



Ryan White Part B Program Policy AIDS Drug Assistance Program and Medicare Part D

Revised 01/2017

Federal Policy Reference: -Ryan White CARE Act (PL 104-146) Sect. 2617 4B(II)
-HRSA/HAB Program Policy Notice No. 10-02; 97-01
-45 CFR Part 75
-Ryan White ADAP Manual
-HRSA PCN 16-02

Federal Poverty Guidelines Website: <http://www.aspe.hhs.gov/poverty/index.shtml#latest>

The Nebraska Ryan White HIV/AIDS Program (RWHAP) has waived all requirements for subgrant entities regarding imposition of charges for services, pursuant to of the Ryan White Modernization Act of 2006.

The HRSA/HAB Fiscal and Program Monitoring Standards for Ryan White Part B Recipient (Monitoring Standards) will guide the oversight of Supportive Services by the NDHHS. The Monitoring Standards are attached to this document by reference. Annual fiscal and programmatic monitoring is required by regulation, both internally and by the NDHHS. <https://careacttarget.org/category/topics/program-monitoring>

Purpose: The purpose of this policy is to outline and define actions to be taken by the Nebraska Ryan White Part B AIDS Drug Assistance Program (ADAP) in response to federal policies regarding collaboration with Medicare Part D and the requirement that all Medicare Part D eligible clients who are enrolled in ADAP be enrolled in Medicare Part D.

The Recipient and all sub-recipients must guarantee that funds will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made by sources other than Ryan White funds. 45 CFR 75

States are required to “ensure that grant funds are not utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to that item or service (i) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program.” (From federal policy cited above.)

Since Medicare is a Federal health benefits and entitlement program, the Ryan White CARE Act payer-of-last-resort requirement applies. Grantees must require Medicare-eligible ADAP clients to enroll in the prescription benefit. The following is Nebraska’s

Ryan White Part B Policy regarding the AIDS Drug Assistance Program and Medicare Part D.

Oversight: The ADAP will be coordinated by the Clinic Director and ADAP Coordinator. The Drug Utilization Review (DUR) Committee has responsibility to advise the ADAP on issues such as drug formulary, waiting list implementation and maintenance, monthly drug expenditures, budgets, and related issues.

Nebraska Ryan White Part B funds may be utilized for the payment of Medicare Part D Insurance Premiums, co-pays for approved formulary drugs and deductibles for ADAP enrolled clients who are enrolled in Medicare Part D in accordance with the following requirements:

1. Clients must meet program eligibility requirements in accordance with the Ryan White Part B “Client Eligibility.”
2. Clients enrolled in Nebraska ADAP **and** eligible for Medicare Part D are required to participate in Medicare Part D.
3. Clients enrolled in Nebraska ADAP **and** eligible for Medicare Part D are also required to apply for the Low Income Subsidy (LIS) Program through the Social Security Administration to determine if they qualify for reduced premiums, deductibles and/or co-pays. New clients enrolled in Medicare Part D will enroll in the appropriate plan based on their LIS eligibility.
4. ADAP clients who are eligible or become eligible for Medicare Part D and chose **not** to enroll in a plan, will no longer be eligible for ADAP after thirty days.
5. The ADAP and/or Nebraska Ryan White Part B Program will pay monthly premiums, deductibles (where applicable) and co-pays for **approved formulary drugs** for clients enrolled in ADAP, and enrolled in the Medicare Part D plan(s).
6. Nebraska Ryan White Part B Program reserves the right to amend this policy at any time as necessary.
7. In no case may Ryan White CARE Act funds be used to make direct payments of cash to recipients of ADAP assistance.
8. Clients who intentionally provide information which is misleading or fraudulent for the purposes of obtaining benefits through the RWHAP Part B funding may be immediately removed from the participation in all Ryan White Part B funded services (including ADAP) with the possibility of legal action taken.

The AIDS Drug Assistance Program is not an entitlement program. Participation in the ADAP by consumers is voluntary. The program is dependent on the provision of federal funding to remain in existence.

Failure by the client to comply or any attempt to mislead agency or Ryan White program staff regarding income eligibility may result in denial of current and possibly all future services and/or ineligibility for the Ryan White Part B Program.

Failure by the agency staff administering Ryan White funds to comply or any attempt mislead the Ryan White Program regarding income eligibility could result in loss of Ryan White funding, recoupment of federal funds and or other potential legal sanctions.

The use of federal tax return forms (i.e., 1040, 1040A or 1040EZ) will be utilized for verification of income/eligibility for certain RW services. At no time will a W2 be utilized to verification of income or eligibility for services.



Ryan White Part B Program Policy Age Requirements for Accessing Ryan White Services

Revised 01/2017

Federal Policy Reference: -Ryan White CARE Act (PL 104-146) Sect. 2617 4B(II)
-HRSA/HAB Program Policy Notice No. 10-02; 97-01
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Purpose: The purpose of this policy is to outline and define actions to be taken by the Nebraska Ryan White Part B Program in response to federal policies regarding : age requirements for accessing Ryan White services. .

The Recipient and all sub-recipients must guarantee that funds will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made by sources other than Ryan White funds. 45 CFR 75

The NDHHS RWHAP has latitude to determine the age requirement for accessing Ryan White services. In the absence of statute or legislation at the state and federal level specifically addressing age requirements when seeking Ryan White services, the RWHAP will defer to other age related legislation. Utilizing this rationale, the age requirement for the Ryan White Program is the age of majority in the State of Nebraska.

- The age of majority in Nebraska is nineteen (19).
- Individuals under age nineteen must have a parent or legal guardian sign the required paperwork for access to RWHAP services under Nebraska statute.

Nebraska Statutes Related to Age and Individual Consent

Age of Majority	19 (§43-2101)
Eligibility for Emancipation	Marriage (§43-2101); common law (209 Neb. 94(1981)); enlistment in the armed forces; as approved by the court on a case-by-case basis
Contracts by Minors	Common law applies
Minors' Ability to Sue	Except as provided in Probate Code, actions by infant shall be commenced by guardian or next friend. (§25-307)
Minors' Consent to Medical Treatment	Emancipated minors (including those attending college away from home); minors may consent to drug/alcohol treatment and contraceptive services

Exceptions: Exceptions to Nebraska statute exists in the following situations:

- Emancipated youth can consent to medical treatment without parental consent.
- Marriage under age 19
- Financial independence under age 19 with no parental supervision
- Homeless youth with no parental contact
- Enlistment in the Armed Forces

If the case manager feels that additional exceptions apply, the case manager has the option to petition the RWHAP for consideration of legal review.

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Failure by the agency staff administering Ryan White funds to comply or any attempt mislead the Ryan White Program regarding income eligibility could result in loss of Ryan White funding, recoupment of federal funds and or other potential legal sanctions.



Ryan White Part B Program Policy Care Plan Development

Revised 01/2017

Federal Policy Reference: -Ryan White CARE Act (PL 104-146) Sect. 2617 4B(II)
-HRSA/HAB Program Policy Notice No. 10-02; 97-01
-45 CFR Part 75
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Purpose: The purpose of this policy is to outline and define actions to be taken by the Nebraska Ryan White Part B Program in response to federal policies regarding : Care plan development.

The Recipient and all sub-recipients must guarantee that funds will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made by sources other than Ryan White funds. 45 CFR 75

Care Plan Development: Patient Centered Care

A care plan is a detailed approach to care customized to an individual client's needs. Care plans are called for when a client can benefit from personalized, collaborative planning and feedback to help manage their HIV disease, housing, finances, substance abuse, mental health and a host of other medical and social service needs.

A goal each for HIV medical care continuity, housing, finances and, when applicable, relevant substance abuse/mental health services are required minimums for HIV medical case management.

Always remember, this is the client's care plan. If s/he doesn't make the goals, it is likely that there is no ownership and that the client is just saying what needs to be said to get what is desired. Let the client come up with the goals in each identified need category.

Building a Care Plan

A care plan includes but is not limited to

- Prioritized goals for a patient's HIV status
- Established timeframes for reevaluation
- Resources that might be beneficial for the client, including a recommendation for the appropriate level of medical care
- Planning for continuity of care, including making a transition from one provider to another.
- Collaborative approaches to health, including family participation.

Guiding Principles

A care plan should enhance the client's medical care plan by providing a list of identified health conditions or problems with a corresponding prioritized list of interventions to meet the client's goal. Standard assessment domains are used as a basis for this list of problems and corresponding goals.

There is no single template that must be followed for creating a care plan, but there are critical elements that should be included. The format will vary based on the provider's charting process and electronic documentation procedures. The care plan should fit into the provider's current work flow.

A Systematic Approach to Care Planning: A Step-by-step guide

1. When doing intake and assessment with a client, HIV disease management presents the primary goal for the initial care plan goal.
2. Identify other medical conditions that may present challenges to the client's health.
3. Identify competing priorities such as housing, child care, finances, (un)employment issues, and transportation issues that have to be addressed immediately, or that may interfere with the client's HIV self-care.
4. Create goals that address education around HIV care, client support, case management goals and treatment plans and adherence for HIV care.
5. Place goals in the order of the client's priority. Remember, the client must have ownership of the goal or there will be no movement towards success on the client's part.

Goal Development

SMART Goals:

Specific: The goal should be specific to the client's situation and focused on one desired outcome.

Measurable: The goal must be in a measurable, evidence-based outcome.

Achievable: The goal must be reasonably achievable based on the client's situation and medical status.

Relevant: The goal must be individualized to the client, based on stated needs, desires and assessment findings.

Time specific: Goals need to include a target date that is achievable to the client.

Goal Concepts

1. A problem statement with an action plan that is measurable, obtainable, and important to the client.
2. What is the priority for the client? The presenting need may not be the root of the issue.
3. Identify what the client wants to do/happen, when to have it completed, and how you will, as the MCM, know that it is completed.
4. **Barrier(s)**: Any factor(s) that can limit the client from achieving the goals set forth in the care plan (i.e., lack of transportation, financial issues, substance abuse, mental health, social issues, lack of knowledge).
5. **Interventions/Facilitators**: The steps that need to be taken to assist the client to reach the set goals.
 - a. Referral resources from the MCM are the most important interventions for the client.
 - b. Interventions must be prioritized and customized for each client to resolve the issues/problems that will have the most impact on the client's health status.
 - c. Continuous reprioritization of the care/interventions for the client must occur based on the most recent interactions and new information from the client, medical provider and other relevant providers.
6. **Evaluation**: Ongoing review and revision of the care plan until goals are met. This includes the development of new goals as needed and closeout of goals that are no longer relevant.

Each adult earner living in the residence/home is responsible for his/her portion of the of expenses related to all EFA and housing requests.

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Failure by the agency staff administering Ryan White funds to comply or any attempt mislead the Ryan White Program regarding income eligibility could result in loss of Ryan White funding, recoupment of federal funds and or other potential legal sanctions.



Ryan White Part B Program Policy Client Complaint/Grievance Procedure

Revised 01/2017

Federal Policy Reference: -Ryan White CARE Act (PL 104-146) Sect. 2617 4B(II)
-HRSA/HAB Program Policy Notice No. 10-02; 97-01
-45 CFR Part 75
-Ryan White Part B Manual
-HRSA PCN 16-02

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Purpose: The purpose of this policy is to outline and define actions to be taken by the Nebraska Ryan White Part B Program in response to potential client grievances and/or complaints and the handling of such notices.

Decisions made by Providers to cover a requested service are based on:

1. Client Eligibility
2. Federal Ryan White Part B and State Part B Program criteria/policies.
3. If approval is needed or requested beyond the direct provider level, approval is determined based on the provider's presentation of the request which entails a description of the client's needs and circumstances and how these relate to a Part B covered service and the provider's recommended action. Case-by-case decisions may be necessary due to unusual or extenuating circumstances.
4. Availability of funds.

A client has a right to make a complaint or concern regarding services received or not received from a provider. Providers are not obligated to provide services that are not reimbursed or paid directly by the Ryan White Part B funds. In all cases, a client complaint or concern must be processed through the Provider's complete Grievance or Complaint process before being forwarded to the Ryan White Part B Program.

The only appropriate complaints or concerns that can be processed at the RW Part B level are:

1. Provider decisions that do not clearly conform to Ryan White Part B rules, coverage, or contract/subgrant criteria.
2. Concerns regarding Provider practices for Ryan White Part B eligible services that do not clearly follow agency protocols and could not be resolved at the Provider level.

Many times, complaints or concerns can be handled through informal discussions with the Providers by requesting further information, confirmation, or rationale for decisions. Providers are limited in what they can provide regardless of the severity of client needs. The Ryan White Part B program must conform to federal regulations and rules in order to receive federal funds for any coverage of services. Complaints or concerns regarding coverage issues that are clearly stated in rules or regulations will not be accepted for this process as there is no resolution that is possible. The only recourse for the client is to contact federal providers, Health Resources Services Administration, to share with them the unmet need(s) and to work with other private providers to attempt to procure additional needed services or resources.

While federal funding may allow for a broad range of services to be provided, the State has the power to limit the number of services provided to clients and establish financial limits on services based upon availability of funds.

PROCESS AND PROCEDURE FOR SUBMITTING COMPLAINTS/CONCERNS

1. Provide documentation that the complaint or concern has gone through all the Provider agency levels without resolution, i.e. a copy of the final response from the final level of appeal.
2. Provide the typed or legibly written complaint or concern which *must* include the following elements:
 - a. Name, address, and phone number of the person filing the complaint or concern.
 - b. Date, time and place the concern or complaint occurred.
 - c. Names of any other persons involved in the complaint or concern.
 - d. A specific description and details of the complaint or concern. If it is a coverage issue, specific reasons the decision is felt to be inappropriate and any supporting materials. If it is any other issue a complete and specific description of the issue, persons involved, actions, etc. Generalized complaints or concerns (i.e.

discrimination) will not be accepted as no resolution can occur without specific information.

- e. A signed consent or authorization for the Provider Agency to release any case notes concerning the complaint or concern to the Ryan White program.
- f. A description of the desired outcome or resolution to the complaint or concern.
- g. Signature and date.

3. For this Level I review, submit items 1 and 2 above to:

Ryan White Part B Program
P.O. Box 95026
301 Centennial Mall South
Lincoln, NE 68509-5026

NOTE: Complaints/concerns submitted to the NDHHS Ryan White Part B Program for review must be received no later than 60-days after the date of final action from the provider agency.

