



Maricopa County
Ryan White Part A Program
Policy and Procedures
Contract Policies

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PURPOSE:

To guide the administration of the Maricopa County Ryan White Part A Program, Administrative Agent's (AA) contracts in regards to administrative, fiscal, quality management and client eligibility policies. The administration of funds must be consistent with Part A client eligibility criteria, the service category definitions established by the Ryan White Part A Planning Council and the requirements of the United States Department of Health and Human Services.

ADMINISTRATIVE POLICIES:

Grant award

Upon the AA's notification from the Health Resources and Services Administration (HRSA) that Ryan White Part A funds have been awarded to the Phoenix Eligible Metropolitan Area (EMA), funds are designated to service categories according to the Planning Council's Priority Setting and Resource Allocation (PSRA) directives. Funding amounts are then allocated to contracted service providers based on the following allocation methodologies: provider's previous grant year's spending (trends), funding increases or decreases to the service category, and the total number of contracted service providers for that service category.

Task Orders

Funding allocations (initial and reallocations) are distributed to contracted providers via task orders, outlining the service expectations, the allocation amount and any related conditions of award. Task orders are utilized internally at Maricopa County to open, increase and decrease purchase orders so that services are properly reimbursed to providers. Task orders are signed by the AA's Program Manager (or designated alternate) and the provider's authorized signatory. A sample task order is available in the Appendix.

Conditions of Award (COAs)

The initial task order outlines required Conditions of Awards that must be submitted to the AA, as well as a specified timeframe for submission. Conditions of award include, but are not limited to: program budget (including schedule of deliverables), licensing and qualifications, subcontracting services, client policies and procedure documents, etc. Failure to submit all required Conditions of Awards by the due date assigned could result in nonpayment for services/expenses rendered under the related task order. COAs and instructions for the current grant year are located in the Appendix.



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Sliding Fee Scale

The Phoenix RWPA Program will require all providers to provide documentation of the following:

1. A sliding fee scale policy that identifies the fees for RWPA services for clients. If providers choose to waive the fees, a notice must be posted that identifies that fees are waived for RWPA clients.
 - a. For Clients that are to be charged a nominal fee for services, the fees may not to exceed the following scale:

Client Income	Fees For Service
Less than or equal to 100% of the official poverty line	No fees or charges to be imposed
Greater than 100%, but not exceeding 200%, of the official poverty line	Fees and charges for any calendar year may not exceed 5% of the client's annual gross income **
Greater than 200%, but not exceeding 300%, of the official poverty line	Fees and charges for any calendar year may not exceed 7% of client's annual gross income
Greater than 300% of the official poverty line	Fees and charges for any calendar year may not exceed 10% of client's annual gross income

2. The policy must identify that the fees may be waived by the provider if the charge is determined to be a financial hardship.
3. The process the provider will use to track the collection of fees, and how the provider intends to use the program income that is generated by the collection of fees.

Program Budget

Part A contracts require a program budget for each funded service category. Contractors are required to notify the AA in writing of budgetary staff changes and significant expense and unit variances that would require additional funding. Revised budgets may be required under the following conditions: increase or decrease to the task order, changes in staffing or staffing model, changes to budget line items in excess of 10% or \$500, whichever is higher, or for any other reason deemed necessary by the AA. Budget templates are located in the Appendix. Any unbudgeted expenses totaling over \$100 must have prior approval from the AA.



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Documenting Personnel Vacancies

If at the time of submission of a service budget one or more of the personnel positions are vacant, contractors must indicate this and provide a date when the positions will be filled, and prorate/apportion personnel and other associated costs to reflect reduced personnel allocation to the service. Alternatively, contractors may note the vacancy, with no associated cost, and develop the contract to reflect actual personnel staffing at the time of budget preparations, amending the budget to reflect ongoing personnel changes as they occur. Staffing changes must be reported to the AA within 30 calendar days.

Contract Compliance Monitoring

The Maricopa County Ryan White Part A Program, Administrative Agent (Grantee) will monitor Ryan White Part A Program Contracted Service Providers' (Provider) compliance with, and performance under, the terms and conditions of the service contract(s) between the Provider and Maricopa County. On-site visits for contract monitoring may be made by the Grantee and/or its grantor agencies at any time during a provider's normal business hours, announced or unannounced. The Provider will make available for inspection and/or copying by the Grantee, all records and accounts related to the work performed or the services provided under the contract.

- Site visits for compliance monitoring can take place at a minimum of one time per annual grant year. Specific circumstances may justify more frequent review.
- Any amounts paid under the Provider agreement that are disallowed by a Federal, State, County or Grantee audit or site review will be reimbursed to the Grantee. The Grantee will notify the Provider in writing of the disallowance and the required course of action.
- Grantee shall have access to Provider facilities and has the right to examine any books, documents, and records of the Provider, involving transactions related to the contract and that such books, documents, and records shall be disposed of in accordance with the Provider's record retention policy and in compliance with the Ryan White Part A contract requirements.
- Per HRSA National Monitoring Standards, providers are responsible to disclose accounting deficiencies, and contract non-compliance both internally and to the grantee.

