

HIV/AIDS Bureau Policy 13-07: Uniform Standard for Waiver of Core Medical Services Requirement

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Objectives

- Provide an overview of the revised Core Medical Services (CMS) policy outlined in HIV/AIDS Bureau (HAB) Policy Notice 13-07, including:
 - The application requirements and added flexibility
 - The process for reviewing waiver applications
- Share a grantee's perspective on Core Medical Services waivers



What is the Core Medical Services Requirement?

- Under Title XXVI of the Public Health Service Act, grantees receiving Ryan White HIV/AIDS Program Part A, B, and/or C funds are required to spend at least 75% of grant funds on Core Medical Services:
 - Section 2604(c) – Part A
 - Section 2612(b) – Part B
 - Section 2651(c) – Part C



What is a Core Medical Service?

Core Medical Services in the Ryan White HIV/AIDS Program statute are defined as:

- Outpatient and ambulatory health services
- AIDS Drug Assistance Program (ADAP) treatments
- AIDS pharmaceutical assistance
- Oral health care
- Early intervention services
- Health insurance premium and cost sharing assistance for low-income individuals
- Home health care
- Medical nutrition therapy
- Hospice services
- Home and community-based health services
- Mental health services
- Substance abuse outpatient care
- Medical case management, including treatment adherence services



What are Support Services?

- In the Ryan White HIV/AIDS Program, support services are defined as services that are needed for individuals with HIV/AIDS to achieve their medical outcomes. Examples include:
 - Respite care for persons caring for individuals with HIV/AIDS
 - Outreach services
 - Medical transportation
 - Linguistic services
 - Referrals for health care and support



How Does a Grantee Qualify for a Waiver?

- The Public Health Service Act grants HRSA authority to waive the Core Medical Services requirement if:
 - The grantee is funded by Ryan White HIV/AIDS Program Parts A, B, or C;
 - There are no ADAP waiting lists in the applicant's state; and
 - Core Medical Services are available to all eligible individuals in the applicant's state, jurisdiction, or service area.



What Other Requirements Are There?

- HAB Policy Notice 13-07 outlines the application procedures and documentation requirements to apply for a waiver of the Core Medical Services requirement:
 - 78 FR 31563: Published May 24, 2013, announced new policy and sought public comment
 - 78 FR 63990: Published October 25, 2013, finalized policy and addressed comments from the public



What are the Application Requirements?

- Two different processes:
 - One for applications submitted before or after grant application
 - Another for applications submitted with the annual grant application
 - Both are similar



Application Requirements -1

1. Application must be signed by Chief Elected Official or Project Director
2. Letter signed by the Director of the Ryan White HIV/AIDS Program Part B state/territory grantee indicating that there is no current or anticipated ADAP services waiting list in the state/territory



Application Requirements - 2

3. Evidence that all Core Medical Services are available within 30 days. Application must include the following:
 - A. Care and treatment services inventories
 - B. HIV/AIDS client/patient service utilization data, such as:
 - Medicaid data
 - Surveillance data
 - Other sources that provide information on people getting services



Application Requirements - 3

- C. Letters from HIV/AIDS entitlement and benefits programs. Examples might include:
- Medicaid
 - Private insurers
 - State or local-funded HIV health care programs
 - Foundations providing HIV drug assistance or health care to low income people
 - Other sources of health care or drug assistance available in the grantee's community



Application Requirements - 4

4. Evidence of a public input process:
 - A. Public input process can be same as for regular planning
 - B. At a minimum, documentation must include:
 - A letter from the Planning Council Chair, if applicable, and
 - A letter from the state HIV/AIDS Director



Application Requirements - 5

5. A narrative of up to 10 pages that explains:
 - The underlying state or local issues
 - How the documentation submitted supports the assertion that Core Medical Services are available
 - How the waiver will contribute to the grantee's ability to address service needs for HIV/AIDS non-core services, including outreach, linkage, and retention for individuals not currently in care



Application Requirements - 6

- Description of how the waiver is consistent with:
 - The provided proposed percentage allocation of resources
 - The state or metropolitan area's comprehensive plan
 - The statewide coordinated statement of need (SCSN)
 - The grant application
- All applicants must also provide a proposed allocation table



When Can a Grantee Apply?

- In advance of the annual grant application
 - Via Prior Approval Portal
- With the annual grant application
- Up to four months after the initial grant award
 - Via Prior Approval Portal



Helpful Tips

- Organize the application by criteria
 - Use header and bulleted lists as necessary
- Clearly address each criteria
 - Use enough information to ensure the review committee understands the situation and what is proposed
 - Provide specific examples
 - For example, needing a waiver to “increase flexibility” is too generic



Helpful Tips (Continued)

- If applying with a grant application, provide a reference for all relevant materials contained in other sections of the application
- Consider applying before or after the grant application if page limits are a concern
- Double check the application – make sure all documents are included and there are responses for all criteria



What is the Review Process?

