

2023



MANUAL OF POLICIES AND PROCEDURES

Revised March 2023



The Fulton County Department for HIV Elimination (DHE) and subrecipients comply with federal, state, and local prohibitions against discrimination based on race, color, national origin, disability, age, sexual or gender identity, genetic information, and religion.

Fulton County is an equal opportunity employer encouraging diversity. If you need reasonable modifications due to a disability, including communications in an alternate format, please contact (404) 613-1204. For TDD/TYY or Georgia Relay Service Access, dial 711.

Fulton County Government hereby gives public notice that it is the policy of the County to assure full compliance with Title VI of the Civil Rights Act of 1964, the Civil Rights Restoration Act of 1987, and related statues and regulations in all programs and activities. It is our policy that no person in the United States of America shall, on the grounds of race, color, national origin, sex, age, or disability be excluded from the participation in, be denied the benefits of or be otherwise subjected to discrimination under any of our programs or activities. Any person who believes they have been subjected to unlawful discriminatory practice under Title VI has a right to file a formal complaint. Any such complaint must be filed in writing or in person with Fulton County Government, Title VI Coordinator, within one hundred-eighty (180) days following the date of the alleged discriminatory action. Title VI Discrimination Complaint Forms may be obtained from the Office of Diversity and Civil Rights Compliance by calling (404) 612-7305.

Español (Spanish) - ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística llame al (404-612-8285).

繁體中文 (Chinese) - 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (404-612-8285)。

Tiếng Việt (Vietnamese) - CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (404-612-8285).

한국어 (Korean) - 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (404-612-8285) 번으로 전화해 주십시오.

Русский (Russian) - ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (404-612-8285).

العربية (Arabic) - ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (8285-612-404).

Kreyòl Ayisyen (Haitian Creole) - ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele (404-612-8285).

Français (French) - ATTENTION : Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez-le (404-612-8285).

Polski (Polish) - UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer (404-612-8285).

Português (Portuguese) - ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para (404-612-8285).

Italiano (Italian) - ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero (404-612-8285).

Deutsch (German) - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (404-612-8285).

日本語 (Japanese) - 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。(404-612-8285) まで、お電話にてご連絡ください

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) via grant H89HA00007; and the Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B via grant UT8HA33933. The information or content and conclusions are those of the Fulton County Department for HIV Elimination and should not be construed as the official position or policy of, nor should any endorsements be inferred by, HRSA, HHS, or the U.S. Government.

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Vision

The vision of the Department for HIV Elimination (DHE) is that no resident of the Atlanta Eligible Metropolitan Area (EMA) acquires HIV. Persons in the Atlanta EMA who are living with HIV will receive high quality, culturally appropriate medical and support services through a system that respects and values individuals as they access care, remain in care, and reach viral suppression.

Mission

Our mission is to provide a coordinated response to the HIV epidemic in the Metropolitan Area.

Core Values

Our core values are:

- EMPOWERMENT – Persons Living with HIV will be empowered and supported in actively participating in their care and treatment.
- REPRESENTATION – The Metropolitan Atlanta HIV Health Services Planning Council will be reflective, representative, and diverse.
- HEALTH EQUITY – Eliminating health disparities.
- TRUST – Effectively and efficiently administering federal funds.

Purpose

DHE has developed this manual to further the effective implementation, grant management and service delivery of programs housed within the department, including: the Ryan White Part A (RWPA) Program, the Minority AIDS Initiative (MAI), and the Ending the HIV Epidemic (EHE) Initiative. The purpose is to standardize processes and to facilitate compliance with legislative and programmatic requirements.

Legislation

The Ryan White Part A Program is authorized by Part A of Title XXVI of the Public Health Services Act, as amended by the Ryan White Treatment Extension Act of 2009 (hereinafter referred to as the Ryan White HIV/AIDS Program or RWHAP). Funds provide direct financial assistance to EMAs that have been the most severely affected by the HIV epidemic to assist EMAs in developing or enhancing access to a comprehensive continuum of high quality, community-based care for low-income individuals and families living with HIV.

The Ending the HIV Epidemic: A Plan for America- Ryan White HIV/AIDS Program Parts A and B is authorized under Section 311(c) of the Public Health Service Act, (42 U.S.C. § 243(c)) and title XXVI, (42 U.S.C. § 300ff-11 et seq.), with the funding to be used in conjunction with RWHAP. The 10-year initiative beginning in fiscal year 2020, seeks to reduce new HIV infections in the United States by 90% by 2030. The initiative focuses on 57 priority jurisdictions where more than 50 percent of new HIV diagnoses occurred in 2016 and 2017.

Regulatory Requirements

The Office of Management and Budget (OMB) has consolidated, in 2 CFR Part 200, the uniform grants administrative requirements, cost principles, and audit requirements for all organization types (state and local governments, non-profit and educational institutions, and hospitals) receiving federal awards. These requirements, known as the “Uniform Guidance,” are applicable to recipients and subrecipients of federal funds. The OMB Uniform Guidance has been codified by the Department of Health and Human Services (HHS) in 45 CFR Part 75—Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.

<http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=8e23e677af6f342fbda93466031680c1&ty=HTML&h=L&mc=true&r=PART&n=pt45.1.75>

Recipients and subrecipients receiving federal awards should be thoroughly familiar with 45 CFR Part 75. Recipients are required to monitor the activities of the subrecipient to ensure the subaward is used for authorized purposes in compliance with applicable statute, regulations, policies and the terms and conditions of the award (see 45 CFR §75.351-352).

http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=8e23e677af6f342fbda93466031680c1&ty=HTML&h=L&mc=true&r=PART&n=pt45.1.75#sg45.1.75_1344_675_1350.sg4

45 CFR Part 75, Subpart E—Cost Principles must be used in determining allowable costs that may be charged to a RWHAP award. Costs must be necessary and reasonable to carry out approved project activities, allocable to the funded project, and allowable under the Cost Principles, or otherwise authorized by the RWHAP statute. The treatment of costs must be consistent with recipient or subrecipient policies and procedures that apply uniformly to both federally financed and other non-federally funded activities. <http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=8e23e677af6f342fbda93466031680c1&ty=HTML&h=L&mc=true&r=PART&n=pt45.1.75#sp45.1.75.e>

The following statutes, regulations, administrative requirements, Uniform Guidance (2 CFR), HHS Grants Policy Directives (45 CFR) are applicable to all HHS grants:

1. Uniform Guidance (2 CFR) and HHS (45 CFR) Federal Policy Requirements
 - 2 CFR §170.325 and §170.330 – Transparency Act Reporting Subaward and Executive Compensation;
 - 2 CFR §175.15 – Award term for trafficking in persons;
 - 2 CFR §376 (Subpart G, H, and I)– HHS codification of non-procurement debarment and suspension;
 - 2 CFR §382 (Subpart B and C)– HHS codification of Drug-Free Workplace Act common rule;
 - 2 CFR §220 – Cost Principles for Educational Institutions (OMB Circular A-21).
 - 2 CFR §225 – Cost Principles for State, Local, and Indian Tribal Governments (OMB Circular A-87).
 - 2 CFR §230 – Cost Principles for Non-Profit Organizations (OMB Circular A- 122).
 - 45 CFR 46 – Protection of Human Subjects;
 - 45 CFR 80, 81, 84, 85, 86, 90, 91 – HHS codification of nondiscrimination statutes;
 - 45 CFR 87 – Equal Treatment for Faith-Based Organizations; and,
 - 45 CFR 93 – HHS codification of Byrd Anti-Lobbying Amendment common rule.

2. Program Regulations: Issued by HRSA, these regulations generally have a statutory basis and elaborate on the requirements contained in the authorizing legislation, Public Health Service Act, Sections 2601-2610 (42 USC 300ff-11 – 300ff-20), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87), and Program policies and requirements. These are supplemented by Policy Notices and Program Letters issued periodically by HAB which are available at:
<http://hab.hrsa.gov/manageyourgrant/policiesletters.html>

National Monitoring Standards

https://targethiv.org/sites/default/files/media/documents/2022-12/RWHAP_Part-A_National_Monitoring_Standards_2022.pdf

3. Administrative Requirements: Provides definitions and requirements for a range of administrative requirements for the agency and recipients.
 - 45 CFR Part 74 – Uniform Administrative Requirements for Awards and Sub awards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations. [HHS codification of OMB Circular A-110] – Applicable to discretionary and mandatory formula grants.
 - 45 CFR Part 92 – Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local, and Tribal Governments. [HHS codification of OMB Circular A-102] – Applicable to discretionary and mandatory formula grants.

4. The HHS Grants Policy Statement (GPS) serves as the general terms and conditions of HRSA’s discretionary grant and cooperative agreement awards to organizations. Recipients are subject to these general terms and conditions unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in individual Notices of Award). The GPS can be found at <https://www.ahrq.gov/funding/policies/hhspolicy/index.html>

5. The Code of Federal Regulations, 45 CFR §74.51(a) and 2 CFR §215.51(a) state that “recipients are responsible for managing and monitoring each project, program, sub-award, function, or activity supported by the award.” Under 2 CFR §215.51, monitoring generally includes a need for:
 - Performance reports;
 - Comparison of actual accomplishments with goals and objectives;
 - Analysis and explanation of cost overruns;
 - Notification to the Federal awarding agency of developments impacting award supported activities; and,
 - Site visits

Monitoring Requirements

Federal regulations explicitly state that recipients have a responsibility to monitor their funded providers to ensure they are using their federal grant program funds in accordance with program requirements.

Title 45 CFR §92.40, monitoring and reporting program performance; monitoring by recipients:

- Recipients are responsible for managing the day-to-day operations of grant and subgrant supported activities. Recipients must monitor grant and subgrant supported activities to

assure compliance with applicable federal requirements and that performance goals are being achieved. Recipient monitoring must cover each program, function, or activity.

Title 45 CFR §74.51, monitoring and reporting program performance:

- Recipients are responsible for managing and monitoring each project, program, subaward, function or activity supported by the award. Recipients shall monitor subawards to ensure that subrecipients have met the audit requirements as set forth in §74.26.

The Federal regulations go on to affirm that recipients are required to maintain, as set forth in 45 CFR §74.47:

- (a) system for contract administration to ensure subrecipient conformance with the terms, conditions, and specifications of the contract and to ensure adequate and timely follow-up of all purchases...[Recipients] shall evaluate subrecipient performance and document, as appropriate, whether subrecipients have met the terms, conditions, and specifications of the contract.

Program Manual Components

This Program Manual is comprised of several interrelated and interdependent parts:

1. This Document which provides an overview and framework
2. A series of Policy and Procedure Notices (PPNs), incorporated herein by reference and available at: www.ryanwhiteatl.org
3. An Index of PPNs, incorporated herein by reference
4. The Ryan White/EHE Master Contract, incorporated herein by reference
5. Quality Management Plan, incorporated herein by reference
6. Atlanta EMA Standards of Care, incorporated herein by reference
7. RWHAP National Monitoring Standards for RWHAP Part A Recipients, incorporated herein by reference

Policies and Procedures

POLICIES are the rules or guidelines by which an agency operates. They may be general or specific, but always reflect the philosophy, mission, and goals of the organization. Policies are generally approved by the organization's leadership and implemented by management. They define operations such as staff organization, services, hours, and conditions for business transactions. They might, among many other functions, set the criteria for eligibility for services,

establish the agency's commitment to confidentiality in all functions, or processes for contract management or monitoring.

PROCEDURES are the methods or set of instructions, by which policies are carried out. They give specific steps for accomplishing tasks, handling information, and making service delivery decisions. They may specify, for example, how phones are answered, how appointments are scheduled, who makes record entries, how bills are paid, how grievances are addressed, and what steps are taken in cases of medical emergency or a security threat.

[Policy Notices](#)

There are four categories of Policy Notices:

1. Programmatic Policy and Procedure Notice (PPPN) –apply to subrecipients
2. Fiscal Policy and Procedure Notice (FPPN) –apply to subrecipients
3. Recipient Policy and Procedure Notice (RPPN) –apply to the recipient
4. Policy Clarification Notice (PCN) –relate to an approved PPPN or FPPN and provide additional information related to the referenced policy.

