



RESOLUTION NO. 19-077

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

RESOLUTION ACCEPTING THE AWARD OF FUNDS FROM THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, CENTER FOR INFECTIOUS DISEASES, OFFICE OF AIDS (CDPH/OA), THROUGH THE RYAN WHITE HIV/AIDS (PART B) (RWHAP)/PROGRAM IN THE AMOUNT OF \$203,324.16

WHEREAS, the Title II Ryan White CARE Act Program was created to help states, communities and families cope with the growing impact of the AIDS epidemic; and

WHEREAS, the program is intended to fill in the gaps in care often faced by individuals with HIV/AIDS who are low-income and little or no insurance, by offering coordinated on-going health and support services to these individuals within the community; and

WHEREAS, the goals of CDPH/OA are: (1) to minimize new HIV infections; (2) to maximize the number of people with HIV who access appropriate care, treatment, support, and (3) reduce HIV/AIDS-related health disparities. CDPH/OA utilizes federal Health Resources Services Administration funds to provide support for HIV/AIDS services in local communities; and

WHEREAS, CDPH/OA has changed its methodology for awarding funds under the Ryan White CARE Act Program by replacing funding contracts with grant award notifications; and

WHEREAS, the funding must be used to provide allowable services under RWHAP Part B, as more fully set forth in the Scope of Work, attached hereto.

NOW THEREFORE BE IT HEREBY RESOLVED by the Board of Supervisors of the County of Nevada, State of California, that the Board approves the award of funding by the California Department of Public Health, Center for Infectious Diseases, Office of AIDS, pertaining to the HIV Care Program (HCP) Core Medical and Support Services and Minority AIDS Initiative (MAI) Outreach and Treatment Services, and accepts funds in the maximum amount of \$203,324.16, for the term of April 1, 2019 through March 31, 2024.

Funds to be deposited into revenue account: 1589-40102-492-2453/446700.

PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the 26th day of February, 2019, by the following vote of said Board:

Ayes: Supervisors Dan Miller, Susan K. Hoek,
and Richard Anderson

Noes: None.

Absent: Supervisors Heidi Hall and Edward Scofield

Abstain: None.

ATTEST:

JULIE PATTERSON HUNTER
Clerk of the Board of Supervisors

By: 



Richard Anderson, Chair

HIV Care Program and Minority AIDS Initiative Scope of Work

1. Service Overview

The goals of the California Department of Public Health (CDPH), Office of AIDS (OA) are: (1) to minimize new Human Immunodeficiency Virus (HIV) infections; (2) to maximize the number of people with HIV infection who access appropriate care, treatment, support, and prevention services, and (3) reduce HIV/Acquired Immune Deficiency Syndrome (AIDS)-related health disparities. These goals are consistent with the goals of the National HIV/AIDS Strategy. The services required by the HIV Care Program (HCP) and Minority AIDS Initiative (MAI) Scope of Work (SOW) are consistent with, and are designed to support, these goals.

OA utilizes federal Health Resources Services Administration (HRSA) funds to provide support for HIV/AIDS services in local areas. Federal HRSA funds include Part B and MAI funding. HCP and MAI funds are allocated to Contractors based on a formula. The corresponding Catalog of Federal Domestic Assistance (CFDA) Number for Ryan White Part B HIV Care Grant Program is 93.917. More information on the CFDA number is available at www.cfda.gov.

Through this agreement, the Contractor agrees to administer (a) **HCP Core Medical and Support Services** and, if applicable, (b) **MAI Outreach and Treatment Education Services**.

- A. The Contractor agrees to administer HCP and to ensure the provision of the HIV care services as described in this SOW. The Contractor may provide direct client services exclusively or subcontract all or part of the client services. The Contractor ensures that, if all or part of the client services is subcontracted to other client service providers, all services provided by the subcontracted agency will be in accordance with HCP.
- B. If funded, the Contractor agrees to administer the MAI outreach and treatment education services focused on providing access to, and engagement in, medical care for HIV-positive persons of color, including access to AIDS Drug Assistance Program (ADAP), Medi-Cal, or other appropriate drug assistance program. The Contractor may provide direct client services exclusively or subcontract all or part of the client services. The Contractor ensures that, if all or parts of the client services are subcontracted to other client service providers, all services provided by the subcontracted agency will be in accordance with MAI.