- Applications are reviewed by a panel of HAB staff
 - The Division administering each Part (A, B, and C) has its own review committee
 - Made of representatives from HAB staff in Ryan White HIV/AIDS Program Parts A, B, C, and the Policy Development Branch
 - Committee reviews each waiver to ensure request:
 - Is complete
 - Meets the legislative and programmatic requirements, including those outlined in 13-07



How Will a Grantee Know if Its Application is Approved?

Grantees are notified of approval:

- For Core Medical Services waiver applications submitted with grant application, with the Notice of Award
- For Core Medical Services waiver applications submitted before or after grant application, within 8 weeks of submission



Other Information - 1

- Without approval of a waiver application, grantees **MUST** spend at least 75% of grant funds on core medical services
- Grantees that are granted a waiver are **NOT** required to use the waiver



Other Information - 2

- Grantees whose waiver applications are denied may submit a revised application, if it is less than four months into the grant award
- An approved waiver is limited to the one-year budget period for which it was approved
 - Future waivers will require a new application



Important Links

- HAB Policies and Program Letters:
 - <http://www.hab.hrsa.gov/manageyourgrant/policiesletters.html>
- 78 FR 63990 (October 25, 2013 FRN):
 - <http://www.gpo.gov/fdsys/pkg/FR-2013-10-25/pdf/2013-25276.pdf>



HIV/AIDS Bureau's Affordable Care Act Resources

- HIV/AIDS Bureau's Affordable Care Act webpage: "Ryan White Program & the Affordable Care Act: What You Need to Know":
<http://www.hab.hrsa.gov/affordablecareact/index.html>
- On this page you may:
 - Sign up for updates
 - View and download slides from the HIV/AIDS Bureau's recent webcasts
 - Review FAQs, a glossary of terms, and view policies
- Email Ryan White HIV/AIDS Program/Affordable Care Act questions to: RWP-ACAQuestions@hrsa.gov





