

# **APPENDIX G**

TO

## **PLAYSURE NETWORK 2.0:**

### **PROVISION OF A COMPREHENSIVE HEALTH PACKAGE OF HIV-RELATED SERVICES IN HEALTH CARE AND NON-HEALTH CARE SETTINGS USING AN EQUITY-FOCUSED ONE-STOP SHOP AND HOLISTIC CLIENT-CENTERED MODEL**

**APPENDIX G-1: POLICY ON THE USE OF INCENTIVES AND PROMOTIONAL ITEMS  
IN HIV PREVENTION PROGRAMS IN NEW YORK CITY [2 PAGES]**

**APPENDIX G-2: RYAN WHITE - PART A RULES AND REGULATIONS MANUAL [31 PAGES]**

## POLICY ON THE USE OF INCENTIVES AND PROMOTIONAL ITEMS IN HIV PREVENTION PROGRAMS IN NEW YORK CITY

*This policy has been developed in accordance with the US Department of Health and Human Services (HHS) Grants Policy.*

### GENERAL POLICY:

1. Agencies may request to use incentives and/or promotional items in their HIV Prevention program(s) by completing the incentives request form available from their Public Health Solutions contract manager. Before completing the form, agencies should read this policy thoroughly.
2. According to HHS "promotional items include, but are not limited to: clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags that are sometimes provided to visitors, employees, grantees, or conference attendees. Typically, items or tokens to be given to individuals are considered personal gifts for which appropriated funds may not be expended." Only in cases where a program can demonstrate that the promotional items are necessary expenses that directly further its mission may such items be purchased.
3. According to HHS "incentive payments to individuals to motivate them to take advantage of grant-supported health care or other services are allowable if within the scope of an approved project." This means incentives must be tied to the activities and outcomes associated with your contracted HIV Prevention activities. Incentives may not be requested for activities outside the scope of your HIV Prevention contract.
4. This policy refers only to the use of incentives purchased with Centers for Disease Control and Prevention (CDC) HIV Prevention Funds and New York City Tax Levy funds used for HIV Prevention contracts administered by Public Health Solutions.
5. As a steward of public funds NYCDOHMH sets incentive policy by service category which is used by Public Health Solutions to determine whether incentive requests will be approved,
6. Permission to use incentives must be received prior to the first use of incentives and anytime there are changes to the scope of their use (e.g. significant changes to service levels, or changes to gift card type/value).
7. Incentive request amounts must be consistent with the service levels and targets in the current contract.
8. Incentives may not be in the form of cash payments to clients.
9. Gift cards are an acceptable incentive, but must not be redeemable for cash and may not be in the form of pre-paid credit cards. Only the following gift cards are acceptable:
  - a. grocery stores
  - b. pharmacies
  - c. discount retail stores, such as Kmart or Target, that have household items as well as a pharmacy (note: must have a pharmacy to be considered)
  - d. phone cards
  - e. metro cards
10. The following items **may not** be used as incentives if the incentives are purchased using CDC HIV Prevention fund and New York City Tax Levy funds used for HIV Prevention contracts administered by Public Health Solutions: clothing, excluding promotional items, household appliances, pet food, gym memberships, or social/recreational activities (e.g. tickets to movies or event s).
11. *Personal Care Kits*, or *Hygiene Kits*, that include items such as shampoo and soap, which are utilized as an approved and budgeted component of a program's service model, are considered program supplies, not incentives.

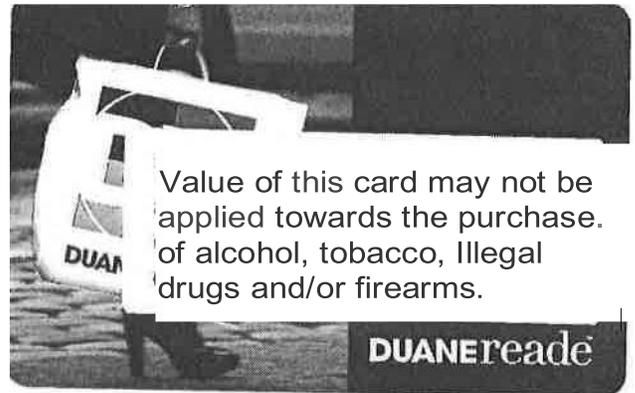
12. Programs must have established policies and procedures for ensuring that incentives are secured, tracked, and distributed appropriately to prevent loss or theft.
13. Gift cards may not be used to purchase tobacco, alcohol, illegal drugs, or firearms. Providers must create a sticker that lists these prohibitions and affix it to the front of the gift cards (see attachment for example).
14. Before clients receive an incentive, they must sign a document certifying that they completed the activities necessary to receive the incentive and will not use the gift card to purchase prohibited items.

## SERVICE SPECIFIC POLICIES:

### HIV TESTING

***Incentives may NOT be used to motivate people to take an HIV test.***

Recruiter Rewards used in Social Network Strategy testing programs are not considered incentives. Please contact your Project Officer if you have questions about the use of SNS Recruiter Rewards.



Ryan White - Part A  
Rules and  
Regulations Manual

March 2020

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## Section 1: Fiscal Management

### Fiscal Management Policies and Procedures

The guidance and policies set forth in this document apply to all contracted and sub-contracted agencies. It is the responsibility of the contractor/provider to ensure this information is available to all sub-contractors. The policies are in place to ensure the proper use of Ryan White Part A Program funds and to guarantee the agencies are using these funds are doing so with the understanding these funds represent the “Payor of last Resort” statute. The following represent current fiscal management policies and procedures approved by the Recipient (The New York City Health Department (DOHMH)).

#### 1.1 Schedule of Charges and Limitations on Charges

##### Policy:

The Ryan White HIV/AIDS Program (RWHAP) legislation requires clients to be charged a fee for funded Ryan White (RW) funded services when that service normally requires a fee. The legislation also requires charges to be capped when the annual aggregate limit is reached.

- a) Providers must develop a Schedule of Charges based on an eligible client’s individual annual gross income that may take the form of a flat rate or a varying rate (e.g. sliding fee scale).
- b) While a provider is required to charge a fee, they are NOT required to collect the fee. No client will be denied services due to the inability to pay and unpaid charges may not be turned over to debt collection agencies.

##### Schedule of Charges Guidance

It is the agency’s responsibility to ensure that policies and procedures specify charges to clients for services, which may include a documented decision to impose only a nominal charge, in compliance with Ryan White Legislation and HRSA Guidance. Service provider’s policies and procedures must be revised per the Federal Poverty Level guidelines (FPL) within 30 days of its annual update.

Schedule of Charges must be determined using the client’s annual income. Agencies should decide and establish whether a schedule of charges for clients with incomes over 100% FPL is a flat rate or on a sliding fee scale. Schedule of charges should be made publicly available and clients should be informed of the placement of schedule of charges. Agencies should inform clients of their cap and the client’s responsibility to track all charges. Agencies should stop imposing charges on the client when the cap is met.