2. Service Location

The services shall be performed at applicable locations within the County XXXXX.

3. Service Hours

The services shall be provided during regular business hours, Monday through Friday, except official holidays.

4. Services to be Performed

HIV Care Program and Minority AIDS Initiative Scope of Work

Administrative and Fiscal Requirements

A. HCP and MAI Contractors and Subcontractors

The following are administrative and fiscal requirements for HCP and MAI Contractors and subcontractors.

1. Ensure compliance with the federal HRSA Ryan White HIV/AIDS Program grant requirements, policies, and National Monitoring Standards; and OA's HCP and MAI Program and Budget Guidance documents, OA Management Memorandums, AIDS Regional Information and Evaluation System (ARIES) Policy Notices, and other program guidelines issued by OA.
2. Expend at least 95 percent of allocation each contract year per HCP and MAI Management Memorandum 15-08 (see <https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/HCPMM15-08.pdf>). Contractors that project to spend less than 95 percent of their overall allocation are required to:
 - a. Submit a reduced HCP/MAI Budget Form no later than September 30th (6 months after the contract year begins) to the HCP/MAI Advisor; and
 - b. Sign an amendment to return funds for redistribution to other contractors.
3. Ensure that administrative costs in HCP and MAI contract budgets do not exceed 10 percent of the total annual contract amount based on Title XXVI of the Public Health Service Act, per HRSA Policy Clarification Notice #15-01 (see <https://hab.hrsa.gov/sites/default/files/hab/Global/pcn1501.pdf> and HCP and MAI Management Memorandum 15-05 <https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/HCPMM15-05.pdf>).

Administrative (non-direct service) functions include:

- a. Routine contract administration and monitoring activities, including the preparation of applications for these funds, the receipt and disbursement of program funds, the development and establishment of reimbursement and accounting systems, the preparation of routine programmatic and financial reports, and compliance with contract conditions and audit requirements;
- b. All activities associated with the Contractor's subcontract award procedures, including the development of request for proposals, contract proposal review activities, negotiation and awarding of subcontracts, grievance process, monitoring of subcontracts through telephone consultation or onsite visits, reporting on subcontracts and funding reallocation activities.

Please Note: The 10.00% administrative cap applies to total budget amount for both the Contractor and subcontract(s) combined.

**HIV Care Program and Minority AIDS Initiative
Scope of Work**

4. Administer HCP funds appropriately, maintain records and invoices using standard accounting practices, coordinate federal and state data reporting, and arrange for fiscal audits.
5. Provide budgets and supporting documentation with sufficient detail to document that they do not include unallowable costs or activities.
6. Ensure employee duties in approved HCP and MAI budgets match invoices submitted to OA.
7. Ensure that budgets and expenses conform to federal costs principles. Staff must adhere to Office of Management and Budget (OMB) Uniform Guidance: Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Guidance) (see <https://federalregister.gov/a/2013-30465>).
8. Ensure compliance contract Anti-Kickback Statute conditions (42 USC 1320a 7b(b)). Processes and standards must be in place to avoid fraud, waste, and abuse (mismanagement) of HCP funds.
9. Prohibit employees from soliciting or receiving payment in kind or cash for the purchase, lease, ordering, or recommending the purchase, lease, or ordering, of any goods, facility services, or items.
10. Have documentation as required by the Compliance Plan or employee conduct standards that prohibit employees from receiving payments in kind or cash from suppliers and contractors of goods or services.
11. Maintain a current, complete and accurate asset inventory list and depreciation schedule purchased with HCP funds.
12. Ensure no funds are carried over into subsequent contract years.
13. Provide assurances to OA prior to subcontracting with for-profit entities that said entities meet the requirements outlined in HAB's Policy Notice 11-02 (<https://hab.hrsa.gov/sites/default/files/hab/Global/habpl1102.pdf>).
14. Ensure funds are not used on prohibited activities (see <https://hab.hrsa.gov/program-grants-management/ryan-white-hiv-aids-program-recipient-resources>).
15. Ensure funds are only used to supplement and not supplant existing federal, state, or local funding for HIV testing, Health Insurance Premiums, and cost sharing.
16. Ensure funds are not utilized to make payments for any item or service to the extent payment has been made, or can reasonably be expected to be made, with respect to that item or service:

**HIV Care Program and Minority AIDS Initiative
Scope of Work**

- a. Under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or
 - b. By an entity that provides health services on a prepaid basis.
17. Ensure HCP funds are not used to:
- a. Pay costs associated with the creation, capitalization, or administration of a liability risk pool (other than those costs paid on behalf of individuals as part of premium contributions to existing liability risk pools), or to pay any amount expended by a State under Title XIX of the Social Security Act.
 - b. Pay for any item or service that can reasonably be expected to be paid under any State Compensation Program, insurance policy, or any Federal or State Health Benefits Program (except for programs related to Indian Health Service and Veterans Health Administration).
 - c. Develop materials, designed to promote or encourage, directly or indirectly, intravenous drug use or sexual activity.
 - d. Purchase or improve (other than minor remodeling) any building or other facility.
 - e. Purchase vehicles without the written approval of OA and HRSA Grants Management Officer (GMO).
 - f. Pay for automobile parts, repairs, or maintenance, pet care or supplies, funeral expenses, construction, etc. as described in HIV/AIDS Branch (HAB) Policy Notice 16-02 regarding Eligible Individuals and Allowable Uses of Funds for Discretely Defined Categories of Services (see https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf).
18. When issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with Ryan White money, the Contractor must clearly state the percentage of the total costs of the program or project which will be financed with Ryan White money, the dollar amount of Ryan White funds for the project or program, and percentage and a dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.
19. Participate in, and allow staff (as appropriate) to participate in, any state-mandated meetings, trainings, webinars, teleconferences, workshops, and/or other conferences to be determined.
20. Ensure responses to OA's drills or request for information are accurate, complete and received on or before the required response date.
21. Commit to submitting data in an accurate and timely fashion, including committing to full participation in any evaluation or research component.

**HIV Care Program and Minority AIDS Initiative
Scope of Work**

22. Cooperate with the Centers for Disease Control and Prevention's (CDC) Medical Monitoring Project as requested.
23. Cooperate with any State or Federal investigation or audit regarding the Ryan White program funds.
24. Ensure the protection of the client's privacy and confidentiality at all times as required by California and federal laws (including, without limitation, Health and Safety Code sections 120980, 121022 and 121025). Contractor and its employees (and the employees of any subcontractor as well) who will have access to confidential public health information shall be required to sign Agreement by Employee/Contractor to Comply with Confidentiality Requirements (Form CDPH 8689) each year prior to being given access to the confidential information, as required by Health and Safety Code section 121022(f) (See Exhibit K attached to this contract). In addition, federal law requires that individuals have a right of access, to inspect, and obtain a copy of their Protected Health Information (PHI) in a designated record set, for as long as the health information is maintained by a CDPH health plan, CDPH providers, or business associates. There are limited exceptions to an individual's right of access PHI (45 C.F. R. s 164.524).
25. In addition to the procedures set forth in the Information Privacy and Security Requirements (See Exhibit I attached to this contract), Contractors must ensure that all computers, including mobile devices, are equipped with encryption software, even if the Contractor or their subcontracted agencies do not store confidential information on equipment.

The following applies to HCP Contractors and Subcontractors only:

26. Ensure that client service providers who provide Medi-Cal/Denti-Cal reimbursable services are certified as providers for purposes of Medi-Cal/Denti-Cal billing (see www.medi-cal.ca.gov) and have the ability to bill other third-party payers for covered services, or able to document efforts under way to obtain such certification.
27. Assure billing and collection from third party payers, including Medi-Cal, Denti-Cal, and Medicare, which should be invoiced first, as appropriate, to ensure Ryan White is the payer of last resort.
28. Maximize and monitor third party reimbursements. Establish and maintain medical practice management systems for billing. Report program income documented by charges, collections, and adjustment reports or by the application of a revenue allocation formula.
29. Establish a process for obtaining and documenting client charges and payments through an accounting system manually, electronically, or by a revenue allocation formula. Staff must be aware of and consistently follow the process.

