

# Minnesota Council for HIV/AIDS Care and Prevention



# Ryan White Part A Grant and Waiver

- ▶ Part A Grant Requirements
- ▶ Core Medical and Support Services
- ▶ Part A Grant Waiver Requirements
- ▶ Waiver Documentation Requirements
- ▶ Proposed Public Input Process

# Ryan White Part A Grant Requirements

- 75 percent (or more) of funds be used on core medical services for individuals with HIV/AIDS who are eligible
- Services be provided in a coordinated, cost-effective manner
- Part A funds are the payer of last resort for HIV/AIDS services

# Ryan White Part A Core Medical Services

(A) Outpatient and ambulatory health services

(B) AIDS Drug Assistance Program treatments

(C) AIDS pharmaceutical assistance

(D) Oral health care

(E) Early intervention services

(F) Health insurance premium and cost sharing assistance for low-income individuals

(G) Home health care

(H) Medical nutrition therapy

(I) Hospice services

(J) Home and community-based health services

(K) Mental health services

(L) Substance abuse outpatient care

(M) Medical case management, including treatment adherence services

# Ryan White Part A Support Services

- A. Case management (non-medical)
- B. Child care services
- C. Emergency financial assistance
- D. Food bank/home-delivered meals
- E. Health education/risk reduction
- F. Housing services
- G. Legal services
- H. Linguistics services (interpretation and translation)
- I. Medical transportation services
- J. Outreach services
- K. Psychosocial support services
- L. Referral for health care/supportive services
- M. Rehabilitation services
- N. Respite care
- O. Substance abuse services—residential
- P. Treatment adherence counseling

# Part A Grant Waiver Requirements

- ▶ No ADAP waiting list
- ▶ Evidence of core medical services availability and accessibility
- ▶ Demonstrated consistency with annual planning, resource allocation table and Integrated HIV/AIDS Prevention and Care Plan
- ▶ Submitted either as part of the grant application or within 4 months into the grant year (April 30, 2017)
- ▶ Public Input Process

# National Comparison of Waivers

- ▶ Submission Trends
  - FY 2013- 5 requests; 3 approvals
  - FY 2014- 7 requests; 7 approvals
  - FY 2015- 13 requests; 12 approvals
  - FY 2016- 7 requests; 7 approvals (as of 4.21.16)
- ▶ Range of requests 16% - 74.66% on core medical services
- ▶ Once waiver approval is granted the exact percentage on core medical services is immaterial.

# Core Medical Services Waiver

- ▶ Evidence that all core medical services are available:
  - ▶ HIV/AIDS client/patient service utilization data
  - ▶ Other supporting data and information?
- ▶ Core medical services must be accessible within 30 days
- ▶ Services must be available without spending 75% of Ryan White funds



# Why request a waiver?

- ▶ Flexibility & Maximize Resources
  - ▶ Waiver will positively impact the Council's ability to address support service needs
  - ▶ Increase outreach and linkage of HIV-positive individuals not currently in care
- ▶ Health Insurance Coverage
  - ▶ Minnesota has one of the lowest rates of uninsured individuals in the nation

# Why request a waiver?

- ▶ Public Programs Access and Availability Standards
  - ▶ Emergency, Primary Care, Specialist
- ▶ Public Programs Provider Network Standards
- ▶ Growing Support Services Needs
  - ▶ Housing, food supports, etc.
- ▶ **Discussion Item:** Are there other reasons to request a waiver?

# What are the risks?

- ▶ Waiver won't be approved and core medical services are under-spent
- ▶ Unspent funds will be returned and not available for our community
- ▶ There is No Risk to applying for the waiver. A Part A waiver will add flexibility to spending plans it does not dictate spending plans.

# Additional Documentation

- ▶ Proposed Allocation Table
- ▶ Care and Treatment Services Inventory (Integrated Plan)
- ▶ Director of the Part B State/Territory Grantee indicating that there is no current or anticipated ADAP services waiting list in the State/Territory.
- ▶ Planning Council Chair(s) Concurrence
- ▶ State HIV/AIDS Director describing the public process that occurred in each jurisdiction.

# Public Input Process

- ▶ Seek input from affected communities including consumers and the Ryan White HIV/AIDS Program-funded core medical services providers:
  - ▶ Availability of core medical services
  - ▶ Decision to request a waiver
- ▶ Plan to use part of the March 14, 2017 Council meeting and invite additional consumers and providers to attend

# Next Steps

- ▶ Draft Waiver Request
- ▶ Gather Documentation
- ▶ March 14, 2017 Council Meeting
  - ▶ Present additional information on waiver request
  - ▶ Secure input from consumers and providers
- ▶ Letters of support - Council, DHS, and MDH

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