The provider shall establish, document, and have available for review:

- A policy for a schedule of charges
- Current schedule of charges
- Client eligibility determination in client records.
- Fees charged by the provider and the payments made to that provider by clients.

- Process for obtaining and documenting client charges and payments through an accounting system, manual, or electronic.

## 1.2 Federal Poverty Level Below 100% and Client Charges

### Policy

If a provider provides services under the RWHAP contract that normally requires a fee, such as mental health, medical care, and dental care, a fee must be charged to clients with incomes above 100% of the federal poverty limit (FPL). No charges are to be imposed on clients with income below 100% of the Federal Poverty Level (FPL).

b) Individual annual aggregate charges to patients receiving services must conform to the following limits:

- In the case of individuals with an income less than or equal to 100 percent of the official poverty line, the provider will not impose charges on any such individual for the provision of services under the grant;
- In the case of individuals with an income greater than 100 percent of the official poverty line, the provider— (1) will impose a charge on each such individual for the provision of such services; and (2) will impose the charge according to a schedule of charges that is made available to the public.

*In addition, a policy must be implemented that limits the charges that can be imposed on a client, in a given year, for RWHAP services based on percent of client's annual income relative to the FPL:*

- *No charge for clients with incomes less than or equal to 100% FPL;*
- *Charges may not exceed 5% of annual gross income for clients with incomes greater than 100% and not to exceed 200% of FPL;*
- *Charges may not exceed 7% of annual gross income for clients with incomes greater than 200% and not to exceed 300% of FPL; and*
- *Charges may not exceed 10% of annual gross income for clients with incomes greater than 300% of FPL.*

### Guidance:

The provider will document their policy for the schedule of charges does not allow clients below 100% of FPL to be charged for services for personnel are aware of and consistently following the policy for schedule of charges. The policy for schedule of charges must be publicly posted.

For charges to clients with incomes greater than 100% FPL.

- The provider will establish and maintain a schedule of charges and a policy that includes a cap on charges with the following:
  - Responsibility for client eligibility determination to establish individual fees and caps.
  - Tracking of Part A charges or medical expenses inclusive of enrollment fees, deductibles, co-payments, etc.

- c. A process for alerting the billing system when the client has reached the cap and should not be further charged for the remainder of the year.
- d. Personnel are aware of and consistently following the policy for schedule of charges and the cap on charges.

### 1.3 Payor of Last Resort

#### Policy:

The Ryan White HIV/AIDS Program (RWHAP) is the payor of last resort per the RWHAP legislation. Recipients and sub-recipients must ensure that eligible individuals are referred and assisted in enrolling in other private and public health coverage programs and that RWHAP funds are not used to pay for any costs covered by other programs in which the individual is enrolled. Sub-recipients are required to seek payment from other coverage sources before RWPA funds are used. RWPA sub-recipients must coordinate with other RWHAP Parts (Part B, C and F) when similar services are provided. This is essential in avoiding duplication of provided services or payments.

#### Guidance:

Providers may not be reimbursed for services that are payable by Medicaid. In addition to the services available to all Medicaid enrollees, there are supplemental services available to enrollees who qualify for and are enrolled in Medicaid-funded programs. These include HIV Special Needs Plans (SNPS), Health Homes (HH), Health and Recovery Plans (HARPS), and Home and Community Based Services (HCBS).

While compliance with POLR will be assessed and enforced for Medicaid reimbursable services, RWPA providers are obligated to treat RWPA as the POLR in the presence of any non-Ryan White source of funding.

#### Service Categories Exempt from Medicaid Payability Assessment

Services provided under the following service categories are never considered to be reimbursable by Medicaid:

- Early Intervention Services
- Food and Nutrition
- Health Education/ Risk Reduction
- Housing Placement Assistance
- Housing Services
- Legal Services
- Non-Medicaid Case Management for Currently Incarcerated or Recently Released Individuals
- Non-Medical Case Management General
- Psychosocial Support Services-Tri-County

- Short-Term Housing Services
- Supportive Counseling and Family Stabilization Services- General and SEP
- Targeted HIV Testing Among Priority Populations

#### Service Categories with Medicaid Payable Services

The following service categories include services that may be payable by Medicaid. Service units submitted for reimbursement under these categories shall be subject to a Medicaid payability assessment:

- Care Coordination
- Harm Reduction Services
- Medical Case Management- Tri-County
- Medical Transportation- Tri-County
- Mental Health Services
- Oral Health Care- Tri-County

#### 1.4 Fiscal Reporting of Third-Party Funds/Program Income

##### Policy:

Program income is most commonly generated by recipients and subrecipients as a result of charging for services and receiving payment from third-party reimbursement. There are several instances where Ryan White Part A providers can generate program income including: 1) back-billing for Medicaid or insurance-eligible services when services were provided before insurance or Medicaid were activated; 2) income from co-payments and charges to patients for providing services; and 3) income from 340B activities when 340B eligibility<sup>1</sup> status is due to being a Ryan White Part A subrecipient. This is to provide clarification to providers regarding the use and reporting of program income as it relates to funds awarded through the RWHAP.

##### *1.4.1 Use of Program Income*

HRSA's HIV/AIDS Bureau (HAB) is authorized to consider how program income is to be used and is authorized to make a distinction between income earned by the recipient and income earned by subrecipients. HAB has determined that the use of program income is additive, not deductive; that means, accruing and accurately reporting program income will not affect the funding amount of future awards. program income must be used for the purposes for which the award was made and may only be used for allowable costs under the award. Program income must be reinvested back into the RWPA

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<sup>1</sup> **340B program eligibility-** *When RWHAP grant funds is the sole Federal award that makes an organization eligible as a 340B Drug Pricing Program covered entity, and purchases pharmaceuticals via 340B pricing, all the program income should be attributed to the RWHAP grant. When an entity 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.*

program for services to those who are eligible. This may include any HRSA-defined Ryan White service categories whether you were funded for that category by DOHMH or not (e.g. a medical case management contractor may use program income for HRSA-defined home delivered meals). HRSA defined service categories may be found in sections B and C of the HRSA Ryan White Part A (RWPA) monitoring standards.

- Under RWPA, allowable costs are those limited to core medical and support services, clinical quality management, and administrative expenses (including planning and evaluation) as part of a comprehensive system of care for low-income individuals living with HIV.
- Program income may be utilized for elements of the program that are otherwise limited by statutory provisions, such as administrative and clinical quality management activities that might exceed statutory caps, or unique services that are needed to maintain a comprehensive program approach but that would still be considered allowable under the award.

Under the uniform administrative requirements, to the extent available, recipients and subrecipients must disburse funds available from program income before requesting additional cash payments.

- Recipients and subrecipients should strive to proactively secure and estimate the extent to which program income will be accrued. This should be done to effectively determine the need for RWHAP funds and their allocation and utilization during the current period of performance.