Policy and Procedure Notices (PPN) typically will contain:

- Summary and Purpose of PPN – provides a background, description, and intent of the policy.
- Authority – legislation, regulation, or other governing language, or origin of the policy and the entity that provides oversight for implementation of the policy and procedure.
- Policy and Procedures – action items required for the recipient or subrecipient to follow the policy.
- Verification – the process and/or documents which will be used to verify compliance with Policies and Procedures.
- Approval Date – the effective date of the policy including any revision or review dates.

[Updates to Policy Notices](#)

The development of policy and procedure notices is an iterative process requiring ongoing refinements that could be driven by changes in legislation, county practices (administrative, fiscal, programmatic) or continuous quality improvement. Hence, any updates or revisions to these policies and procedures will be provided by DHE in the form of a Policy Clarification Notice (PCN) identifying the policy or procedure change and the effective date. Any revised policies and procedures are to be inserted in the appropriate section of the manual and shared with appropriate staff responsible for implementation of the policy and procedure.

DHE Point of Contact

Questions regarding the implementation of the policies and procedures contained herein should be directed to DHE, typically through the designated Project Officer. Any exemption to these policies and procedures will be approved in writing by an authorized agent of DHE.

Additional Guidance

- Ryan White HIV/AIDS Program Part A Manual, US Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau, Revised 2013. <https://hab.hrsa.gov/sites/default/files/hab/Global/happartamanual2013.pdf>
- Additional information for subrecipients may be found at the Fulton County Department for HIV Elimination website: <http://ryanwhiteatl.org>

Program Requirements

1. If an entity receiving funds charges for services, it must do so on a sliding fee schedule that is made available to the public. See: **FPPN-010.2 Imposition of Charges, Sliding Fee Scale, and Cap on Client Charges.**
2. All funded subrecipients must show the ability to comply with the Public Health Service's requirements regarding debarment and suspension, drug-free workplace, lobbying, and the Program Fraud Civil Remedies Act, and Environmental Tobacco Smoke. See: **PPPN-002 PHS Certifications-Subrecipient.**
3. All recipients of grant funds must participate in a community-based continuum of care. 'Continuum of Care' is a term which encompasses the comprehensive range of services required by individuals or families with HIV infection to meet their health care and psychosocial service needs throughout the course of their illness. The concept of continuum of care suggests that services must be organized to respond to the individual's or family's changing needs in a coordinated, timely, and uninterrupted manner that reduces fragmentation of care.
4. All funded subrecipients must maintain a reasonable mix of non-traditional hours that best suit the needs of the population's to be served. Non-traditional hours shall include early morning hours (before 8:00am) and evening hours (after 5:00pm) to facilitate access by PLWH at least two days per week; and weekend hours at least one-half day every other weekend. See: **PPPN-074 Non-Traditional Hours of Service.**

5. With few exceptions, all recipients of funding are required to be not-for-profit private or public agencies/organizations. See: [PPPN-003 IRS Status](#); [RPPN-014 Contracting with For Profits](#).
6. No more than 10% of the amount awarded to an agency may be used for administrative costs, including federally approved indirect cost or government authorized cost allocation plan. See: [FPPN-012 10% Administrative Cap- Subrecipients](#).
7. DHE core services including outpatient ambulatory health services, medical case management, medical nutrition therapy, mental health services, oral health services and substance abuse treatment-outpatient services may **only** be provided to persons who are living with HIV. See: [PPPN-001 Client Eligibility](#).
8. The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate more than Executive Level II. See: [FPPN-013 Salary Limitation](#).
9. All services must meet the Atlanta EMA's Standards of Care. EMA Standards of Care, as approved by the Planning Council and recipient, may be found on the Department for HIV Elimination website at <http://ryanwhiteatl.org>.
10. All services must comply with HRSA's RWHAP National Monitoring Standards for RWHAP Part A Recipients which may be found at https://targethiv.org/sites/default/files/media/documents/2022-12/RWHAP_Part-A_National_Monitoring_Standards_2022.pdf
11. DHE funds may be used to support specific HIV staff training, which enhances an individual's or an organization's ability to improve the quality of services to affected clients.
12. In no case may DHE funds be used to pay for off-premises social or recreational activities (i.e., movies, vacations, gym membership, parties). This also includes off-premises retreats. See: [PPPN-004 Funding Exclusions and Restrictions](#).
13. Funds may not be used to make direct payments of cash or checks to a client. Where direct provision of the service is not possible or effective, vouchers or similar programs, which may only be exchanged for a specific service or commodity, must be used to meet the client need. See: [PPN-004 Funding Exclusions and Restrictions](#).
14. In certain instances, DHE funds may be used to provide services for People Living with HIV who are incarcerated, or justice involved. See: [PPPN-068 Core Medical and Support Services for Those Incarcerated or Justice Involved](#).
15. Ryan White HIV/AIDS Program legislation requires recipients to collect and report program income. The program income is to be returned to the respective Ryan White HIV/AIDS Program and used to provide eligible services to eligible clients. See [FPPN-011 Program Income](#).
16. HRSA recipients that purchase medications, or are reimbursed for medications, or that provide reimbursement to other entities for outpatient prescription drugs are expected to secure the best prices available for such products and to maximize results for the recipient organization and its patients. Eligible health care organizations/covered entities that enroll in the 340B Program must comply with all 340B Program requirements and will be subject to

audit regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at <https://www.hrsa.gov/opa/program-requirements/index.html>

See: **FPPN-015 Medication Purchases.**

17. All travel must be local (in-State) and directly related to the services provided under the specific agency contract.
18. Subrecipients must use Part A and other funding sources to maximize program income from third party sources and ensure that Ryan White is the payer of last resort. See: **FPPN-011 Program Income**

Funding Exclusions

HRSA requirements specify funding exclusions and restrictions for Ryan White Part A and Ending the HIV Epidemic Programs. Please refer to **PPPN-004 Funding Exclusions and Restrictions**. The list of unallowable costs should not be considered exhaustive and should be viewed in conjunction with relevant legislation, regulations, and requirements.

Contractual Agreement

For each fiscal year, DHE and the Staff Attorney assigned by Fulton County develop a Master Contract to set forth the expectations and legal agreements related to the program. The contract includes numerous Articles including: Contract Documents, Severability, Subrecipient Services, Scope of Duties, Modifications, Contract Term, Compensation for Services, General Subrecipient Requirements, Invoicing and Payment, Funding Exclusions and Restrictions, Personnel, Suspension of Work, Disputes, Grievance Procedures, Termination, Termination of Agreement for Cause, Termination for Convenience of County, Waiver of Breach, Independent Contractor Status, Assurances and Certifications, Accuracy of Work, Review of Work, Indemnification, Confidentiality and Health Insurance Portability and Accountability Act Compliance, Confidentiality of Work, Open Records Act, Publicity, Intangible Property, Tangible Property, Covenant Against Contingent Fees, Insurance, Prohibited Interest, Subcontracting, Assignability, Audits and Inspectors, Records, Accounting System, Verbal Agreement, Jurisdiction, Equal Employment Opportunity, Force Majeure, Taxes, Permits/Licenses/Bonds, Non-Appropriation, Wage Clause, Whistleblower Protection, Anti-Kickback, Client Rights and Responsibilities, Title VI Compliance, National Monitoring Standards, Uniform Administrative Requirements, Cost Principles, and Audit Requirements.

Vendor Selection/Procurement

Fulton County has documented procurement procedures which are followed by DHE, and which comport to the procurement standards set forth in 45-CFR-75, §75.326-§75.340

See: **RPPN-015 – Procurement**

Monthly Invoicing Through e2Fulton

Subrecipients are reimbursed based upon information provided in e2Fulton and serves as the required invoice. See: [PPN-013 Monthly Invoicing Through e2Fulton](#) which details invoicing policies and requirements.

Using the required software, e2Fulton, subrecipient shall electronically submit for reimbursement for work performed during the previous calendar month, in a form acceptable to the recipient and accompanied by all supporting documentation for payment and for services that were completed during the preceding month. The recipient shall review for approval of invoices. The recipient shall have the right not to pay any invoice or part thereof if not properly supported, or if the costs requested or a part thereof, as determined by the recipient, are reasonably more than the actual stage of completion. Subrecipient agrees to electronically submit for reimbursement via the Electronic Contract Management (ECM) module of e2Fulton under the Fiscal tab for the previous month's expenses not later than the 20th business day of each month.

Monthly Invoicing is processed utilizing e2Fulton. All supporting documents will be uploaded to e2Fulton. See [PPN-013 Monthly Invoicing Through e2Fulton](#) which details proper supporting documentation and the steps to reviewing and processing invoices in e2Fulton.

The invoice submitted in e2Fulton will be signed by the appropriate Programmatic Designee and Fiscal Designee and submitted for reimbursement. Subrecipient spend plans must be submitted following the terms of the Fulton County DHE Contract/ Agreement.

Consumer Advisory Board

See [DHE contract Paragraph 8.12](#): Subrecipient agrees to implement and maintain a Consumer Advisory Board to obtain input from clients in the design and delivery of services. Subrecipient shall provide, with each quarterly report, documentation of Consumer Advisory Board meetings, membership, and minutes.

Evaluation

See [DHE contract Paragraph 8.23](#): Subrecipient agrees that it will participate in the Planning Council Evaluations Committee's survey to assess the effectiveness of the administrative mechanisms. Surveys shall be completed by the fiscal designee and the programmatic designee. Survey responses shall be submitted prior to the deadline specified by the Evaluations Committee.

Grievance Procedures

See [DHE Contract Paragraph 14.0](#): Subrecipient agrees to have in place a grievance process by which client complaints against the agency with respect to Part A funded services might be

addressed. A copy of the Subrecipient's grievance process must be submitted with the first request for reimbursement for services under this Agreement unless a copy of Subrecipient's Grievance Procedures has been submitted in the last two years.

See DHE Contract Paragraph 14.1: Subrecipient agrees to provide notification of the Grievance Procedures of the Subrecipient to all clients for rendered services in accordance with this Contract and such provision of information shall be documented within the files of the agency.

See DHE Contract Paragraph 14.2: Subrecipient will include, with each monthly expenditure report, a summary of any complaint filed under this process as well as current status of, and final disposition of, any such complaint.

[Prescribed ART](#)

See DHE Contract Paragraph 8.13: If Subrecipient receives funding for the provision of Outpatient/Ambulatory Health Services under this contract, Subrecipient shall be expected to meet the OAHS Expectations set forth in Appendix V of the FY22, FY23, FY24 Part A Request for Proposals.

See Page 25 of the Atlanta EMA Standards of Care (FY2022-FY2024): Providers shall develop and initiate a client treatment adherence plan that is consistent with HHS Guidelines for clients who are being treated with an antiretroviral (ARV) medication regimen. The plan shall be reviewed and updated as conditions warrant.

[Atlanta EMA Screening Tool](#)

See Page 15 of the Atlanta EMA Standards of Care (FY2022-2024): The Atlanta EMA Screening Tool consists of standardized Case Management, Mental Health, Substance Use, and Legal screening questions. The purpose of this tool is to provide a uniform way to identify non-medical needs of Persons Living with HIV (PLWH). Given this standardized approach, clients will receive the same follow-up for assessment, treatment and/or referrals based on their responses, regardless of the subrecipient.

All agencies must use the Atlanta EMA Screening Tool if receiving funds to provide Outpatient/Ambulatory Health Services, Substance Abuse-Outpatient Services, Mental Health Services, Case Management (medical or non-medical) or Referral for Health Care and Support services.

Please note that agencies may decide to add more questions to their screening tool; however, the questions listed in the Atlanta EMA Screening Tool must be asked first before a subrecipient's additional questions.

Audit

See DHE Contract Paragraph 35.6: Subrecipient agrees to comply with the audit requirements set forth in 45 CFR 75 and with either Paragraph 35.6a or Paragraph 35.6b whichever applies under these guidelines.

See DHE Contract Paragraph 35.6a: Subrecipient expending \$750,000 or more during the fiscal year in Federal awards must have a Single or Program Specific audit conducted for that year in accordance with 2 CFR 75 Subpart F – Audit Requirements. The audit must be prepared by an independent Certified Public Accountant. Subrecipient must send one copy of the audit to the Ryan White Program Manager and one copy to the Director of Finance, within 180 days following the close of Subrecipient's fiscal year. At the County's discretion, this time period may be extended beyond the 180 days.