**HIV Care Program and Minority AIDS Initiative
Scope of Work**

30. Have a written policy that discourages the use of two charge masters, one for self-pay clients and a higher one for insurance companies.

B. HCP and MAI Contractors Risk Assessment of Subcontractors

The following are risk assessment requirements for HCP and MAI Contractors that have subcontractors.

1. Ensure that any subcontracted agencies have the organizational and administrative capabilities to support the program services and activities. The Contractor is responsible for quality assurance and utilization review activities for subcontracted HIV care services.
2. Ensure that any subcontracted agencies have appropriate facilities and resources, including an adequate physical plant and appropriate supplies and equipment available for the provision of services and practical support functions.
3. Ensure the HCP funds do not comprise the majority of any subcontracted agency's total budget. HCP funds are intended to provide additional funding to those areas negatively affected by HIV disease and cannot be used to supplant local HIV-related budgets.
4. Comply with the State's timeline to submit to the State a list identifying the names and budget overview of all service provision and subcontracted agencies and total funds available to each Client Service Provider. OA's HIV Care Section will provide the required forms to complete the budget overview and all service provision information.
5. Ensure subcontractor agreement(s) comply with all federal and state statutes, regulations, terms, and conditions. Subcontractor agreements shall comply with OMB Uniform Guidance: Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Guidance) (see <https://federalregister.gov/a/2013-30465>).
6. Maintain a file with signed subcontractor agreement(s), including performance start and end dates, subcontractor Data Universal Number System (DUNS) Number, assurances, and/or certification that specify unallowable activities.
7. Ensure that subcontractor budgets and expenditures do not include unallowable costs or activities.
8. Ensure all approved subcontracted agency invoices are paid within 30 days of receipt.
9. Conduct the following monitoring activities:
 - a. Conduct site visits and document/monitor the activities of subcontracted agencies to ensure contractual compliance not less than once every year. For all deficiencies cited in the contractor's monitoring report, develop a corrective plan, submit to the State for approval, and implement the plan.

**HIV Care Program and Minority AIDS Initiative
Scope of Work**

- b. Provide any necessary assistance to the State in carrying out State monitoring activities and inspection rights for both contractors and subcontracted agencies, as provided in this agreement.
- c. Make available to authorized State and/or federal representatives all records, financial and programmatic reports, materials, data information, and appropriate staff required for monitoring, audit, or inspection activities.
- d. For all deficiencies cited in the State's monitoring report, develop a corrective plan, submit to the State for approval, and implement the plan. Provide the corrective plan to the State within 30 days of receipt of the monitoring report.

The following applies to HCP Contractors only:

- 10. Monitor tracking system of the receipt and use of third party payments by subcontractors.

Service Requirements

A. HCP and MAI Contractors and Subcontractors

The following are service requirements for HCP and MAI Contractors and subcontractors.

- 1. Ensure that services provided under this contract are in accordance with the service category definitions, national monitoring standards, and policy notices issued by HRSA, HAB (see Ryan White Recipient Resources - <https://hab.hrsa.gov/program-grants-management/ryan-white-hiv-aids-program-recipient-resources>).
- 2. Ensure HIV care services are provided in a setting that is accessible to low-income individuals with HIV disease. Facilities must also be accessible for hearing-, vision-, and mobility-impaired persons in accordance with the federal Americans with Disabilities Act (ADA)
- 3. Take steps to ensure people with limited English proficiency can meaningfully access health and social services. Detailed information on the specific responsibilities of Contractors regarding linguistic competence is available on the Office of Civil Rights (OCR) website at www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html.
- 4. Coordinate with state and federal programs to low-income individuals with HIV to ensure such individuals are aware of the services available under Ryan White Part B.
- 5. To the maximum extent practical, ensure that HIV-related health care and support services delivered pursuant to a program established with assistance provided under Ryan White Part B will be provided without regard to the

HIV Care Program and Minority AIDS Initiative Scope of Work

immigration status, ability to pay, and current or past health condition of the individual with HIV disease.

