance

“AIDS Pharmaceutical Assistance may be provided through one of two programs based on HRSA RWHAP Part Funding.”

• Ensures consistent language across Local Pharmaceutical Assistance Programs (LPAPs) and Community Pharmaceutical Assistance Programs (CPAPs) requirements

• Clarifies LPAPs and CPAPs are for ongoing/routine medication assistance
Health Insurance Premiums and Cost Sharing Assistance for Low-Income Individuals

“Health Insurance Premiums and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program.”

- Ensures consistent language with PCN #18-01 Clarifications Regarding the use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance
  - Including consistent reference FDA-approved medicines
Outpatient Ambulatory Health Services

“Outpatient Ambulatory Health Services provide diagnostic and therapeutic related activities directly to a client by a licensed healthcare provider in an outpatient setting.”

- Telehealth
- Provision of HIV-related treatment in urgent care settings

- Clarifies provision of HIV confirmatory and viral load testing is allowable
- Clarifies that HIV-related specialty care includes vision and audiology
Knowledge Check #2

AIDS Drug Assistance Program Treatments (ADAP) and AIDS Pharmaceutical Assistance (LPAPs or CPAPs) are similar in that they:

a. They provide FDA-approved medications on an ongoing/routine basis
b. They are all operated by state health departments
c. They all must have at least one medication from each antiretroviral drug class
Knowledge Check #2 – answer

AIDS Drug Assistance Program Treatments (ADAP) and AIDS Pharmaceutical Assistance (LPAPs or CPAPs) are similar in that they:

a. They provide FDA-approved medications on an ongoing/routine basis

b. They are all operated by state health departments

c. They all must have at least one medication from each antiretroviral drug class
Emergency Financial Assistance (EFA)

“Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes...”

• Clarifies limited, one-time or short-term for essential items or services necessary to improve health outcomes
  • Medications not covered by ADAP or APA, short-term
  • Other allowable costs needed to improve health outcomes

• Ongoing or continuous costs for allowable activities are not EFA
Housing

“Housing provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient ambulatory health services and treatment.”

• Clarifies that recipients must assess the housing needs of new clients and annually review the housing needs of existing clients

• Removes reference to documenting necessity of housing services

• Encourages coordination with other Federal/State housing programs
  • To define duration limits
  • Determine housing services that are provided by other programs
Non-Medical Case Management (NMCM)

“Non-Medical Case Management Services is the provision of a range of client-centered activities focused on improving access to and retention in needed core medical and support services.”

• Clarifies NMCM may include assistance in accessing vocational and employment services
• States telehealth technology is an allowable means of NMCM communication
Outreach Services

“The Outreach Services category has as its principle purpose identifying PLWH who either do not know their HIV status or who know their status but are not currently in care.”

• Clarifies Outreach Service funds may pay for HIV testing – but must not supplant other funding
• Clarifies public awareness campaigns with information on how to receive HRSA RWHAP services are allowable
• Explains Outreach Services provided on individual and small group basis cannot be delivered anonymously
  • Identifying information would be needed to ensure appropriate follow-up by provider
  • Outreach Services data are reported in the RSR in aggregate
Rehabilitation Services

“Rehabilitation Services provide HIV-related therapies intended to improve or maintain a client’s quality of live and optimal capacity for self-care on an outpatient basis, and in accordance with an individualized plan of HIV care.”

• Clarifies vocational therapy is allowable
• Clarifies rehabilitation services provided on an inpatient basis are not allowable
Knowledge Check #3

Which of the following statements about Outreach Services are correct?

a. Outreach Services funds may pay for targeted HIV testing when no other funds are available

b. HRSA RWHAP recipients may use Outreach Services funds to support public awareness campaigns that are targeted and provide information to access HRSA RWHAP services

c. When a person with HIV is identified through Outreach Services activities, they should be linked to HRSA RWHAP services if they meet eligibility requirements

d. All of the above
Knowledge Check #3 – answer

Which of the following statements about Outreach Services are correct?

a. Outreach Services funds may pay for targeted HIV testing when no other funds are available

b. HRSA RWHAP recipients may use Outreach Services funds to support public awareness campaigns that are targeted and provide information to access HRSA RWHAP services

c. When a person with HIV is identified through Outreach Services activities, they should be linked to HRSA RWHAP services if they meet eligibility requirements

d. All of the above
2018 Policy Clarifications

Healthcare Coverage & People Who Are Incarcerated
HRSA HAB PCN #18-01

Clarifications Regarding the Use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance
HRSA HAB PCN 18-01: Background

• Simplifies and replaces three HRSA HAB policy notices:
  • 07-05 Use of Ryan White HIV/AIDS Program Part B ADAP Funds to Purchase Health Insurance
  • 13-05 Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost Sharing Assistance for Private Health Insurance
  • 13-06 Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost Sharing Assistance for Medicaid

• Maintains HRSA HAB policy on paying for Health Care Coverage Premium and Cost Sharing Assistance
  • Includes clarifications for private health insurance, Medicaid, and Medicare
HRSA HAB PCN 18-01: Overview

• Details requirements for using HRSA RWHAP funds for public and private health care coverage, including Medicare
  • HRSA RWHAP funds can only pay for health care coverage that includes:
    • At least one U.S. Food and Drug Administration (FDA) approved medicine in each drug class of core antiretroviral medicines outlined in the U.S. Department of Health and Human Services’ Clinical Guidelines for the Treatment of HIV; and
    • Appropriate HIV outpatient/ambulatory health services
  • HRSA RWHAP funds may be used when paying for the health care coverage costs is cost-effective, in the aggregate
### HRSA HAB PCN 18-01: Medicare