See DHE Contract Paragraph 35.6.b: Subrecipient expending less than \$750,000 during the fiscal year in Federal awards agrees to have a financial statement audit conducted annually by an independent Certified Public Accountant and further agrees to send one copy of the audit to the Ryan White Program Manager and one copy to the Director of Finance, Fulton County Government, within 180 days following the close of Subrecipient's fiscal year. At the County's discretion, this time period may be extended beyond the 180 days.

See DHE Contract Paragraph 35.7. Audit reports shall be submitted to:

Director, Department for HIV Elimination

Fulton County Government
137 Peachtree Street
Atlanta, Georgia 30303

Director of Finance

Fulton County Government
141 Pryor Street, Suite 7001
Atlanta, Georgia 30303

See DHE Contract Paragraph 35.8: Failure to comply with audit request, or any other terms or conditions of this Contract constitutes cause for termination of Contract, cause for rejection of future applications, and requires return of all monies received under this Contract.

Spend Plan

See DHE Contract Paragraph 8.27: Subrecipient shall provide County with projected spending plans as detailed in **FPPN-002: Budget Spend Plan**: Subrecipients shall provide the Ryan White Program Office with projected Spend Plans at the end of the first and second quarter as part of their quarterly report submission package, and no less frequently than monthly for the remainder of the year (submitted with monthly invoices).

See DHE Contract Paragraph 8.10: Subrecipient agrees to administer and/or facilitate client participation (including but not limited to entering each client’s phone number and e-mail address into e2Fulton) in the EMA’s program-wide standardized client satisfaction surveys to monitor the quality of the services provided and to measure the level of consumer satisfaction.

Site Visits

Per 45 CFR §75.351-353 recipients must monitor the activities of their subrecipients as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, Ryan White HIV/AIDS Program legislative requirements, regulations and the terms and conditions of the subaward and that subaward performance goals are achieved. Recipients must ensure that subrecipients track, appropriately use, and report program income generated by the subaward. Recipients must also ensure that subrecipient expenditures adhere to legislative mandates regarding the distribution of funds.

The awarding agency, HHS, prescribes the frequency of the monitoring activities. The monitoring standards for DHE recipients require, at a minimum, an annual comprehensive monitoring site visit to each subrecipient as delineated in the National Monitoring Standards. The visit must test compliance with Fiscal, Programmatic, and Universal Standards. The usefulness of desk audits and any timelines for their use are determined by the recipient; however, desk audits may not be used as a substitute for comprehensive annual site visits.

Toward that end, DHE conducts site visits to ensure that funds are being utilized appropriately, to verify that federal and local requirements are being met, and to offer programmatic and fiscal technical assistance to agency staff.

There are three types of site visits which shall take place:

1. Programmatic (including data reviews)
2. Quality Management (including chart reviews)
3. Fiscal (including risk assessment)

All subrecipients will receive at least one programmatic site visit, one quality management site visit and one fiscal site visit including a risk assessment by the Fulton County Finance Department Grant’s Administration Division during each contract period (in some instances the site visits may be held concurrently).

Quality Management site visits will include a review of client charts. A random sample of client files is selected to verify that valid and accurate documentation is present for both eligibility requirements and the services delivered. The number of files reviewed depends on the number of services and clients at a given agency. During the review, each file is scored on worksheets for compliance with requirements and then aggregated in the File Review Summary Form. These findings will be included in the Letter of Findings sent to agencies.

Subrecipients will also have periodic Title VI site visits from Fulton County’s Internal Audit Department. These visits may be conducted simultaneously with the programmatic and/or fiscal site visit(s) or on separate dates. In all instances it is essential that subrecipient staff designated by the recipient be available as needed throughout the site visit.

See: [PPPN-034 – Annual Programmatic Site Visits](#); [PPPN-035 – Quality Management Site Visits](#); [FPPN-007 – Fiscal Monitoring and Fiscal Site Visits](#); [PPPN-036 – Title VI Compliance](#)

Service Categories

Please refer to HRSA Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18): Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds.

In every instance, HAB expects that services supported with RWHAP funds will (1) fall within the legislatively defined range of services, (2) as appropriate, within Part A, have been identified as a local priority by the HIV Health Services Planning Council¹, and (3) meet documented needs and contribute to the establishment of a continuum of care.

RWHAP/EHE funds are intended to support only the HIV-related needs of eligible individuals. Recipients and subrecipients must be able to make an explicit connection between any service supported with RWHAP funds and the intended client’s HIV status, or care-giving relationship to a person with HIV.

The following core medical and support service categories are important to assist in the diagnosis of HIV infection, linkage to and entry into care for PLWH, retention in care, and the provision of HIV care and treatment. HRSA RWHAP/EHE recipients are encouraged to consider all methods or means by which they can provide services, including use of technology (e.g., telehealth). To be an allowable cost under the HRSA RWHAP, all services must:

¹ The HIV Health Services Planning Council for the Atlanta EMA is the “Metropolitan Atlanta HIV Health Services Planning Council”.

- Relate to HIV diagnosis, care, and support,
- Adhere to established HIV clinical practice standards consistent with U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV² and other related or pertinent clinical guidelines, and
- Comply with state and local regulations, and provided by licensed or authorized providers, as applicable.

Core Medical Services

AIDS Drug Assistance Program Treatments
 AIDS Pharmaceutical Assistance
 Early Intervention Services (EIS)
 Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
 Home and Community-Based Health Services
 Home Health Care
 Hospice Services
 Medical Case Management, including Treatment Adherence Services
 Medical Nutrition Therapy
 Mental Health Services
 Oral Health Care
 Outpatient/Ambulatory Health Services
 Substance Abuse Outpatient Care

Support Services

Child Care Services
 Emergency Financial Assistance
 Food Bank/Home Delivered Meals
 Health Education/Risk Reduction
 Housing
 Linguistic Services
 Medical Transportation
 Non-medical Case Management Services
 Other Professional Services
 Outreach Services
 Permanency Planning
 Psychosocial Support Services
 Referral for Health Care and Support Services
 Rehabilitation Services
 Respite Care

2 www.healthline.com/health/hiv-aids/dhhs-hiv-guidelines

Substance Abuse Services (Residential)

Not all services have been prioritized or may have funds allocated by the Metropolitan Atlanta HIV Health Services Planning Council. For the most current list of service categories prioritized by the Planning Council please see the DHE website: www.ryanwhiteatl.org

Please also see [PPPN-005](#). Local Policies Affecting Service Provision

Service Definitions

RWHAP/EHE funds are intended to support only the HIV-related needs of clients. All services provided to HIV-positive, HIV-indeterminate (infants <2 years only), and HIV-affected clients must always promote the medical outcomes of the infected client.

Services are divided into three groups:

- Administrative and Technical Services
- Core Medical Services
- Support Services
- Initiative Services

Administrative and Technical Services

Planning or evaluation services are the systematic (orderly) collection of information about the characteristics, activities, and outcomes of services or programs to assess the extent to which objectives have been achieved, to identify needed improvements, and/or to make decisions about future programming.

Administrative or technical support services are the provision of responsive support services to an organization. These may include human resources, financial management, and administrative services (e.g., property management, warehousing, printing, publications, libraries, claims, medical supplies, and conference/training facilities).

Fiscal intermediary services are the provision of administrative services to the recipient of record by a pass-through organization. The responsibilities of these organizations may include determining the eligibility of RWHAP/EHE recipients, deciding how funds are allocated to recipients, awarding RWHAP/EHE funds to recipients, monitoring recipients for compliance with RWHAP/EHE -specific requirements, and completing required reports.

Other fiscal services are the receipt or collection of reimbursements on behalf of health care professionals for services rendered or other related fiduciary services pursuant to health care professional contracts.

Technical assistance services identify the need for and the delivery of practical program and technical support to the RWHAP/EHE community. These services should help recipients, planning

bodies, and communities affected by HIV and AIDS to design, implement, and evaluate RWHAP/EHE -supported planning and primary care service-delivery systems.

Capacity development services are services to develop a set of core competencies that in turn help organizations foster effective HIV health care services, including the quality, quantity, and cost-effectiveness of such services. These competencies also sustain the infrastructure and resource base necessary to develop and support these services. Core competencies include management of program finances; effective HIV service delivery, including quality assurance, personnel management, and board development; resource development, including preparation of grant applications to obtain resources and purchase supplies/equipment; service evaluation; and development of cultural competency.

Quality management services comprise systematic processes with identified leadership, accountability, and dedicated resources using data and measurable outcomes to determine progress toward relevant, evidence-based benchmarks. Quality management programs should focus on linkages, efficiencies, and provider and client expectations in addressing outcome improvement, and they need to adapt to change. The process is continuous and should fit in the framework of other program quality assurance and quality improvement activities, such as the Institute for Healthcare Improvement, the Joint Commission on the Accreditation of Healthcare Organizations, and Medicaid. Data collected as part of this process should be fed back into the quality management process to assure that goals are accomplished, and outcomes improved.

Quality management is a continuous process to improve how a health or social service meets or exceeds established professional standards and user expectations. The purpose of a Quality Management Program is to ensure that (1) services adhere to PHS guidelines and established clinical practice; (2) program improvements include supportive services; (3) supportive services are linked to access and adherence to medical care; and (4) demographic, clinical, and utilization data are used to evaluate and address characteristics of the local epidemic. For further information on quality management, please refer to the resources available at:

<https://ryanwhite.hrsa.gov/grants/quality-of-care>

Core Medical Services

Core medical services are specified in the Ryan White HIV/AIDS Treatment Extension Act of 2009. They are a set of essential, direct health care services provided to RWHAP/EHE clients who are HIV positive or HIV indeterminate (infants <2 years only), with one exception. HIV-negative clients may receive HIV counseling and testing (HC&T) services under Early Intervention Services for Part A; HC&T data are reported in the Provider Report.

HRSA requires that Ryan White recipients assure that not less than **75%** of its funding is used to provide the **core medical services** that are needed in the EMA for individuals who are identified and eligible under the Ryan White HIV/AIDS Program before spending any resources on support services.

See:

[RPPN-004 Core Medical Services Spending](#)

[RPPN-005 Support Services Spending](#)

Reference:

Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds, HAB Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18) which replaces #10-02

https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS Program (RWHAP) Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds Frequently Asked Questions

https://hab.hrsa.gov/sites/default/files/hab/Global/faq_service_definitions_pcn_final.pdf

HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS Program (RWHAP) Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds Housing Services Frequently Asked Questions

[PCN 16-02 RWHAP Services Eligible Individuals and Allowable Uses of Funds \(hrsa.gov\)](#)

HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS Program (RWHAP) Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds Standalone Dental Insurance Frequently Asked Questions

[HAB FAQ on Dental Insurance \(hrsa.gov\)](#)

AIDS Drug Assistance Program (ADAP) Treatments is a state-administered program authorized under Part B of the RWHAP to provide FDA-approved medications to low-income clients with HIV who have no coverage or limited health care coverage. ADAPs may also use program funds to purchase health insurance for eligible clients and for services that enhance access to, adherence to, and monitoring of antiretroviral therapy. RWHAP ADAP recipients must conduct a cost

effectiveness analysis to ensure that purchasing health insurance is cost effective compared to the cost of medications in the aggregate.

Eligible ADAP clients must be living with HIV and meet income and other eligibility criteria as established by the state. Program Guidance:

See HAB PCN 07-03: The Use of Ryan White HIV/AIDS Program, Part B (formerly Title II), AIDS Drug Assistance Program (ADAP) Funds for Access, Adherence, and Monitoring Services; <http://hab.hrsa.gov/manageyourgrant/files/useadapaccesspn0703.pdf>

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

<https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/18-01-use-of-rwhap-funds-for-premium-and-cost-sharing-assistance.pdf>

HAB PCN 13-06: Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Medicaid See also AIDS Pharmaceutical Assistance and Emergency Financial Assistance

<http://hab.hrsa.gov/manageyourgrant/pinspals/pcn1306medicaidpremiumcostsharing.pdf>

AIDS Pharmaceutical Assistance services fall into two categories, based on RWHAP Part funding.

1. Local Pharmaceutical Assistance Program (LPAP) is operated by a RWHAP Part A or B recipient or subrecipient as a supplemental means of providing medication assistance when an ADAP has a restricted formulary, waiting list and/or restricted financial eligibility criteria.