4. The Program Manager will review the complaint or concern and supporting documentation within 15 days of receipt. Actions that may be taken include:
- a. A request for additional information from the client and/or Provider.
 - b. A request for a direct client interview.
5. Within 45 days of receipt, a written response will be issued to the client and copied to the Provider and HIV Programs Administrator.
6. The complaint or concern may step up to Level II to the Ryan White Program Administrator and Division Administrator. In the case of coverage decisions, if the decision is clearly supported by the Ryan White Part B criteria and fully explained by the Program Manager in the response in step 5, the concern or complaint will not advance to Level II.
7. The client will submit items 1, 2, and 5 as well as an explanation as to why the response in Step 5 was not acceptable. Submit to:

Preventive Health Services Manager
P. O. BOX 95026
301 Centennial Mall So.
Lincoln, NE 68509

8. Level II will utilize Steps 4 and 5 to review and respond to the client.



Client Eligibility

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Federal Policy Reference: -Ryan White CARE Act (PL 104-146) Sect. 2617 4B(II)
-HRSA/HAB Program Policy Notice No. 10-02; 97-01
-45 CFR Part 75
-Ryan White Part B Manual
-HRSA PCN 16-02

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The HRSA/HAB Fiscal and Program Monitoring Standards for Ryan White Part B Recipients (Monitoring Standards) will guide the oversight of Core Medical and Supportive Services by the NDHHS. The Monitoring Standards are attached to this document by reference. Annual fiscal and programmatic monitoring is required by regulation, both internally and by the NDHHS. <https://careacttarget.org/category/topics/program-monitoring>

Purpose: The purpose of this policy is to ensure compliance with applicable Federal policies for eligible clients receiving Ryan White Part B funding. This policy identifies client eligibility requirements and limitations for individuals applying for Ryan White Part B funding.

The Recipient and all sub-recipients must guarantee that funds will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made by sources other than Ryan White funds. 45 CFR Part 75

The following client eligibility guidelines are applicable to all services available through Nebraska Ryan White Part B funding. The Nebraska Department of Health and Human Services Ryan White Program Manager or designee is responsible for final eligibility determination.

Client Eligibility

1. Client must be HIV positive and documentation (**detectable** viral load, HIV test site verification (initial visit only), physician's verification of HIV status in form of signed letter) substantiating their HIV status must be on file with the contracting/subgrantee organization providing Ryan White Part B funded services.

2. Client must meet current income eligibility guidelines requiring that a client's household earned income **must fall below 300% of the Federal Poverty Guidelines for the current grant year (Beginning April 1st)** unless otherwise noted or the policy is altered.
3. **Each adult earner living in the residence/home is responsible for his/her portion of the of expenses related to all EFA and housing requests.**
4. Outpatient medical services (if available) will only be available to those individuals who are not eligible for Medicaid, Medicare, or any other public or private insurance program.**
5. Inmates of the County, State, or Federal Corrections system, and immigration detainees, are not eligible for services under the Ryan White Part B program.
6. Client must permanently reside in Nebraska and must have a valid physical street/home address and must be physically living there. Post Office Boxes, addresses in care of family, neighbor, friend's etc. are not valid addresses unless the client is homeless, or *when used as a mailing address for confidential information*. Homeless shelters and other agencies can be considered valid addresses as deemed appropriate by the case manager..
7. Client must complete an intake process through a Ryan White Part B Provider and **must provide updated information and complete all verifications at least twice annually** to ensure continued eligibility. Clients must sign applicable consent for service forms and privacy/security agreements as required..
8. Clients who intentionally provide information which is misleading or fraudulent for the purposes of obtaining benefits through the RWHAP Part B funding may be immediately removed from the participation in all Ryan White Part B funded services with the possibility of legal action taken.
9. In no case may Ryan White CARE Act funds be used to make direct payments of cash or cash equivalent to recipients of Part B services.

Failure by the client to comply or any attempt to mislead agency or Ryan White program staff regarding income eligibility may result in denial of current and possibly all future services and/or ineligibility for the Ryan White Part B Program.

Failure by the agency staff administering Ryan White funds to comply or any attempt mislead the Ryan White Program regarding income eligibility could result in loss of Ryan White funding, recouplement of federal funds and or other potential legal sanctions.

The use of federal tax return forms (i.e., 1040, 1040A or 1040EZ) will be utilized for verification of income/eligibility for RW services when available. At no time will a W2 be utilized to verification of income or eligibility for services.



Ryan White Part B Program Policy Client Requests

Revised 01/2017

Federal Policy Reference: -Ryan White CARE Act (PL 104-146) Sect. 2617 4B(II)
-HRSA/HAB Program Policy Notice No. 10-02; 97-01
-45 CFR Part 75
-Ryan White Part B Manual
-HRSA PCN 16-02

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Purpose: The purpose of this policy is to outline and define actions to be taken by the Nebraska Ryan White Part B Program in response to federal policies regarding the process of making a request on behalf of qualified Ryan White Part B clients and to identify the essential components and documentation required in requesting services.

The Recipient and all sub-recipients must guarantee that funds will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made by sources other than Ryan White funds. 45 CFR 75

1. Case Managers representing Ryan White Part B service providers may make Emergency Financial Assistance (EFA) Requests on behalf of eligible Ryan White Part B clients.
2. Client eligibility is defined in the Ryan White Part B Policy "Client Eligibility" and is adopted from the HRSA National Monitoring Standards (see link above).
3. Payer of Last Resort: RWHAP funds are to be used as a last resort for assistance. Proof of denial (the client must attempt to get this in all circumstances) must be documented in the client's file and a referral must be documented as well.

4. When a request for EFA is received from a client, the following criteria are evaluated by the client's case manager:
- a. HIV Status: Is client's verification of diagnosis substantiated by a physician, and is the information scanned into the case management software system?
 - b. Client Eligibility: Is the client enrolled in or eligible for Ryan White Part B services?
 - c. Client Enrollment: Has client completed an intake process to include enrollment in the case management software system?
 - d. Care plan: Does the client have a **current** (or updated) care plan with all client and collateral contacts documented in client progress notes?
 - e. Lease: (If applicable) Is client's most current lease scanned into the current case management software system.
 - f. Service Request: Is the service requested a service provided through Ryan White Part B? Is the client eligible to receive the service? Services provided can be found in the Ryan White Part B Policy "Emergency Financial Assistance."
 - g. Nature of request: What is the nature of the request as it relates to a client's HIV status/condition? Clients may be required to provide documentation of need to include but not limited to; verification of income, receipts, bills, or doctors' notes.
 - h. Need: If clients fail to substantiate need in accordance with established Ryan White Part B Policies, or if current Ryan White Part B Policies do not allow for the emergency financial assistance that the client is requesting, the request **should** be denied by the case manager and documented in the client's file.
 - i. Appeal: The provider agency will have an appeal process in place. The client has a right to appeal a decision at the provider agency. If the client wishes to escalate the appeal further up the chain to the RWHAP, a process shall be in place for that to occur.
 - j. Grievance: If the client does not agree with the decision to deny assistance, the client may provide additional information/documentation to substantiate need, or file a grievance with the provider agency in accordance with the agency's grievance policy.
5. Process of making a request for Emergency Financial Assistance to the DHHS Ryan White Part B Program
- a. If the case manager determines the client request is appropriate, a request for Emergency Financial Assistance is completed utilizing the current case management software system. Narrative information must include the nature of the request as it relates to client's HIV condition, any supporting information to substantiate the request, and notification of supporting documentation required in Item d. The request must also include billing information to include payee billing address and Federal Tax ID Number or Social Security Number for tax purposes.

- b. Once completed, the request and supporting documentation is submitted electronically for internal review to the appropriate staff.
Note: It is the responsibility of the case managers to review requests thoroughly prior to submission through the case management software system as requests/documentation cannot be changed in the system after submission.

- c. The following services require supporting documentation. In situations where funding is requested so that client can make payment(s) elsewhere (i.e. rent, utilities, medical bills, car repairs, etc.) **client must submit** documentation/proof of payment prior to assistance granted. **Approvals based upon contingencies of promised payments are not allowable.**

Note: Medical bill(s) considered for documentation purposes must have a service date within twelve months of date of service request.

1. **Housing Assistance:** Housing Rent Letter (Attachment 1 of Ryan White Part B Policy on Housing Assistance) and lease if available, or at least minimum lease components.
2. **Utility Assistance:** Itemized utility bills from utility service provider for current address on record for client in name of client, spouse, roommate, household member, landlord, or the management company.
3. **Health Insurance Premium Assistance:** Insurance premium bill from insurance provider. Consider contacting ADAP for insurance assistance program.

Note: The client is responsible for his/her equal portion of housing, utilities and health insurance premiums. Any HIV negative adult in the home will be responsible for their equal portion and the total amount requested should reflect such. RW funds cannot pay for any costs for an HIV negative person.

When the household consists of HIV positive adult members who are responsible for household expenses, the EFA request can be considered for the full portion of the expense when all other program requirements are met.

- d. Food assistance and nutritional supplements do not require supporting documentation for the purposes of the client request, however, documentation in the form of receipts for approved purchases are required.
- e. For transportation services provided per contractual agreement between the service provider and the Ryan White Part B Program, case managers are required to complete a “service provided” in the case management software system to include date of service, units, and cost. A “service request” is not sufficient to complete the documentation of this service.

6. Considerations to be made by the Case Manager regarding the amount of financial assistance for client requests:
 1. Has client met or exceeded current client limits for financial assistance?
 2. Is the amount of the request proportionate to the client's responsibility for the expense? Does the client have a roommate, partner, or spouse who is also responsible for a portion of rent or utility payments?
 3. Has the client and/or the Case Manager attempted to access all other forms of assistance through social services, or community based programs that provide the assistance the client is attempting to access? Is this information documented in the case management software system? The Ryan White Part B Program must remain the Payer of Last Resort.
 4. Has the Case Manager had the opportunity to review supporting documentation in the form of bills or receipts to ensure accuracy, client payment, responsibility, etc. when compared to the client's request?
 5. Has the Case Manager had the opportunity to review other supporting documentation such as doctors' notes, bills or receipts which support a client's request?
 6. Are service plans and documentation updated in the case management software system?

6. Upon receipt of a client request for EFA, the NAP Compliance Supervisor will verify the following required information is included/updated in the client's file and supporting documentation has been received:
 - a. A competent, complete client service/care plan initiated/updated within the last six months.
 - b. Documentation of service request and narrative (case notes) outlining client interaction with Case Manager.
 - c. Updated/accurate client demographic information.
 - d. Supporting documentation is accurate and in accordance with applicable Ryan White Part B Policies.

7. **Each adult earner living in the residence/home is responsible for his/her portion of the of expenses related to all EFA and housing requests.**

8. Client requests for assistance will be approved internally by the Compliance Supervisor.

9. Policies have been developed for each service category. For further information on each service category, please review these policies.

10. In no case may Ryan White CARE Act funds be used to make direct payments of cash (or substitutions of payments) to recipients of any Ryan White service.

Failure by the client to comply or any attempt to mislead agency or Ryan White program staff regarding income eligibility may result in denial of current and possibly all future services and/or ineligibility for the Ryan White Part B Program.

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The use of federal tax return forms (i.e., 1040, 1040A or 1040EZ) will be utilized for verification of income/eligibility for certain RW services. At no time will a W2 be utilized to verification of income or eligibility for services.



NDHHS Ryan White Part B Program Policy: Patient and Client Rights

In order to ensure that consumers of HIV services are receiving the best possible care, providers must be committed to providing excellent care and treatment services and being fully engaged with the patient/client at all times. It is the patient's/client's right to receive the following:

- A patient/client has the right to be treated with dignity, courtesy, consideration and compassion at the Ryan White funded provider agency.
- A patient/client has the right to receive service in a clean, safe environment that meets appropriate state and federal quality standards.
- A patient/client has the right to receive services free of discrimination on the basis of race, color, ethnicity, national origin, sex, gender identity, sexual orientation, religion, age, class and physical or mental ability.
- A patient/client has a right to receive services free of physical, sexual, verbal and/or emotional abuse or threats.
- A patient/client living with HIV/AIDS has the right to keep their HIV status confidential and have their confidentiality protected by staff, volunteers, providers and other clients. [Some disclosures by RWHAP recipients are necessary in order to receive service delivery.]
- A patient/client has the right to receive culturally and linguistically appropriate medical and non-medical case management, designed to address the needs of the individual.
- The patient/client has a right to be able to understand the Ryan White Part B Program and the available services, providers, and all components of the program.
- A patient/client has the right to receive information in understandable terms and language based on physical, mental, visual, and hearing needs as appropriate.
- A patient/client has the right to participate in creating a plan for services, including maintaining contact with the RWHAP provider agency as appropriate.
- The patient/client has the right to receive coordinated care linkage focused on their needs, including medical/clinical referrals, a complete psychosocial needs assessment, and a comprehensive care plan. These services need to be culturally and geographically appropriate.
- The patient/client has a right to an open flow of information, open communication and ongoing dialogue with providers in order to achieve and maintain optimum patient/client focused care coordination.
- A patient/client has the right to receive culturally and linguistically appropriate and comprehensive primary medical care, specialty care and consultation, and related medical services as deemed necessary by the RWHAP service provider.
- The patient/client has the right to clinical/medical needs assessment that includes but is not limited to evaluation for referrals for tuberculosis and sexually transmitted infection treatment and control, nutrition, dental, vision, and diagnostic studies.
- The patient/client has a right to a psychosocial needs assessment that includes evaluation for referrals for substance misuse, mental health, housing needs, translation, interpretation and transportation.

- The patient/client has the right to be informed of significant delays in appointment and treatment times.
- The patient/client has the right to be educated prior to having to make treatment decisions about the importance of adherence in HIV/AIDS and the consequences of partial or non-adherence.