6. Maintain documentation of written referral relationships with entities considered key points of access to healthcare systems for the purpose of facilitating early intervention services for individuals diagnosed as being HIV positive.
 - a. Work with consortia, service providers, and individuals with HIV/AIDS to identify key points of entry.
 - b. Monitor the use of referral and linkage agreements by funded service providers.

7. Work with local planning council or other HIV planning group to improve linkages to care and strengthen the continuum of care. Additionally, if Contractor decides to amend contract by adding or reducing budget amount, then the contractor must involve an HIV planning or advisory body in the decision-making process.

8. Ensure HCP funds are not used to:
 - a. Make cash payments to intended recipients of services.
 - b. Develop, promote, or advertise about HIV services that target the general public.
 - c. Generate broad scope awareness activities about HIV services that target the general public.
 - d. Support employment, vocational, or employment-readiness services.

B. HCP Services

The HIV core medical and support care services must be provided under specific HRSA-defined service categories. Grantees must ensure that RWHAP Part B services are provided within the scope of the service category definitions provided by HRSA/HAB, which can be found in the [Ryan White Services Report \(RSR\) Instructions](https://targethiv.org/library/rsr-instruction-manual) available online (see <https://targethiv.org/library/rsr-instruction-manual>).

Core medical services are a set of essential, direct health care services provided to Ryan White clients who are HIV-positive or HIV-indeterminate (infants <2 years only), with one exception. HIV-negative clients may receive HIV counseling and testing services under Early Intervention Services. The Ryan White HIV/AIDS Program legislation specifies that the following 13 core medical services are allowable.

- AIDS Drug Assistance Program Treatments
- AIDS Pharmaceutical Assistance
- Early Intervention Services (EIS)

HIV Care Program and Minority AIDS Initiative Scope of Work

- Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
- Home and Community-Based Health Services
- Home Health Care
- Hospice
- 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 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 (infants <2 years only) as needed. Support services may also be provided to HIV-affected clients. HIV-affected clients include family members or partners of an HIV-positive client. The services provided to HIV-affected clients must always support a medical outcome for the HIV-positive client or HIV-indeterminate client (infants <2 years only). The Ryan White HIV/AIDS Program legislation specifies that the following 15 support services are allowable.

- 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
- Psychosocial Support Services
- Referral for Health Care and Support Services
- Rehabilitation Services
- Respite Care
- Substance Abuse Services (residential)

HCP Contractors, who provide HCP services directly and/or subcontract with HCP service providers, shall ensure the following HCP service requirements are met.

1. Develop and implement a comprehensive system of care and support services that actively engages individuals who know their HIV status but are not accessing services, that reaches out to people who are HIV positive but unaware of their HIV status, and that is coordinated and integrated with other service delivery systems as appropriate.

HIV Care Program and Minority AIDS Initiative Scope of Work

2. Ensure comprehensive, ongoing medical services to individuals with HIV/AIDS. Services must be based on HRSA Core Medical Services, which include the HRSA service category, Outpatient/Ambulatory Medical Care, or, if these services are not funded by HCP, the Contractor must document the availability of primary medical care for HIV-positive persons in the service area.
3. For contractors that are Local Health Departments, ensure the existence of a local health care system that provides a safety net of care for all people living with HIV/AIDS in the jurisdiction; and demonstrate coordination with local and statewide HIV surveillance activities.
4. Develop and maintain working relationships, and coordinate an integrated system of service delivery, with entities who provide key points of entry into medical care, including but not limited to emergency rooms, substance abuse treatment programs, detoxification centers, adult and juvenile detention facilities, California Department of Corrections and Rehabilitation, Transitional Case Management Program (TCMP) for incarcerated populations, Sexually Transmitted Disease (STD) clinics and Disease Investigative Specialists, HIV counseling and testing sites, ADAP enrollment sites, Partner Services, mental health programs, homeless shelters, health care points of entry specified by the State, federally qualified health centers, migrant health centers, community health centers, health services for the homeless, family planning grantees, blood banks, and non-profit and for profit private entities that provide comprehensive primary care services to populations at risk for HIV. The coordinated, integrated system of care must be informed by HIV epidemiological data and other data sources and should include leveraged resources. The Contractor shall keep documentation of these working relationships.
5. Funded service providers should integrate, and work collaboratively, with other such services and coordinate with other available programs (including Medi-Cal), to ensure continuity of care and prevention services of individuals with HIV is enhanced.
6. Convene an advisory and/or focus groups at least **annually** to provide input to the Contractor on issues such as needs assessment, service delivery plans, and comprehensive planning. The Contractor shall maintain minutes and/or documentation of the advisory or focus group meetings.