RWHAP Part A or B recipients using the LPAP service category must establish the following:

- Uniform benefits for all enrolled clients throughout the service area
- A recordkeeping system for distributed medications
- An LPAP advisory board
- A drug formulary approved by the local advisory committee/board
- A drug distribution system
- A client enrollment and eligibility determination process that includes screening for ADAP and LPAP eligibility with rescreening at minimum of every six months
- Coordination with the state's RWHAP Part B ADAP
 - A statement of need should specify restrictions of the state ADAP and the need for the LPAP
- Implementation in accordance with requirements of the 340B Drug Pricing Program and the Prime Vendor Program

2. Community Pharmaceutical Assistance Program is provided by a RWHAP Part C or D recipient for the provision of long-term medication assistance to eligible clients in the absence of any other resources. The medication assistance must be greater than 90 days.

- Program Guidance: For LPAPs: Only RWHAP Part A grant award funds or Part B Base award funds may be used to support an LPAP. ADAP funds may not be used for LPAP support. LPAP funds are not to be used for Emergency Financial Assistance. Emergency Financial Assistance may assist with medications not covered by the LPAP.

For Community Pharmaceutical Assistance: This service category should be used when RWHAP Part C or D funding is expended to routinely refill medications. RWHAP Part C or D recipients should use the Outpatient Ambulatory Health Services or Emergency Financial Assistance service for non-routine, short-term medication assistance.

See Ryan White HIV/AIDS Program National Monitoring Standards

https://targethiv.org/sites/default/files/media/documents/2022-12/RWHAP_Part-A_National_Monitoring_Standards_2022.pdf

See also LPAP Policy Clarification Memo

[Program Letters | Ryan White HIV/AIDS Program \(hrsa.gov\)](#)

See also AIDS Drug Assistance Program Treatments and Emergency Financial Assistance Priority Service Categories.

Early Intervention Services (EIS) is defined by RWHAP legislation – see § 2651(e) of the Public Health Service Act.

- Program Guidance: The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service. RWHAP Part A recipients and subrecipients should be aware of programmatic expectations that stipulate the allocation of funds into specific service categories.

RWHAP Parts A EIS services must include the following four components:

1. Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be living with HIV.
 - Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts
 - HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources
2. Referral services to improve HIV care and treatment services at key points of entry
3. Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care
4. Outreach Services and Health Education/Risk Reduction related to HIV diagnosis

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. To use RWHAP funds for health insurance premium and cost-sharing assistance, a RWHAP Part recipient must implement a methodology that incorporates the following requirements:

- RWHAP Part recipients must ensure that clients are buying health coverage that, at a minimum, includes at least one drug in each class of core antiretroviral therapeutics from the Department of Health and Human Services (HHS) treatment guidelines along with appropriate HIV outpatient/ambulatory health services www.healthline.com/health/hiv-aids/dhhs-hiv-guidelines
- RWHAP Part recipients must assess and compare the aggregate cost of paying for the health coverage option versus paying for the aggregate full cost for medications and other appropriate HIV outpatient/ambulatory health services, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective

The service provision consists of either or both of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services and pharmacy benefits that provide a full range of HIV medications for eligible clients
 - Paying cost-sharing on behalf of the client
- Program Guidance: RWHAP Parts A and B funding support health insurance premiums and cost-sharing assistance. If a RWHAP Part C or D recipient has the resources to provide this service, an equitable enrollment policy must be in place, and it must be cost-effective and sustainable.

See HAB PCN 07-05: Program Part B ADAP Funds to Purchase Health Insurance.

[AIDS DRUG ASSISTANCE PROGRAM \(ADAP\) MANUAL \(hrsa.gov\)](http://www.hrsa.gov/adap/manual)

HAB PCN 13-05: Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Private Health Insurance.

<http://hab.hrsa.gov/manageyourgrant/pinspals/pcn1305premiumcostsharing.pdf>

HAB PCN 13-06: Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Medicaid.

<http://hab.hrsa.gov/manageyourgrant/pinspals/pcn1306medicaidpremiumcostsharing.pdf>

HAB PCN 14-01: Revised 4/3/2015: Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Premium Tax Credits under the Affordable Care Act

<https://hab.hrsa.gov/sites/default/files/hab/Global/1401policyclarification.pdf>

Home and Community-Based Health Services are provided to a client living with HIV in an integrated setting appropriate to a client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Services include:

- Appropriate mental health, developmental, and rehabilitation services
- Day treatment or other partial hospitalization services
- Durable medical equipment

- Home health aide services and personal care services in the home
- Program Guidance: Inpatient hospitals, nursing homes, and other long-term care facilities are not considered an integrated setting for the purposes of providing home and community-based health services.

Home Health Care is the provision of services in the home that are appropriate to a client’s needs and are performed by licensed professionals. Services must relate to the client’s HIV status and may include:

- Administration of prescribed therapeutics (e.g., intravenous, and aerosolized treatment, and parenteral feeding)
 - Preventive and specialty care
 - Wound care
 - Routine diagnostics testing administered in the home
 - Other medical therapies
- Program Guidance: The provision of Home Health Care is limited to clients that are homebound. Home settings do not include nursing facilities or inpatient mental health/substance abuse treatment facilities.

Hospice Services are end-of-life care services provided to clients in the terminal stage of an HIV-related illness. Allowable services are:

- Mental health counseling
 - Nursing care
 - Palliative therapeutics
 - Physician services
 - Room and board
- Program Guidance: Services may be provided in a home or other residential setting, including a non-acute care section of a hospital that has been designated and staffed to provide hospice services. This service category does not extend to skilled nursing facilities or nursing homes.

To meet the need for hospice services, a physician must certify that a patient is terminally ill and has a defined life expectancy as established by the recipient. Counseling services provided in the context of hospice care must be consistent with the definition of mental health counseling. Palliative therapies must be consistent with those covered under respective state Medicaid programs.

Medical Case Management, including Treatment Adherence Services is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication). Key activities include:

- Initial assessment of service needs

- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented services above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

- Program Guidance: Medical Case Management services have as their objective improving health care outcomes whereas Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services.

Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence Services provided during a Medical Case Management visit should be reported in the Medical Case Management service category whereas Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.

Medical Nutrition Therapy includes:

- Nutrition assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider's recommendation
- Nutrition education and/or counseling

These services can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.

- Program Guidance: All services performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Services not provided by a registered/licensed dietician should be considered Psychosocial Support Services under the RWHAP. See Food Bank/Home Delivered Meals

Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

- Program Guidance: Mental Health Services are allowable only for HIV-infected clients. See Psychosocial Support

Oral Health Care includes diagnostic, preventive, and therapeutic services provided by a dental health care professional licensed to provide health care in the State or jurisdiction, including general dental practitioners, dental specialists, and dental hygienists, as well as licensed and trained dental assistants.

Outpatient/Ambulatory Health Services (OAHS) are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight. Emergency room or urgent care services are not considered outpatient settings.

Allowable activities include:

- Medical history taking
 - Physical examination
 - Diagnostic testing, including laboratory testing
 - Treatment and management of physical and behavioral health conditions
 - Behavioral risk assessment, subsequent counseling, and referral
 - Preventive care and screening
 - Pediatric developmental assessment
 - Prescription, and management of medication therapy
 - Treatment adherence
 - Education and counseling on health and prevention issues
 - Referral to and provision of specialty care related to HIV diagnosis
- Program Guidance: Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the OAHS category whereas Treatment Adherence services provided during a Medical Case Management visit should be reported in the Medical Case Management service category.

See Policy Notice 13-04: Clarifications Regarding Clients Eligibility for Private Health Insurance and Coverage of Services by Ryan White HIV/AIDS Program

<http://hab.hrsa.gov/manageyourgrant/pinspals/pcn1304privateinsurance.pdf>

See Early Intervention Services Priority Service Category.

Substance Abuse Services - Outpatient is the provision of outpatient services for the treatment of drug or alcohol use disorders. Services include:

- Screening
 - Assessment
 - Diagnosis, and/or
 - Treatment of substance use disorder, including:
 - Pretreatment/recovery readiness programs
 - Harm reduction
 - Behavioral health counseling associated with substance use disorder
 - Outpatient drug-free treatment and counseling
 - Medication assisted therapy
 - Neuro-psychiatric pharmaceutical
 - Relapse prevention
- Program Guidance: Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the RWHAP, it is included in a documented plan.

Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific guidance and approval.

See Substance Abuse Services - Residential

[Support Services](#)

Support services are a set of services needed to achieve medical outcomes that affect the HIV-related clinical status of a person living with HIV/AIDS. Support services may be provided to HIV-positive and HIV-indeterminate clients (infant <2 years only) as needed. Support services may also be provided to HIV-affected clients. However, the services provided to HIV-affected clients must always support a medical outcome for the HIV-positive client or HIV indeterminate client (infant <2 years only).

Child Care Services supports intermittent childcare services for the children living in the household of HIV-infected clients for the purpose of enabling clients to attend medical visits, related appointments, and/or RWHAP-related meetings, groups, or training sessions. Allowable use of funds includes:

- A licensed or registered childcare provider to deliver intermittent care
 - Informal childcare provided by a neighbor, family member, or other person (with the understanding that existing federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services)
- Program Guidance: The use of funds under this service category should be limited and carefully monitored. Direct cash payments to clients are not permitted.

Such arrangements may also raise liability issues for the funding source which should be carefully weighed in the decision process.

Emergency Financial Assistance provides limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential utilities, housing, food (including groceries, and food vouchers), transportation, and medication. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program.

- Program Guidance: Direct cash payments to clients are not permitted. It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a client should not be funded through emergency financial assistance.

See AIDS Drug Assistance Program Treatments, AIDS Pharmaceutical Assistance, and other corresponding categories

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:

- Personal hygiene products
 - Household cleaning supplies
 - Water filtration/purification systems in communities where issues of water safety exist.
- Program Guidance: Unallowable costs include household appliances, pet foods, and other non-essential products.

See Medical Nutrition Therapy. Nutritional services and nutritional supplements provided by a registered dietitian are considered a core medical service under the RWHAP.

Health Education/Risk Reduction is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics covered may include:

- Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention
 - Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
 - Health literacy
 - Treatment adherence education
- Program Guidance: Health Education/Risk Reduction services cannot be delivered anonymously.

See Early Intervention Services

Housing Services provide transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services). Housing activities also include housing referral services, including assessment, search, placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.

- Program Guidance: HRSA RWHAP recipients and subrecipients that use funds to provide Housing must have mechanisms in place to assess and document the housing status and housing service needs of new clients, and at least annually for existing clients. HRSA RWHAP recipients and subrecipients, along with local decision-making planning bodies, are strongly encouraged to institute duration limits to housing activities. HRSA HAB recommends recipients and subrecipients align duration limits with those definitions used by other housing programs, such as those administered by the Department of Housing and Urban Development, which currently uses 24 months for transitional housing. Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments or rental deposits, although these may be allowable costs under the HUD Housing Opportunities for Persons with AIDS (HOPWA) grant awards.

Legal Services see Other Professional Services

Linguistic Services provide interpretation and translation services, both oral and written to eligible clients. These services must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of RWHAP-eligible services.

- Program Guidance: Services provided must comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

Medical Transportation is the provision of nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services.

- Program Guidance:
 - Medical transportation may be provided through:
 - Contracts with providers of transportation services
 - Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the

established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject)

- Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
- Voucher or token systems

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees

Non-Medical Case Management Services (NMCM) provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical Case management services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans. This service category includes several methods of communication including face-to-face, phone contact, and any other forms of communication deemed appropriate by the RWHAP Part recipient. Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems

➤ Program Guidance: Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services whereas Medical Case Management services have as their objective improving health care outcomes.

Other Professional Services allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include:

- Legal services provided to and/or on behalf of the individual living with HIV and involving legal matters related to or arising from their HIV status, including:
 - Assistance with public benefits such as Social Security Disability Insurance (SSDI)
 - Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the RWHAP

- Preparation of:
 - Healthcare power of attorney
 - Durable powers of attorney
 - Living wills
 - Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:
 - ❖ Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney
 - ❖ Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption
- Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits
- Program Guidance: Legal services exclude criminal defense and class-action suits unless related to access to services eligible for funding under the RWHAP.

