

# 2015 POLICY AND PROCEDURE PREVIEW

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Ryan White Part A - 2015

# Agenda

- Introduction
  - NGA awarded.
    - 80% of full grant award, close to previous year's award
    - Task Orders coming shortly
- 2015 Policy and Procedure Review of Changes
- Bonus Items

# WHAT'S NEW IN 2015 P & P?

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2015 Policies and Procedures are scheduled for  
publication on March 1

# 1 Contract Policies

- Uniform Grant Guidance
- **NEW:** Final Guidance has been issued by the Office of Management and Budget that supersedes requirements from OMB Circulars A-21, A-87, A-110, and A-122; Circulars A-89, A-102, and A-133; and the guidance in Circular A-50 on Single Audit Act follow-up. PART 75—UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR HHS AWARDS establishes uniform administrative requirements, cost principles, and audit requirements for Federal awards to non-Federal entities. See link to [final guidance](#) below:
- <http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=501752740986e7a2e59e46b724c0a2a7&ty=HTML&h=L&r=PART&n=pt45.1.75>
- **Note:** With the advent of this new guidance, providers are encouraged to re-evaluate their grant practices to determine what is likely to remain the same and what may change. Training on if and how the changes impact the administration of the Ryan White Part A Grant will be scheduled during the grant year.

## 2 Service Specific Policies

### General

- New/reestablished policies for Psychosocial, Treatment Adherence, Outreach, Housing. May be updated throughout the grant year
- For contracts billing for salaries (EIS, Case Management, Nutrition, etc.) program should document at least 50% of staff time with billed client units.

## 2 Service Specific Policies

### HIPCSA and NMCM

- Health Insurance Premium and Cost Sharing Assistance (HIPCSA) replaces FAP references where appropriate
- Non Medical Case Managers (NMCM) may provide Retention Specialist units for lapsed RWPA clients. Must confirm current ROI.
- Retention Specialist units do not count toward the requirement of billing 50% direct service time
  - Limit: No more than 50% of the billed staff time

## 2 Service Specific Policies

### Medical Appointment Reporting

- Effective 3/1/15 Requirement for case managers and EIS/Outreach staff to record new client's first medical appointment in CAREWare
- Ongoing entry highly encouraged, but not required
  - Initial visits tracks progress towards EMA goals to link newly diagnosed to care within 30 days
  - Ongoing tracking feeds continuum retention metrics
  - Meets RSR data reporting element for EIS
- Unit names for initial or ongoing services:
  - HIV Med Appt Complete – Self Report
  - HIV Med Appt Complete – Confirmed

# 3 Eligibility Policies

- Viral loads reports are now part of the required eligibility documents
  - Submitted with eligibility application
  - ADAP will enter into CAREWare
- Why?
  - Support the vision of ending the HIV Epidemic in Maricopa and Pinal County
  - Provide data for agency or EMA Continuums of Care
  - Contribute to focused QM projects
- No negative impact on clients if viral load data not submitted during the soft rollout – up to 6 months
  - Working with partners to explore automated, efficient processes
  - Please inform clients of this change

## 3 Eligibility Policies: Universal ROI

- Central Eligibility will be collecting ONE ROI to be used for all RWPA clients! This ROI will be viewable in CAREWare under the shared documents. Individual providers do not need to collect ROIs for each client as of MARCH 1 2015!!

- APPLAUSE IS PERMITTED HERE -

Please note - Providers will still need to document that clients were given their agency specific grievances and agency specific rights and responsibilities, at the start of the client services

# 3 Eligibility Policies

## Limited Eligibility Overview

- The purpose of CE Limited eligibility is to identify clients that should have medical services (Outpatient Ambulatory Medical Care, Mental Health, Substance Abuse) funded through another payer source.
- The related process supplements but does NOT replace existing third party screening.

# Current Full vs. Current Limited

- **Current Full:** Client has been screened and did not have Private Insurance and Medicaid information submitted to the Central Eligibility Office.
- **Current Limited:** Client has provided information to the Central Eligibility Office that they are enrolled in Private Insurance or Medicaid for their medical services.

## Grantee Role:

- The grantee will run a report for the agency to identify any clients billed for RWPA funded medical, mental health or substance abuse service AND have a Current – Limited CE Status.
- - As a reminder, any client with a Current – Limited CE Status has documented with Central Eligibility that they have Medicaid or Private Insurance and would generally not be eligible for RWPA funding of the noted services.

# Provider Role:

- If applicable, the provider will look up the insurance status of the clients on the report. There are three options:
  1. Client was enrolled in another payer.
  2. Client has insurance that started after these services were provided.
  3. Client has inadequate coverage. The services are medically necessary, but the payer does not cover them.

# Client Scenarios – Other payer and late start

1. Client was enrolled in another payer
  - The provider will need to remove these services (some providers are approved to post a credit in a future billing period.)
2. Client has insurance that started after these services were provided.
  - Please notify the AA office via secure email to the Ryan White Part A Portal so the AA can manually adjust these units so they don't appear on future reports.