Circumstances/Criteria for Notification to Provider

The Grantee shall, at a minimum, notify the Chair of the contractors' Board of Directors, CEO, Executive Director or other authorized contact of the following:

- Increases or decreases to contract values



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- Contract terminations
- Policy changes and announcements
- Site visit reports/assessments; and
- Other issues of concern or success impacting the contractual relationship or the quality or appropriateness of services delivered

Multi-Year Bidding Cycle

The Grantee has established a three to five year cycle for bidding on all Ryan White Part A Phoenix Eligible Metropolitan Area (EMA) service categories. This is subject to change by the Grantee. Bidding and application for contract with Ryan White Part A is managed by Maricopa County's Office of Procurement Services.

Service Category Reallocation Approval by Planning Council

In the event that a reallocation of funds from one service category to another is deemed appropriate according to the Administrative Agent's monitoring of the provider fund utilization, a recommendation regarding the reallocation will be submitted to the Planning Council for approval before such a reallocation occurs. This ensures compliance with HRSA regulations.

Provider reallocations

The Grantee, with cause, by written order, may make changes within the general scope or funding amount of providers' task orders in any one or more of the following areas:

- Schedule of Deliverable activities reflecting changes in the scope of services, funding source, or Federal or County regulations;
- Administrative requirements such as changes in reporting periods, frequency of reports, or report formats required by funding source or County regulations, policies or requirements, and/or
- Changes to contractor fee schedules and/or budgets.
- Changes in reimbursement methodology.

Examples of cause would include, but are not limited to, contractual non-compliance, low performance, reallocations approved and directed by the Administrative Agent or Planning Council, or other approved directives from the Planning Council.



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Reporting Requirements

- In addition to monthly billing (see Billing Requirements) and clinical quality management reporting requirements, the provider must furnish the following to the grantee. Due dates for reports will be released by the Grantee.

Annual: Submission of the Ryan White Program Services Report (RSR)*, provider- and client-level reports, is required to be completed by all contractors.

- Additional monthly, quarterly and annual reports may be required as needed for fiscal and programmatic monitoring.

*CAREWare tools will assist with the completion of the RSR. See additional information in the CAREWare manual.

Religious Activities

- The Provider and any of its subcontractors will offer all federally-funded services to all eligible clients without regard for the religious or non-religious beliefs of those individuals; and
- Regarding providers and their subcontractors, any activities that contain inherently religious content will be kept separate in time and location from any services supported by direct federal funding, and if provided under such conditions, will be offered only on a voluntary basis.

CAREWare

All Part A Providers are required to utilize CAREWare for client level data reporting and referrals including but not limited to, demographic and service measures as required. Providers must adhere to procedures regarding CAREWare data entry requirements, as outlined in the CAREWare and VPN Section of the manual.

The Ryan White Part A Program will provide software and training for the collection and reporting of required information upon start up and request.

Eligibility

All direct services billed to the Ryan White Part A grantee will be linked to an eligible HIV-positive client. Eligibility is determined based on the client's HIV diagnosis, household income, residency and alternative payer status. Additionally, clients must, within 30 calendar days of receiving their first service at a provider site (a "new client" to the provider), sign the currently approved Ryan White Release of Information form, and receive and sign acknowledgment for receipt of Client Rights and Responsibilities and Grievance Procedures for the provider agency. See the Eligibility policy for detailed information on eligibility requirements.



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Additionally, all clients will submit a copy of their latest viral load lab data to the Central Eligibility office every six months at the time of their RWPA renewal process.

FISCAL POLICIES:

It is the responsibility of the AA to ensure that all contracted entities maintain a high level of accountability in the services that they provide under the Ryan White Part A grant. This section details the procedures set by the AA in regards to fiscal accountability for all entities that provide services under contract with the Ryan White Part A grant.

Uniform Grant Guidance

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>

Property/Equipment purchased with Ryan White Part A funds

A provider that purchases tangible nonexpendable personal property or equipment with RWPA funds (that has a useful life of more than one year and an acquisition cost of \$5,000 or more per unit) must develop and maintain a current complete and accurate asset inventory list and a depreciation schedule that lists purchases of equipment by funding source. The provider must make the list available to the AA upon request. Additional requirements related to equipment purchases may be found within the contract.

Unallowable Costs

In addition to unallowable costs found in the cost principles outlined by the Uniform Guidance, Ryan White funds are further restricted by the Health Resources Services Administration (HRSA). The HRSA Fiscal Monitoring Standards specifically forbid the use of Ryan White funds for the following unallowable expenses:

- Purchase or improvement of land or to purchase construct, or permanently improve any building or facility (other than minor remodeling).
- Cash payments to service recipients.