See 45 CFR § 75.459 Professional service cost.

https://www.ecfr.gov/cgi-bin/text-idx?SID=23166549941b463167eca9557433aa79&mc=true&node=se45.1.75_1459&rgn=div8

Outreach Services include the provision of the following three activities:

1. Identification of people who do not know their HIV status and linkage into Outpatient/Ambulatory Health Services
 2. Provision of additional information and education on health care coverage options
 3. Reengagement of people who know their status into Outpatient/Ambulatory Health Services
- Program Guidance: Outreach programs must be:
 - Conducted at times and in places where there is a high probability that individuals with HIV infection and/or exhibiting high-risk behavior
 - Designed to provide quantified program reporting of activities and outcomes to accommodate local evaluation of effectiveness
 - Planned and delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort
 - Targeted to populations known, through local epidemiologic data or review of service utilization data or strategic planning processes, to be at disproportionate risk for HIV infection.

Funds may not be used to pay for HIV counseling or testing under this service category.

See Policy Notice 12-01: The Use of Ryan White HIV/AIDS Program Funds for Outreach Services.

<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/out-reach-policy-2012.pdf>

Outreach services cannot be delivered anonymously as personally identifiable information is needed from clients for program reporting.

See Early Intervention Services

Permanency Planning See Other Professional Services

Psychosocial Support Services provide group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns. These services may include:

- Bereavement counseling
 - Caregiver/respite support (RWHAP Part D)
 - Child abuse and neglect counseling
 - HIV support groups
 - Nutrition counseling provided by a non-registered dietitian (see Medical Nutrition Therapy Services)
 - Pastoral care/counseling services
- Program Guidance: Funds under this service category may not be used to provide nutritional supplements (See Food Bank/Home Delivered Meals).

RWHAP-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation.

Funds may not be used for social/recreational activities or to pay for a client's gym membership.

See Respite Care Services

Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. This service may include referrals to assist eligible clients to obtain access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

- Program Guidance: Referrals for Health Care and Support Services provided by outpatient/ambulatory health care providers should be reported under the Outpatient/Ambulatory Health Services category.

Referrals for health care and support services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management).

Rehabilitation Services are provided by a licensed or authorized professional in accordance with an individualized plan of care intended to improve or maintain a client's quality of life and optimal capacity for self-care.

- Program Guidance: Examples of allowable services under this category are physical and occupational therapy.

Respite Care is the provision of periodic respite care in community or home-based settings that includes non-medical assistance designed to provide care for an HIV-infected client to relieve the primary caregiver responsible for the day-to-day care of an adult or minor living with HIV.

- Program Guidance: Recreational and social activities are allowable program activities as part of a respite care service provided in a licensed or certified provider setting including drop-in centers within HIV Outpatient/Ambulatory Health Services or satellite facilities.

Funds may not be used for off premise social/recreational activities or to pay for a client's gym membership. Funds may be used to support informal, home-based Respite Care, but liability issues should be included in the consideration of this expenditure. Direct cash payments to clients are not permitted.

See Psychosocial Support Services

Substance Abuse Services - Residential is the provision of services for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. This service includes:

- Pretreatment/recovery readiness programs
 - Harm reduction
 - Behavioral health counseling associated with substance use disorder
 - Medication assisted therapy
 - Neuro-psychiatric pharmaceuticals
 - Relapse prevention
 - Detoxification, if offered in a separate licensed residential setting (including a separately licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)
- Program Guidance: Substance Abuse Services (residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the RWHAP.

Acupuncture therapy may be allowable funded under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the RWHAP. RWHAP funds may not be used for inpatient detoxification in a hospital setting unless the detoxification facility has a separate license.

Initiative services allow for a broader approach to addressing HIV in communities than what exists in services authorized by RWHAP legislation. Initiative services subrecipients are not limited to using the RWHAP service categories and are encouraged to be innovative and creative as they design ways to use funds to end the HIV epidemic. Proposed activities may include but are not limited to: increasing organizational capacity; information dissemination and public outreach; community engagement; implementation of emerging practices, evidence-informed and/or evidenced-based interventions, particularly around linkage to care, retention in care, reengagement in care, and adherence counseling; the provision of needed client services; and data infrastructure development and systems linkages.

Arts, Media, Culture services focus on projects that blend visual art, media, and marketing with messages of empowerment and advocacy, which seek to influence social norms. This service includes:

- Community Engagement Sessions
- Project Dissemination
- Story-sharing Activities

Effective Behavioral Interventions are interventions designed to affect the actions that individuals take with regard to their health. Behavioral interventions can be implemented on three levels- the individual level, community level and systems level. Individual level interventions aim to change knowledge, attitudes, beliefs, practices, and behaviors of individuals. Community level interventions seek to change community norms, community attitudes, community awareness, community practices, and community behaviors. System level interventions changes organizations, policies, laws, and power structures; the focus is not directly on individuals and communities but on the systems that impact health. Effective behavioral interventions use a continuum of integrated policies, strategies, activities, and services whose effectiveness has been proven or informed by research and evaluation. This service includes:

- EBI- Linkage to Care
- EBI- Retention in Care
- EBI- Re-Engagement in HIV Care
- EBI- Medication Adherence
- EBI- Risk Reduction
- EBI- People in Care, but not Virally Suppressed

Innovative Project Support are projects that focus on care and treatment services for people living with HIV, to help them reach and maintain viral suppression. Projects which utilize novel approaches to transform the current system of care. This service includes:

- IPS- Linkage to Care
- IPS- Retention in Care
- IPS- Re-Engagement in HIV Care
- IPS- Medication Adherence
- IPS- Risk Reduction
- IPS- People in Care, but not Virally Suppressed

Non- Traditional Services provides a means for clients to access HIV services outside of the traditional clinical setting. Nontraditional services are client centered and focus on meeting clients where they are. Services provided in this category should center on the convenience of care for clients. This service includes:

- Mobile Units
- Drop-in/ Walk-in Services
- Home Health Delivery
- Online Support Group

Telehealth Services and Telecare Tablets. Telehealth refers broadly to electronic, and telecommunications technologies and services used to provide care and services at-a-distance. Telecare refers to the idea of enabling people to remain independent in their own homes by providing person-centered technologies to support the individual or their caregivers. Mobile health intervention greatly improves retention in care benchmarks and viral load suppression rates in PLWH. Telecare is a proven strategy to improve health outcomes, but it is only effective if it is accessible. Telecare Tablets are available to provide access to 8-inch tablets with an unlimited data connection for clients. Each device ships with a secured environment and limited functionality customized by the service provider to include the tools that clients need to access care. The platform supports client-by-client interface customizations, so each client’s experience is tailored to their unique treatment plan. The vendor provides device insurance and same-day replacement built into the program to account for loss, theft, and damaged devices, so organizations will always have access to the inventory they need to serve their clients. This service includes:

- Telehealth Visit
- Telecare Tablet Distribution
- Telecare Tablet Usage
- Telecare Tablet Return

Transgender Hormone Replacement Therapy. Hormone therapy is one aspect of gender-affirming care that is utilized as part of medical transition. Gender affirmation in clinical settings goes far beyond hormones and includes the creation of a welcoming environment, including the

use of patients' preferred names and pronouns and providers who are knowledgeable about transgender health issues. The desire for gender-affirming health care, such as hormone therapy, is a critical factor that may both serve as an adjunct to and require special considerations for effective engagement in HIV medical care. This service includes:

- Hormone Therapy- Lab Visit
- Hormone Therapy- Medication
- Hormone Therapy- Medication Pickup

Client Eligibility

See PPPN-001 Client Eligibility for detailed descriptions of: Eligibility Requirements, Maintenance of Records, Services for Affected Individuals, Proof of Positive HIV Status, Presumptive HIV Diagnosis, Provisional Enrollment, Proof of Residency, Documentation of Income, and Documentation of Third-Party Payer Source including Verification of Health Insurance Coverage, Recertification, and e2Fulton Documentation.

To receive services funded by **Part A** (inclusive of **MAI** funding), clients must meet eligibility criteria which includes:

1. Documentation of the program-eligible individual having HIV.
2. Proof that the individual resides in one of the 20 counties of the Atlanta Eligible Metropolitan Area. These counties are – Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, and Walton.
3. Must have an income \leq 400% of the most current Federal Poverty Level.
4. Must have no other payer source for services provided through Ryan White.
5. Global Consent on file.

To receive services funded by EHE, clients must meet eligibility criteria which includes:

1. Documentation of the program-eligible individual having HIV.
2. Must have no other payer source for services provided through EHE.
3. Global Consent on file.

Eligibility must be determined at initiation of services and every 12 months thereafter. Semi-annual recertification can be accomplished through self-attestation.

ELIGIBILITY CATEGORY	INITIAL ELIGIBILITY DETERMINATION ³	RECERTIFICATION WITH <u>NO CHANGES</u>	RECERTIFICATION WITH <u>CHANGES</u>
		<u>SELF- ATTESTATION ALLOWED</u> <u>(PERIODICALLY, BUT NO GREATER THAN 12 MONTHS)</u>	OR COMPLETE ELIGIBILITY RECERTIFICATION (AT LEAST EVERY 24 MONTHS)
HIV Status	Documentation Required	No Documentation Required	No Documentation Required
Income ⁴	Documentation Required	No Documentation Required	Documentation Required
Residency ⁴	Documentation Required	No Documentation Required	Documentation Required
Insurance Status	Documentation of Coverage, Coverage Denial, or Agency's On-going Efforts to Vigorously Pursue Benefits Required	No Documentation Required	Documentation of Coverage, Coverage Denial, or Agency's On-going Efforts to Vigorously Pursue Benefits Required

³ A new or returning individual seeking program eligibility meets face-to-face with a member of the agency's eligibility staff to complete eligibility documentation.

⁴ Income and Residency documentation are not required for EHE clients.

Eligibility Determination (Any day during that month)		Eligibility End Date (Recertification must be done by last day of the month)	
1	January	February 28th or 29th	2/29
2	February	March 31st	3/31
3	March	April 30th	4/30
4	April	May 31st	5/31
5	May	June 30th	6/30
6	June	July 31st	7/31
7	July	August 31st	8/31
8	August	September 30th	9/30
9	September	October 31st	10/31
10	October	November 30th	11/30
11	November	December 31st	12/31
12	December	January 31st	1/31

Providers must utilize e2Fulton to monitor the eligibility status of each client prior to providing DHE services.

[Insurance and Other Payer Sources](#)

DHE funds may not be used “for any item or service to the extent that payment has been made or can reasonably be expected to be made” by another payment source. Subrecipients should make reasonable efforts to secure non-DHE funds whenever possible for services to individual clients. Subrecipients are expected to **vigorously pursue** enrollment into health care coverage for which their clients may be eligible (e.g., Medicaid, CHIP, Medicare, state-funded HIV/AIDS programs, employer-sponsored health insurance coverage, and/or other private health insurance) to extend finite grant resources to new clients and/or needed services. **Subrecipients funded by DHE must assure that individual clients are enrolled in health care coverage whenever possible or applicable and are informed about the consequences of not being enrolled.** Please note that the RWHAP/EHE will continue to be the payer of last resort and will continue to provide those RWHAP/EHE services not covered, or partially covered, by public or private health insurance plans.

Confidentiality

DHE is committed to protecting the confidentiality of personal health information in accordance with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA)⁵ and federal, state, and local privacy laws, rules, and regulations. An individual's health information should only be disclosed to people who have a legal right to receive it, whose identity has been verified, and whose authority to receive it has been verified. Health information shall not be disclosed or made available to unauthorized persons, and precautions shall be taken to ensure that health information is not disclosed to unauthorized persons. Note: These standards apply even if a patient is deceased.

See: [PPPN-007 Confidentiality](#) which addresses subrecipients Confidentiality Policy/HIPAA Policy and Statement of Health Information Practices; protection of Personal Health Information; governing the release of information; and business associate agreements.

e2Fulton

e2Fulton is software for managing and monitoring HIV clinical and supportive care. Subrecipients participate in the centralized data system for tracking all individuals who receive services supported by DHE funds. To comply with the participation requirements, including reporting of all required variables for the Ryan White HIV/AIDS Services Report (RSR), subrecipients directly enter data using the most current version of e2Fulton provided by the County or import required data into the most current version of e2Fulton. Client data reports must be consistent with eligibility requirements specified by the County, which demonstrates eligible clients are receiving allowable services.

Subrecipients submit current RSR, Data Validation Report and Completeness Report at pre-determined intervals.

Subrecipients also use e2Fulton to comply with HRSA processes, procedures, and timelines related to the annual RSR.

Subrecipients utilize e2Fulton to document and monitor the eligibility status of each client prior to providing DHE services.