#### *1.4.2 Types of income that are not considered program income*

Except as otherwise provided in Federal statutes, regulations, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them. Specific examples include:

- Other Federal (including RWHAP) grants awards or subawards.
- Interest earned on advances of Federal funds.
- Refunds for overpayments for goods and services, or the return of a product. (To the extent that refunds relate to allowable costs, they must be credited to the RWHAP award either as a cost reduction or a cash refund, as appropriate.)
- The reduced 340B price a covered entity received on the purchase of a medication (this is considered a discount).

#### *1.4.3 Reporting Program Income from 340B Drug Pricing Program (340B Program)*

The 340B Program is a Federal drug pricing program administered by HRSA's Office of Pharmacy Affairs that provides eligible entities (including ADAPs and other RWHAP recipients) with access to discounted medications. Under the ADAP 340B rebate option, ADAPs submit claims to pharmaceutical manufacturers for rebates on medications that were not purchased at the 340B prices.

In the past, 340B income was not included in this policy. However, after receiving policy clarifications from HRSA, it was made clear that 340B activities must be added to the New York EMA's program income policy.

Even though programs in the NY EMA are not funded for medical care by Ryan White Part A or purchasing medications with Ryan White Part A funds, those using their status as a Ryan White Part A sub recipient to obtain 340B pricing and generate income MUST report that income to the Part A Recipient (DOHMH via Public Health Solutions) and must reinvest it in allowable Part A costs (administrative, quality management or Ryan White defined service category programming) that benefit Ryan White Part A clients and those who are eligible for Ryan White Part A services.

When the RWHAP grant is the sole Federal award that makes an organization eligible as a 340B Drug Pricing Program covered entity and the organization purchases pharmaceuticals via 340B pricing, all the program income generated as a result should be attributed to the RWHAP grant. When an entity 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. DOHMH receives a list of agencies that are part of the 340B program from the Office for Pharmaceutical Affairs (OPA) and is asked regularly by OPA to verify that they are Part A sub recipients.

Program income must be reported at the end of the fiscal year as part of the contract closeout. The report must name which Ryan White allowable services (including QM and administrative expenses) spent the funding.

For more information, please refer to HRSA HIV/AIDS Bureau Policy Clarification Notice (PCN) 15-03 and its accompanying "Frequently Asked Questions" sheet released on March 21, 2016.

#### *1.4.4 Reporting Program Income from RWPA Housing*

For RWPA housing programs, program income includes payments for client rent made by the New York City HIV/AIDS Services Administration (HASA), Public Assistance (PA), and resident rent payments made by the program client, this income must be reported monthly.

Agencies must utilize the *Free Resident Rent Calculator* when calculating a client's monthly resident rent payment. The *Free Resident Rent Calculator* can be found at <https://freerentcalculator.com/index.cfm>.

RWPA-funded providers are required to establish proper accounting methods to ensure that program income is being tracked as a restricted revenue source and used for eligible and approved HOPWA project activities. See the below examples that detail the tracking and use of program income:

Example 1 – Congregate Resident Rent Payments: Agency A operates a 35-unit, congregate housing program funded by RWPA. Program clients enter into a tenancy agreement with Agency A. John Smith resides in one of the housing units. The rent for the housing unit occupied by Mr. Smith is \$850. Mr. Smith solely receives income from HASA. After calculating Mr. Smith's monthly rent payment using the Free Rent Calculator, he would have a monthly rental payment of \$0.00 because he solely receives income from HASA, which is a form of public assistance, and is therefore not included when calculating his rent amount.

On a monthly basis, Agency A receives \$850 from HASA for the housing unit that is currently being occupied by Mr. Smith. The \$850 collected from HASA must be recorded and tracked by Agency A as restricted revenue. These restricted funds must then be used by Agency A to fund Ryan White Part A-eligible activities, such as operations and maintenance of the congregate housing facility.

Example 2 – Scattered-Site Resident Rent Payments: Agency B operates a 30-unit, scattered-site housing program funded by RWPA. All 30 units are leased by Agency B. Program clients enter into a tenancy agreement with Agency B. Janet Brown resides in one of the scattered-site apartment units. Ms. Brown currently receives \$808 from Supplemental Security Income (SSI) and her monthly resident rent payment equals \$232.40.

On a monthly basis, Agency B collects \$232.40 from Ms. Brown. The \$232.40 collected from Ms. Brown must be recorded by Agency B as restricted revenue. These restricted funds must then be used by Agency B to cover a share of the monthly apartment rent paid to the landlord.

Example 3 – Resident Rent Payments for Families with Dependents: Agency C operates a 30 unit scattered-site housing program funded by RWPA. All 30 units are leased by Agency C. Program clients enter into a tenancy agreement with Agency C. Tom Jones resides in one of the scatter-site units with his 20-year-old son, Sam, who attends City College. Tom currently receives full HASA entitlements and benefits. Sam works part-time at a restaurant in Manhattan and earns \$1,000.00 per month.

On a monthly basis, Agency C collects \$290.00 from Mr. Jones because his son is employed. Since his son resides with him, Sam's income must be included when calculating the monthly rent payment. The \$290.00 collected from Mr. Jones must be recorded by Agency C as restricted revenue. These restricted funds must then be used by Agency C to cover a share of the monthly apartment rent paid to the landlord.

#### 1.4.5 Tracking Program Income

To track program income, program and fiscal staff will need to develop a tracking system (if not already in place), coordinated with other billing staff/departments. The system must be able to quantify how much is earned from third-party insurance in the “back-billing” period once a client’s insurance application has been approved. It should also stop any billing to Ryan White once insurance is in place.

Once tracking system is in place, the following must be done:

- Query other billing/reporting systems to determine income received for services from date of enrollment up to the successful enrollment in insurance program
- Calculate the aggregate amount of income generated (i.e., collected) and costs covered by the program income and report to Public Health Solutions at closeout
- Ensure that program income is used to expand program services or to cover allowable costs not paid for by contract income (not subject to a cap on administrative costs).
- Separately track costs associated with contract income and program income.
  - Recipients and sub recipients should adhere to their written accounting procedures that must be compliant with 45 CFR§ 75.302(b). Of note, recipient and sub recipient financial management systems must provide for the following:
    - Identification, in its accounts, of all Federal awards received and expended and the Federal programs under which they were received. Federal program and Federal award identification must include, as applicable, the Catalog of Federal Domestic Assistance title and number, Federal award identification number and year, name of the HHS awarding agency, and name of the pass-through entity, if any.
    - Records that adequately identify the source and application of funds for federally funded activities. These records must contain information pertaining to Federal awards, authorizations, obligations, unobligated balances, assets, expenditures, income and interest and must be supported by source documentation.

Frequency of reporting: Program Income must be reported to Public Health Solutions annually with the contract’s fiscal closeout. Only RWPA Housing programs must report program income on a monthly basis. Public Health Solutions will require an attestation that program income was used in accordance with applicable costs restrictions.