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A cash payment is the use of some form of currency (paper or coins). Gift cards have an expiration date; therefore they are not considered to be cash payments; however, the use of gift cards includes restrictions and must be pre-approved by the AA. The provider is required to have a policy in place that forbids the use of Ryan White funds for cash payments to clients/ service recipients.

- Development of materials designed to promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual.
- Purchase of vehicles without written approval by the Grants Management Officer at HRSA.
- Non-targeted marketing promotions or advertising about HIV services that target the general public (poster campaigns for display on public transit, TV, radio public service announcements, etc.)
- Broad scope awareness activities about HIV services that target the general public.
- Outreach activities that have HIV prevention education as their exclusive purpose
- Influencing or attempting to influence members of Congress and other Federal Personnel.
- Foreign travel.

Additional restrictions may also be identified within contracts specific to a service category, including:

- Non-Food Products – Ryan White funds may not be used for household appliances, pet foods or products.
- Syringe Exchange –Funds may not be used for syringe exchange programs.
- Residential Substance Abuse Treatment – Ryan White funds may not be used for inpatient detoxification in a hospital setting.
- Vision Care – Funds may only be used for optometric or ophthalmic services and purchase of corrective prescription eye wear that is necessitated by HIV infection.
- Employment Services – Funds may not be used to support employment, vocational rehabilitation, or employment-readiness services.
- Clothing – Funds may not be used for purchase of clothing.
- Transportation – Funds may not be used for clients to travel to appointments other than those that support their HIV medical care and the support services required to keep them in care.
- Prevention Education Services – Funds may not be used for basic HIV-education, addressing sexually-transmitted diseases or condom distribution. In addition, any education activities NOT directly linked to increasing access of the target populations to HIV care services are disallowed.



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- Service Outside EMA – Funds may not be used for services provided outside Maricopa or Pinal counties, unless identified as cost effective and approved by the AA.
- All services provided in a correctional system must be approved by the AA and the project officer.
- Services provided by volunteers, interns, and other non-paid staff are not billable to or reimbursable by Ryan White Part A. All units of service must be provided by the staff included in the approved budget. Contractors shall be compensated only for services provided by the staff and the staff classification/positions included or referenced in the approved budget.

Administrative Costs

For each contract, the budgeted administrative costs and direct service costs must be delineated (see Budget template).

A Provider's administrative costs, including indirect cost rates, cannot exceed **10%** of the total direct service costs, unless approved by the AA.

Note: Only United States Department of Health and Human Services (HHS) negotiated indirect rates will be accepted unless an exception is approved by HHS.

The AA also imposes the **10%** administrative cost cap for all subcontracts granted by the original contractor for services. This means that a provider that utilizes subcontracts for services under the Part A contract must also ensure that its subcontractor limits its administrative costs to no more than **10%** of their direct service costs.

Ryan White Part A regulations limit **aggregated** contractor/subcontractor administrative expenses to no more than 10% of Part A service dollars. The Administrative Agency may consider payment of contractor/subcontractor administrative costs that exceed 10% of their direct service costs on the basis of need and availability of funds.

Section 2604(f)(3) of the CARE ACT defines allowable contractor/subcontractor administrative activities to include:

(A) Usual and recognized overhead activities, including rent, utilities and facility costs, and established indirect rates for agencies;

(B) Costs of management and oversight of specific programs funded under this title, including program coordination, clerical, program evaluation, and financial and management staff not directly related to patient care; and



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(C) Liability insurance, audits, computer hardware/software not directly related to patient care.

Typical examples of administrative costs for contractors/subcontractors include general administration and general expenses. Examples include: salaries and expenses of executive officers, personnel administration, accounting, the costs of operating and maintaining facilities, and depreciation or use allowances on buildings and equipment.

Management and oversight activities are costs associated with:

- Development of funding applications and proposals
- Receipt and disbursement of program funds
- Development and establishment of reimbursement and accounting systems
- Preparation of routine programmatic and financial reports, including the minimum requirements of completing the Ryan White Service Report (RSR).)
- Compliance with contract conditions and audit requirements, and
- Monitoring of and reporting on any subcontracts through telephone consultation, written documentation, or on-site visits.

Providers and their Sub-recipient subcontractors are required to submit an expense report (template can be found in the Appendix) with their monthly billing statement that identifies administrative and direct service expenses with sufficient detail to permit review of administrative cost elements. The final determination for cost allocations between Administrative Costs and Direct Costs resides with the AA.

Unit Costs

If unit costs are negotiated with and approved by the AA, the provider must have systems in place that can provide expense and client utilization data in sufficient detail to calculate that unit cost, and have unit cost calculation available for AA review.