# Client Scenarios – Inadequate Coverage

3. Client has inadequate coverage. The services are medically necessary, but the payer does not cover them.

- The service provider must remove the units OR submit a secure request to the Ryan White Portal for approval.
- If a case manager is aware of the scenario, they should refer to the direct service provider. The direct service provide can make the request for additional benefit for clients with inadequate coverage.

# Client Scenarios – Inadequate Coverage Request

- Requests should include:
  - Proof of medical, mental health, substance abuse or dental coverage that demonstrates allowable services and maximums. (i.e. benefit sheet, insurance breakdown, etc.)
  - Copy of the treatment plan which identifies which activities are funded through existing coverage and which activities and costs remain unfunded.
  - Estimate of the total price of services being requested, as demonstrated in the treatment plan.

## 4 CAREWare and VPN

## 5 Grievance Policy

- No notable changes

# 6 Appendix

- Created a linkage flyer “Healthcare in Maricopa County”

## Accessing Healthcare in Maricopa County

<b>PRIVATE INSURANCE</b>	Cost: Varies	To qualify, you need: Social security number Income level	Services Available: Medical Care Hospitalization Medications Mental Health/Substance Abuse	Go to <a href="http://www.healthcare.gov">www.healthcare.gov</a> or Go to Employer's Human Resources Department
<b>AHCCCS</b>	Cost: 0 Some limited co-pays	To qualify, you need proof of: Income less than 138% of Federal Poverty Level (FPL) Legal residency	Services Available: Medical Care Hospitalization Limited Dental Mental Health/Substance Abuse	Call 1-855-HEA-PLUS (1-855-432-7587) or go to <a href="http://www.HealthARizonaPlus.gov">www.HealthARizonaPlus.gov</a>
<b>RYAN WHITE</b>	Cost: 0	To qualify, you need proof of: HIV+positive status Income under 300% of FPL Maricopa County residency	Services Available: See below	Go to Central Eligibility Office 1366 E. Thomas Rd. Phoenix, AZ 85014 or Call 602-212-3788

  

Family Size	1	2	3	4	5	6	7	8	May be eligible for:
Up To 138%	\$16,105	\$21,707	\$27,310	\$32,913	\$38,516	\$44,119	\$49,721	\$55,324	AHCCCS and Ryan White Services
Up To 300%	\$35,010	\$47,190	\$59,370	\$71,550	\$83,730	\$95,910	\$108,090	\$120,270	Ryan White Medical Services and Medications
Between 301%-400%	\$46,680	\$62,920	\$79,160	\$95,400	\$111,640	\$127,880	\$144,120	\$160,360	Ryan White Cost Sharing Assistance and Case Management

**Ryan White Comprehensive List of Services\***

- Medical Care
- Medications
- Dental
- Case Management
- Health Insurance Premiums and Cost Sharing Assistance
- Mental Health/Substance Abuse Treatment
- Nutrition
- Transportation
- Psychosocial Services

\*Programs funded in whole or in part by the federal Department of Health and Human Services, Health Resources and Services Administration, the Ryan White HIV/AIDS Treatment Extension Act of 2009 and Maricopa County.

# 6 Appendix

## Eligibility Documents

- See the updated Release of Information!
- The application will have a page with a link to the electronic copy of the Statewide application
  - Most up to date Releases of Information
- “Community Providers Brochure” is a brochure of AHCCCS funded, HIV friendly providers for primary medical care, mental health and substance abuse
- Provider brochure is being updated and will be released when available

# 6 Appendix

## Conditions of Award (COA)

- New HIPAA COA
  - Renewed HRSA emphasis on HIPAA compliance
  - All RWPA providers must demonstrate that they completed HIPAA training through attestation on letterhead. Due April 15, 2015
    - Provider HIPAA training program: Return attestation with all the requisite staff members names. Training must have occurred within the past year, since 3/1/2014.
    - NO HIPAA training program? View the County program and will return an attestation after all staff have completed the course.

# A FEW LAST ITEMS

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# NEW! Quarterly Provider Calls

- Starting Spring 2015
- Regularly scheduled calls with each provider
  - Improve communication
  - Replace some of the variance reporting narrative
  - An hour or less!
- Sample Agenda Items:
  - Provider and service delivery updates
  - Staff changes
  - Productivity
  - Continuum updates
  - Grantee updates
  - Questions

# Emails

- When sending an email to the RWPA portal, please include a description of the document in the subject line:
  - Site Visit, Billing, COA, Task Orders, Dental, Insurance, etc.
  - This makes it easier to route to the right personnel and expedite your request

# Announcements

- Policies and Procedures scheduled for publication at the beginning of March – will send email notification to providers
  - CDs with HIPAA training will be mailed to all providers
  - 2015 Conditions of Award will be due April 15<sup>th</sup>
  - No budget required until full grant award is completed
- Requests for additional dental coverage can be sent to Chavon Boston for review. Similar to medical inadequacy documents.

# Announcements

- EIS/Outreach RFPs are due to be released in February/March
- Open spots on the Statewide Advisory Group board
  - Providers and consumers
- Please remind clients about the new viral load requirements