## 1.5 Limitations of Part A Funds Spent on Administrative Costs

### Policy:

Administrative costs are defined as the costs incurred for usual and recognized overhead, including established indirect rates for organizations, management and oversight of programs; and other types of program support such as quality assurance, quality control, and related activities.

With a rapidly changing healthcare environment, increasing requirements for oversight of contractors, and required coordination across other federal, state and local funding streams, Ryan White subcontractors have new and additional administrative costs. To provide increased flexibility, HRSA's HIV/AIDS Bureau (HAB) re-examined the classification of costs subject to the administrative cost cap.

The additional flexibility in administrative costs will better enable subcontractors to provide core medical and support services to eligible clients, while ensuring that Ryan White is the payer of last resort.

*Note: The NY Eligible Metropolitan Area's (EMA) administrative cap for providers is currently 11%, this is reviewed on an annual basis by DOHMH and subject to change.*

For information on classification of costs, see section 1.2

As a reminder, all indirect costs charged by the contractor are considered administrative costs subject to the 11% administrative limit.

Documentation of administrative costs is contained in the contractor's approved budget submission and other documents submitted to Public Health Solutions.

### **Effective Date**

All revisions and clarifications provided in this PCN are effective on or after January 1, 2015.

### **Citation**

PCN # 15-01/HIV AIDS Bureau, January 2015

## 1.6 Appropriate Assignment of Ryan White Administrative Costs

### Policy:

All incurred expenses are considered program costs or administrative costs. In addition, administrative costs can be classified as either direct or indirect, while all program costs are direct.

Program Costs: Program costs are defined as costs incurred for direct service delivery. These costs are generally incurred as a direct result of providing a specific service to a client or a member of the client's family.

- a. Direct Program Costs: Direct Program costs contain 0% administrative costs, as they are considered service delivery costs.

#### Direct Program Cost Examples:

- Providing direct services funded via the contract (primary and back-up)
  - Salaries and related fringe benefits for staff who provide direct services to clients, their clinical supervisors, and other staff who directly support these individuals
  - Salaries and related fringe benefits of staff who enter client level data and who document all data needed for the provision of services, client follow-up and health status monitoring
  - Consultants who provide direct services to clients, supervise program staff, develop program materials, or perform other program functions
  - Program supplies such as educational materials, medical supplies, and other supplies that are specifically used for the program
  - Office supplies, such as folders for client charts, that directly support program activities
  - Travel costs for program clients and program staff
  - Printing and photocopying of medical forms, program materials, and other materials used by or for program participants
  - Equipment used for direct service delivery
  - The portion of malpractice insurance for all licensed practitioners related to clinical care.
- b. Non-Direct Program Costs: Non-direct program costs are required programmatic activities but not necessarily discrete services. Non-direct program costs are programmatic activities that contain 0% administrative costs.

#### Non-Direct Program Cost Examples

- Determining if referrals to clients were made correctly
- Determining if services were provided per service model and/or protocol
- Conducting service documentation review for adherence to program model
- Determining if client flow is appropriate
- Directly observing service delivery to ensure adherence to program model
- Conducting supervisory review of service plan and progress notes
- Participation in case-conference meetings to coordinate client care

- Entering client service information in the reporting system for the purposes of quality management (note: as data entry into eSHARE is a mix of reporting and quality management, most data entry salaries should be a mix of admin and direct program)
- Engaging in learning network meetings
- Participation in DOHMH provider meetings
- Engaging with DOHMH Project Officers in program assessment and technical assistance
- Participation in program evaluation activities as required by the Scope of Services
- Obtaining Primary Care Status Measures (PCSM) information from the client and/or providers and documenting them in the client record
- Reviewing charts to determine need for PCSM follow-up
- The portion of a supervisor's time devoted to providing professional oversight and direction regarding core medical or support service activities (does not include general administrative supervision of these individuals)
- Providing clinical supervision to direct-service provider staff
- Providing clinical supervision to non-service provider staff related to service
- Attending various training as required by the Scope of Services

Administrative Costs:

Administrative costs are costs incurred for usual and recognized overhead, including established indirect rates for organizations; management and oversight of specific programs funded under this title, and other types of program support such as quality assurance, quality control, and related activities. In addition, administrative costs can be **direct** or **indirect costs** and combined must not exceed the 11% administrative cap (see Section 1.1).

- a. Direct Costs: Direct costs are costs that can be directly charged to the program and which are incurred in the provision of direct services and have an administrative percent.

Examples of Direct Costs (with a portion/percentage that is administrative):

- Salaries and related fringe benefits for staff based on actual time worked and charges are applied to the program or project for which they work
- Expenses related to above-indicated staff t, including recruitment costs and travel expense,
- Telephone expenses related to a unique telephone number or an extension for which expenses can be determined and substantiated on an actual or allocated basis
- Space costs and related expenses for facility space that is used only for funded activities, for which expenses can be determined and substantiated on an actual or allocated basis

- All program supplies, as defined above
  - Other expenses that are both directly attributable to the program and consistently treated, on an agency-wide basis, as direct costs
- b. Indirect Costs: Indirect Costs are considered costs which are incurred for common or joint activities that cannot be identified specifically with a project or program and are 100% administrative.

#### Examples of Indirect Costs

- Salaries and related fringe benefits for staff who do not charge their time directly to specific individual programs and/or projects, either because of the nature of the position or because it is not realistic to allocate their salaries, on the basis of actual time worked, to numerous programs or projects funded by multiple sources;
- Expenses related to staff who are indirectly charged, including recruitment costs and travel expense
- Telephone costs and space usage that is not designated solely to the program, for which actual expense cannot be determined and/or substantiated
- Other expenses that are not specifically identified with the program
- All insurance coverage (including, but not limited to, liability, auto, property, professional, directors and officers) is 100% administrative, except for the portion of malpractice insurance for all licensed practitioners related to clinical care. Note: malpractice insurance for the clinic or facility is considered 100% administrative.

All indirect costs are normally pooled to create an indirect cost rate which is then applied to individual grant and contract-supported projects (see Section 1.3 Indirect Cost Using Certificate of Cost Allocation).

Documentation of indirect costs is contained in the contractor's budget submission and other documents submitted to Public Health Solutions.

#### **Effective Date**

April 2013

#### **Citations**

PHS Budget Preparation Guidelines, November 2015 in adherence to HRSA/HAB Division of Metropolitan HIV/AIDS Programs National Monitoring Standards – Fiscal Part A, April 2013

## 1.7 Negotiated Indirect Cost Rate (NICRA)

### Policy

Inclusion of the 11% cap Indirect Cost by Using Negotiated Cost Rate:

Inclusion of indirect costs are applicable only where the contractor has a Health and Human Services (HHS) Negotiated Indirect Cost Rate (NICRA) using the Certification of Cost Allocation Plan or Certificate of Indirect Costs, which has been reviewed by HHS.