- A unit cost cannot exceed the actual cost of providing the service.
- Calculation of unit costs must utilize a formula of allowable administrative costs capped at 10% of direct program costs plus allowable program costs divided by number of units of delivered.

Program Income

HHS Grants Regulations require grantees and/or sub grantees to collect and report program income. *“Program income is gross income—earned by a recipient, sub-recipient, or a contractor under a grant—directly generated by the grant-supported*



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activity or earned as a result of the award. Program income includes, but is not limited to, income from fees for services performed (e.g., direct payment, or reimbursements received from Medicaid, Medicare and third-party insurance); and income a recipient or sub-recipient earns as the result of a benefit made possible by receipt of a grant or grant funds, e.g., income as a result of drug sales when a recipient is eligible to buy the drugs because it has received a Federal grant.”

- Providers must maintain records on any program income that is received and how it was used and must make this information available to the Ryan White Part A Office, upon request.
- The Contractor shall have policies and procedures for handling Ryan White revenue including program income.

Reporting and Documenting Client-Generated Revenue from Fees

Providers may choose to charge or not charge fees to clients. If the provider charges fees, fees must be based on the conditions described in service provider’s contract (Section: Certification of Client Eligibility). Providers must maintain billing, collection, co-pay and sliding fee written policies. These policies must include that services will not be denied to clients based on a client’s inability to pay for services.

Billing Requirements

Providers are required to submit monthly invoices for each service category/contract to the AA no later than the fifteenth (15th) day of the month following the month services were provided (or other date designated by the AA). Providers are responsible for submitting bills that only include eligible clients, services and units. Billings including ineligible clients, services or units will not be reimbursed until provider deletes the ineligible units from CAREWare.

At a minimum, the following documents will be due to the Ryan White Part A Program office on the fifteenth of each month (or day designated by the AA) in the format required as explained below. Documents must be submitted electronically to the Ryan White Part A Portal: Ryanwhiteparta@mail.maricopa.gov

Due Monthly:

- Cover page signed by the agency’s authorized signatory (Appendix)
- CAREWare financial report (CAREWare)
- General Ledger (monthly, generated from provider’s accounting system); or other supporting documentation acceptable to the AA.
- Payroll Report (monthly, generated from provider’s payroll system)



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- Cost Reimbursement Monthly Expense Report (Appendix)

Quarterly Variance Reports

Quarterly variance reports are run by the RWPA AA's office and reviewed with provider during the quarterly contractor calls.

Late billing submissions and extensions:

- Late submissions may be subject to a 10% monetary penalty if bills are submitted late without an approved extension.
- Requests for extension must be made in writing and submitted to the Program Manager or Supervisor on or before the due date.
- Maximum extension allowed is 5 (five) business days.
- Providers are allotted a maximum of 4 (four) extensions per fiscal year.
- If extension deadline is missed, a 10% monetary penalty may be imposed.

Fee- for- Service Reimbursement Reconciliation of Actual Costs

The RWPA program is a cost reimbursement program and the Provider is required to perform an annual year- end reconciliation of the amount charged for the service with the actual cost of delivering the services. This applies also to reimbursement based on the AHCCCS (Medicaid) fee for service schedule.

- The AA will provide year-end instructions to Providers by March 31 after the end of the grant year; the reconciliation of actual costs to amount charged will be due no later the last business day of April (no later than April 30).
- Providers may be paid for allowable costs over and above the fee for service earnings if there are sufficient unobligated aggregate adminfunds remaining in the grant.

Providers may be required to reimburse the overpayment, or an adjustment may be made to the subsequent grant year reimbursements.if earnings are higher than actual costs,

QUALITY MANAGEMENT POLICIES:

All Ryan White funded contractors, per joint agreement of the Grantee and the Phoenix EMA Ryan White Part A Planning Council are required to implement strategies to ensure the quality of service delivery to Ryan White Part A clients is the highest possible. The following are required:



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- Provider compliance with Public Health Guidelines and the local Standards of Care (for Standards of Care, see Appendix) as adopted by the Phoenix EMA Planning Council is required. Providers are further required to participate in the Quality Management Plan if requested by the Administrative Agency.
- Participation in QM training sponsored by the Ryan White Part A Program is mandatory.
- The Quality Management Team of the Ryan White Part A Program conducts periodic site reviews of providers in the Phoenix EMA. QM site reviews focus upon provider's compliance with the Standards of Care for the service categories established and prioritized by the Planning Council. Standards of Care may be released from the Planning Council throughout the grant year. New or revised standards will post an effective date that all providers will be required to comply with.
- Providers may be required to report additional data for quality improvement purposes.
- Participation in quarterly Clinical Quality Improvement committee and meetings. Providers will conduct quality improvement projects and provide updates and quarterly meetings.