RW Core Medical Service Waiver



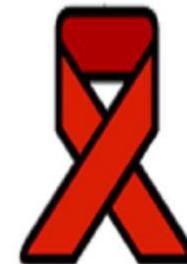
The Boston Experience

**Michael Goldrosen, Director
HIV/AIDS Services Division
Boston Public Health Commission**

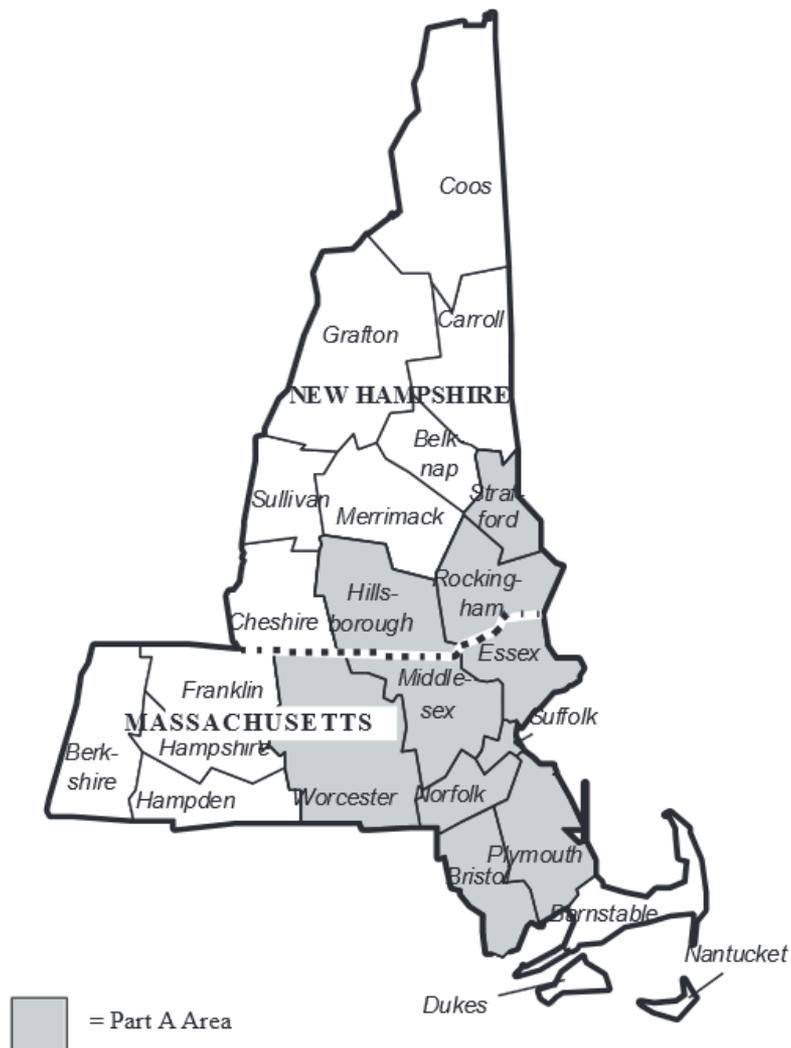
January 14, 2014



Boston EMA



- The Boston EMA is a 10-county region:
 - MA: Suffolk, Middlesex, Essex, Norfolk, Bristol, Plymouth, and Worcester
 - NH: Hillsborough, Rockingham, and Stratford
- FY13 Award: \$13.2M
- Part A funds a total 39 providers (63 programs)





History



- 1997 - Massachusetts received its first Medicaid Waiver and began operating its own version of Medicaid with expanded access and coverage (MassHealth)
- 2001 - Medicaid 1115 Waiver for people living with HIV (PLWH) (non-AIDS)
 - Expanded access to state Medicaid for low income PLWH (not AIDS) up to 200% FPL, irrespective of disability status



History, cont'd



- 2006 - Health Care Reform
 - Expanded Medicaid program
 - Elimination of preexisting condition clauses
 - Creation of a health insurance exchange (the Massachusetts Health Connector)
 - An individual and employer mandate
 - Subsidies for the purchase of insurance
 - Health Safety Net for “non-eligible” residents
 - Automatic eligibility for PLWH <200% FPL codified
- According to an estimate by the Division of Health Care Finance and Policy (2010):
 - 98.1% of all residents are insured



Core Medical Services Requirement



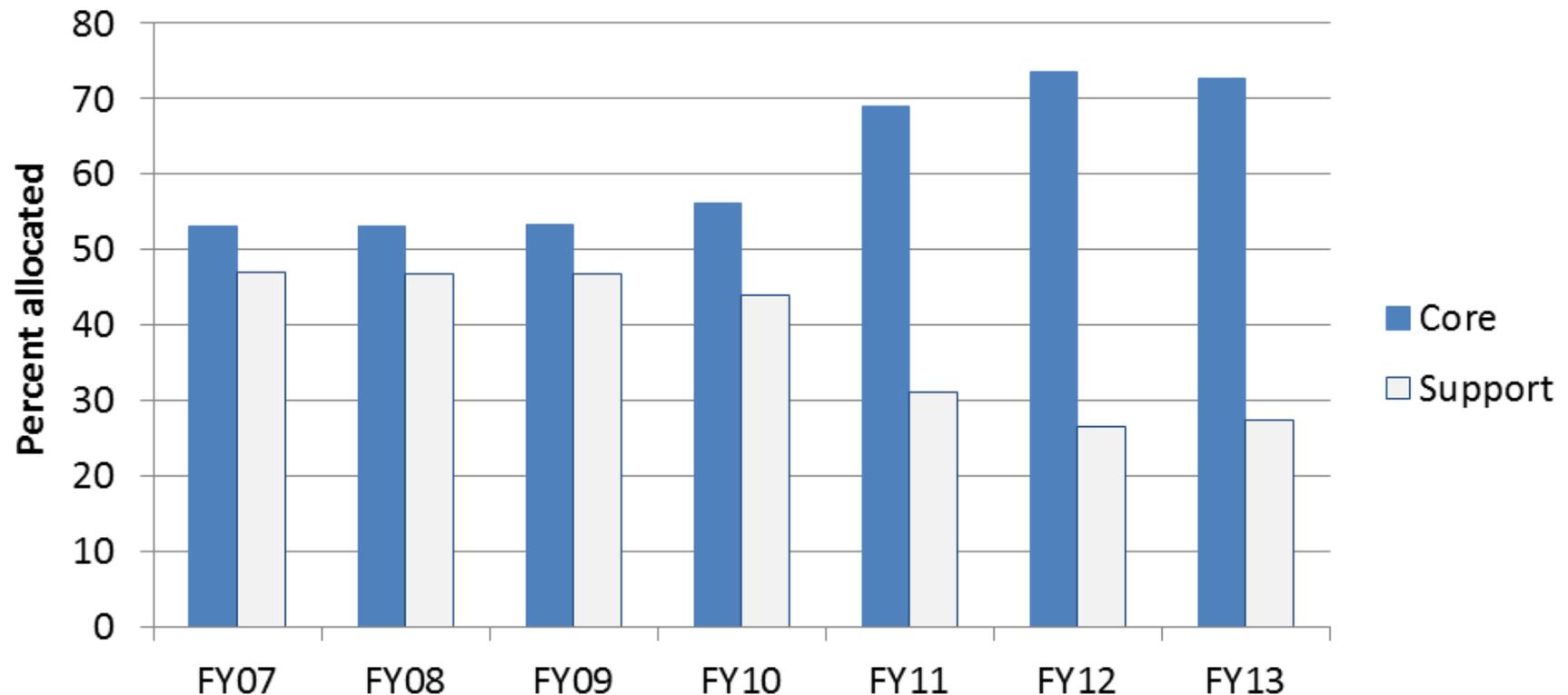
- FY 2007 – Council instructed BPHC to apply for waiver based on their assessment of where resources were needed.
- Have continued to apply and been approved every year since
 - Granted waivers for 2007-2013, and under new policy, in advance for 2014
- We have increased our Core Services over that time, but only through a renewed investment in Medical Case Management; however, the Council wanted us to maintain the flexibility that the waiver provides.
- In 2014, we will have no Primary Care services funded.