⁵ Among other things, HIPAA defines policies, procedures and guidelines for maintaining the privacy and security of individually identifiable health information as well as outlining numerous offenses relating to health care and sets civil and criminal penalties for violations.

Subrecipients must have in place data sharing agreements to allow the sharing of eligibility documents.

See: [PPPN-006 Use of e2Fulton in Documenting Eligibility](#); [PPPN-008 Data Management Timelines](#); [PPPN-009 Client-Level Data Eligible Scope Requirements](#); [PPPN-010 Data Management Subrecipient Internal Policies](#); [PPPN-011 Data Quality Review](#); [PPPN-012 Data Management Technical Assistance](#).

Global Client Consent

All individuals seeking services must be provided the opportunity to authorize, deny, or revoke consent for the storing and sharing of the individual's information including Protected Personal Health Information. Client consent must be obtained before the provision of services. Any individual not providing consent for the sharing of information with Fulton County via e2Fulton is ineligible for Ryan White or Ending the HIV Epidemic-funded services. Any individual not providing consent for the sharing of information among any or all service providers via e2Fulton must directly provide eligibility documentation to his/her service providers. Each subrecipient receiving eligibility documents should upload the documents into e2Fulton, but these documents would not be viewable by other providers. The client consent form must be uploaded into e2Fulton by the first subrecipient from whom services are requested.

The client consent form is only needed every five years but can be updated before that time should a client wants to change which agencies have access to their data.

See: [PPPN-070 Global Client Consent](#)

Standards of Care

HAB has stated that service standards⁶ outline the elements and expectations a service provider follows when implementing a specific service category. The purpose of service standards is to ensure that all RWHAP/EHE service providers offer the same fundamental components of the given service category across a service area. Service standards establish the minimal level of service or care that a RWHAP/EHE funded agency or provider may offer within a state, territory, or jurisdiction.

⁶ Service Standards applies to "standards of care" in RWHAP Parts A and B manuals. Outside of RWHAP services, "standard of care" has been used to refer to acceptable levels of medical care and treatment rendered. Therefore, the term "service standards" is used to encompass services offered through RWHAP funding.

Service standards must be consistent with applicable clinical and/or professional guidelines, state and local regulations and licensure requirements. Medical care service standards must be consistent with U.S. Department of Health and Human Services care and treatment guidelines as well as other clinical and professional standards.

For non-clinical services, service standards may be developed using evidence-based best practices, the Part A and B National Monitoring Standards, and guidelines developed by the state and local government.

See also HAB National Monitoring Standards:

- Ryan White HIV/AIDS Program National Monitoring Standards:
https://targethiv.org/sites/default/files/media/documents/2022-12/RWHAP_Part-A_National_Monitoring_Standards_2022.pdf

Local Standards

The Recipient and the Quality Management Committee of the Metropolitan Atlanta HIV Health Services Planning Council developed the Standards of Care for HIV/AIDS Services for each service category as well as universal standards.

The purpose of the DHE quality management standards and measures is to ensure that a uniformity of service exists in the Atlanta EMA such that the consumers of a service receive the same quality of service regardless of where the service is rendered. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps it is taking to meet that standard.

All Part A, EHE and MAI funded programs are expected to comply with these standards. Through site visits and program monitoring, DHE will monitor each program's adherence to the Standards of Care. The current Atlanta EMA Universal Quality Management Standards and Measures and service specific (e.g., Mental Health) Quality Management Standards and Measures can be found in the Quality Management section of the Department for HIV Elimination website: www.ryanwhiteatl.org

Locally established standards of care are subject to review, and potential revision, throughout the course of the year.

Clinical Quality Management

Title XXVI of the Public Health Service Act RWHAP Parts A – D1 requires the establishment of a clinical quality management (CQM) program to:

- Assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines, (otherwise known as the HHS guidelines) for the treatment of HIV and related opportunistic infections; and
- Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to, and quality of HIV services.

It is the responsibility of the recipient to work directly with subrecipients to implement, monitor and provide any needed data on the CQM program.

Subrecipients are contractually required to undertake and maintain CQM program(s) in accordance with the HRSA National Monitoring Standards and Policy Clarification Notice 15-02 to ensure that persons living with HIV disease, who are eligible for treatment and health related support services, receive those services and that the quality of those services meet certain approved criteria (i.e., Eligible Metropolitan Area (EMA) adopted service standards of care, Public Health Service (PHS) treatment guidelines).

DHE will identify the specific CQM program activities for the EMA. Specific CQM program activities include a performance measure portfolio, frequency of performance measure data collection, and identification of quality improvement (QI) activities, among other items.

The subrecipient shall establish and maintain a performance measurement system to collect and analyze performance measurement data to assess quality of care and health disparities and use the performance measure data to inform QI activities. Subrecipients are required to enter client-level data into e2Fulton and monitor quality of data. Performance measures are available in e2Fulton for data analysis and reporting.

Subrecipients will conduct at least **one** quality improvement project annually. At a minimum, subrecipients will implement and/or participate in EMA QI project(s) as determined by DHE.

See: [PPPN-032 Clinical Quality Management and PPPN-033 Quality Improvement](#).

National HIV/AIDS Strategy

The National HIV/AIDS Strategy (NHAS) 2022-2025 has four over-arching goals:

1. Prevent new HIV infections
2. Improve HIV-related health outcomes of people with HIV
3. Reduce HIV-related disparities and health inequities
4. Achieve integrated and coordinated efforts that address the HIV epidemic among all partners and stakeholders.

The NHAS recognizes the importance of getting people with HIV into care early after infection to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to reduce HIV infection in high-risk communities and reduce stigma and discrimination against people living with HIV.

To ensure success, the NHAS requires the Federal government and State, tribal and local governments to increase collaboration, efficiency, and innovation. Therefore, to the extent possible, Ryan White program activities will strive to support the primary goals of the National HIV/AIDS Strategy.

HIV Care Continuum

Identifying people with HIV and linking them to HIV primary care with initiation and long-term maintenance of life-saving antiretroviral treatment (ART), are important public health steps toward the elimination of HIV in the United States. The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the HIV Care Continuum. The HIV Care Continuum includes the diagnosis of HIV, linkage to HIV medical care, lifelong retention in HIV medical care, appropriate prescription of ART, and ultimately HIV viral load suppression.

The difficult challenge of executing these lifesaving steps is demonstrated by the data from the Centers for Disease Control and Prevention (CDC), which estimate that only 49 percent of individuals living with HIV in the United States have complete HIV viral suppression. Data from the Ryan White Service Report (RSR) indicate that there are better outcomes in Ryan White HIV/AIDS Program funded agencies with approximately 88% of individuals who received RHWAP-funded medical care being virally suppressed. Such findings underscore the importance of

supporting effective interventions for linking HIV-positive individuals into care, retaining them in care, and helping them adhere to their combination antiretroviral regimens.

The Recipient will work with funded agencies, other community, and public health partners to improve outcomes across the Continuum of HIV Care, so that individuals diagnosed with HIV are linked and engaged in care and started on ART as early as possible. The HIV/AIDS Bureau (HAB) has worked with other agencies within the performance measures to assist in assessing outcomes along the continuum. HAB encourages recipients to use these [performance measures](#) at their local level to assess the efficacy of their programs and to analyze and address the gaps along the HIV Care Continuum to improve the care outcomes provided. These efforts are in alignment with the support and goals and objectives of the National HIV/AIDS Strategy.

The HIV Care Continuum measures also align with the HHS Common HIV Core Indicators approved by Secretary Sebelius, announced in August 2012. RWHAP/EHE recipients and subrecipients are required to submit data through the Ryan White Services Report (RSR). Through the RSR submission, HAB currently collects the data elements to produce the HHS Common HIV Core Indicators. HAB will calculate the HHS Core Indicators for the entire RWHAP. HAB will use these data to report six of the seven HHS Common HIV Core Indicators to the Department of Health and Human Services, Office of the Secretary for Health and Human Services. The Executive Order on the HIV Care Continuum Initiative that was released on July 15, 2013, is available at <http://www.whitehouse.gov/the-press-office/2013/07/15/executive-order-hiv-care-continuum-initiative>.

Stages of the Care Continuum

- **Diagnosed** - Number and percentage of people living with HIV/AIDS in the EMA diagnosed with HIV/AIDS (regardless of stage of disease at diagnosis).
- **Linked to Care** - The number and percentage of people diagnosed with HIV in a specified time with one or more documented medical visits, viral load or CD4 tests within 3 months of diagnosis.
- **Engaged in Care** - The number and percentage of diagnosed individuals who had one documented medical visit, viral load or CD4 test performed in the measurement year. This number is useful for planning purposes because it includes those individuals who are in care, are virally suppressed, and have less frequent medical visits because of their good health. This figure also allows us to consider individuals entering care who were diagnosed previously and were never in care or dropped out of care.
- **Retained in Care** - Number and percentage of people living with HIV/AIDS in the EMA, receiving regular HIV medical care (two or more documented medical visits, viral load or CD4 tests performed at least three months apart in the measurement year).

- **Prescribed Antiretroviral Therapy (ART)** - Number and percentage of people living with HIV/AIDS in the EMA, prescribed a combination of three or more antiretroviral drugs from at least two different HIV drug classes every day to control the virus.
- **Virally Suppressed** - Number and percentage of people living with HIV/AIDS in the EMA whose most recent HIV viral load was less than 200 copies/mL.
- **Viral Suppression among Retained** - The number of individuals retained in care whose most recent HIV viral load was less than 200 copies/mL. A low percent virally suppressed may reflect differences in receipt of any HIV care, retention in care, treatment with and adherence to ART, or missing data. Overall, in the EMA there are small differences in viral suppression among those retained in care by sex; however, there are greater differences by race which demonstrates that disparities in viral suppression are not always simply a function of access to and retention in care.

Integrated Plan

On June 30, 2021, the CDC and HRSA released the “Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026”. This guidance outlines the planning requirements for Ryan White HIV/AIDS Program Parts A and B recipients and all DHAP-funded state and local health departments. The Integrated Plan Guidance speaks to the need for aggressive actions necessary to achieve the HIV National Strategic Plan 2025 goals and targeted efforts to end the HIV epidemic by the year 2030.

Georgia’s 2022-2026 Integrated HIV Prevention and Care Plan (which includes the Statewide Coordinated Statement of Need [SCSN]) reflects the shared vision and values regarding how best to deliver HIV prevention and care services through two political jurisdictions and their respective planning bodies:

1. The state of Georgia provides Health Resources & Services Administration (HRSA)–funded Ryan White Part B care and treatment services across the state and Centers for Disease Control and Prevention (CDC)–funded prevention efforts for 157 of Georgia’s 18 public health districts. The Georgia Department of Public Health (DPH) integrated its prevention and care planning groups into the Georgia Prevention and Care Council (G-PACC).
2. The HRSA-funded Ryan White Part A Program provides care and treatment services for residents of the Atlanta Eligible Metropolitan Area (EMA): Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, and Walton counties. The Part A

planning group is the Metropolitan Atlanta HIV Health Services Planning Council (Planning Council).

The Georgia Integrated HIV Prevention and Care Plan identifies HIV prevention and care needs and existing resources, barriers, and gaps within our jurisdictions and outlines the strategies to address them through community-developed and -adopted goals and objectives. The plan aligns with the goals of the National HIV/AIDS Strategy (NHAS) and uses the principles and the intent of the HIV care continuum to inform the needs assessment process and service delivery implementation. The plan is presented in three sections:

1. Statewide Coordinated Statement of Need/Needs Assessment;
2. Integrated HIV Prevention and Care Plan; and
3. Monitoring and Improvement.