The advisory and/or focus group, should be made up of representatives from state, federal, and local programs that provide health services and education and prevention services; non-profit and for-profit community-based agencies; staff from other key points of entry into medical care, who either provide services to individuals with HIV/AIDS, or who may have contact with HIV positive individuals who are not in care or not aware of their HIV status; individuals with HIV, consumers, and advocates, etc. The advisory group provides information to the Contractor regarding health services delivery and the needs of individuals with HIV/AIDS living within the community.

HIV Care Program and Minority AIDS Initiative Scope of Work

If consumer representation is not available for an advisory/focus group, then a venue (e.g., survey, focus group) must be provided to identify consumer concerns and feedback that will be used for planning purposes.

7. Ensure documentation of all services is maintained and made available for review, as requested for monitoring and auditing purposes.
8. Ensure services are responsive to the needs of the clients in the service area, are sensitive to linguistic, ethnic, and cultural differences of the population(s) being served, and that services are linguistically and culturally appropriate.
9. Ensure that rural case management services link available community support services to specialized HIV medical services.
10. Contractors providing oral health services will define and specify the limitations or caps on providing oral health services.
11. Ensure that HCP funds are used to support syringe exchange programs only if and when OA approves their use.
12. Work collaboratively with the Partner Services Coordinator in the local health department and develop procedures to ensure that Partner Services is available for the appropriate HCP clients, per HCP Management Memorandum 15-06 (see <https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/HCPMM15-06.pdf>).
13. Comply with HRSA Policy Clarification Notice #13-04 (see <https://hab.hrsa.gov/sites/default/files/hab/Global/pcn1304privateinsurance.pdf>) and OA's Management Memorandum 14-01 (see <https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/HCPMM14-01.pdf>) regarding pursuit of enrollment with clients who are eligible for comprehensive health care coverage. Screening and reassessment of client eligibility must be completed and documented every six months to determine continued eligibility for Ryan White services.

Please Note: OA encourages Contractors to use the Medi-Cal eligibility determination documentation from the Automated Eligibility Verification System (AEVS) for HCP eligibility/recertification for those clients on Medi-Cal. This document will validate address, income (under 138% Federal Poverty Level) and insurance. Contractors must continue to screen for payer of last resort prior to providing services.

14. Ensure that eligibility policies do not deem a veteran living with HIV ineligible for Ryan White services due to eligibility for Department of Veterans Affairs (VA) health care benefits. All policies and procedures regarding veterans must adhere to HRSA Policy Notice 16-01 (see <https://hab.hrsa.gov/sites/default/files/hab/Global/clarificationservicesveterans.pdf>).