*Note: To obtain an indirect cost rate through HHS's Division of Cost Allocation (DCA), visit their website at <http://rates.psc.gov/>*

### 1.7.1 De Minimis Rate

#### Policy

Organizations using a de Minimis rate can budget up to 10% of the modified direct cost (total budgeted costs less equipment less direct budgeted administrative costs) as indirect costs. Only organizations that have never had a NICRA can use the de Minimis rate.

The rate methodology must be used consistently across all federal grants (i.e. if you budget an item as a direct administrative or program cost on one grant, you cannot include it as part of your indirect costs on another grant). Organizations must document how they arrived at the modified direct cost and have it available for review upon request.

Documentation of the indirect cost rate is contained in the contractor's approved budget submission and other documents submitted to Public Health Solutions.

**Effective Date:** April 2013

**Citations:** HRSA/HAB Division of Metropolitan HIV/AIDS Programs National Monitoring Standards – Fiscal Part A, April 2013

Policy Clarification Notice (PCN) #15-01

## Section 2: Limitations on the Use of RWPA Funds

### 2.1 Limitations on the Use of RWPA Funds- Salary Maximum

#### Policy

Health Resources Services Administration (HRSA) funds may not be used to pay the salary of an individual at a rate in excess of \$192,300 (the current salary rate for a Federal Executive Level II). HRSA updates this amount annually.

This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/contracts for substantive work under a HRSA grant or cooperative agreement.

For providers to comply with the salary maximum, they must:

- Monitor staff salaries to determine whether the salary limit is being exceeded.
- Monitor prorated salaries to ensure that the salary when calculated at 100% does not exceed the HRSA salary limit.
- Monitor staff salaries to determine that the salary limit is not exceeded when the aggregate salary funding from other federal sources including all parts of Ryan White do not exceed the limitation.
- Review payroll reports, payroll allocation journals and employee contracts.

In addition, contractors cannot submit budgets to Public Health Solutions with a contract-funded salary in excess of the capped amount, regardless of their FTE (full time equivalent. Contractors must pro-rate the capped amount on their budgets).

Example: If a staff salary is \$200,000 annually and the actual FTE is .5, then the requested amount would be \$100,000. However, in the budget submitted to PHS, contractors must use the salary cap amount (\$192,300). For this same example, the actual FTE is still .5, and the requested amount is \$96,150. Contractors must calculate the fringe rate based on the total requested salary amount.

Documentation of staff salaries is contained in the contractor's approved budget submission and other documents submitted to Public Health Solutions.

#### **Revised Date**

January 2020

#### **Citation**

HRSA/HAB Division of Metropolitan HIV/AIDS Programs National Monitoring Standards – Fiscal Part A

### 2.2 Policy Title: General Incentives

#### Policy

Contractors may request to use incentives in their Ryan White program(s) by completing the incentives request form from Public Health Solutions. Before completing the form, organizations should read this policy thoroughly.

According to the U.S. Department of *Health and Human Services* (HHS), “incentive payments to individuals to motivate them to take advantage of grant-supported health care or other services are allowable if within the scope of an approved project.” This means incentives must be tied to the activities and outcomes associated with your contracted Ryan White activities. Incentives may not be requested for activities outside the scope of your Ryan White contract.

This policy refers only to the use of incentives purchased with Ryan White Funds, or with program income derived from Ryan White-funded activities.

As a steward of public funds, NYCDOHMH sets incentive policy by service category which is used by Public Health Solutions to determine whether incentive requests will be approved. To this end, NYCDOHMH limits the use of incentives in all service categories.

Permission to use incentives must be received prior to the first use of incentives and anytime there are changes to the scope of their use (e.g. significant changes to service levels, or changes to gift card type/value).

Incentive request amounts must be consistent with the service levels and targets in the current contract.

Incentives may not be in the form of cash payments to clients. Gift cards are an acceptable incentive, but must not be redeemable for cash, and may not be in the form of pre-paid credit cards. According to Human Resources and Services Administration’s (HRSA) policy, gift cards may not be used to purchase tobacco, alcohol, illegal drugs, or firearms. Contractors must create a sticker that lists these prohibitions and affix it to the front of the gift cards.

Only the following gift cards are acceptable:

- Grocery stores
- Pharmacies
- Discount retail stores, such as Kmart or Target, that have household items as well as a pharmacy (note: must have a pharmacy to be considered)
- Phone cards
- Metropolitan Transportation Authority (MTA) Metrocards

The following items are unallowable costs and may not be used as incentives: household appliances, pet food, gym memberships or social/recreational activities (e.g. tickets to movies or events).

Hygiene kits that include items such as shampoo and soap, which are utilized as an approved and budgeted component of a program’s service model, are considered program supplies, not incentives.

Contractors must have established policies and procedures for ensuring that incentives are secured, tracked, and distributed appropriately to prevent loss or theft.

Before clients receive an incentive, they must sign a document certifying that they completed the activities necessary to receive the incentive and will not use the gift card to purchase prohibited items.

General Incentives Request Procedures

Expense and Exception Request Procedures

## **Attachments**

Incentive Approval Request Form

## **Citation**

New York EMA Policy on the Use of Incentives (effective 03/01/2016 - v.2)

2.3 Policy Title: Category Specific Incentives

### Policy

The following are category-specific incentive regulations:

#### **Care Coordination**

Incentives may be used to encourage clients to achieve and maintain viral load suppression. Care Coordination clients may receive up to \$140 per year in incentives for achieving and/or

- A \$70 incentive may be distributed to eligible clients every six (6) months.
  - Verification of viral load suppression should be supplied by the client or accessible by staff in the medical record.
- For the purpose of this policy, the definition of viral load suppression will mirror that of the New York City HIV Care Continuum (below 200 units/mL).
- Care Coordination clients may not receive a Ryan White incentive for viral load suppression if they are receiving an incentive for viral load suppression from another source (such as Medicaid, a research study, or agency program such as “The Undetectables”).

Incentives may be used to encourage clients to attend case conferences at enrollment and every 3 months thereafter. Care Coordination clients may receive up to \$200 per year in incentives for attending quarterly case conferences.

– A \$50 incentive may be distributed to eligible clients every three (3) months for attending their quarterly case conference.

Incentives may be used to encourage clients to attend health education groups about HIV self-management, as defined in the scope of services. Care Coordination clients may receive up to \$105 per year in incentives for attending health education groups.

– An incentive up to \$7 may be distributed to eligible clients for attending a health education group; up to \$105 per year.

#### **Case Management (Non-Medical) For Recently Incarcerated Populations**

Incentives may be used to encourage timely entry into medical care and engagement with care through the 90-day follow-up visit.

- Clients may not receive more than \$50 in combined incentives in one year.
- Incentives may be given either after each of the two milestones below, or as single incentive after the completion of both,

- Clients may receive an incentive for a confirmed visit to a primary HIV medical provider.
- Clients may receive an incentive at the 90-day follow-up if the provider confirms that the client is engaged in care with a medical, behavior health, or substance use provider.
- Examples of engagement include kept appointment with medical case management, substance use treatment program, or behavioral health provider; picked up prescription medication; or evidence of treatment adherence, such as suppressed viral load or pill count.