Patient and Client Responsibilities

The patient also has responsibilities in order to receive HIV services. Ryan White services are not an entitlement program, meaning it can go away at any time. The program is based on federal funding and grants awarded to the Nebraska Department of Health & Human Services. Without active participation by the patient/client, the HIV care services coordination is useless. Full, active participation by the patient/client is required for positive health outcomes. It is the patient's/client's responsibility to:

- The patient/client has the responsibility to follow all policies, procedures and rules of the provider agency, the Ryan White Part B Program and the federal funding agency in order to be eligible for services.
- The patient/client has the responsibility to treat the provider, other patients, volunteers, and staff with respect, dignity, courtesy, consideration and compassion.
- The patient/client has the responsibility to provide financial, insurance, health and other information so that the provider may determine eligibility for Ryan White services.
- The patient/client has the responsibility to update income, insurance and other important information to the provider within ten (10) days of a change in status.
- The patient/client has the responsibility to be honest and truthful about finances and benefits or the patient/client may lose the option of participating in Ryan White services of any type in the future.
- The patient/client has a responsibility to participate in informed, shared decision-making by asking questions and requesting more information and/or documents so they understand their treatment and care, and are informed before making decisions on their care.
- The patient/client has the responsibility to follow through with their risk assessment and disclosure education, counseling and/or care sessions. This includes HIV/AIDS and Sexually Transmitted Infections risk reduction and secondary prevention measures.
- The patient/client has the responsibility to communicate to providers when they are not sure about decisions regarding services and/or treatment options.
- Patients/clients who are either unable or unwilling to attend scheduled HIV/AIDS medical, counseling, or case management appointments have a responsibility to notify their provider at least 24 hours or as soon as possible before their scheduled appointment.
- The patient/client has the responsibility to stay in communication with the case manager by informing her/him of changes in address, phone number, and medical, financial and insurance information, and responding to the case manager's calls or letters immediately, or to the best of their ability.
- The patient/client has the responsibility to not subject other clients, providers and staff to physical, sexual, verbal and/or emotional abuse or threats. [Reports of abuse or threats may be subject to possible grievance and/or other action, including potential loss of access to Ryan White services.]
- The patient/client has the responsibility to protect the confidentiality of all other clients encountered in a care setting. Breach of confidentiality is a serious offense.
- The patient/client has the responsibility to be free of alcohol and/or other illegal drugs while receiving services on-site or by phone.

If a patient/client violates any of these rules they may be given a warning, asked to leave, or further action may be taken, up to and including termination of all services, and where applicable, legal/criminal actions.

Client Signature

Date

Case Manager Signature

Date

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

NOTICE OF NONDISCRIMINATION and PROGRAM ACCESSIBILITY

This notice is provided as required by Title II of the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973 (Sec. 504), and Section 1557 of the Affordable Care Act (ACA/Sec. 1557).

The Nebraska Department of Health and Human Services (DHHS) is committed to providing equal access to employment, programs, service, activities and benefits to qualified individuals with disabilities. DHHS complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, sex, or disability in admission to its programs, services, or activities; in access to them; in treatment of individuals with disabilities; in provision of benefits, in its hiring or employment practices, or in any aspect of their operations.

DHHS will generally, upon request, provide appropriate aids and services leading to effective communication for qualified individuals with disabilities so that they can participate equally in DHHS's programs, services and activities. This includes qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic formats, and other formats). Free language services are available to people whose primary language is not English, such as qualified interpreters and information written in other languages. Any individual who requires an auxiliary aid or service for effective communication related to any DHHS program, service or activity should contact the ADA, Sec. 504, and ACA/Sec. 1557 Compliance Coordinator.

DHHS will make reasonable modifications to policies and programs to ensure that individuals with disabilities have an equal opportunity to enjoy all of its programs, services, activities, and benefits. Any individual who requires a modification to a policy or program should contact the ADA, Sec. 504, and ACA/Sec. 1557 Compliance Coordinator.

Any complaint that a DHHS program, service or activity is not accessible to individuals with disabilities, or has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, should be directed to the ADA, Sec. 504, and ACA/Sec. 1557 Compliance Coordinator. You can file an ACA/Section 1557 complaint in person or by mail, fax, or email. If you need help filing a complaint the ADA, Sec. 504, and ACA/Sec. 1557 Coordinator is available to help you.

The ADA and ACA do not require DHHS to take any action that would fundamentally alter the nature of its programs or services, or impose any undue financial or administrative burden upon DHHS. Questions, complaints or requests for additional information regarding the ADA, Section

504, and ACA/Sec. 1557 may be forwarded to the designated ADA, Section 504, and ACA/Section 1557 Compliance Coordinator:

Robin Hadfield, ADA, Sec. 504, and ACA/Sec. 1557 Compliance Coordinator
Nebraska Department of Health and Human Services
301 Centennial Mall South
Lincoln, NE 68509
Phone: (402) 471-7241

You can also file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

This notice is available in large print or in audio by contacting the ADA, Sec. 504, and ACA/Sec. 1557 Coordinator.



Ryan White Part B Program Policy Denial and/or Termination of Service

Revised 01/2017

Federal Policy Reference: -Ryan White CARE Act (PL 104-146) Sect. 2617 4B(II)
-HRSA/HAB Program Policy Notice No. 10-02; 97-01
-45 CFR Part 75
-Ryan White Part B Manual
-HRSA PCN 16-02

Federal Poverty Guidelines Website: <http://www.aspe.hhs.gov/poverty/index.shtml#latest>

The Nebraska Ryan White HIV/AIDS Program (RWHAP) has waived all requirements for subgrant entities regarding imposition of charges for services, pursuant to of the Ryan White Modernization Act of 2006.

The HRSA/HAB Fiscal and Program Monitoring Standards for Ryan White Part B Recipient (Monitoring Standards) will guide the oversight of Supportive Services by the NDHHS. The Monitoring Standards are attached to this document by reference. Annual fiscal and programmatic monitoring is required by regulation, both internally and by the NDHHS. <https://careacttarget.org/category/topics/program-monitoring>

Purpose: The purpose of this policy is to outline and define actions to be taken by the Nebraska Ryan White Part B Program in response to federal policies regarding : denial and/or termination of RWHAP services.

The Recipient and all sub-recipients must guarantee that funds will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made by sources other than Ryan White funds. 45 CFR 75

- a. Ryan White Part B funded services may be **denied** to individuals for the following reasons:
1. Individual is not eligible for services in accordance with the Ryan White Part B Program Policy “Client Eligibility.”
 2. Individual fails to substantiate an HIV medically related need for Ryan White Part B funded services in accordance with the Ryan White Part B Program Policy “Emergency Financial Assistance” and the HRSA National Monitoring Standards (see link above).

3. Individual fails to maintain measurable progress or to follow their individual service plan as documented by individual's case manager.*
 4. Lack of available federal, state, or private funding utilized for the provision and delivery of Ryan White Part B services.
 5. Programmatic decisions made by NDHHS Ryan White Program which changes, reduces, or eliminates a currently provided service.
- b. Ryan White Part B funded services may be **terminated** (defined by documentation and closure of client file terminating the relationship with the serving agency) for individuals currently eligible for Ryan White Part B funded services for the following reasons:
1. Client has violated the Ryan White Part B Program Policy "Waste, Fraud, and Abuse of Ryan White Part B funding."
 2. Client no longer qualifies for Ryan White Part B funded services in accordance with the Ryan White Part B Program Policy "Client Eligibility" and HRSA National Monitoring Standards (see link above).
 3. Client violates the local agency's policies that may result in termination of services.
 4. Client fails to maintain measurable progress or to follow their individual service plan as documented by the client's case manager, or documentation is not maintained in the Provide System by case manager.
 5. Lack of available federal, state, or private funding utilized for the provision and delivery of Ryan White Part B services.
 6. It is determined by the client's case manager that Ryan White Part B funded services are no longer needed by the client.
 7. Client requests termination of Ryan White Part B services and closure of client file.
 8. Client dies.
- c. All individuals denied services or terminated for the reasons noted in items a. and b. have the right to contest decisions made by the local agency or Nebraska Department of Health and Human Services Ryan White Part B Program.
1. Clients must follow the Ryan White Part B Program Policy "Client Complaint/Grievance and Procedure" for issues directly related to Ryan White Part B services that have been denied or terminated.

* Continual failure to maintain measurable progress on an individual's service plan may lead to termination.

Failure by the client to comply or any attempt to mislead agency or Ryan White program staff regarding income eligibility may result in denial of current and possibly all future services and/or ineligibility for the Ryan White Part B Program.

Failure by the agency staff administering Ryan White funds to comply or any attempt mislead the Ryan White Program regarding income eligibility could result in loss of Ryan White funding, recoupment of federal funds and or other potential legal sanctions.



Ryan White Part B Program Policy Emergency Financial Assistance

Revised 01/2017

Federal Policy Reference: -Ryan White CARE Act (PL 104-146) Sect. 2617 4B(II)
-HRSA/HAB Program Policy Notice No. 10-02; 97-01
-45 CFR Part 75
-Ryan White Part B Manual
-HRSA PCN 16-02

Federal Poverty Guidelines Website: <http://www.aspe.hhs.gov/poverty/index.shtml#latest>

The Nebraska Ryan White HIV/AIDS Program (RWHAP) has waived all requirements for subgrant entities regarding imposition of charges for services, pursuant to of the Ryan White Modernization Act of 2006.

The HRSA/HAB Fiscal and Program Monitoring Standards for Ryan White Part B Recipient (Monitoring Standards) will guide the oversight of Core Medical and Supportive Services by the NDHHS. The Monitoring Standards are attached to this document by reference. Annual fiscal and programmatic monitoring is required by regulation, both internally and by the NDHHS. <https://careacttarget.org/category/topics/program-monitoring>

Purpose: The purpose of the Ryan White Part B Policy on Emergency Financial Assistance Limits is to establish financial limitations for the Part B grant year beginning April 1st of any given year. Financial limitations are imposed to ensure adequate funding through the grant period. It is important to note that the Ryan White Part B Program is not an entitlement program, and that clients must demonstrate need as it relates to a client's HIV condition. Criteria for the uses of Emergency Financial Assistance can be found in the Ryan White Part B Policy "Emergency Financial Assistance."

The Recipient and all sub-recipients must guarantee that funds will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made by sources other than Ryan White funds. 45 CFR 75

1. The following are Direct Emergency Assistance/Emergency Financial Assistance service categories for the grant period (April 1st through March 31st).
 - a. Medical Transportation Assistance
 - b. Utility Assistance

c. Food Voucher Assistance

2. The maximum amount of Emergency Financial Assistance (and Housing Assistance) for Ryan White Part B qualified clients shall not exceed **\$2,600.00** for the annual grant period per individual, to the extent that federal funds are available.
3. **Each adult earner living in the residence/home is responsible for his/her portion of the of expenses related to all EFA and housing requests..**
4. For specific information regarding the utilization of Emergency Financial Assistance for any of the services listed in Item #1, refer to the specific Ryan White Part B Policy for each service.
5. Additional items may be added to service category item 1c to meet seasonal or emergency service requirements. Requests will be reviewed and determined on a case by case basis by the Ryan White Part B Program and must be allowable in accordance with Federal and State policies. The Ryan White Part B Program representative maintains final decision making authority in the review and determination of additional items requested.
6. Emergency Financial Assistance Limits and services are subject to change during the grant period in order to meet Federal/State funding limitations.
7. Clients who intentionally provide information which is misleading or fraudulent for the purposes of obtaining benefits through the RWHAP Part B funding may be immediately removed from the participation in all Ryan White Part B funded services (including ADAP) with the possibility of legal action taken.
8. In no case may Ryan White CARE Act funds be used to make direct payments of cash to recipients of health insurance premium payment assistance.

Failure by the client to comply or any attempt to mislead agency or Ryan White program staff regarding income eligibility may result in denial of current and possibly all future services and/or ineligibility for the Ryan White Part B Program.

Failure by the agency staff administering Ryan White funds to comply or any attempt mislead the Ryan White Program regarding income eligibility could result in loss of Ryan White funding, recoupment of federal funds and or other potential legal sanctions.

The use of federal tax return forms (i.e., 1040, 1040A or 1040EZ) can be utilized for verification of income/eligibility for certain RW services. At no time will a W2 be utilized to verification of income or eligibility for services.



Nebraska Department of Health & Human Services (NDHHS) Ryan White Program Fiscal and Program Site Monitoring Protocol

Revised 1/2017

The Health Resources and Services Administration/HIV AIDS Bureau (HRSA/HAB) Fiscal and Program Monitoring Standards for Ryan White Part B Recipients (Monitoring Standards) will guide the oversight of Fiscal and Program Services by the NDHHS. The Monitoring Standards are attached to this document by reference. Annual fiscal and programmatic monitoring is required by regulation, both internally and by the NDHHS. <https://careacttarget.org/category/topics/program-monitoring>

Introduction

It is the practice of the Nebraska Department of Health and Human Services (NDHHS) Ryan White Program to plan, develop and implement fiscal and program site monitoring visits with each funded subrecipient at least annually. The following procedures will be undertaken to perform due diligence under HRSA/HAB funding notice, policy and all other federal governance pertaining to Ryan White program funding.

General information

On-site contract monitoring visits are a required component of receiving Ryan White CARE Act funding. Monitoring HRSA funded agencies regarding their use of Ryan White funds is a comprehensive and complex process. Monitoring is broken into three different categories:

- Fiscal
- Program

- Administrative (universal Standards for Part A & B funded entities).

It is expected that all agencies participate fully in the monitoring process and assume a level of self-assessment (see Part B National Monitoring Standards for subgrant responsibilities) on an ongoing basis.

The Nebraska Ryan White Part B Program is the authority of the HRSA Ryan White Part B funds, state funds associated with HIV medical care as well as rebate funds used specifically to advance the AIDS Drug Assistance Program (ADAP). To that end the state assumes the role of enforcing these HRSA requirements and agencies must assume responsibility for compliance.

The purpose of an annual agency site visit is to verify compliance and adherence to federal program and fiscal guidelines, Case Management Standards performance measures, other reporting and programmatic requirements as well as contractual compliance. NDHHS shall also recommend, and if possible, provide any needed technical assistance. The responsibilities of the subrecipient agency must comply with the HRSA requirements associated with Monitoring Standards. In addition, the NDHHS is also responsible for overseeing the components related to contractual compliance, and the adherence to these monitoring standards. If agency deficiencies are identified, a corrective plan will be required.

NDHHS shall require phases of analysis associated with monitoring. Those phases of monitoring include:

- Ongoing monthly monitoring via invoices, required HRSA/state reporting requirements (e.g., quality standards of care performance measures) and associated state review of agency spending patterns regarding contractual responsibilities; specifically state evaluation of payer of last resort.
- Pre-site visit analysis* including a checklist of agency required documents and information, (e.g., data and contractual obligations).
- On site analysis that includes chart and record review (these may be performed at separate times from the actual site visit), procedural/policy review, evaluation/review of all monitoring standards applicable to the agency (e.g., some agencies may have more standards to review than others).
- Post-site visit analysis, reported as a formal written report to be shared with the agency, and if necessary, the HRSA Project Officer.
- When necessary, corrective action plans regarding non-compliance conveyed by NDHHS to the agency; and a clear, concise corrective action plan approved and implemented by agency.