**HIV Care Program and Minority AIDS Initiative
Scope of Work**

15. Ensure that eligibility policies do not deem an American Indian or Alaskan Native living with HIV as ineligible for Ryan white services due to eligibility to receive the same services from the Indian Health Services (IHS), regardless of whether or not those IHS services are available and accessible. All policies and procedures regarding American Indians or Alaskan Natives must adhere to HRSA Policy Notice 07-01 (see <https://hab.hrsa.gov/sites/default/files/hab/Global/indiansalaskanspn0701.pdf>).
16. Ensure and document that all staff involved in eligibility determination have participated in required training.
17. Annually evaluate the cost-effectiveness of the mechanisms used to deliver comprehensive care.
18. Comply with HCP Management Memo 14-02 regarding using Ryan White funds for services partially covered by Medi-Cal, Denti-Cal, private insurance or other eligible benefits (see <https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/HCPMM14-02.pdf>).
19. Ensure compliance with the following requirements regarding imposition of charges for services, for those providers who charge for services:
 - a. In the case of individuals with an income less than or equal to one hundred percent (100%) of federal poverty guidelines (FPG) (see www.aspe.hhs.gov/poverty), the provider will not impose charges on any such individual for the provision of services under the contract.
 - b. In the case of individuals with an income greater than one hundred percent (100%) of the FPG, the provider:
 - i. Will impose charges on each such individual for the provision of such services; and
 - ii. Will impose charges according to a schedule of charges that is made available to the public.
 - c. In the case of individuals with an income between the FPG in Columns A and B (see table below), the provider will not, for any calendar year, impose charges exceeding the percentage in Column C of the client's annual gross income:

Column A: Client's income is greater than	Column B: Client's income does not exceed	Column C: Charges are not to exceed
100% of FPG	200% of FPG	5% of the client's annual gross income
200% of FPG	300% of FPG	7% of the client's annual gross income

**HIV Care Program and Minority AIDS Initiative
Scope of Work**

300% of FPG	--	10% of the client's annual gross income
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C. MAI Services

The goal of MAI is to increase access to, and engagement in, HIV/AIDS medical care for HIV-positive persons of color, including access to ADAP, Medi-Cal, or other appropriate drug assistance program. This is achieved by providing outreach and treatment education services to HIV-positive persons of color who have never been in care, or who have been lost to care.

In accordance with HRSA guidance, outreach services and treatment education are the only allowable service categories for MAI funding. These service categories are designed to meet the needs of persons of color in order to ensure that minority clients can access, engage in, and remain in care and treatment; receive help in adhering to treatment; and be provided with education and support that will enable them to become active participants in their own health care and improve their overall quality of life. MAI outreach and treatment education services are defined as follows:

Outreach – Those activities typically performed by an outreach worker that results in: (1) Identifying HIV-positive persons of color who know their status but have never been in care or who have been lost to HIV medical care; (2) Removing barriers that have prevented access to HIV medical care, and (3) Establishing engagement in HIV medical care. Outreach services should be conducted at times and in places where there is a high probability that persons of color with HIV infection will be reached.

MAI outreach services do not include routine HIV counseling and testing or HIV prevention education. These services may be provided on a case-by-case basis for a specific MAI client only when the service is necessary to remove a barrier to care for that client.

Treatment Education - The provision of health education, treatment adherence and risk reduction information to HIV-positive persons of color who know their HIV status but are not accessing medical care or to HIV-positive persons of color who are lost to care. Information includes educating clients living with HIV about how to communicate with medical providers, the importance of treatment adherence, how to manage medication side effects, how to understand their laboratory results, how to improve their health status, how to reduce HIV transmission, and identify medical and psychosocial support services and counseling that are available locally.

MAI Contractors, who provide MAI services directly and/or subcontract with MAI service providers, shall ensure the following MAI service requirements are met.

1. Employ MAI outreach staff or support other activities to identify HIV-positive persons of color who are out-of-care or lost-to-care and gradually engage them in appropriate HIV care and treatment services. Priority populations are those out-of-care, HIV-positive persons of color who have been unable or unwilling to access services for HIV, despite an awareness of their positive serostatus. As a member of the MAI team, the outreach staff person will take actions to reduce or

HIV Care Program and Minority AIDS Initiative Scope of Work

eliminate any cultural or other barriers that prevent access to and/or continued engagement in HIV care services.