<table>
<thead>
<tr>
<th>Medicare Part</th>
<th>Can HRSA RWHAP Funds be Used?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Part A (Inpatient)</td>
<td>No</td>
</tr>
<tr>
<td>Medicare Part B (Outpatient)</td>
<td><strong>Yes, when</strong> recipient also pays for Medicare Part D</td>
</tr>
<tr>
<td>Medicare Part C (Medicare Advantage)</td>
<td><strong>Yes, when</strong> the Medicare Part C plan includes prescription drug coverage</td>
</tr>
<tr>
<td>Medicare Part C (Medicare Advantage)</td>
<td><strong>Yes, when</strong> recipient also pays for Medicare Part D where the Medicare Part C plans do not include prescription drug coverage</td>
</tr>
<tr>
<td>Medicare Part D (Prescription Drugs)</td>
<td><strong>Yes, when</strong> HRSA RWHAP Part A, B, C, and D recipient also pays for Part B or Medicare Part C coverage</td>
</tr>
<tr>
<td>Medicare Part D (Prescription Drugs)</td>
<td><strong>Yes, when</strong> HRSA RWHAP ADAP recipients may use funds to pay Medicare Part D when cost effective versus paying for the full cost of medications</td>
</tr>
</tbody>
</table>
Knowledge Check #4

HRSA HAB PCN 18-01 reduces burden on HRSA RWHAP recipients and subrecipients by:

a. Replacing three previous PCNs
b. Changing the requirements to use HRSA RWHAP funds to pay for health care coverage
c. Clarifying that HRSA RWHAP funds may be used to pay for Medicare coverage when that coverage includes medications and the equivalent of outpatient ambulatory health services
d. A and C
HRSA HAB PCN 18-01 reduces burden on HRSA RWHAP recipients and subrecipients by:

a. Replacing three previous PCNs
b. Changing the requirements to use HRSA RWHAP funds to pay for health care coverage
c. Clarifying that HRSA RWHAP funds may be used to pay for Medicare coverage when that coverage includes medications and the equivalent of outpatient ambulatory health services

d. A and C
HRSA HAB PCN #18-02

The Use of Ryan White HIV/AIDS Program Funds for Core Medical Services and Support Services for People Living with HIV Who Are Incarcerated and Justice Involved
Overview of the U.S. Criminal Justice System

The CJ process (grossly simplified).......

Arrest (~12 million/year) → Released

Local Jail (~11 million admissions/year; ~750k on 12/31/16) → Released

Adjudication

Sentenced to jail (~259k on 12/31/16)

Sentenced to probation/Other sanctions (~3.7m on 12/31/16)

Released

Released

Prison (~1.5m on 12/31/16)

Parole (~875k on 12/31/16)

Used with permission from Dr. E. Ann Carson, Corrections Unit, Bureau of Justice Statistics
HRSA HAB PCN 18-02: Background and Definitions

• Replaces HRSA HAB PCN #07-04 Use of Ryan White HIV/AIDS Program Funds for Transitional Social Support and Primary Care Services for Incarcerated Persons

• **Incarceration**: involuntary confinement of an individual in connection with an alleged crime

• **Transitional basis**: time-limited provision of core medical and support services to ensure linkage to and continuity of care for incarcerated PLWH that will be eligible for HRSA RWHAP services upon release, *when such release is imminent*

• **Short-term basis**: time-limited provision of core medical and support services that are not prohibited by the statutory payor of last resort requirements
HRSA HAB PCN 18-02: Federal/State Prison Systems

- HRSA RWHAP recipients may provide HRSA RWHAP core medical services and support services to PLWH who are incarcerated in Federal or State prisons on a transitional basis
  - HRSA HAB defers to recipients/subrecipients to define the time limitation, generally ≤ 180 days
  - HRSA RWHAP recipients and subrecipients work with corrections to define nature of services
    - HIV-related needs (which services) and
    - Anticipated release date (duration of provided services)
HRSA HAB PCN 18-02: Other Correctional Systems

- HRSA RWHAP recipients may provide HRSA RWHAP core medical services and support services to PLWH who are incarcerated in other correctional facilities on a short-term &/or transitional basis

  - HRSA HAB defers to recipients/subrecipients to define the time limitation
  - HRSA HAB recognizes that, in some instances, the time limitation may be the same as the duration of incarceration
  - HRSA RWHAP recipients and subrecipients work with corrections to define nature of services
    - HIV-related needs (which services) and
    - Anticipated release date (duration of provided services)
  - If recipient provides HRSA RWHAP core medical or support services short-term, HRSA HAB recommends they also provide services on a transitional basis
Knowledge Check #5

HRSA HAB PCN 18-02 clarifies that HRSA RWHAP funds:

a. Cannot be used to provide services to people with HIV who are justice-involved

b. Can only be used to provide services to people with HIV who are incarcerated in state prisons

c. May be used to provide RWHAP services to eligible people with HIV in a prison on a transitional basis only

d. May be used to provide RWHAP services to eligible people with HIV in non-prison, correctional facilities on a time-limited basis

e. Both C and D
Knowledge Check #5 - answer

HRSA HAB PCN 18-02 clarifies that HRSA RWHAP funds:

a. Cannot be used to provide services to people with HIV who are justice-involved

b. Can only be used to provide services to people with HIV who are incarcerated in state prisons

c. May be used to provide RWHAP services to eligible people with HIV in a prison on a transitional basis only

d. May be used to provide RWHAP services to eligible people with HIV in non-prison, correctional facilities on a time-limited basis

e. Both C and D
Questions
Where to find HRSA HAB PCNs

All HRSA HAB Policy Clarification Notices and Program Letters can be found on the HRSA HAB website:

https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters
Thank You!

LCDR Emeka Egwim, Michael Evanson, Connie Jorstad, & Kelley Weld

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