### **Harm Reduction**

Incentives may be used to engage individuals in implemented Evidence Based Interventions (EBIs) and must use the standardized incentives schedule outlined below:

#### **Therapeutic Education System (TES)**

- Client can receive a \$50 gift card for the completion of 60 modules.

#### **Seeking Safety**

- Client can receive \$30 for completion of five (5) individual sessions; yearly cap of \$390 per client.
- Client can receive \$5 per session, upon completion of your set number of groups per cycle.

*For example:*

- *If you conduct your groups over 6 weeks, your client can receive \$30 in gift cards at the completion of the sixth group.*
- *If you conduct your groups over 10 weeks, then the client can receive \$50 in gift cards upon completion of the tenth group.*

#### **Healthy Conversations**

- *Client can receive \$15 for every three (3) individual sessions; yearly cap of \$360 per client. Client can also receive a final \$20 gift card once the curriculum track of choice has been completed.*
- *Client can receive \$5 per session, upon completion of your set number of groups per cycle.*

*For example:*

- *If you conduct your groups over 6 weeks, your client can receive \$30 in gift cards at the completion of the sixth group.*
- *If you conduct your groups over 10 weeks, then the client can receive \$50 in gift cards upon completion of the tenth group.*

#### **Health Education/Risk Reduction**

- Incentives should follow the incentives schedule and guidelines identified by the Positive Life Workshop model.
- Client may receive up to a \$50 gift card for the completion of 7 modules *in sequence*.
- Client who is eligible for the 3-month follow-up survey may receive up to \$25. Eligible clients must have completed the workshop modules in sequence as well as a pre and post-test survey.
- Incentives may **not** be given:
  - For repeat attendance
  - For an intake
  - At the start of any activities

### **HIV Testing**

Incentives may NOT be used to motivate people to take an HIV test.

Incentives may be used to encourage timely entry into HIV care/immediate initiation of ART and/or linkage to PrEP/PEP services.

- A client with a reactive HIV test result or a client who were previously diagnosed and are out of care may receive up to \$15 for providing documentation of linkage to HIV care/immediate initiation of ART.
- A client with a negative HIV test result may receive up to \$15 for providing documentation of PrEP/PEP.
- A client may not receive more than \$45 in combined incentives in one year.

### **Medical Case Management (Tri-County Only)**

Incentives may be used to encourage clients to achieve and maintain viral load suppression. Care Coordination clients may receive up to \$140 per year in incentives for achieving/maintaining a suppressed viral load.

- Clients may receive incentives for a confirmed visit to a primary HIV medical provider or confirmed viral load reduction/maintained suppression.
- Clients may not receive an incentive for both a confirmed visit and a viral load result for the same provider visit. The case manager and client must choose one and document it as a goal in the client's care plan.
- Incentive may not have a value greater than \$70 and a client may not receive more than \$140 in incentives in one year.
- Clients may not receive a Ryan White incentive for viral load suppression if they are receiving an incentive for viral load suppression from another source (such as Medicaid or a research study),

### **Medical Transportation**

Under the Medical Transportation service category, Metro Cards and taxi vouchers are not considered incentives. Medical Transportation is a HRSA-allowable and defined service category funded in the New York City Eligible Metropolitan Area (EMA) to assist clients in accessing primary HIV medical care. The use of incentives to encourage clients to use Medical Transportation services is not permitted.

### **Mental Health Services**

Incentives may be used to engage individuals in an implemented Evidence Based Intervention (EBI) and must use the standardized incentives schedule outlined below:

#### **Seeking Safety**

- Client can receive \$30 for completion of five (5) individual sessions; yearly cap of \$390 per client.
- Client can receive \$5 per session, upon completion of your set number of groups per cycle.

*For example:*

- *If you conduct your groups over 6 weeks, your client can get \$30 in gift cards at the completion of the sixth group.*
- *If you conduct your groups over 10 weeks, then the client can get \$50 in gift cards upon completion of the tenth group.*

### **Oral Health Care**

Incentives may be used to encourage timely entry into oral health care and necessary, on-going oral health treatment.

- Clients may receive an incentive for keeping a scheduled oral health appointment associated with their formal dental treatment plan.
- Incentive may not have a value greater than \$10.
- Clients may not receive more than \$50 in incentives in one year.

### **Supportive Counseling and Family Stabilization**

Incentives may be used to engage individuals in an implemented Evidence Based Intervention (EBI) and must use the standardized incentives schedule outlined below:

#### **Seeking Safety**

- Client can receive \$30 for completion of five (5) individual sessions; yearly cap of \$390 per client.
- Client can receive \$5 per session, upon completion of your set number of groups per cycle.

*For example:*

- *If you conduct your groups over 6 weeks, your client can get \$30 in gift cards at the completion of the sixth group.*
- *If you conduct your groups over 10 weeks, then the client can get \$50 in gift cards upon completion of the tenth group.*

### **Other Service Categories**

The use of incentives purchased with Ryan White funds is not permitted in the following service categories:

- Case Management (non-Medical) (NYC general population)
- Food and Nutrition Services
- Housing Services
- Legal Services
- Medical Transportation
- Psychosocial Support Services/Support Groups (Tri-County)

### **Category Specific Incentive Approval Procedure**

See Section 5: Expense and Exception Request Procedures

### **Attachments**

Incentive Approval Request Form

### **Citation**

New York EMA Policy on the Use of Incentives (effective 03/01/2016 - v.2)

## 2.4 Food Meals

### Policy

Health and Human Services (HHS) and New York City Health Department (DOHMH) expressly prohibit meals, except whereas a component of the approved service delivery model. In the New York EMA, this includes:

- Food and Nutrition programs
- The Positive Life Workshop, specifically:
  - For sessions lasting greater than five hours, a light meal costing no more than \$8 per person and a light breakfast or snack costing no more than \$4 per person may be provided.
- Psychosocial Support (Tri-County), specifically:
  - A light meal costing no more than \$8.50 per person per meeting may be provided.

HHS permits reasonable food costs associated with advisory board meetings as an administrative cost. In all other instances, nutritious snacks of negligible value (no more than \$3.50 per client) may be considered program supplies. Documentation is contained in the contractor's approved budget submission and other documents submitted to Public Health Solutions

### **Effective Date**

October 2001

### **Citation**

Section §8.1.2 The City of New York Office of the Comptroller Internal Control and Accountability Directives – Directive 6 – Travel, Meals, Lodging and Miscellaneous Agency Expenses

NYC EMA Policy on Food/Meals June 2016

## 2.5 Condoms

### Policy

The following items are unallowable costs pursuant to the New York City Department of Health and Mental Hygiene (NYCDOHMH):

- Male Condoms
- Internal Condoms, also known as FC2

Contractors can order condoms and a variety of free safer sex products by visiting the links below:

- NYC-based providers should visit the NYC Safer Sex Portal:  
<https://nycdohmh.force.com/nycap/welcome?startURL=%2Fnycap>
- Tri-County providers should visit the NY State portal:  
<https://www.health.ny.gov/diseases/aids/consumers/condoms/nyscondom.htm>

*Instructions on how to order are included on the websites.*

### **Citation**

New York City Department of Health ([www.nyc.gov/health/condoms](http://www.nyc.gov/health/condoms))\_

## 2.6 Stipends

### Policy

A stipend is not a fee-for-service payment and is not subject to the cost accounting requirements of the cost principles. Stipends are not allowable under research grants even when they appear to benefit the research project.