**** Pre-site visit analysis: Prior to the site visit, the funded agency must:***

- Designate funded agency staff so they can respond to any pre-site visit inquiries from the state
- Designate staff that will attend the site visit and commit to attending the on-site review
- Comply with NDHHS regarding the requested/required documents, listed; and have all the documents ready and assembled for state review
- Designate ample workspace for agency and NDHHS staff to meet and conduct their monitoring visit
- Reveal elements of self-monitoring processes associated with these standards

Notations:

- *Agencies receiving multiple Part funding from HRSA (e.g., Part B & C, Part B & D, etc.) must reveal accurate and distinct accounting and bookkeeping to distinguish each “Part” funding sources and verify that dollars appropriated for each “Part” are tracked to the respective “Part” and clearly documented. Separate “Part” accounts must not duplicate funding and categories to be reviewed are Administrative, Personnel, Services as well as other categories associated with the separate “Part” budgets. Agencies receiving multiple “Part” funding must reveal a side-by-side budget comparison for reviewers.*
- *The NDHHS Ryan White Reviewer’s Fiscal/Administrative/Program Monitoring Tool forms are provided prior to all monitoring visits. Reviewers will complete the pertinent forms on-site and share summary compliance/non-compliance findings and complete a written report within 30 working days of the site visit. If additional time is required, written notification of such will be given with a designated timeframe and reason for the extension of time.*

Procedures

NDHHS Ryan White staff will perform the following activities:

Pre-Site Visit:

- Coordinate scheduling fiscal/program monitoring site visit with individual agencies.
- In the event of a medical case management monitoring visit, run report detailing each case manager’s current caseload.
- Request all needed forms and/or documents needed for monitoring (i.e., A-133 audit, relevant program/fiscal/administrative manuals, policies and procedures, etc.) at least two (2) weeks prior to the monitoring visit for review.

On-site:

- Provide the following forms:
 - Ryan White Dates Site Review Form
 - Evaluation Tool for reference if needed
 - Specific NDHHS Ryan White Monitoring Tool (Fiscal, Program, and/or Administrative)
- NDHHS will bring the following items:
 - Laptop
 - Notebook
 - Binder clips

➤ Pens

- Review each paper file for completeness.
- Prepare a tentative list of problems, challenges and/or omissions noted in each file.
- Develop a list of corrective actions needed to maintain compliance for each agency.

Off-site follow-up

- Upon return to the office, staff will review each electronic client file to ensure all data was captured.
- Review any and all fiscal documents received for accuracy and completeness.
- Consult NDHHS Internal Auditor regarding all audit findings.
- Complete Site Review Report and submit to supervisor for review.
- Provide Site Review Report(s) and related Corrective Action Plan to the respective agency with response due date delineated in the cover letter.
- Plan and perform follow-up monitoring activities within sixty days of the receipt of the completed Corrective Action Plan.

Subrecipient agency staff will perform the following activities.

Pre-site visit

- Review the National Monitoring Standards for relevant agency/subgrant responsibilities to continuously meet HRSA/HAB and other federal agency governance.
- Provide all fiscal/program/administrative documents requested by NDHHS to perform the site visit.
- Provide current MCM active caseloads
- Provide local quality management plan and progress on goals.

On-Site

- Ensure that all designated and responsible agency staff are present at the initial monitoring visit meeting.
- Ensure that the NDHHS staff have access to all pertinent documents and files to complete the monitoring visit.
- Ensure that agency staff are available for questions and clarifications throughout the monitoring visit.
- At the end of the site visit, ensure that all pertinent staff are present to answer questions.
- Ensure that all responsible agency staff are present for the exit interview to review the corrective actions necessary, if any.

Post Site Visit

- Assemble responsible staff for post-site visit exit interview.
- Respond to any questions or clarifications related to post-site monitoring visit review.
- Respond to the Corrective Action Plan, if any, with steps addressing actions needs to meet HRSA/HAB compliance.



Ryan White Part B Program Policy Food/Non-food Items

Revised 01/2017

Federal Policy Reference: -Ryan White CARE Act (PL 104-146) Sect. 2617 4B(II)
-HRSA/HAB Program Policy Notice No. 10-02; 97-01
-45 CFR Part 75
-Ryan White Part B Manual
-HRSA PCN 16-02

Federal Poverty Guidelines Website: <http://www.aspe.hhs.gov/poverty/index.shtml#latest>

The Nebraska Ryan White HIV/AIDS Program (RWHAP) has waived all requirements for subgrant entities regarding imposition of charges for services, pursuant to of the Ryan White Modernization Act of 2006.

The HRSA/HAB Fiscal and Program Monitoring Standards for Ryan White Part B Recipient (Monitoring Standards) will guide the oversight of Supportive Services by the NDHHS. The Monitoring Standards are attached to this document by reference. Annual fiscal and programmatic monitoring is required by regulation, both internally and by the NDHHS. <https://careacttarget.org/category/topics/program-monitoring>

Purpose: The purpose of this policy is to outline and define actions to be taken by the Nebraska Ryan White Part B Program in response to federal policies regarding the purchase of food and eligible non-food items.

The Recipient and all sub-recipients must guarantee that funds will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made by sources other than Ryan White funds. 45 CFR 75

1. Nebraska Ryan White Part B funds may be utilized for the purchase of food/non-food products for eligible clients.
2. Clients eligible for food/non-food assistance must meet eligibility criteria per the Nebraska Ryan White Part B Policy "Client Eligibility" and the HRSA National Monitoring Standards (see link above).
3. Prior to requesting assistance through the Ryan White Part B Program, ***all other avenues*** (i.e. food pantries or other funding sources) of food/non-food assistance must be utilized and/or exhausted, maintaining Ryan White Part B funding as the payer of last resort.

4. Food products are **limited to items for human consumption** and provide nutritional value to the client. Pet food, alcoholic beverages, tobacco products, candy, or any other product that does not provide nutritional value is not allowed.
5. Allowable items considered non-food items are limited to the following:
 - Over-the-counter medicines (aspirin, Tylenol, cough medications, etc.)
 - Trash bags
 - Paper towels
 - Feminine hygiene products
 - Soaps: bar, dish, laundry, shampoo and conditioner
 - Toothpaste/toothbrush
 - Denture products (glue, etc.)
 - Razors for shaving
 - Shaving cream or gel
 - Toilet tissue
 - Deodorant
 - Hearing aid batteries
 - Household cleaning supplies
6. The amount of food/non-food assistance is limited to \$75.00 per month total. Eligible clients may utilize Ryan White Part B funding for food a maximum of once in a 30-day period. Any assistance provided will count towards the annual **\$2,600.00** cap.
7. *Case managers **must** review with clients allowable uses of funding for food/non-food items, especially in circumstances where food coupons/certificates are utilized.*
8. Actual receipts for food/nonfood products must be maintained and submitted for reimbursement by the DHHS Ryan White Part B Program, unless otherwise stated in any contract, agreement, or subgrant between the State and any entity providing for the provision of food/non-food items.
9. Clients who intentionally provide information which is misleading or fraudulent for the purposes of obtaining benefits through the RWHAP Part B funding may be immediately removed from the participation in all Ryan White Part B funded services (including ADAP) with the possibility of legal action taken.
10. In no case may Ryan White CARE Act funds be used to make direct payments of cash to recipients of food and/or non-food assistance.

Failure by the client to comply or any attempt to mislead agency or Ryan White program staff regarding income eligibility may result in denial of current and possibly all future services and/or ineligibility for the Ryan White Part B Program.

Failure by the agency staff administering Ryan White funds to comply or any attempt mislead the Ryan White Program regarding income eligibility could result in loss of Ryan White funding, recoupment of federal funds and or other potential legal sanctions.



Ryan White Part B Program Policy Health Insurance Premium Payment

Revised 01/2017

Federal Policy Reference: -Ryan White CARE Act (PL 104-146) Sect. 2617 4B(II)
-HRSA/HAB Program Policy Notice No. 10-02; 97-01
-45 CFR Part 75
-Ryan White Part B Manual
-HRSA PCN 16-02

Federal Poverty Guidelines Website: <http://www.aspe.hhs.gov/poverty/index.shtml#latest>

The Nebraska Ryan White HIV/AIDS Program (RWHAP) has waived all requirements for subgrant entities regarding imposition of charges for services, pursuant to of the Ryan White Modernization Act of 2006.

The HRSA/HAB Fiscal and Program Monitoring Standards for Ryan White Part B Recipient (Monitoring Standards) will guide the oversight of Supportive Services by the NDHHS. The Monitoring Standards are attached to this document by reference. Annual fiscal and programmatic monitoring is required by regulation, both internally and by the NDHHS. <https://careacttarget.org/category/topics/program-monitoring>

Purpose: The purpose of the Ryan White Part B policy on health insurance premium payment is to ensure compliance with applicable Federal policies for the appropriate use of Part B funding for the payment of health insurance premiums on behalf of eligible clients. This policy identifies appropriate health insurance policies for payment, processes, and limitations of health insurance payment assistance.

The Recipient and all sub-recipients must guarantee that funds will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made by sources other than Ryan White funds. 45 CFR 75

1. Nebraska Ryan White Part B funds may be utilized to assist clients in the payment of health insurance premiums.
2. Clients eligible for health insurance premium payment assistance must meet eligibility criteria per the Nebraska Ryan White Part B Policy "Client Eligibility" and per the HRSA National Monitoring Standards (see link above).

3. Health insurance policy premiums paid for through Ryan White Part B funds must include the full range of HIV treatments, access to comprehensive primary care services, and at a minimum provide prescription coverage equivalent to the Part B ADAP formulary.
4. Payment can only be made on the portion of a policy which includes those items specified in #3.
5. Policies other than those that provide the benefits as stated in #3 such as Dental, Life, Disability, or specific disease policies etc., are not eligible for payment under this program policy.
6. Payment under this policy is limited to health insurance premiums and does not include co-pays, deductibles, out of pocket expenses, or any other associated items.
7. Payment of a client's health insurance premium through Ryan White Part B funds must be coordinated through the AIDS Drug Assistance Program (ADAP).
8. Documentation of the premium amount, period covered, and policy number in the form of a billing statement must accompany a request submitted through the current RWHAP case management system.
9. Financial limits for health insurance premium assistance are described in the Ryan White Part B Policy "Direct Emergency Assistance Limits/Emergency Financial Assistance" for the current grant period. Health insurance premium assistance is included under "Other Assistance" and subject to the financial limitations of this category. **Verification of income documentation must be provided.**
10. In situations where funding is requested so that client can make payment(s) elsewhere (i.e. rent, utilities, medical bills, etc.) **client must submit** documentation/proof of payment prior to assistance granted. **Approvals based upon contingencies of promised payments are not allowable.**
11. Clients who intentionally provide information which is misleading or fraudulent for the purposes of obtaining benefits through the RWHAP Part B funding may be immediately removed from the participation in all Ryan White Part B funded services (including ADAP) with the possibility of legal action taken.
12. In no case may Ryan White CARE Act funds be used to make direct payments of cash to recipients of health insurance premium payment assistance.

Failure by the client to comply or any attempt to mislead agency or Ryan White program staff regarding income eligibility may result in denial of current and possibly all future services and/or ineligibility for the Ryan White Part B Program.

Failure by the agency staff administering Ryan White funds to comply or any attempt mislead the Ryan White Program regarding income eligibility could result in loss of Ryan White funding, recoument of federal funds and or other potential legal sanctions.



Ryan White Part B Program Policy Limited Home Health Care

Revised 01/2017

Federal Policy Reference: -Ryan White CARE Act (PL 104-146) Sect. 2617 4B(II)
-HRSA/HAB Program Policy Notice No. 10-02; 97-01
-45 CFR Part 75
-Ryan White Part B Manual
-HRSA PCN 16-02

Federal Poverty Guidelines Website: <http://www.aspe.hhs.gov/poverty/index.shtml#latest>

The Nebraska Ryan White HIV/AIDS Program (RWHAP) has waived all requirements for subgrant entities regarding imposition of charges for services, pursuant to of the Ryan White Modernization Act of 2006.

The HRSA/HAB Fiscal and Program Monitoring Standards for Ryan White Part B Recipient (Monitoring Standards) will guide the oversight of Supportive Services by the NDHHS. The Monitoring Standards are attached to this document by reference. Annual fiscal and programmatic monitoring is required by regulation, both internally and by the NDHHS. <https://careacttarget.org/category/topics/program-monitoring>

Purpose: The purpose of this policy is to outline and define actions to be taken by the Nebraska Ryan White Part B Program in response to federal policies regarding limited Home Health Care. This policy identifies client eligibility, the appropriate uses of limited home health care, and limitations.

The Recipient and all sub-recipients must guarantee that funds will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made by sources other than Ryan White funds. 45 CFR 75

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 disease 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. Due to the cost of continuous home healthcare, this service, if used, is limited to one (1) month. Other assistance must be sought for longer term care.

1. Ryan White Part B funds may be utilized for limited home health care services to include services for in-home health care for eligible clients.
2. Clients eligible for limited home health care services must meet eligibility criteria per the Nebraska Ryan White Part B Policy “Client Eligibility” and per the HRSA National Monitoring Standards (see link above).
3. Home health care services must be provided by a home health care provider licensed to provide home health care services in Nebraska.
4. The services authorized under the Home Health policy shall be limited to skilled nursing services and physical therapy services. All costs for these services must be billed at the Medicaid reimbursable rate, and must be negotiated and approved by RW Program administration prior to service provision and billing occurs.
5. Prior to requesting Ryan White Part B funding all other resources, public or private that provide home health care services, must be exhausted ensuring Ryan White Part B funding as payer of last resort.
6. Written pre-authorization of home health care services between the Ryan White Part B Program and the provider is required. A contract between the Ryan White Part B Program and the provider is required.
7. Funding for home health care services does not include inpatient hospital services, nursing homes, or long term care facilities.
8. In no case may CARE Act funds be used to make direct payments of cash to recipients of home health care assistance.