The **Georgia Integrated HIV Prevention and Care Plan 2022 – 2026** will be located on the DHE website TBA: www.ryanwhiteatl.org

Definitions

Accelerated Monitoring	A temporary status in which more frequent or extensive monitoring is conducted than would routinely be done. Monitoring visits may be announced or unannounced.
Administrative or Fiscal Agent	This term refers to an organization, agent, or other entity (e.g., public health department, community-based organization) that functions in political jurisdictions within a Part A area to assist the recipient in carrying out administrative activities (e.g., disbursing program funds, developing reimbursement and accounting systems, developing requests for proposals, monitoring contracts). Fiduciary agents, fiscal and administrative agents' management cost is part of the recipient administrative cost cap of 10 percent.
AIDS Drug Assistance Program (ADAP)	State-administered program authorized under Part B of RWHAP that provides FDA-approved medications to low-income people with HIV/AIDS who have limited or no coverage from private insurance, Medicaid, or Medicare. Program funds may also be used to purchase health insurance for eligible clients and for services that enhance access to, adherence to, and monitoring of drug treatments.
Antiretroviral (ARV/ART)	A drug used to prevent a retrovirus, such as HIV, from replicating. The term primarily refers to drugs used to treat HIV -also known as antiretroviral therapy (ART).
Billable Services	Those services for which there is a payer source.
Business Associate Agreement/Contract	Is a person or entity, other than a member of the workforce of a covered entity, who performs functions or activities on behalf of, or provides certain services to, a covered entity that involve access by the business associate to protected health information. A "business associate" also is a subcontractor that creates, receives, maintains, or transmits protected health information on behalf of another business associate.
Carryover	The allowance of un-obligated funds, upon receipt of a waiver, to be expended for the one-year period beginning upon the expiration of the grant year. Any carryover funds not expended within the one-year timeframe of the carryover year will be canceled and returned to the U.S. Department of Health and Human Services (HHS) Secretary.

Charge Master/Schedule of Charges	A comprehensive listing of prices for billable services and/or procedures.
Charges	The <i>imposition of fees upon payers</i> for the delivery of billable services.
Chief Elected Official (CEO)	<p>The official recipient of Ryan White Program Part A funds within the EMA, usually a city mayor, county executive, or chair of the county board of commissioners. The CEO is ultimately responsible for administering all aspects of the CARE Act in the EMA and ensuring that all legal requirements are met. In an EMA with more than one political jurisdiction, the recipient of Ryan White Program Part A funds is the CEO of the city or urban county that administers the public health agency providing outpatient and ambulatory health services to the greatest number of persons with HIV in the EMA.</p> <p>In the Atlanta EMA, the Chairman of the Board of Commissioners of Fulton County serves as the CEO for purposes of the Ryan White Part A Program.</p>
Clinical Care Provider	A physician, physician assistant, clinical nurse specialist, nurse practitioner, or other health care professional who is certified in his or her jurisdiction to prescribe ARV therapy.
Compliance Criteria	Minimum standards or requirements that are dictated by the funding source or the recipient.
Confidential Information	Information, such as name, gender, age, and HIV status, that is collected on the client and the unauthorized disclosure of which could cause the client unwelcome exposure, discrimination, and/or abuse.
Consumer/Client	An individual with HIV/AIDS who receives at least one Ryan White Program eligible service.
Continuous Quality Improvement (CQI)	The ongoing monitoring, evaluation, and improvement process.
Core Medical Services	A set of essential, direct health care services provided to people with HIV/AIDS and specified in the Ryan White HIV/AIDS Treatment Extension Act. Terms are defined in Sections 2604(c)(3) and 2604(d) of Title XXVI of the Public Health Service Act and the HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS Program Annual Data Report.
Corrective Action Plan	An action required of a subrecipient to develop a detailed plan to correct a finding found by a reviewer or by staff who are monitoring subrecipient activities. The plan should include what will be done, who will do it, expected

	results, how progress will be monitored, and how long it will take to resolve the finding.
Costs	The accrued expenditures incurred by the recipient /subrecipient during a given period requiring the provision of funds for: (1) goods and other tangible property received; (2) services performed by employees, contractors, subrecipient, subcontractors, and other payees.
Data Administrator	The DHE staff person responsible for data.
Data Designee	The individual assigned by a subrecipient to be the key contact on issues related to DHE data.
Direct Costs	These are costs that can be identified specifically with a particular award, project, service, or other direct activity of an organization. Direct costs can be either administrative or service related.
e2Fulton	DHE’s Client Data and Fiscal Management System.
Eligible Metropolitan Area (EMA)	The geographic area eligible to receive RWHAP funds. The Office of Management and Budget (OMB) define metropolitan areas based on Census Bureau data. AIDS cases reported to the CDC determines eligibility. The Atlanta EMA is comprised of a 20-county area.
Emergency Actions	Immediate actions imposed on a subrecipient because: <ul style="list-style-type: none"> a. there is a high potential of danger to clients; b. subrecipient action or inaction presents a high possibility that serious harm or injury to patients or clients could occur, has already occurred, or may well occur again if clients are not protected or the threat removed; c. the subrecipient is not meeting a performance measure; d. the subrecipient is being reimbursed for expenditures which are not in accordance with federal and/or state laws and regulations or contract provisions, or e. the subrecipient is spending funds inappropriately.
Ending the HIV Epidemic (EHE)	Ending the HIV Epidemic: A Plan for America, is a federal initiative to reduce the number of new HIV infections in the United States by at least 90% by 2030. This funding is used to link people with HIV who are either newly diagnosed, or are diagnosed but currently not in care, to essential HIV care and treatment and support services, as well as to provide workforce training and technical assistance. The Department for HIV Elimination receives the EHE award on behalf of Fulton, DeKalb, Cobb, and Gwinnett counties.

Engaged in Care	The number of diagnosed individuals who had one documented medical visit, viral load, or CD4 test performed in the measurement year is the numerator and the total number of people diagnosed with HIV is the denominator.
Fiscal Designee	The individual assigned by a DHE subrecipient to be the key contact on issues related to financial matters. This individual is responsible for signing all Cumulative Contract Expenditure Reports, Spend Plans and all Budget Revisions.
Full Time Equivalent (FTE)	A standard measurement of full-time staff (either paid or volunteer) based on a 35–40-hour workweek. The FTE is calculated by taking the sum of hours worked by staff divided by 35-40, depending on how an organization defines full-time employment (e.g., 2 staff members who each work 20 hours per week equals 1 FTE).
Fulton County Department for HIV Elimination	The division of Fulton County Government which receives Part A and Ending the HIV Epidemic funding from HRSA to provide client services is now known as Department for HIV Elimination.
Fulton County Ryan White Part A Program	Refers to the Fulton County DHE Program’s office and staff.
Global Client Consent	All individuals seeking services must be provided the opportunity to authorize, deny, or revoke consent for the storing and sharing of the individual’s information including Protected Personal Health Information. The global consent form reflects the client giving permission to place their information in e2Fulton and allows for the possible sharing of data across agencies.
Government Performance and Results Act (GPRA)	Requires Federal agencies to establish standards measuring their performance and effectiveness. HRSA has set both long-term and annual measures to assess the performance of RWHAP services. https://www.performance.gov/cx/assets/files/PLAW-111publ352.pdf
Grants Administration Division (GAD)	The Fulton County Government division in the Finance Department that conducts fiscal site visits with subrecipients to ensure compliance with the uniform guidance.
Health Insurance Premium and Cost Sharing Assistance	Provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program.
Health Insurance Program (HIP)	A program of financial assistance for eligible people living with HIV to enable them to maintain continuity of health insurance or to receive medical

	benefits under a health insurance program. This includes premium payments, risk pools, co-payments, and deductibles.
Health Resources and Services Administration (HRSA)	The HHS agency responsible for directing national health programs that improve the Nation's health by expanding equitable access to comprehensive, quality, health care for all. HRSA works to improve and extend life for persons living with HIV/AIDS, provide primary health care to medically underserved people, serve women and children through State programs, and train a health workforce that is both diverse and motivated to work in underserved communities.
HIV Care Continuum	Identifying people living with HIV and linking them to HIV primary care with initiation and long-term maintenance of life-saving antiretroviral treatment are important public health steps toward the elimination of HIV in the United States. The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the HIV Care Continuum.
HIV/AIDS Bureau (HAB)	The Bureau of HRSA which is responsible for administering the federal Ryan White Program.
HIV/AIDS Status	The outcome of the client's HIV test result, including: HIV-positive/not AIDS, the client tested positive for being diagnosed with HIV but has not advanced to AIDS; CDC-defined AIDS, the client has advanced to and has been diagnosed with AIDS; HIV-negative (affected), the client is HIV negative and is an affected individual of an HIV-positive friend or family member; and unknown HIV/AIDS, the status of the client is unknown and not documented.
HOPWA	Housing Opportunities for Persons with AIDS. A program administered by the U.S. Department of Housing and Urban Development (HUD) that provides funding to support housing for PLWHA and their families.
HRSA Project Officer	The official responsible for overseeing the programmatic and technical aspects of the HRSA grant.
Indirect Cost Rate	An indirect cost rate is a mechanism for determining, in a reasonable manner, the proportion of an organization's total indirect costs. The indirect cost rate is the ratio of the indirect costs to a direct cost base. Indirect costs are subject to the 10% administration limitation.
Indirect Cost Rate Agreement	The document that formalizes the establishment of indirect cost rates and provides information on the proper application of the rates. An approved indirect cost rate agreement is required for this allowable expense to apply.

Inpatient Setting	This includes hospitals, emergency rooms and departments, and residential facilities where clients typically receive food and lodging as well as treatments.
Institution	This includes residential, health care, and correctional facilities. Residential facilities include supervised group homes and extended treatment programs for alcohol and other drug abuse or for mental illness. Health care facilities include hospitals, nursing homes, and hospices. Correctional facilities include jails, prisons, and correctional halfway houses.
Linkage to Care	The process that leads a patient to enter care after diagnosis. It refers to the initiation of HIV outpatient care. The goal of the National AIDS Strategy is that a person completes a visit with an HIV medical provider ≤30 days after their HIV diagnosis.
Maintenance of Effort (MOE)	The Part A and Part B requirement to maintain expenditures for HIV-related services/activities at a level equal to or exceeding that of the preceding year.
Minority AIDS Initiative (MAI)	A national HHS initiative that provides special resources to reduce the spread of HIV/AIDS and improves health outcomes for people living with HIV within communities of color. This initiative was enacted to address the disproportionate impact of the disease in such communities. It was formerly referred to as the Congressional Black Caucus Initiative because of that body's leadership in its development.
National HIV/AIDS Strategy (NHAS)	In July 2010, the White House released the National HIV/AIDS Strategy, which is the country's first comprehensive national plan. The National HIV/AIDS Strategy 2022-2025 has four goals: 1) Prevent new HIV infections, 2) Improve HIV-related health outcomes of people with HIV, 3) Reduce HIV-related disparities and health inequities, and 4) Achieve integrated and coordinated efforts that address the HIV epidemic among all partners and stakeholders.
Noncompliance	Is a finding by the DHE Program, other Fulton County staff, or HAB wherein a subrecipient fails to perform or inadequately performs contract provisions or fails to follow policies and procedures that may result in emergency actions, corrective actions and/or sanction(s).
Non-Primary Record Holder	Any entity which is seeking to determine client eligibility during the six-month period in which a client has been deemed to be eligible. Non-Primary Record Holders certify eligibility based upon the original documentation collected and maintained by the Primary Record Holder.