### Staff Training

Service-specific capacity development dollars in excess of 5 percent of the dollars contracted to provide the service. Contractors may use administrative funds for this service, if they are available.

### **Citation**

HRSA RW Part A Manual rev.2013

<https://hab.hrsa.gov/sites/default/files/hab/Global/happartamanual2013.pdf>

## Section 3: Unallowable Costs

### Policy

#### 3.1 Summary of Unallowable Costs

The following is a summary of unallowable costs (Ryan White budgeting and spending). This list is not intended to be a complete or definitive listing, and organizations are responsible for referring to the documents referenced below for complete guidelines. All references are derived from the Ryan White HIV/AIDS Treatment Extension Act of 2009 and policies issued by Health Resources Services Administration (HRSA).

- **Bad Debts** - bad debts (debts which have been determined to be uncollectable), including losses (whether actual or estimated) arising from uncollectable accounts and other claims. Related collection costs and related legal costs arising from such debts after they have been determined to be uncollectable.
- **Capital improvements** - No use of Part A funds can be used to purchase or improve land, or to purchase, construct, or permanently improve any building or other facility (other than minor remodeling).
- **Cash Payments** – cash payment to clients.
- **Contingency Provisions** - payments made by the Federal awarding agency to the non-Federal entity's "contingency reserve" or any similar payment made for events for which the occurrence cannot be foretold with certainty as to the time or intensity or with an assurance of their happening, except as noted in §200.431. Compensation - fringe benefits regarding self-insurance, pensions, severance and post-retirement health costs and §200.447 Insurance and indemnification.
- **Clinical Trials** - Clinical trials are Food and Drug Administration (FDA)-approved controlled experiments of investigational agents or treatments with costs typically shared by pharmaceutical manufacturers and government. Funds awarded under Ryan White Part A may not be used to support the costs of operating clinical trials of investigational agents or treatments.
- **Clothing** - General clothing items are unallowable costs.
- **Fines, Penalties, Damages and other Settlements** - fines and penalties, including legal services for criminal defense, or class action suits unrelated to services eligible for funding. Costs resulting from non-Federal entity violations of, alleged violations of, or failure to comply with, Federal, state, tribal, local or foreign laws and regulations except when incurred as a result of compliance with specific provisions of the Federal award, or with prior written approval of the Federal awarding agency.
- **Funeral and Burial Expenses** – funeral, burial, cremation and related expenses are not allowable under Ryan White Part A.
- **Non-targeted Marketing** – promotions or advertising about HIV services that target the general public are not covered under Ryan White Part A.

- **Interest Expense** - interest on borrowed capital, temporary use of endowment funds, or the use of the non-Federal entity's own funds however represented are unallowable. Financing costs (including interest) to acquire, construct, or replace capital assets are allowable. [Uniform Guidance §200.449]
- **Lobbying Costs**
  - (a) The cost of certain influencing activities associated with obtaining grants, contracts, cooperative agreements, or loans.
  - (b) Executive lobbying costs: costs incurred in attempting to improperly influence either directly or indirectly, an employee or officer of the executive branch of the Federal Government to give consideration or to act regarding a Federal award or a regulatory matter are unallowable.
  - (c) In addition to the above, the following restrictions are applicable to nonprofit organizations and Institutions of Higher Education (IHE):
    - i. Attempts to influence the outcomes of any Federal, state, or local election, referendum, initiative, or similar procedure, through in-kind or cash contributions, endorsements, publicity, or similar activity;
    - ii. Establishing, administering, contributing to, or paying the expenses of a political party, campaign, political action committee, or other organization established for the purpose of influencing the outcomes of elections in the United States;
    - iii. Any attempt to influence the introduction of Federal or state legislation
- **Professional Licensure** - costs associated with obtaining professional licensure or meeting program licensure requirements (e.g. attorney registration fee, Notary Public license fees, etc.)
- **Personal Property Taxes** - local or state personal property taxes (residential property, private automobile, or any other personal property against which taxes may be levied).
- **Contributions and Donations** - costs of contributions and donations, including cash, property, and services, from the non-Federal entity to other entities.
- **Entertainment Costs** - Costs of entertainment, including amusement, diversion, and social activities and any associated costs are not covered under Ryan White Part A.
- **Alcoholic Beverages** - Costs of alcoholic beverages.
- **Selling and Marketing Costs** - costs of selling and marketing any products or services are not covered under Ryan White Part A.
- **Household Appliances** – (i.e. large or small appliances).
- **Taxes** - In general, taxes which the non-Federal entity is required to pay, and which are paid or accrued in accordance with General Accepted Accounting Principles (GAAP), and payments made to local governments in lieu of taxes which are commensurate with the local government services received are allowable, except for:

- i. Taxes from which exemptions are available to the non-Federal entity directly or which are available to the non-Federal entity based on an exemption afforded the Federal Government and, in the latter case, when the Federal awarding agency makes available the necessary exemption certificates,
  - ii. Special assessments on land which represent capital improvements, and
  - iii. Federal income taxes for which exemptions are available to the organization such as sales tax.
- **Maintenance of Privately-Owned Vehicles** - maintenance expense (tires, repairs, etc.) of a privately-owned vehicle or other costs associated with the vehicle, such as lease or loan payment, insurance or license and registration fees.
  - **Employment and Employment-Readiness Services** – Ryan White funds may not be used to support employment, vocational, or employment-readiness services.

## CITATIONS

- Office of Management and Budget ([https://www.whitehouse.gov/omb/grants\\_circulars](https://www.whitehouse.gov/omb/grants_circulars))
- DSS Ryan White Care Act Manual 1997
- [www.health.ny.gov/diseases/aids/consumers/condoms/nyscondom.htm](http://www.health.ny.gov/diseases/aids/consumers/condoms/nyscondom.htm)
- Code of Federal Regulations (CFR) 45
- <https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/>
- Services Administration (HRSA) HIV/AIDS Programs and Letters ([www.hab.hrsa.gov](http://www.hab.hrsa.gov))
- <http://hab.hrsa.gov/manageyourgrant/policiesletters.html>
- HRSA policy notice 10-02
- HRSA policy notice 10-02.8
- HRSA policy notice 10-02.0
- HRSA Policy Notice 97-01 and Notice of Grant Award
- HRSA Policy 97-02.3
- HRSA 97-02.14
- HRSA policy notice 11-04
- HRSA policy notice 10-02.12
- HRSA policy notice 10-02.15
- HRSA policy notice 10-02.16
- PHS ACT B 2684
- PHS ACT 2612 (f)
- PHS ACT B 2684

## Section 4: Special Allowable Costs

### 4.1 Equipment and Vehicle Purchases

#### Policy

DOHMH and Human Resources and Services Administration (HRSA) must approve equipment requests with a unit value of \$25,000 or more prior to incurring costs. The request can be included in the budget prior to approval; however, the budget must include the following language: “HRSA approval required prior to incurring costs”.