Failure by the client to comply or any attempt to mislead agency or Ryan White program staff regarding income eligibility may result in denial of current and possibly all future services and/or ineligibility for the Ryan White Part B Program.

Failure by the agency staff administering Ryan White funds to comply or any attempt mislead the Ryan White Program regarding income eligibility could result in loss of Ryan White funding, recoupment of federal funds and or other potential legal sanctions.

The use of federal tax return forms (i.e., 1040, 1040A or 1040EZ) will be utilized for verification of income/eligibility for certain RW services. At no time will a W2 be utilized to verification of income or eligibility for services.



Ryan White Part B Program Policy Housing Services

Revised 01/2017

Federal Policy Reference: -Ryan White CARE Act (PL 104-146) Sect. 2617 4B(II)
-HRSA/HAB Program Policy Notice No. 10-02; 97-01
-45 CFR Part 75
-Ryan White Part B Manual
-HRSA PCN 16-02

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The HRSA/HAB Fiscal and Program Monitoring Standards for Ryan White Part B Recipient (Monitoring Standards) will guide the oversight of Supportive Services by the NDHHS. The Monitoring Standards are attached to this document by reference. Annual fiscal and programmatic monitoring is required by regulation, both internally and by the NDHHS. <https://careacttarget.org/category/topics/program-monitoring>

Purpose: The purpose of the Ryan White Part B policy on housing assistance is to ensure compliance with applicable Federal policies for the appropriate use of Part B funding for housing assistance. This policy defines the appropriate uses of housing assistance, processes, and limitations of housing assistance.

The Recipient and all sub-recipients must guarantee that funds will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made by sources other than Ryan White funds. 45 CFR 75

For the purposes of this policy, Housing services is defined as: housing referral services, transitional, short-term and emergency *housing assistance provided through Ryan White Part B funds which enables a client or family to gain or maintain outpatient/ambulatory health services and treatment. The NDHHS RWHAP limits utilization of housing for duration of not more than ninety consecutive days or three consecutive months, whichever is longer.*

Housing services must also include the development an individualized housing plan, updated at least annually, to guide the client's linkage to permanent housing. Housing referral services can include assessment, search, placement and advocacy services.

Process:

1. Nebraska Ryan White Part B funds may be utilized for housing assistance for eligible clients.
2. Clients eligible for housing services must meet eligibility criteria per the Nebraska Ryan White Part B Policy “Client Eligibility” and per the HRSA National Monitoring Standards (see link above).
3. ***A legal lease or minimum lease components must be in place and available. The applicant for housing services must be listed on the lease and must currently reside in the unit.*** In subsequent requests where the lease is still in effect, and LRC will suffice.
4. Eligible clients must demonstrate a HIV related need for housing assistance.
 - a. **Clients will be required to provide documentation to substantiate need, verification of income and a copy of the current lease, the LRC. And Attachment 1.**
 - b. **In situations where funding is requested so that client can make payment(s) elsewhere (i.e. rent, utilities, medical bills, etc.) client must submit documentation/proof of payment prior to assistance granted. Approvals based upon contingencies are not allowable.**
 - c. **If client is able to work, they must provide documentation of at least 3 places they have made applications to over the past week.**
 - d. **If client has no income, there must be documentation that they have made application to GA, SSI/SSDI, food stamps, unemployment, etc. as appropriate.**
 - e. **If client is unable to work, has an extended medical leave or prolonged illnesses that requires loss of work hours, a doctor’s note is required.**
5. Annual financial limits for housing services and Emergency Financial Assistance combined is \$2,600, to the extent that federal funds are available. See Policy *Emergency Financial Assistance*.
6. **Each adult earner living in the residence/home is responsible for his/her portion of the of expenses related to all EFA and housing requests.**
7. Submission of a service request via the RWHAP’s current case management software system and housing certification letter (Attachment 1) by a client’s Case Manager is required.
8. Housing funds cannot be in the form of direct cash payments to recipients for services and cannot be used for mortgage payments, lease/rent-to-own or land grant contract payments.
9. Payments on behalf of clients must be made directly to the client’s landlord or the management company responsible for the residence. **Payments cannot be made to room-mates, partners, spouses, or anyone else who is not the owner of record or**

manager of the property. In no case may Ryan White CARE Act funds be used to make direct payments of cash to recipients of housing assistance.

10. Where there is more than one adult living in the residence, it is expected that requests for rental assistance will be made for the proportionate share of the client's rent. When the household consists of HIV positive adult members who are responsible for household expenses, the housing request can be considered for the full portion of the expense when all other program requirements are met.
11. In situations where funding is requested so that client can make payment(s) elsewhere (i.e. rent, utilities, medical bills, etc.) ***client must submit*** documentation/proof of payment prior to assistance granted. **Approvals based upon contingencies of promised payments are not allowable.**
12. Each request for housing assistance may be made for a maximum one-month's rent.
13. Requests for payment of prior month/back rent are not allowed.
14. Ryan White housing assistance may be utilized no more than three consecutive months or 90 days, whichever is longer, providing client service limits for housing assistance have not been exceeded.
15. If additional assistance is needed after the three-month period, it may be requested after a one-month break, provided housing financial limits have not been reached or exceeded. See Policy *Emergency Financial Assistance* for other assistance options.
16. Financial limits for housing assistance are described in the Ryan White Part B Policy "Emergency Financial Assistance Limits" for the current grant period. Housing assistance is subject to the limitations of the housing assistance category.
17. Subrecipients providing Ryan White Part B funded housing assistance to qualified clients are expected to adhere to this policy. Agencies which fail to do so may be held liable for rent paid to clients in accordance with the Ryan White Policy "Waste, Fraud, and Abuse of Ryan White Part B Funding."
18. HRSA policy explicitly prohibits the use of RWHAP funds to assist with mortgage payments for clients.

Failure by the client to comply or any attempt to mislead agency or Ryan White program staff regarding income eligibility may result in denial of current and possibly all future services and/or ineligibility for the Ryan White Part B Program.

Failure by the agency staff administering Ryan White funds to comply or any attempt mislead the Ryan White Program regarding income eligibility could result in loss of Ryan White funding, recoupment of federal funds and or other potential legal sanctions.

The use of federal tax return forms (i.e., 1040, 1040A or 1040EZ) will be utilized for verification of income/eligibility for certain RW services. At no time will a W2 be utilized to verification of income or eligibility for services.



Ryan White Part B Program Policy Insurance Benefits

Revised 01/2017

Federal Policy Reference: -Ryan White CARE Act (PL 104-146) Sect. 2617 4B(II)
-HRSA/HAB Program Policy Notice No. 14-01, 13-06, 13-05, 07-05
-45 CFR Part 75
-Ryan White Part B Manual
-HRSA PCN 16-02

Federal Poverty Guidelines Website: <http://www.aspe.hhs.gov/poverty/index.shtml#latest>

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Purpose: The purpose of this policy is to outline and define actions to be taken by the Nebraska Ryan White Part B Program in response to federal policies regarding the requirement that all clients applying for Medical Case Management services have access to insurance benefits, and that both client and case manager certify the existence/non-existence of insurance benefits for each client. If no insurance exists, purchase of insurance may be an option through the Nebraska AIDS Drug Assistance Program.

The Recipient and all sub-recipients must guarantee that funds will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made by sources other than Ryan White funds. 45 CFR 75

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. The service provision consists 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; and/or

- Paying cost sharing on behalf of the client.

To use RWHAP funds for health insurance premium assistance (not standalone dental insurance assistance), an RWHAP Part recipient must implement a methodology that incorporates the following requirements:

- RWHAP Part recipients must ensure that clients are buying health coverage (or coverage bought for clients through ADAP) 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.
- RWHAP Part recipients must assess and compare the aggregate cost of paying for the health insurance option versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services to ensure that purchasing health insurance is cost effective in the aggregate, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective.

To use RWHAP funds for standalone dental insurance premium assistance, an RWHAP Part recipient must implement a methodology that incorporates the following requirement:

- RWHAP Part recipients must assess and compare the aggregate cost of paying for the standalone dental insurance option versus paying for the full cost of HIV oral health care services to ensure that purchasing standalone dental insurance is cost effective in the aggregate, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective.

Traditionally, RWHAP Part recipients have supported health insurance premiums and cost sharing assistance. If a RWHAP Part C or Part D recipient has the resources to provide this service, an equitable enrollment policy must be in place and it must be cost-effective.

The following client eligibility guidelines are applicable to all services available through Nebraska Ryan White Part B funding. The Nebraska Department of Health and Human Services Ryan White Program Manager or designee is responsible for final eligibility determination.

Insurance Verification

The CARE Act payer-of-last-resort requirement applies for all direct services administered through the Ryan White Part B Program. As such, Verification of Insurance Coverage Status must be established due to the requirement that States ensure ***“funds received under a grant awarded under this subpart will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to that item or service-***

A) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program (except for a program administered by or providing the services of the Indian Health Service)...” Section 2605; Payor of Last Resort; (a)(6)(A) of the Ryan White Modernization Act of 2006.

All recipients of RWHAP services must meet the requirements set forth on the “Client Eligibility” policy.

Case management is responsible for verification of insurance status. If a discrepancy is noted during any state or federal monitoring visit, the agency will be held accountable for repayment of unallowable costs and must immediately take action to correct any omissions or errors reported. As a condition of application for DEA/EFA through the Ryan White Program, clients must provide either quarterly or annually to their NAP case manager or designee the following;

- Insurance coverage status must be updated/reviewed as outlined in this policy. A new coverage card or provider-issued letter of coverage must be provided any time status changes. As outlined here, these are the insurance statuses and verification requirements:
 - Private insurance coverage must be updated annually or as changes occur;
 - Medicaid coverage must be updated annually or as changes occur;
 - Medicare Part A and Part B coverage must be updated annually;
 - Medicare Part D coverage must be updated annually;
 - Ryan White Part C coverage must be updated annually
 - Nebraska ADAP coverage must be updated every six months.
 - Patient assistance program coverage (pharmaceutical or hospital) must be updated as changes occur; and
 - VA, supplemental insurance policies, Indian Health Services and other insurance coverage must be updated annually

It will be the client’s responsibility to report any **change(s) in coverage or status within ten business days** after receiving verification of such change (copy of new insurance card or approval of insurance benefit) and client verifies that the above is true. Failure to comply or any attempt to mislead may result in denial of EFA services and/or ineligibility for the Ryan White Part B Program.

The Affordable Care Act (ACA) requires application for insurance coverage for all individuals. Application through the AIDS Drug Assistance Program ADAP is recommended for all eligible clients. Specific documentation of income in the form of federal tax forms are required, if the applicant has filed taxes in the previous year. Household income is utilized for program eligibility under the ACA. Assistance is available for case managers and clients who have questions related to the application for insurance or the ACA.

Purchase of insurance directly from the insurance marketplace will occur through Nebraska’s ADAP. Annual re-enrollment is a requirement for all participants/recipients. Documentation is required of this activity as well.

Failure by the client to comply or any attempt to mislead agency or Ryan White program staff regarding income eligibility may result in denial of current and possibly all future services and/or ineligibility for the Ryan White Part B Program.

Failure by the agency staff administering Ryan White funds to comply or any attempt mislead the Ryan White Program regarding income eligibility could result in loss of Ryan White funding, recoupment of federal funds and or other potential legal sanctions.



Ryan White Part B Program Policy

Legal Services

Revised 01/2017

Federal Policy Reference: -Ryan White CARE Act (PL 104-146) Sect. 2617 4B(II)
-HRSA/HAB Program Policy Notice No. 10-02; 97-01
-45 CFR Part 75
-Ryan White Part B Manual
-HRSA PCN 16-02

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Purpose: The purpose of this policy is to outline and define actions to be taken by the Nebraska Ryan White Part B Program in response to federal policies regarding the appropriate use of Part B funding for legal assistance for eligible clients. This policy identifies client eligibility, appropriate uses for Ryan White Part B funded legal assistance, and limitations.

The Recipient and all sub-recipients must guarantee that funds will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made by sources other than Ryan White funds. 45 CFR 75

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 disease, including:

- Assistance with public benefits such as Social Security Disability Insurance (SSDI);
- Interventions necessary to ensure access to eligible services, 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 Power of Attorney

- Living wills
 - Do Not Resuscitate (DNR) orders
1. Nebraska Ryan White Part B funds may be utilized to provide limited legal assistance to eligible clients.
 2. Clients eligible for legal assistance must meet eligibility criteria per the Nebraska Ryan White Part B Policy “Client Eligibility” and per the HRSA National Monitoring Standards (see link above).
 3. To the extent that funding is available, legal services may include 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 Ryan White HIV/AIDS Program.
 4. To the extent that funding is available, permanency planning to help clients/families makes decisions about the placement of minor children after their parents/caregivers are deceased or are no longer able to care for them, including.
 - Social service counseling or legal counseling regarding (1) the drafting of wills of delegating powers of attorney,
 - Preparation for custody options for legal dependents including standby guardianship, joint custody or adoption
 5. 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 when applicable.
 6. Organizations providing legal services must maintain documentation to be submitted to the State to include; client name, date of service, reason for legal service, and cost for service, or as described in any agreement, contract, or sub grant with the Department of Health and Human Services.
 7. Provider agencies are required to utilize the current case management software system to document legal services provided to clients.
 8. Financial limits for legal services are described in the Ryan White Part B Policy “Emergency Financial Assistance Limits” for the current grant period. Legal assistance is addressed under “Other Assistance” and subject to the financial limits.
 9. In no case may CARE Act funds be used to make direct payments of cash to recipients of legal services.

Failure by the client to comply or any attempt to mislead agency or Ryan White program staff regarding income eligibility may result in denial of current and possibly all future services and/or ineligibility for the Ryan White Part B Program.

Failure by the agency staff administering Ryan White funds to comply or any attempt mislead the Ryan White Program regarding income eligibility could result in loss of Ryan White funding, recoupment of federal funds and or other potential legal sanctions.



Ryan White Part B Program Policy Mandatory Reporting of Vulnerable Individuals

Revised 01/2017

Federal Policy Reference: -Ryan White CARE Act (PL 104-146) Sect. 2617 4B(II)
-HRSA/HAB Program Policy Notice No. 10-02; 97-01
-45 CFR Part 75
-Ryan White Part B Manual
-HRSA PCN 16-02

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Purpose: The purpose of this policy is to outline and define actions to be taken by the Nebraska Ryan White Part B Program in response to federal and State of Nebraska policies regarding mandatory reporting regulations. The policy is to protect vulnerable minor children and adults and also contract and program staff from legal ramifications.