Distribution of Core Medical vs. Support Services

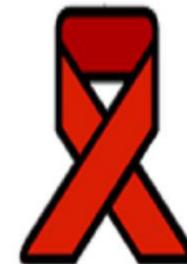


**Ryan White Part A + MAI Distribution of Core Medical vs. HIV
Health-Related Support Services**





Keys to Waiver Application



- Collect detailed funding streams data across public funding sources
 - All RWHAP Parts
 - Medicaid
 - HOPWA
 - SAMHSA/State Substance Abuse Services
- Show that across RWHAP funding and all funding, the Core Services requirement is met

Figure 1: Ryan White (All parts) Core Medical vs. HIV Health-Related Support Services: FY13

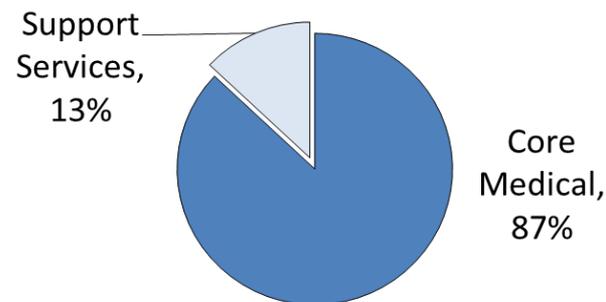
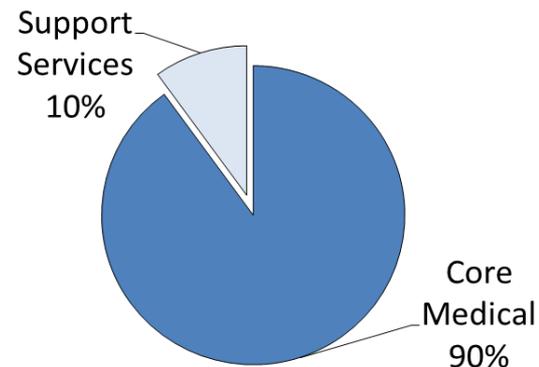


Figure 2: All Funding for PLWH in the EMA





Keys to Waiver Application



- Document Community Process
 - For Part A: Planning Council process and plan
 - Council had presentations from all funders
 - Planned allocations based on these presentations, needs assessments, and consistency with other plans
 - Directed the Grantee to request waiver in order to fulfill plan



Keys to Waiver Application



- Meaningful participation of other funding partners
 - Medicaid
 - Part B programs
 - Part C programs
 - MDPH Bureau of Substance Abuse Services
- This participation facilitated getting written support from key stakeholders, such as Medicaid



Keys to Waiver Application



- Being able to make the case that non-third party reimbursable, care completion services are critical for engagement and retention in care and the achievement of positive health outcomes
- This is vital to making the dual case that a waiver is needed, but that the resources serve a critical and needed function



Challenges



- The inclusion of waiver process in legislation was meant to be a simple process, yet implementation has led to many RWHAP areas being wary of applying
 - However, it is still important for grantees to apply for the waiver in order to preserve the authority of planning councils to set local funding priorities
- Documentation requirements have grown since its inception
 - Planning for the waiver application starts even before the grant application and we work together with the Planning Council early on



Challenges



- Obtaining accurate data from other sources in a timely manner
 - Streamlining through an annual Funding Streams Report
- Stakeholder participation and support
 - Involving full Planning Council and subcommittees, as well as other funders
- Requires a lot of extra work and duplicates effort that goes into writing the grant application
 - Since the grant describes the needs and plan for the EMA, the grant application could serve as the waiver application itself
- Under the old system, having the waiver section count against our page limit was a major challenge
 - Fortunately, this is eliminated under the new system



Future



-
- Our waiver experience can serve as a guide for others applying
 - Can also serve as a model for how RWHAP funds can, and should, be used to ensure that PLWH succeed in their medical care

Contact Information

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