Obligations (Fiscal)	Expended federal funds.
Office of Management and Budget (OMB)	The office within the executive branch of the federal government which prepares the President's yearly budget, develops the Federal government's fiscal program, oversees administration of the budget, and reviews government regulations.
Outpatient Setting	A hospital, clinic, medical office, or other place where clients receive health care services but do not stay overnight.
Overhead	Overhead cost refers to costs that have been incurred for common or joint purposes including rent, utilities, and facility costs. Note: For institutions subject to 2 C.F.R. (Subpart E-Cost Principles) 200.414, the term “facilities and administration” is used to mean indirect costs.
Part A	Part A: The part of RWHAP that provides direct financial assistance to designated EMAs who have been the most severely affected by the HIV epidemic. The purpose of these funds is to deliver or enhance HIV-related core medical and support services to people living with HIV/AIDS and their affected partners and family members.
Part B	Part B: The part of RWHAP that authorizes the distribution of Federal funds to States and territories to improve the quality, availability, and delivery of core medical and support services for people living with HIV/AIDS and their affected partners and family members. RWHAP emphasizes that such care and support is part of a coordinated continuum of care designed to improve medical outcomes. In addition, Part B includes grants for the AIDS Drug Assistance Program (ADAP).
Part C	Part C: The part of RWHAP that provides support for early intervention services, including preventive, diagnostic, and therapeutic services for people living with HIV/AIDS and their affected partners and family members. This support includes a comprehensive continuum of outpatient HIV primary care services including HIV counseling, testing, and referral; medical evaluation and clinical care; other primary care services; and referrals to other health services. Part C also funds Capacity Development grants, which help organizations more effectively deliver HIV care and services.
Part D	Part D: The part of RWHAP that supports coordinated family-centered outpatient care for women, infants, children, and youth with HIV/AIDS and

	their affected partners and family members. The Adolescent Initiative is a separate grant under the Part D program that is aimed at identifying adolescents who are HIV positive and enrolling and retaining them in care.
Patient Assistance Program (PAP)	A program where a pharmaceutical manufacturer provides emergency therapeutics to ensure a continuum of care for individuals unable to obtain medications through any other source (i.e., clients on waiting lists for ADAP).
Patient Navigation	A process of service delivery to help a person obtain timely, essential, and appropriate HIV/STD/HCV- related medical and social services to optimize his/her health and prevent HIV transmission.
Payments	The collection of fees from payers that are applied to cover some aspect of costs of billable services.
Peer	Individuals living with HIV possessing knowledge, experiences, and cultural competencies that enable them to relate to the prioritized population(s) of others living with HIV.
Perinatal Transmission	When an HIV positive mother passes HIV to her infant during pregnancy, labor and delivery, or breastfeeding (through breast milk). Antiretroviral drugs are given to HIV positive women during pregnancy and to their infants after birth to reduce the risk of perinatal transmission.
Planning Council	<p>A planning body appointed or established by the Chief Elected Official (CEO) of an EMA. The primary responsibilities of a planning council are to establish a delivery plan for HIV care services in the EMA and set priorities for the use of Ryan White Program Part A. Numerous other duties are described in the Ryan White HIV/AIDS Program Part A Manual, US Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau, Revised 2013 which may be found at: https://hab.hrsa.gov/sites/default/files/hab/Global/happartamanual2013.pdf</p> <p>The Planning Council for the Atlanta EMA is the Metropolitan Atlanta HIV Health Services Planning Council. Information may be obtained from The Department for HIV Elimination website at http://www.ryanwhiteatl.org/planning-council/</p>
Post-exposure Prophylaxis (PEP)	Short-term treatment started as soon as possible after a high-risk exposure, like unprotected sex, to an infectious agent, such as HIV. The purpose of post-exposure prophylaxis (PEP) is to reduce the risk of infection after exposure.

Pre-exposure Prophylaxis (PrEP)	An HIV prevention method for people who are HIV negative and at high risk of HIV infection. Pre-exposure prophylaxis (PrEP) involves taking a specific combination of HIV medicines daily to prevent infection if exposed to HIV. PrEP should be combined with condoms and other HIV prevention interventions.
Primary Record Holder	The first service provider who assesses a client’s eligibility for DHE services. The Primary Record Holder is required to upload the eligibility documentation into the e2Fulton data management system. The Primary Record Holder may change over time as a result of recertification of services or discontinuation of services.
Probation	A sanction in which the subrecipient may be placed on accelerated monitoring for a period not to exceed six months, by which time items of noncompliance must be resolved or substantial improvements shown.
Program Income	Gross income earned by the non-Federal entity that is directly generated by a supported activity or earned because of the Federal award during the period of performance except as provided on 45 CFR § 75.307(f). Program income includes but is not limited to income from fees for services performed, the use or rental of [sic.] real or personal property acquired under Federal awards, the sale of commodities or items fabricated under a federal award, license fees and royalties on patents and copyrights, and principal and interest on loans made with Federal award funds. Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulation, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them.
Programmatic Designee	The individual assigned by a DHE-funded subrecipient to be the key contact on issues related to programmatic issues other than financial issues or data issues. This individual is responsible for signing all Cumulative Contract Expenditure Reports, Spend Plans and Budget Revisions and for submitting all Quarterly Reports.
Project Officer	An employee of the Department for HIV Elimination responsible for monitoring and supporting subrecipients.
Protected Health Information also known as Personal Health Information	Any information, including demographic information that is created, transmitted, maintained, or received in any form or medium by a health care provider, health plan, employer, or health care clearinghouse that identifies an individual, or with which there is a reasonable basis to believe the

also known as Individually Identifiable Health Information	information could be used to identify an individual. Cross-tabulations of case characteristics and rates, if sufficiently specific and if numbers are small, may also be considered PHI.
Provider (see Subrecipient)	An agency with which DHE contracts for the provision of services.
Quality	The degree to which a health or social service meets or exceeds established professional standards and user expectations. Evaluation of the quality of care should consider: (1) the quality of the inputs; (2) the quality of the service delivery process; and (3) the quality of outcomes, to continuously improve systems of care for individuals and populations.
Quality Assurance (QA)	The formal and systematic process of identifying problems in service delivery, designing activities for overcoming these problems, and following up to ensure no new problems developed and corrective actions have been effective. The emphasis is on meeting minimum standards of care.
Quality Improvement (QI)	An ongoing process that involves organizational members in monitoring and evaluating inputs, processes, outputs, and outcomes to continuously improve service delivery. In contrast to QA, which focuses on identifying and solving problems, QI seeks to prevent problems and to maximize the quality of care.
Quality Management (QM)	<p>A systematic approach to performance planning, feedback, and review directed at improving performance at all levels of an organization.</p> <p>Quality management services comprise systematic processes with identified leadership, accountability, and dedicated resources using data and measurable outcomes to determine progress toward relevant, evidence-based benchmarks. Quality management programs should focus on linkages, efficiencies, and provider and client expectations in addressing outcome improvement, and they need to adapt to change. The process is continuous and should fit in the framework of other program quality assurance and quality improvement activities, such as the Institute for Healthcare Improvement, the Joint Commission on the Accreditation of Healthcare Organizations, and Medicaid. Data collected as part of this process should be fed back into the quality management process to assure that goals are accomplished, and outcomes improved.</p> <p>Quality management is a continuous process to improve how a health or social service meets or exceeds established professional standards and user expectations. The purpose of a quality management program is to ensure that (1) services adhere to PHS guidelines and established clinical practice;</p>

	(2) program improvements include supportive services; (3) supportive services are linked to access and adherence to medical care; and (4) demographic, clinical, and utilization data are used to evaluate and address characteristics of the local epidemic. For further information on quality management, please refer to the resources available at: http://hab.hrsa.gov/deliverhivaidscares/qualitycare.html
RDR	Ryan White HIV/AIDS Program Data Report provides a summary of the client population in e2Fulton.
Reallocation of Funds	The movement of funds <i>among service categories</i> (e.g., oral health care to mental health) within or across subrecipients.
Rebate	A partial refund for a payment made.
Recipient	The grantee and responsible administrator of HRSA funds.
Redistribution of Funds	The movement of funds from one contract to a different contract within the same service category (e.g., moving drug reimbursement money from Subrecipient A to Subrecipient B).
Reengagement	When a person who has dropped out of primary care for HIV begins to make and keep appointments again (see “Retention”).
Refund	A repayment of funds due to a party paying an amount more than what is owed.
Resource Allocation	The legislatively mandated responsibility of planning councils to assign RWHAP amounts or percentages to established priorities across specific service categories, geographic areas, populations, or subpopulations.
Retention	Retention in care means keeping patients engaged in primary care. Retention is essential to providing ongoing treatment to persons living with HIV, including those not yet receiving ART. Retention is not necessarily "all or nothing" and some patients may exhibit a cyclical in-and-out pattern of care (see: “Reengagement”).
Reviewer	A member of Fulton County Government who conducts a site visit to audit or review subrecipient operations and/or administration of contract funds. The term also includes Fulton County Government staff that monitor subrecipient reporting requirements or financial accounting activities.
RSR	Ryan White HIV/AIDS Program Services Report is made up of the Recipient Report, the Service Provider (subrecipient) Report, and the Client Report.

RWHAP	HRSA's Ryan White HIV/AIDS Program (RWHAP) is the federal program that funds local and state agencies to deliver HIV care for people with HIV who are uninsured or underinsured.
RWHAP-funded Service	A service paid for with Ryan White HIV/AIDS Program funds. Ryan White HIV/AIDS Treatment Extension Act of 2009: The Federal legislation created to address the health care and service needs of people living with HIV/AIDS and their families in the United States and its territories. The law has changed how RWHAP funds can be used, with an emphasis on providing lifesaving and life-extending services for people living with HIV/AIDS.
Sanction	An intervention or adverse action taken by DHE against or toward a subrecipient due to noncompliance with contract provisions, program performance, or an inability/unwillingness to resolve legitimate, substantiated complaints.
Serious Concerns	Any issues that might negatively impact the health and safety of clients receiving services.
Service Costs	Service costs typically include wages and benefits of employees who directly provide the service, and the cost of materials, equipment, and supplies used to provide the service.
Service Gap	A need that is not currently being addressed through existing services, either because no services are currently available or because available services are inappropriate for or inaccessible to the target population.
Sliding Fee	Means that costs change according to the patient's income, lack of income, or ability to pay.
Subrecipient or First-Line Entities	The term subrecipient refers to entities that receive funding directly from DHE.
Support Services	A set of services needed to achieve medical outcomes that affect the HIV-related clinical status of a person living with HIV/AIDS. Terms are defined in Sections 2604(c)(3) and 2604(d) of Title XXVI of the Public Health Service Act and the HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS Program Annual Data Report.
Syringe Exchange Programs (or Syringe	A social service that allows injecting drug users (IDUs) to obtain clean hypodermic needles and associated paraphernalia at little or no cost.

Services Programs; SSPs)	
Target Expenditure	The percentage of a contract appropriate to have been spent at a given time during a contract year. For example, a 12-month contract in its sixth month should be 50% spent.
Technical Assistance	Any information or instruction needed from the Recipient by the Subrecipient to perform their contractual obligation(s) appropriately or to comply with Policies and Procedures.
Transmission Category	A grouping of disease exposure and infection routes. In relation to HIV/AIDS, transmission categories may include injection drug use, men who have sex with men, heterosexual contact, and perinatal transmission.
Unduplicated Client Count	An accounting of clients in which a single individual is counted only once. For subrecipients/providers with multiple sites, a client is only counted once, even if he or she receives services at more than one of the subrecipients/providers' sites.
Unexpended Funds (Un-liquidated Obligations)	Obligated funds that have not been paid out. Unexpended funds are not eligible to be carried over into the next fiscal year.
Unique Record Number (URN)	A nine-digit encrypted record number following HRSA URN specifications that distinguishes the client from all other clients and that is the same for the client across all subrecipient/provider settings. The URN is constructed using the first letter of the first name, the third letter of the first name (if blank, use middle initial, if no middle initial use '9'), the first letter of the last name, third letter of the last name (if blank, use '9'), month of birth, day of birth, and gender code. This string is then encrypted using a HRSA-supplied algorithm that can be incorporated into the subrecipients/provider's data collection system.
Units of Services	The number of services provided by an agency. Each service category includes a DHE-defined unit definition. Subrecipients use this definition to quantify the services they provide in terms of time, visits, payments, trips, etc.
Unmet Need	Comparing available services to identified needs reveals unmet needs and service gaps. This should include an examination of unmet needs for HIV-positive individuals who know their status but are not in care; service gaps for those who are currently in care; disparities in care; and capacity development needs of providers and the overall system of care. Analysis of unmet needs and service gaps might include not only a determination of

	overall needs but also identification of service needs for specific PLWH populations.
Unobligated Balance	Monies that have not been committed/promised/assigned/set aside for a specific purpose by the end of the grant year. Only funds listed in the Unobligated Balance on the Federal Financial Report (FFR) are eligible for carryover.
Viral Load	In relation to HIV, a test that measures the quantity of HIV RNA per unit of blood plasma. Results are expressed as several copies per milliliter of blood plasma and are an indicator of virus concentration and reproduction rate. This test is used as a predictor of HIV progression.
Viral Suppression	Suppressing or reducing the function and replication of a virus. Viral suppression is the goal of a successful HIV treatment regimen.

Appendix I: Policy and Procedure Index

Appreciation is expressed to the following entities from which certain policies, procedures, forms, documents, language, ideas, and concepts were used in the development of this Program Manual:

- Harris County, Texas
- Boston, Massachusetts
- Charlotte, North Carolina
- Florida Part B
- West Palm Beach, Florida
- Las, Vegas Nevada
- Miami-Dade, Florida
- Maricopa County, Arizona
- Philadelphia, Pennsylvania
- HRSA HAB
- Virginia Department of Health
- Texas Health Department
- Bravos Valley Council of Governments