The purpose of this policy is to identify the mandatory reporting requirements regarding Abuse and Neglect of both Minor Children and Vulnerable Adults. All departmental and contracted staff will adhere to such and/or risk both disciplinary action and/or legal action. Reporting shall be **immediate** to either local law enforcement or the Nebraska Department of Children and Family Services.

The Recipient and all sub-recipients must guarantee that funds will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made by sources other than Ryan White funds. 45 CFR 75

Nebraska Health and Human Services

Abuse/Neglect Hotline

1-800-652-1999

Email: dhhs.childrenandfamilyservices@nebraska.gov

http://dhhs.ne.gov/children_family_services/Pages/cha_chainindex.aspx

Child Abuse and Neglect per Nebraska Revised Statute 28-711

“When any physician, any medical institution, any nurse, any school employee, any social worker, the Inspector General appointed under section [43-4317](#), or any other person has reasonable cause to believe that a **child** has been subjected to child abuse or neglect or observes such child being subjected to conditions or circumstances which reasonably would result in child abuse or neglect, he or she shall report such incident or cause a report of child abuse or neglect to be made to the proper law enforcement agency or to the department” and “Such report may be made orally by telephone with the caller giving his or her name and address, shall be followed by a written report, and to the extent available shall contain the address and age of the abused or neglected child, the address of the person or persons having custody of the abused or neglected child, the nature and extent of the child abuse or neglect or the conditions and circumstances which would reasonably result in such child abuse or neglect, any evidence of previous child abuse or neglect including the nature and extent, and any other information which in the opinion of the person may be helpful in establishing the cause of such child abuse or neglect and the identity of the perpetrator or perpetrators. Law enforcement agencies receiving any reports of child abuse or neglect under this subsection shall notify the department pursuant to section [28-718](#) on the next working day by telephone or mail.”

<http://nebraskalegislature.gov/laws/statutes.php?statute=28-711>

Vulnerable Adult defined per Nebraska Revised Statute 28-371

Vulnerable adult shall mean any person eighteen years of age or older who has a substantial mental or functional impairment or for whom a guardian has been appointed under the Nebraska Probate Code.

<http://nebraskalegislature.gov/laws/statutes.php?statute=28-371>

Neglect defined per Nebraska Revised Statute 28-361.01

Neglect means any knowing or intentional act or omission on the part of a caregiver to provide essential services or the failure of a vulnerable adult, due to physical or mental impairments, to perform self-care or obtain essential services to such an extent that there is actual physical

injury to a vulnerable adult or imminent danger of the vulnerable adult suffering physical injury or death.

<http://nebraskalegislature.gov/laws/statutes.php?statute=28-361.01>

- The Nebraska State Laws by Chapter may be viewed complete at:
<http://nebraskalegislature.gov/laws/browse-statutes.php>

Failure to Make Report per Nebraska Revised Statute 28-717

Any person who willfully fails to make any report of child abuse or neglect required by section [28-711](#) shall be guilty of a Class III misdemeanor.

<http://nebraskalegislature.gov/laws/statutes.php?statute=28-717>

Child Abuse defined per Nebraska Revised Statute 28-707

(1) A person commits child abuse if he or she knowingly, intentionally, or negligently causes or permits a minor child to be:

- (a) Placed in a situation that endangers his or her life or physical or mental health;
- (b) Cruelly confined or cruelly punished;
- (c) Deprived of necessary food, clothing, shelter, or care;
- (d) Placed in a situation to be sexually exploited by allowing, encouraging, or forcing such minor child to solicit for or engage in prostitution, debauchery, public indecency, or obscene or pornographic photography, films, or depictions; or
- (e) Placed in a situation to be sexually abused as defined in section [28-319](#), [28-319.01](#), or [28-320.01](#).

(2) The statutory privilege between patient and physician, between client and professional counselor, and between husband and wife shall not be available for excluding or refusing testimony in any prosecution for a violation of this section.

(3) Child abuse is a Class I misdemeanor if the offense is committed negligently and does not result in serious bodily injury as defined in section [28-109](#) or death.

(4) Child abuse is a Class IIIA felony if the offense is committed knowingly and intentionally and does not result in serious bodily injury as defined in section [28-109](#) or death.

(5) Child abuse is a Class IIIA felony if the offense is committed negligently and results in serious bodily injury as defined in section [28-109](#).

(6) Child abuse is a Class III felony if the offense is committed negligently and results in the death of such child.

(7) Child abuse is a Class II felony if the offense is committed knowingly and intentionally and results in serious bodily injury as defined in such section.

(8) Child abuse is a Class IB felony if the offense is committed knowingly and intentionally and results in the death of such child.

(9) For purposes of this section, negligently refers to criminal negligence and means that a person knew or should have known of the danger involved and acted recklessly, as defined in section [28-109](#), with respect to the safety or health of the minor child.

<http://nebraskalegislature.gov/laws/statutes.php?statute=28-707>

Child Protection Act per Nebraska Revised Statute 28-710

(1) Sections [28-710](#) to [28-727](#) shall be known and may be cited as the Child Protection Act.

(2) For purposes of the Child Protection Act:

(a) Child abuse or neglect means knowingly, intentionally, or negligently causing or permitting a **minor child** to be:

(i) Placed in a situation that endangers his or her life or physical or mental health;

(ii) Cruelly confined or cruelly punished;

(iii) Deprived of necessary food, clothing, shelter, or care;

(iv) Left unattended in a motor vehicle if such minor child is six years of age or younger;

(v) Sexually abused; or

(vi) Sexually exploited by allowing, encouraging, or forcing such person to solicit for or engage in prostitution, debauchery, public indecency, or obscene or pornographic photography, films, or depictions;

(b) Department means the Department of Health and Human Services;

(c) Law enforcement agency means the police department or town marshal in incorporated municipalities, the office of the sheriff in unincorporated areas, and the Nebraska State Patrol;

(d) Out-of-home child abuse or neglect means child abuse or neglect occurring in day care homes, foster homes, day care centers, group homes, and other child care facilities or institutions; and

(e) Subject of the report of child abuse or neglect means the person or persons identified in the report as responsible for the child abuse or neglect.

<http://nebraskalegislature.gov/laws/statutes.php?statute=28-710>

Abuse, Neglect, or Exploitation per Nebraska Revised Statute 28-372

“When any physician, psychologist, physician assistant, nurse, nursing assistant, other medical, developmental disability, or mental health professional, law enforcement personnel, caregiver or employee of a caregiver, operator or employee of a sheltered workshop, owner, operator, or employee of any facility licensed by the department, or human services professional or paraprofessional not including a member of the clergy has reasonable cause to believe that a **vulnerable adult** has been subjected to abuse, neglect, or exploitation or observes such adult being subjected to conditions or circumstances which reasonably would result in abuse, neglect, or exploitation, he or she shall report the incident or cause a report to be made to the appropriate law enforcement agency or to the department. Any other person may report abuse, neglect, or exploitation if such person has reasonable cause to believe that a vulnerable adult has been subjected to abuse, neglect, or exploitation or observes such adult being subjected to conditions or circumstances which reasonably would result in abuse, neglect, or exploitation.”

<http://nebraskalegislature.gov/laws/statutes.php?statute=28-372>

Failure by the client to comply or any attempt to mislead agency or Ryan White program staff regarding income eligibility may result in denial of current and possibly all future services and/or ineligibility for the Ryan White Part B Program.

Failure by the agency staff administering Ryan White funds to comply or any attempt mislead the Ryan White Program regarding income eligibility could result in loss of Ryan White funding, recoupment of federal funds and or other potential legal sanctions.



Ryan White Part B Program Policy Medical Nutrition Therapy

Revised 01/2017

Federal Policy Reference: -Ryan White CARE Act (PL 104-146) Sect. 2617 4B(II)
-HRSA/HAB Program Policy Notice No. 10-02; 97-01
-45 CFR Part 75
-Ryan White Part B Manual
-HRSA PCN 16-02

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Purpose: The purpose of this policy is to outline and define actions to be taken by the Nebraska Ryan White Part B Program in response to federal policies regarding medical nutrition therapy for eligible clients. This policy identifies client eligibility, appropriate uses for Ryan White Part B funded medical nutrition therapy assistance, and limitations.

The Recipient and all sub-recipients must guarantee that funds will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made by sources other than Ryan White funds. 45 CFR 75

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.

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.

1. Nebraska Ryan White Part B funds may be utilized to provide limited medical nutritional therapy to eligible clients.
2. Clients eligible for medical nutritional therapy must meet eligibility criteria per the Nebraska Ryan White Part B Policy "Client Eligibility" and per the HRSA National Monitoring Standards (see link above).
3. Medical nutritional therapy services are defined as services directly necessitated by an individual's HIV status. Examples include nutritional counseling outside of a primary medical care visit by a licensed registered dietitian (described as core medical services) or by a person not a registered, licensed dietician (described as support services).
4. To the extent that funding is available, medical nutritional therapy services may include the provision of nutritional supplements provided as described in Item #3.
5. Organizations providing medical nutritional therapy services must maintain documentation to be submitted to the State to include; client name, date of service, reason for medical nutrition therapy service, and cost for service, or as described in any agreement, contract, or sub grant with the Department of Health and Human Services.
6. Provider agencies are required to utilize the current RWHAP case management software system to document medical nutritional therapy referrals provided to clients unless other arrangements have been made between the provider agency and the Ryan White Part B Program.
7. Financial limits for medical nutritional therapy services may be restricted based on the current year's budget. Seek assistance from the RWHAP Manager if there are questions.

Failure by the client to comply or any attempt to mislead agency or Ryan White program staff regarding income eligibility may result in denial of current and possibly all future services and/or ineligibility for the Ryan White Part B Program.

Failure by the agency staff administering Ryan White funds to comply or any attempt mislead the Ryan White Program regarding income eligibility could result in loss of Ryan White funding, recoupment of federal funds and or other potential legal sanctions.



Ryan White Part B Program Policy Medical Transportation

Revised 01/2017

Federal Policy Reference: -Ryan White CARE Act (PL 104-146) Sect. 2617 4B(II)
-HRSA/HAB Program Policy Notice No. 10-02; 97-01
-45 CFR Part 75
-Ryan White Part B Manual
-HRSA PCN 16-02

Federal Poverty Guidelines Website: <http://www.aspe.hhs.gov/poverty/index.shtml#latest>

The Nebraska Ryan White HIV/AIDS Program (RWHAP) has waived all requirements for subgrant entities regarding imposition of charges for services, pursuant to of the Ryan White Modernization Act of 2006.

The HRSA/HAB Fiscal and Program Monitoring Standards for Ryan White Part B Recipient (Monitoring Standards) will guide the oversight of Core Medical and Supportive Services by the NDHHS. The Monitoring Standards are attached to this document by reference. Annual fiscal and programmatic monitoring is required by regulation, both internally and by the NDHHS. <https://careacttarget.org/category/topics/program-monitoring>

Purpose: The purpose of this policy is to outline and define actions to be taken by the Nebraska Ryan White Part B Program in response to federal policies regarding the provision of medical transportation services.

The Recipient and all sub-recipients must guarantee that funds will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made by sources other than Ryan White funds. 45 CFR 75

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.

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

Costs for transportation for medical providers to provide care should be categorized under the service category for the service being provided.

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

Nebraska specific information regarding medical transportation:

1. Nebraska Ryan White Part B funds will be utilized to provide transportation assistance to eligible clients.
2. Clients eligible for transportation assistance must meet eligibility criteria per the Nebraska Ryan White Part B Policy “Client Eligibility” and per the HRSA National Monitoring Standards (see link above). All other HRSA/HAB regulations are incorporated into this policy by reference.
3. Transportation services are limited to the facilitation of access to HIV related medical and organizationally sanctioned support services. Examples include; medical appointments (including laboratory, mental health and substance abuse), social services appointments, and client lunches or support groups.
4. Transportation in the form of buses, cabs, or other public transportation systems is allowed.
5. In areas where public transportation is not available the cost of transportation will be **\$2.75** per ten miles of travel for personal vehicle use for clients. The use of gas coupons, certificates, or vouchers is allowed.
7. In situations where more than one client is traveling together utilizing gas coupons, certificates, or vouchers to services included in Item #3, only one client may utilize transportation services funding.
8. Transportation by agency volunteers or agency employees is discouraged due to liability issues. However, if an agency allows such transport of clients, policy must exist as well as insurance addressing the implied liability.
9. Actual receipts from transportation providers for transportation services through any agreement, contract, or sub grant must be maintained as a part of record for reimbursement by the NHDDS Ryan White Part B Program
10. Receipts from gas vouchers issued to clients for transportation assistance must be retained and submitted as record of allowable expenditure under the HRSA/HAB Transportation policy and per NDHHS policy.

10. Organizations providing transportation services must maintain documentation to be submitted to the State to include; client name, date of service, reason for transportation, and cost for service, or as described in any agreement, contract, or sub grant with the Department of Health and Human Services.
11. Provider agencies are required to utilize the current case management software system to document transportation services provided to clients unless other arrangements have been made between the provider agency and the Ryan White Part B Program.
12. Financial limits for transportation are described in the Ryan White Part B Policy “Emergency Financial Assistance Limits” for the current grant period. Transportation assistance is addressed under “Other Assistance” and subject to the financial limits.

Failure by the client to comply or any attempt to mislead agency or Ryan White program staff regarding income eligibility may result in denial of current and possibly all future services and/or ineligibility for the Ryan White Part B Program.

Failure by the agency staff administering Ryan White funds to comply or any attempt mislead the Ryan White Program regarding income eligibility could result in loss of Ryan White funding, recoupment of federal funds and or other potential legal sanctions.

The use of federal tax return forms (i.e., 1040, 1040A or 1040EZ) will be utilized for verification of income/eligibility for certain RW services. At no time will a W2 be utilized to verification of income or eligibility for services.



Non-Medical Case Management

Revised 01/2017

Federal Policy Reference: -Ryan White CARE Act (PL 104-146) Sect. 2617 4B(II)
-HRSA/HAB Program Policy Notice No. 10-02; 97-01
-45 CFR Part 75
-Ryan White Part B Manual
-HRSA PCN 16-02

The Nebraska Ryan White HIV/AIDS Program (RWHAP) has waived all requirements for subgrant entities regarding imposition of charges for services, pursuant to Section 2617(c) (4) (A) of the Ryan White Modernization Act of 2006.

