

FY 2020 Ryan White RFA Questions/Answers

The questions below were submitted via e-mail for the FY 2020 Ryan White Request for Applications (RFA). Please note the answers are italicized below each question.

- 1a. This year I am going to request an increase in ambulatory care money because we are seeing an increase in undocumented patients and the process of charity care can take an average of two months to obtain. Besides that increase, [redacted] and I were discussing potentially requesting financial assistance for copay assistance/cost sharing for copays/deductibles for patients on Government Marketplace plans. Any thoughts/guidelines on how to properly dispense that between patients? Is there a limit per patient, first come first serve? Is there a limit on how much I can request for the grant? We try to not overwhelm the healthy patients with too many visits because of copays but we have a few that are ill and need to come up to three times a month at \$50 copay per visit. This is quite a financial burden for them. I would greatly appreciate any guidance.
- 1b. *Your application needs to clearly detail how funds will be used for Outpatient/Ambulatory Health Services and the number of patients that will be seen. As always, Ryan White is the payor of last resort. Application needs to clearly explain the process for moving patients to Charity Care, if approved, and removing them from Ryan White.*

Refer to page 5 of the FY 2020 Ryan White RFA Instructions Packet, which explains anticipated funding availability for all eligible service categories. As with all services, your agency would need to develop the program that will be provided and describe how the program will be implemented.

The below chart may be helpful when completing application for Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals. Additional information regarding this service category can be found in HRSA Policy Clarification Notices (PCN) 16-02 and 18-01, as well as the Middlesex-Somerset-Hunterdon TGA Service Standards. The TGA Service Standards have TGA-specific guidelines which providers need to adhere to.

- [HRSA PCN 16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds](#)
- [HRSA PCN 18-01: Clarifications Regarding the Use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance](#)
- [Middlesex-Somerset-Hunterdon TGA Service Standards](#)

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals:
<p>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. For purposes of this service category, health insurance also includes standalone dental insurance. The service provision consists of the following:</p> <ul style="list-style-type: none">• 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 standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or• Paying cost sharing on behalf of the client
<p><u>Service activities:</u></p>

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals:	
<ul style="list-style-type: none"> Detailed documentation of emergency and need for assistance 	<ul style="list-style-type: none"> Release to communicate with the vendor Proof of payment made on behalf of client
Service Category Considerations:	
Adherence to TGA thresholds for amount(s) allowed within a single year as detailed in the service standards.	
One (1) unit of service: a single payment, one voucher, amount	

2a. Is Intensive Case Management still a sub-category under Case Management?

2b. No, there are no sub-categories for Medical Case Management.

3a. Can MAI-eligible clients be seen under Part A if the MAI case manager has reached maximum capacity?

3b. Yes, there are no restrictions on Part A funding. All Ryan White eligible consumers can be seen under Part A.

4a. Would a peer navigator position fall under case management in both Part A and MAI?

4b. Yes. Peer Navigators can be funded under any service category.

5a. Confirming that 2 separate applications are still required for Part A and MAI.

5b. Yes, separate applications are required for Part A and MAI.

6a. Confirming that the MSHTGA Service Category Goals and Objectives are no longer specified in the application as they have been in past years.

6b. While Goals and Objectives are no longer specified in the application, it is the expectation that levels of service and service delivery are appropriate and reasonable based on the budget submitted. Additionally TGA-wide goals will be determined administratively and shared upon award of contract.

7a. On page 3, letter E, the second bullet point references that we must include an application cover sheet signed by the agency's authorized individual. Where would we find this cover sheet and does this need to be uploaded under miscellaneous uploads?

7b. Please disregard the 2nd bullet on page 3, letter E.