- a. It is strongly recommended that MAI outreach staff be culturally and linguistically competent “street-level” workers who reflect the communities they serve. Highly recommended is experience in two or three of the following areas: street-based outreach, HIV counseling and testing, health education or HIV case management.
 - b. MAI outreach staff are to take actions to reduce or eliminate any cultural or other barriers that prevent access to and/or continued engagement in care and treatment services. This individual links and supports the client in accessing suitable HIV care and treatment services.
 - c. In lieu of outreach positions, MAI funds can also support outreach/treatment education activities or interventions for HIV-positive persons of color, as determined at the local level and approved by OA.
2. Provide services that identify and engage HIV-positive persons of color who know their HIV status but are not accessing medical care, to reach out to persons of color who are HIV-positive but unaware of their HIV status, and/or to locate and reestablish access for HIV-positive persons of color who have been lost to care.
 3. Work with existing community resources and entities that serve as key points of entry into medical care, including but not limited to emergency rooms, substance abuse treatment programs, TCMP for those individuals released from state correctional institutions, detoxification centers, adult and juvenile detention facilities, STD clinics, HIV counseling and testing sites, mental health programs, homeless shelters, Federal Qualified Health Centers, migrant health centers, Indian Health Services clinics, Black Infant Health Programs, etc. to coordinate and integrate HIV care service delivery.
 4. Plan and deliver MAI outreach and treatment education services in coordination with local HIV prevention outreach programs and other HIV services providers to avoid duplication of effort.
 5. Coordinate MAI planning efforts with all other local funding streams for HIV/AIDS to ensure that HCP funds are the payer of last resort, maximize education and outreach efforts to link individuals to ADAP and other appropriate program, and reduce any duplication.
 6. Ensure MAI clients have access to, and are enrolled in, ADAP, Medi-Cal, or other appropriate program(s) providing HIV medications.

Reporting and Data Collection Requirements

A. Progress Reports

HIV Care Program and Minority AIDS Initiative Scope of Work

1. HCP and MAI Contractors are required to submit a Mid-Year Progress Report and an Annual Progress Report for each contract year. The Progress Report is an opportunity for the Contractor to describe their HCP and MAI programs, services provided, progress and accomplishments, and to identify any problems or technical assistance needs, as well as those of their subcontractors.
2. The HCP and MAI Progress Reports are due to OA according to the following schedule:

Report	Reporting Period	Due Date
Mid-Year Progress Report	April 1 – September 30	November 15
Annual Progress Report	October 1 – March 31	May 15

3. The HCP and MAI Progress Report Forms will be sent out 30-days prior to the due date.

B. Data Collection

1. The HCP Contractor shall ensure that HCP client service providers meet the following data collection requirements.
 - a. Collect the HCP minimum data set. The HCP minimum dataset includes data elements required by (a) HRSA to complete the Ryan White Program Service Report (RSR), selected HAB Quality Management (QM) indicators, and the Women, Infants, Children, and Youth Report, and (b) OA for its development of reports, statistical tables, and program evaluations.
 - b. Directly enter data into ARIES within two weeks from a client's date of service. Client service providers may import data into ARIES from other data collection systems only if they obtain prior written approval from OA (see [ARIES Policy Notice G3](https://projectaries.org/wp-content/uploads/2018/02/APN-G3.pdf). at <https://projectaries.org/wp-content/uploads/2018/02/APN-G3.pdf>).
 - c. Electronically submit the RSR through HAB's RSR Web Application System. The RSR is comprised of two reports: (1) the Provider Report and (2) the Client Report. The Client Report contains an XML file with their client-level data on Ryan White-funded clients and services regardless of payor source. Client service providers must submit their completed RSR to the RSR Web Application System by February 19 each year. The RSR reporting period is January 1 through December 31 of the previous year. Client service providers must check the RSR Web Application System until notified that their RSR has been successfully submitted to HRSA. Client service providers may be contacted by OA to resolve any data quality problems (e.g., missing data) with their RSRs.
2. The MAI Contractor shall ensure that MAI client service providers meet the following data collection requirements.

**HIV Care Program and Minority AIDS Initiative
Scope of Work**

- a. Collect the data elements identified on the ARIES Data Collection Guidelines for State-Funded Minority AIDS Initiative (MAI) Providers and enter them into ARIES.
- b. Directly enter data into ARIES Outreach Services Module within two weeks from a client's date of service.

Clinical Quality Management Requirements

- A. Contractors required to comply with HCP Management Memorandum No. 18-02 (see <https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/Management%20Memo%2018-02.%20HCP%20CQM.pdf>) regarding clinical quality management activities.