The HRSA/HAB Fiscal and Program Monitoring Standards for Ryan White Part B Recipients (Monitoring Standards) will guide the oversight of Core Medical and Supportive Services by the NDHHS. The Monitoring Standards are attached to this document by reference. Annual fiscal and programmatic monitoring is required by regulation, both internally and by the NDHHS. <https://careacttarget.org/category/topics/program-monitoring>

Purpose: The purpose of this policy is to ensure compliance with applicable Federal policies for eligible clients receiving Ryan White Part B funding. Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services. This policy identifies client eligibility requirements and limitations for individuals applying for Ryan White Part B funding for non-medical case management services.

The Recipient and all sub-recipients must guarantee that funds will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made by sources other than Ryan White funds. 45 CFR Part 75

The following guidelines for non-medical case management services are applicable to all clients seeking assistance through Nebraska Ryan White Part B funding. The subrecipient of the Nebraska Department of Health and Human Services is responsible for the proper stewardship of these funds in determining that all clients served have met federal and state guidelines for service eligibility.

Client Eligibility (see Client Eligibility policy)

All recipients of Ryan White Part B funds must have verification of HIV diagnosis on file with the provider agency. Documentation (viral load, physician's verification of HIV status in form

of signed letter) substantiating the client's HIV status must be on file with the organization providing Ryan White Part B funded services.

Non-Medical Case Management

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 B recipient.

Key activities include:

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

Documented assessments and care plans are required to be on file with the provider agency. Documentation will be either in writing or electronically maintained. This documentation must be made available for State or Federal audit of program records.

At no time is a client to be provided cash or anything that may be exchanged for monetary value through the Ryan White Program.



Ryan White Part B Program Policy Outpatient Ambulatory Health Services (Laboratory and Office Visit Payments)

Revised 01/2017

Federal Policy Reference: -Ryan White CARE Act (PL 104-146) Sect. 2617 4B(II)
-HRSA/HAB Program Policy Notice No. 10-02; 97-01
-45 CFR Part 75
-Ryan White Part B Manual
-HRSA PCN 16-02

Federal Poverty Guidelines Website: <http://www.aspe.hhs.gov/poverty/index.shtml#latest>

The Nebraska Ryan White HIV/AIDS Program (RWHAP) has waived all requirements for subgrant entities regarding imposition of charges for services, pursuant to of the Ryan White Modernization Act of 2006.

The HRSA/HAB Fiscal and Program Monitoring Standards for Ryan White Part B Recipient (Monitoring Standards) will guide the oversight of Supportive Services by the NDHHS. The Monitoring Standards are attached to this document by reference. Annual fiscal and programmatic monitoring is required by regulation, both internally and by the NDHHS. <https://careacttarget.org/category/topics/program-monitoring>

Purpose: The purpose of the Ryan White Part B Policy on Outpatient Ambulatory/Laboratory Assistance is to establish guidelines for the Part B grant year beginning April 1st of any given year. The Health Resources and Services Administration (HRSA) requires that the RWHAP establish rules and regulations in accordance with federal regulations governing the allowable expenditure of federal funds. It is important to note that the Ryan White Part B Program is not an entitlement program, and that clients must demonstrate need as it relates to a client's HIV condition.

The Recipient and all sub-recipients must guarantee that funds will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made by sources other than Ryan White funds. 45 CFR 75

Outpatient/Ambulatory Health Services 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.

1. Payment of laboratory and office visit costs for clients under the Outpatient Ambulatory Health Services program is available under the following conditions:
 - a. the client must meet all eligibility criteria for the RWHAP (*see Client Eligibility Policy dated 01/2017*).
 - b. the client has no insurance.
 - c. the client has exhausted all other payer assistance options
2. An exception may exist to the condition listed above (1.b) if:
 - a. The insurance does not pay **any** amount on the insurance claim due to the requirement that the client pay an out-of-pocket deductible. If no insurance payment is made due to the client's responsibility for deductibles, the RW Program may pay. An Explanation of Benefits (EOB) form must be attached to the invoice from the provider verifying that no insurance payment has been made.
 - b. There is sufficiently documented evidence that the payment of the deductible creates a financial burden.
3. Billing of eligible HIV related laboratory/office visit fees are paid at the Nebraska Medicaid reimbursement rate.
4. Providers of services must agree to participate in the program under guidelines established by the RWHAP related to client eligibility and allowable costs for HIV-related services.
5. All invoicing of HCFA Form 1500 and UB04 medical billing forms must be submitted directly to the RWHAP for payment. No client bills or invoices are acceptable for payment to providers.
6. No emergency room or inpatient hospitalization costs are eligible for coverage under the Outpatient Ambulatory Health Services program. Eye/vision care is also a non-covered expense for the RWHAP.

In no case may Ryan White CARE Act funds be used to make direct payments of cash to recipients of RWHAP Outpatient Ambulatory/Laboratory Assistance services.

Failure by the client to comply or any attempt to mislead agency or Ryan White program staff regarding income eligibility may result in denial of current and possibly all future services and/or ineligibility for the Ryan White Part B Program.

Failure by the agency staff administering Ryan White funds to comply or any attempt mislead the Ryan White Program regarding income eligibility could result in loss of Ryan White funding, recoupment of federal funds and or other potential legal sanctions.



Ryan White Part B Program Policy Payer of Last Resort

Revised 01/2017

Federal Policy Reference: -Ryan White CARE Act (PL 104-146) Sect. 2617 4B(II)
-HRSA/HAB Program Policy Notice No. 10-02; 97-01
-45 CFR Part 75
-Ryan White Part B Manual
-HRSA PCN 16-02

Federal Poverty Guidelines Website: <http://www.aspe.hhs.gov/poverty/index.shtml#latest>

The Nebraska Ryan White HIV/AIDS Program (RWHAP) has waived all requirements for subgrant entities regarding imposition of charges for services, pursuant to of the Ryan White Modernization Act of 2006.

The HRSA/HAB Fiscal and Program Monitoring Standards for Ryan White Part B Recipient (Monitoring Standards) will guide the oversight of Core Medical and Supportive Services by the NDHHS. The Monitoring Standards are attached to this document by reference. Annual fiscal and programmatic monitoring is required by regulation, both internally and by the NDHHS. <https://careacttarget.org/category/topics/program-monitoring>

Purpose: The purpose of this policy is to outline and define actions to be taken by the Nebraska Ryan White Part B Program in response to federal policies regarding Ryan White Part B funds as Payer of Last Resort. It is the responsibility of the agency and it's staff to be cognizant and responsive to stated policy and regulations, ensuring that all actions taken on the part of the agency adhere to this legislation..

The Recipient and all sub-recipients must guarantee that funds will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made by sources other than Ryan White funds. 45 CFR 75

Citation: RW Part B 2617 (b)(C) (iii);

The State will ensure that grant funds are not utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to that item or service—

(i) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or

(ii) by an entity that provides health services on a prepaid basis (*except for a program administered by or providing the services of the Indian Health Service*); and [NB: section 204(c)(3) probably should have been added to (i)]

Additional Citations: Funding Opportunity Announcement; Fiscal Monitoring Standards; Program Monitoring Standards; HRSA/HAB Policy Clarification Notice 16-02 FINAL.

Third party payer refers to any insurance, state funded program, or other payer source that should be accessed prior to utilizing RWHAP funding for service coverage.

1. Develop internal policies and procedures for and to train all staff on federal regulations that require use of Ryan White funds as payer of last resort.
2. Review all applicants of Nebraska Ryan White Part B services for access to third party payer sources at the time of application and before approval of the application.
3. Review all applicants of Nebraska Ryan White Part B services for access to third party payer sources **at least twice annually**.
4. Ensure that all electronic and paper records document that staff have exhausted all other payer sources prior to utilizing Ryan White funds for service provision.
5. During internal compliance program monitoring, review records for documentation of other payer sources to ensure that Ryan White has been properly utilized as payer of last resort.
6. A minimum of three (3) referrals must be documented in the case management software system when a request is submitted for services.

Failure by the client to comply or any attempt to mislead agency or Ryan White program staff regarding income eligibility may result in denial of current and possibly all future services and/or ineligibility for the Ryan White Part B Program.

Failure by the agency staff administering Ryan White funds to comply or any attempt mislead the Ryan White Program regarding income eligibility could result in loss of Ryan White funding, recoupment of federal funds and or other potential legal sanctions.



Ryan White Part B Program Policy

Pursuit of Premium Tax Credit (PTC) Reconciliation for ADAP Clients Enrolled through the Marketplace

Revised 01/2017

Federal Policy Reference: -Ryan White CARE Act (PL 104-146) Sect. 2617 4B(II)
-HRSA/HAB Program Policy Notice No. 10-02; 97-01
-45 CFR Part 75
-Ryan White Part B Manual
-HRSA PCN 16-02

Federal Poverty Guidelines Website: <http://www.aspe.hhs.gov/poverty/index.shtml#latest>

The Nebraska Ryan White HIV/AIDS Program (RWHAP) has waived all requirements for subgrant entities regarding imposition of charges for services, pursuant to of the Ryan White Modernization Act of 2006.

The HRSA/HAB Fiscal and Program Monitoring Standards for Ryan White Part B Recipient (Monitoring Standards) will guide the oversight of Supportive Services by the NDHHS. The Monitoring Standards are attached to this document by reference. Annual fiscal and programmatic monitoring is required by regulation, both internally and by the NDHHS. <https://careacttarget.org/category/topics/program-monitoring>

The Recipient and all sub-recipients must guarantee that funds will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made by sources other than Ryan White funds. 45 CFR 75

Purpose: The purpose of this policy is to outline and define actions to be taken by the Nebraska Ryan White Part B AIDS Drug Assistance Program (ADAP) in response to federal policies regarding vigorous pursuit and rigorous documentation of pursuit of reimbursement and reconciliation of premium tax credits (PTC) and Advanced Premium Tax Credits (APTC) as a result of health insurance purchased through the Marketplace by the Nebraska ADAP.

HRSA/HAB Policy 13-05 and 14-01: States may purchase insurance through the Healthcare Marketplace for eligible clients. Ryan White HIV/AIDS Program (RWHAP) clients with incomes between 100-400% of the federal poverty level (FPL) who do not

have minimum essential coverage may be eligible for a premium tax credit to offset the cost of purchasing a qualified health plan through the Marketplace. When an individual applies for coverage in the Marketplace, the Marketplace will estimate the amount of premium tax credit the individual may claim for the tax year.

Individuals who receive an APTC or plan to claim the premium tax credit at the end of the tax year must file a federal income tax return for that year. This filing requirement applies whether or not the individual would otherwise be required to file a return. Individuals who are married generally must file a joint return to be eligible for the premium tax credit.

It is possible that a RWHAP client's actual premium tax credit calculated on the tax return is more than the client's APTC resulting in the client receiving excess premium tax credit either through a reduction in overall tax liability or a refund from the IRS. RWHAP grantees and subgrantees that use program funds to purchase health insurance in the Marketplace must establish appropriate mechanisms to vigorously pursue any excess premium tax credit a client receives from the Internal Revenue Service (IRS) upon submission of the client's tax return.

RWHAP grantees and subgrantees must establish and maintain policies and procedures for the pursuit of excess premium tax credit from individual clients. Grantees and subgrantees must document the steps that were taken to pursue these funds from clients. When establishing such policies, grantees and subgrantees should consider requiring clients to provide a copy of relevant tax forms to determine whether a client received a premium tax credit in excess of the client's APTC.

It is also possible that a RWHAP client's actual premium tax credit is less than the client's APTC resulting in the client owing the difference back to the IRS. Had the client's APTC been calculated to reflect the actual premium tax credit, RWHAP would have been able to pay this difference on the front-end, in the form of higher insurance premiums. Therefore, if grantees choose and if resources are available, they may use RWHAP funds to pay the Internal Revenue Service (IRS) any additional tax liability a client may owe to the IRS solely based on reconciliation of the premium tax credit. Nebraska's ADAP has a goal to assist with the payment of a tax balance due to the IRS that is ***explicitly related to the repayment of the PTC.***

- A. Nebraska Ryan White Part B program funds may be utilized for the payment of Healthcare Marketplace insurance premiums, co-pays and deductibles for ADAP enrolled clients who are eligible for the Health Insurance Program (HIP) in accordance with the following requirements:
 - 1) Clients must meet program eligibility requirements in accordance with the Ryan White Part B "Client Eligibility."

- 2) ADAP staff will review all individuals eligible for insurance through the Marketplace. This review will include the determination of the best coverage option for the client and the ADAP, including the available plans in Nebraska for insurance coverage.
 - 3) Clients who participate in the HIP for purchase of health insurance through the Marketplace with the assistance of ADAP will be required to file a federal income tax return. The income tax return must be provided to the ADAP as proof of income for program eligibility.
 - 4) For the purpose of determining the tax implications of the PTC on the income tax return, the client must provide a copy of the return to the ADAP no later than the last day of the month following the filing deadline (April 30, or the month of filing after having filed an extension of the income tax return).
 - 5) Clients who participate in the HIP for purchase of health insurance through the Marketplace with the assistance of ADAP will be required to complete an annual patient agreement. The agreement acknowledges the participant will report changes in income, household composition, or access to other insurance coverage to ADAP and the Marketplace in a timely manner to prevent overpayment of APTCs. Failure to meet this agreement will be considered on a case-by-case basis.
 - 6) Tax returns missing health insurance reconciliation information may be deemed incomplete, and the patient could be required to amend their return to reconcile the PTC.
 - 7) ADAP staff are responsible for vigorously pursuing any PTC that is identified as owed to the ADAP. Vigorous pursuit will include definitive good faith efforts to collect monies owed through ADAP, either by lump sum payment or by arranged payment options.
 - 8) Failure to make arrangements regarding the PTC refund could result in suspension of the client from any ADAP services.
 - 9) ADAP staff will be responsible for documenting all attempts at collecting identified funds, and when applicable imposing the penalty of suspension from the HIP and ADAP for failure to make arrangements to, or repay the PTC amount to the ADAP.
- B. Nebraska Ryan White funds may be utilized to repay a tax balance due to the IRS that is explicitly a result of the repayment of a PTC.