Equipment with a unit value of less than \$25,000 does not require DOHMH or HRSA approval or “approval pending” language in the budget.

All vehicle purchases, regardless of costs, require DOHMH and HRSA approval. The request can be included in the budget prior to approval; however, the budget must include the following language: “HRSA approval required prior to incurring costs”.

Vehicle leases, regardless of costs, do not require DOHMH and/or HRSA approval; they do not need “approval pending” language in the budget.

#### **Equipment/Vehicle Purchase Request Approval Procedure**

See Section 5: Expense and Exception Request Procedures

#### **Citation**

Public Health Solutions Contracting and Management Services Policy & Procedures Manual 4/15

DOHMH Monitored Contracts Guidance 10/5/15

## 4.2 Out-of-State Conferences/Training and Travel Policy

Ryan White Part A funds may be used for expenses directly related to regional conferences, providing the conference focus is directly related to the funded service category. Ryan White programs must follow Human Resources Services Administration's (HRSA) policy. Funds awarded under the Ryan White HIV/AIDS Program may not be used to pay for professional licensure. Allowable expenses include, but are not limited to registration, lodging, transportation and per diem allowance. Funds may be used for costs associated with HRSA -sponsored conferences, or service-specific training.

NYCDOHMH will review and approve each request on a case-by-case basis. A request form (located at [www.healthsolutions.org](http://www.healthsolutions.org)) must be completed and submitted to Master Contractor (Public Health Solutions/PHS) via email two (2) months prior to the conference date.

**New Contracts, Renewal, Amendment and Modifications:** "Out-of-Town Conference" requests may be entered as a line item in the agency budget prior to submitting the request for approval; however, the organization will need to obtain NYCDOHMH approval prior to incurring in the cost. If the request is to be listed in the budget, the following justification language must be present: "Pending Approval: Written approval from Public Health Solutions (PHS) must be provided prior to spending for this budget item".

### **Approval Procedures**

See Section 5: Expense and Exception Request Procedures

### **Citation**

Public Health Solutions. Contracting and Management Services. Policy and Procedures Manual  
Policy Notice-11-04: Use of Ryan White HIV/AIDS Program Funding for Staff Training (Reissued June, 2000)  
<http://hab.hrsa.gov/manageyourgrant/pinspals/habpl1104.pdf>

### 4.3: Staff Qualifications/Credential Exemptions

#### Policy

To be an allowable cost under the Ryan White program, all services must relate to HIV diagnosis, care and support and must adhere to established HIV clinical practice standards consistent with HHS (Department of Health and Human Services) treatment guidelines. In addition, all providers must be appropriately licensed and in compliance with state and local regulations, as applicable.

At the service category and/or contract level, staff qualification requirements (when applicable) are stated in the contract scope of services (per service type). Other specific qualification requirements may be required per service type by the Request for Proposal (RFP)/contract. Contractors may seek an exemption, if necessary.

Exemptions can only be requested if the minimum qualification requirement relates to expectations designed by DOHMH. If a qualification/credential relates to licensure and/or professional standards of service delivery, for example, mental health counseling, exceptions cannot be requested or granted.

#### **Staff Qualifications/Credential Exemption Request Procedure**

See Section 5: Expense and Exception Request Procedures

#### **Citation**

Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds

Policy Clarification Notice (PCN) #16-02; Replaces Policy #10-02 (February 2016; Effective with Fiscal Year 2017 funding)

### 4.4: Immediate Antiretroviral (iART)

#### Policy

Immediate antiretroviral therapy (iART) services provided under Ryan White Part A (RWPA)-funded care coordination programs may be delivered to eligible patients within 4 days of diagnosis. In order to be eligible for Ryan White-funded services, patients must have an HIV diagnosis. According to guidance from HRSA, “there is no legislative requirement for ‘confirmed’ HIV diagnosis prior to linkage” (see <https://hab.hrsa.gov/sites/default/files/hab/Global/hrsacdchivtestingletter2013.pdf> for HRSA’s letter). This means that a patient may be enrolled in a RWPA-funded program and may initiate treatment based on a preliminary positive HIV test result (or even based on a clinical diagnosis of HIV) only to be found to be HIV- later.

If a patient is enrolled in a RWPA-funded program in order to receive iART services and is later found to be HIV-, services provided during the period that the patient was treated as HIV+ may still be reimbursed as long as the patient was otherwise eligible according to income and residency guidelines. Programs must close the case as soon as a patient is determined to be HIV- so that no additional services are reported for reimbursement under the RWPA-funded program.

## Section 5: Expense and Exception Request Procedures

### Policy

Certain Ryan White costs (exceptions to policy or special allowable costs) require contractors to follow specific procedures when requesting the expense. The following is the general procedure for requests and is not limited solely to costs contained in this guide.

### **Request Procedures**

If a contractor wishes to request a special allowable cost or exception, they must submit a formal request to Public Health Solutions. If the request is regarding staff qualifications/credentials, contractors must ensure to justify why they are requesting replacing the required staff with another staff member.

Note that for requests for Equipment/Vehicle and Out-of-State Conference Travel and Training Reimbursement, contractors must make the request at least two months prior to when they want to make the purchase, in addition to completing and submitting a special form. Additionally, equipment requests may need to be forwarded to HRSA for their approval.

Public Health Solutions staff reviews each request and logs it into the PHS tracking system. The request is then sent to NYCDOHMH (and possibly HRSA for equipment requests) for final approval within three to five business days of receipt.

Within two days of NYCDOHMH's final decision, Public Health Solutions sends the contractor the final disposition of the request and updates the tracking system. All documentation is contained in the contractor's file at Public Health Solutions.

If the request is approved, PHS updates the contractor's Scope of Services and Budget (if necessary). All documentation is contained in the contractor's file at Public Health Solutions.

### **Incentives Request:**

If a contractor wishes to request a client incentive, they must submit a formal request to Public Health Solutions. Public Health Solutions staff reviews each request and logs it into the PHS tracking system. PHS staff will review each request and evaluate the request against the incentives policy to determine approval. Within 15 business days, Public Health Solutions will send the contractor the final disposition of the request and update the tracking system. Approved requests will be updated in the contractor's Scope of Services and Budget (if necessary). All documentation is contained in the contractor's files at Public Health Solutions.