- 1) The Nebraska ADAP will be responsible for implementing, documenting and ensuring that only allowable payments are made on behalf of client-taxpayers for tax balances due to the IRS explicitly related to the repayment of the PTC received by the client/taxpayer.
- 2) The ADAP or responsible staff will review and reconcile the Federal tax return, paying particular attention to Line 26 on Form 8962; or line 46 of the Federal form 1040; Line 29 of Federal 1040A; or Line 44 of Federal form 1040NR, to determine that the tax balance due is explicitly related to repayment by the client-taxpayer of the PTC.
- 3) The staff will rigorously document the decision to make the payment on behalf of the client-taxpayer and subsequent actions performed to complete the task of making payment to the IRS.
- 4) The ADAP staff will coordinate with the PBM to develop a procedure by which to pay the IRS the tax balance due, documenting the policy in writing and providing a copy to the NDHHS RWHAP.
- 5) The staff will ensure that funds utilized to pay the tax balance due to the IRS are funds received in the year when the tax liability is due, even if the premiums that generated the tax liability were incurred in the previous funding year.
- 6) Under no circumstances can Ryan White Program funds be used to pay the fee/penalty for a client's failure to enroll in minimum essential coverage.

Due Diligence statements:

In no case may Ryan White CARE Act funds be used to make direct payments of cash to recipients of ADAP assistance.

The AIDS Drug Assistance Program is not an entitlement program. Participation in the ADAP by consumers is voluntary. The program is dependent on the provision of federal funding to remain in existence.

Failure by the client to comply or any attempt to mislead agency or Ryan White program staff regarding income eligibility may result in denial of current and possibly all future services and/or ineligibility for the Ryan White Part B Program.

Failure by the agency staff administering Ryan White funds to comply or any attempt mislead the Ryan White Program regarding income eligibility could result in loss of Ryan White funding, recoupment of federal funds and or other potential legal sanctions.

The use of federal tax return forms (i.e., 1040, 1040A or 1040EZ) will be utilized for verification of income/eligibility for certain RW services. At no time will a W2 be utilized to verification of income or eligibility for services.



Ryan White Program Care Plan

Date Goal Established:

Target Resolution Date:

Goal Category:

- | | | |
|---|---|---|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Employment | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> ADAP/HIV Medical |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Psychosocial |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Psychosocial | <input type="checkbox"/> Other _____ |

Goal Statement:

Steps/Responsible Party/Timeframe:

Barriers:

Facilitators:

Client Printed Name:

Client signature:

Case manager signature:



Ryan White Program Care Plan

Date Goal Established:

Target Resolution Date:

Goal Category:

- Housing Translation Transportation
 Psychosocial Application Processing Public Service Access
 Medicare/Medicaid Access Health Insurance Access
 Other _____

Goal Statement:

Steps/Responsible Party/Timeframe:

Barriers:

Facilitators:

Client Printed Name:

Client signature:

Case manager signature:



Ryan White Part B Program Policy Utility Assistance

Revised 01/2017

Federal Policy Reference: -Ryan White CARE Act (PL 104-146) Sect. 2617 4B(II)
-HRSA/HAB Program Policy Notice No. 10-02; 97-01
-45 CFR Part 75
-Ryan White Part B Manual
-HRSA PCN 16-02

Federal Poverty Guidelines Website: <http://www.aspe.hhs.gov/poverty/index.shtml#latest>

The Nebraska Ryan White HIV/AIDS Program (RWHAP) has waived all requirements for subgrant entities regarding imposition of charges for services, pursuant to of the Ryan White Modernization Act of 2006.

The HRSA/HAB Fiscal and Program Monitoring Standards for Ryan White Part B Recipient (Monitoring Standards) will guide the oversight of Core Medical and Supportive Services by the NDHHS. The Monitoring Standards are attached to this document by reference. Annual fiscal and programmatic monitoring is required by regulation, both internally and by the NDHHS. <https://careacttarget.org/category/topics/program-monitoring>

Purpose: The purpose of this policy is to outline and define actions to be taken by the Nebraska Ryan White Part B Program in response to federal policies regarding utility assistance.

The Recipient and all sub-recipients must guarantee that funds will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made by sources other than Ryan White funds. 45 CFR 75

1. Nebraska Ryan White Part B funds may be utilized to assist clients in the payment of utility bills.
2. Clients eligible for utility assistance must meet eligibility criteria per the Nebraska Ryan White Part B Policy "Client Eligibility" and per the HRSA National Monitoring Standards (see link above).

3. Payer of Last Resort: RWHAP funds are to be used as a last resort for assistance. Proof of denial (the client must attempt to get this in all circumstances) must be documented in the client's file and a referral must be documented as well.
4. **Each adult earner living in the residence/home is responsible for his/her portion of the of expenses related to all EFA and housing requests.**
5. The cap on the amount of Emergency Financial Assistance (EFA – formerly Direct Emergency Assistance or DEA) is detailed in the Policy Emergency Financial Assistance. Limited funds granted by the federal government each grant cycle requires that the RWHAP place limits to ensure service delivery across the continuum of services.
6. Utility assistance for eligible clients is based on the number of adult hose holed members and prorated to the client's portion of the utility expense. Based on need, income and eligibility, and if both members of a household are HIV positive, the request for assistance may be approved for the entire portion.
7. Utilities eligible for payment under this policy include water, trash, gas, electricity, and local phone service.
8. One hook up or initial access charge for necessary utilities is allowed during the grant period for individuals moving to further facilitate access to care or support services. Hook up or initial access charges are not allowed for individuals who are moving by their own choice, other than individuals moving out of unstable/abusive situations, or substandard housing.
9. Utility deposits, back payments of utilities as a condition of hook up, late payment service charges, or re-connect fees as a result of utility disconnection are **not allowed**.
10. Payments for repairs to utilities, appliances, or utility infrastructure are **not allowed**.
11. Phone service is limited to local service only. Long distance calls to a client's physician are allowed providing a client provides an itemized bill substantiating long distance calls. Optional phone features such as: Call waiting, caller ID, call screening, multiple phone lines, internet access, or any other optional service above and beyond local phone service is not allowed.
12. Basic cell phone bills may be allowed if the following criteria are met:
 - Client must not have local phone access in their residence. This includes phone service in other individual's names who may reside with the client.
 - Client must be unable to receive access to local phone service and provide reasoning as to why.
 - Payment will be limited to the equivalent payment for basic local phone service in the area where client resides, or the cost of the client's basic cell phone service, whichever is less.

12. Case Managers and clients ***are required*** to contact their local phone service providers, if applicable, to inquire about discounted phone service for medically needy individuals.
13. Prior to requesting Ryan White Part B funding, clients must attempt to access all other public and private resources such as local non-profit assistance programs or utility energy assistance programs to ensure Ryan White is payer of last resort.
14. Clients receiving public or private assistance such as, but not limited to Housing Opportunities for People with AIDS (HOPWA), Section 8 housing assistance, or any other publicly funded assistance specifically for the purpose of subsidizing utilities allowed in this policy, must provide current detailed documentation substantiating the amount of the subsidy for the particular utility(s) requested.
15. *Clients receiving public or private assistance such as outlined in item #11 and are eligible for Ryan White Part B assistance will be eligible for utility assistance, up to the full amount of their (presumed) portion of the utilities (in shared housing situations, subject to current Ryan White policies) less the amount of the client's utility subsidy.*

Failure by the client to comply or any attempt to mislead agency or Ryan White program staff regarding income eligibility may result in denial of current and possibly all future services and/or ineligibility for the Ryan White Part B Program.

Failure by the agency staff administering Ryan White funds to comply or any attempt mislead the Ryan White Program regarding income eligibility could result in loss of Ryan White funding, recoupment of federal funds and or other potential legal sanctions.

The use of federal tax return forms (i.e., 1040, 1040A or 1040EZ) will be utilized for verification of income/eligibility for certain RW services. At no time will a W2 be utilized to verification of income or eligibility for services.



Ryan White Part B Program Policy Verification of Income

Revised 01/2017

Federal Policy Reference: -Ryan White CARE Act (PL 104-146) Sect. 2617 4B(II)
-HRSA/HAB Program Policy Notice No. 10-02; 97-01
-45 CFR Part 75
-Ryan White Part B Manual
-HRSA PCN 16-02

Federal Poverty Guidelines Website: <http://www.aspe.hhs.gov/poverty/index.shtml#latest>

The Nebraska Ryan White HIV/AIDS Program (RWHAP) has waived all requirements for subgrant entities regarding imposition of charges for services, pursuant to of the Ryan White Modernization Act of 2006.

The HRSA/HAB Fiscal and Program Monitoring Standards for Ryan White Part B Recipient (Monitoring Standards) will guide the oversight of Core Medical and Supportive Services by the NDHHS. The Monitoring Standards are attached to this document by reference. Annual fiscal and programmatic monitoring is required by regulation, both internally and by the NDHHS. <https://careactarget.org/category/topics/program-monitoring>

Purpose: The purpose of this policy is to outline and define actions to be taken by the Nebraska Ryan White Part B Program in response to federal policies regarding the requirement that all clients applying for assistance through the Ryan White Program do have verification of income established and that both client and case manager certify such as accurate.

The Recipient and all sub-recipients must guarantee that funds will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made by sources other than Ryan White funds. 45 CFR 75

The following client eligibility guidelines are applicable to all services available through Nebraska Ryan White Part B funding. The subrecipient of the Nebraska Department of Health and Human Services is responsible for the proper stewardship of these funds in determining that all clients served have met federal and state guidelines for service eligibility.

As a condition of application for all services through the Ryan White Program, clients must provide notification of **income/no income** at the time of application for Ryan White services. This information will be utilized to determine eligibility for services per Federal Guidelines. If there is a change in income or employment, the client must provide notification of the change

within 10 business days after the change occurs, to their case manager or designee the following; All other verification of income/no income will occur no less than every six (6) months.

- **Verification of income via paycheck stub, direct deposit or other means of physical verification of earned income from employment.**
- **In the event of loss of income, the client must notify the case manager within 10 business days of the loss of employment and income.**
- **If the client/employee is paid in cash, the client must attest to that fact in writing with the case manager as the witness to that statement of fact.**
- **If the client has no income, the client must attest to that in writing with the case manager as the witness to that statement of fact.**

It will be the client's responsibility to report any change(s) in employment and/or income status within ten business days after receipt of their first paycheck or other income, or loss of income/employment, and client verifies that the above is true.

Failure by the client to comply or any attempt to mislead agency or Ryan White program staff regarding income eligibility may result in denial of current and possibly all future services and/or ineligibility for the Ryan White Part B Program.

Failure by the agency staff administering Ryan White funds to comply or any attempt mislead the Ryan White Program regarding income eligibility could result in loss of Ryan White funding, recoument of federal funds and or other potential legal sanctions.

The use of federal tax return forms (i.e., 1040, 1040A or 1040EZ) will be utilized for verification of income/eligibility for certain RW services. At no time will a W2 be utilized to verification of income or eligibility for services.



Ryan White Part B Program Policy Waste, Fraud and Abuse

Revised 01/2017

Federal Policy Reference: -Ryan White CARE Act (PL 104-146) Sect. 2617 4B(II)
-HRSA/HAB Program Policy Notice No. 10-02; 97-01
-45 CFR Part 75
-Ryan White Part B Manual
-HRSA PCN 16-02

Federal Poverty Guidelines Website: <http://www.aspe.hhs.gov/poverty/index.shtml#latest>

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The HRSA/HAB Fiscal and Program Monitoring Standards for Ryan White Part B Recipient (Monitoring Standards) will guide the oversight of Core Medical and Supportive Services by the NDHHS. The Monitoring Standards are attached to this document by reference. Annual fiscal and programmatic monitoring is required by regulation, both internally and by the NDHHS. <https://careactarget.org/category/topics/program-monitoring>

Purpose: The purpose of this policy is to outline and define actions to be taken by the Nebraska Ryan White Part B Program in response to federal policies regarding waste, fraud, and abuse by Ryan White Part B clients, and the NDHHS RWHAP expectations in resolving such instances..

The Recipient and all sub-recipients must guarantee that funds will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made by sources other than Ryan White funds. 45 CFR 75

For the purpose of this policy, “inappropriate use of funds” is defined as; funding provided through Ryan White Part B Services either directly or through a Ryan White contractor/subgrantee, which is utilized for purposes other than its intended use, and/or obtained under false pretenses.

1. This policy is in support of other Ryan White Part B policies regarding the use of specific Ryan White Part B services. The appropriate uses of funding are outlined in those respective Ryan White Part B services policies.

2. In the event a client does not utilize funding for its intended purpose, the following process will apply. When followed, the provider will not be responsible for reimbursement to the State of inappropriately used funds by clients.
 - a. If an inappropriate use of funds is discovered by the providing agency, it will be the responsibility of the providing agency to investigate the inappropriate use of funds.
 - b. If it is determined that an inappropriate use of funds has occurred, a letter will be sent to the Ryan White Part B Program Manager which includes information on the client, date, amount of expenditure, and circumstances of the incident in question.
 - c. If inappropriate use of funds is suspected or discovered by the State through billings, reports, etc. the Ryan White Part B representative will notify the appropriate provider agency requesting specific program information.
 - d. If it is determined that the use of Ryan White Part B funding was illegal, fraudulent or inappropriate, the client will first be given the opportunity to reimburse the provider for the amount of the inappropriate expenditure. If client does not provide reimbursement within 30-days of notification, the client will be made ineligible for all Ryan White Part B services for a minimum of one-year from the date the service was provided.
 - e. Clients will be given the opportunity to enter into the provider's grievance procedure regarding if they are not in agreement with the results of the agency inquiry/investigation.
3. HRSA/HAB regulations requires that providers will have in place agency policies and procedures which minimize the occurrence of inappropriate use of funds by clients.

Failure by the client to comply or any attempt to mislead agency or Ryan White program staff regarding income eligibility may result in denial of current and possibly all future services and/or ineligibility for the Ryan White Part B Program.

Failure by the agency staff administering Ryan White funds to comply or any attempt mislead the Ryan White Program regarding income eligibility could result in loss of Ryan White funding, recoument of federal funds and or other potential legal sanctions.

The use of federal tax return forms (i.e., 1040, 1040A or 1040EZ) will be utilized for verification of income/eligibility for certain RW services. At no time will a W2 be utilized to verification of income or eligibility for services.