



**Fulton County  
Ryan White Part A  
Program Manual**



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## PROGRAM PURPOSE

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The Part A program is authorized by Part A of Title XXVI of the Public Health Services Act, as amended by the Ryan White Treatment Extension Act of 2009 (hereinafter referred to as the Ryan White HIV/AIDS Program). Part A funds, which include Minority AIDS Initiative (MAI) funds, provide direct financial assistance to Eligible Metropolitan Areas (EMAs) that have been the most severely affected by the HIV epidemic to assist EMAs in developing or enhancing access to a comprehensive continuum of high quality, community-based care for low-income individuals and families with HIV disease.

As defined by the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), a comprehensive continuum of care includes the 13 medical services, specified in the law, and appropriate support services that assist PLWH/A in accessing treatment for HIV/AIDS infection that is consistent with DHHS Treatment Guidelines. The **core medical services** are: 1) Outpatient and ambulatory health services; 2) AIDS Drug Assistance Program treatments in accordance with Section 2626 of the Public Health Service Act; 3) AIDS pharmaceutical assistance; 4) Oral health care; 5) Early intervention services; 6) Health insurance premiums and cost sharing assistance for low-income individuals in accordance with Section 2615; 7) Home health care; 8) Medical nutrition therapy; 9) Hospice services; 10) Home and community-based health services as defined under Section 2614(c) of the Public Health Service Act; 11) Mental health services; 12) Substance abuse outpatient care; and 13) Medical case management, including treatment adherence services. Comprehensive HIV/AIDS care beyond these core medical services may include supportive services that meet the criteria of enabling individuals and families living with HIV/AIDS to access and remain in primary medical care and improve their medical outcomes.

## PROGRAM PRIORITIES

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The Fulton County Ryan White Part A Program follows the service priorities set by the Metropolitan Atlanta HIV Health Services Planning Council (Planning Council) and the **core medical services** requirement of HRSA, the federal administrative agency of the reauthorized Ryan White HIV/AIDS Treatment Modernization Act of 2006. HRSA requires that Ryan White Grantees assure that not less than **75%** of its funding is used to provide the **core medical services** that are needed in the EMA for individuals who are identified and eligible under the Ryan White HIV/AIDS Program before spending any resources on support services. Additionally, all support services must be documented as linking directly to the core medical services.

### **Core Medical Services:**

Primary Care (Outpatient/Ambulatory Medical Services)  
Drug Reimbursement (AIDS Pharmaceutical Assistance)  
Oral Health Care (Dental)  
Medical Case Management

Mental Health Services  
Substance Abuse Services

**Support Services:**

Food Bank/Home Delivered Meals  
Emergency Financial Assistance  
Psychosocial Support Services  
Medical Transportation  
Linguistic Services  
Legal Services  
Childcare Services

**GENERAL PROGRAM REQUIREMENTS**

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1. No expenditures shall be incurred with Ryan White Part A funds for any item or service which can reasonably be expected to be paid through other state, federal or private benefits programs. **Ryan White funds must be used as dollars of last resort** and appropriate documentation must be included in the client's file.
2. The Ryan White HIV/AIDS Program is a needs-based program; clients with the highest needs receive the greatest amount of service. Additionally, clients are not required to participate in case management. Ryan White is not a federal entitlement program.
3. All services must meet the Atlanta EMA's Standards of Care. EMA Standards of Care, as approved by the Planning Council, may be found on the Ryan White Part A website at **[www.fultoncountyga.gov/ryan-white-home](http://www.fultoncountyga.gov/ryan-white-home)**. EMA quality of service indicators may also be found on this site.
4. Ryan White funds may not be used to pay for professional licensure, program licensure requirements or subscription fees.
5. Ryan White funds may be used to support specific HIV staff training, which enhances an individual's or an organization's ability to improve the quality of services to affected clients. Support services funds may not be used to pay for staff training.
6. In no case may Ryan White Part A funds be used to pay for off-premise social or recreational activities (i.e. movies, vacations, gym membership, parties). This also includes off-premise retreats.
7. Funds may not be used to make direct payments of cash or checks to a client. Where direct provision of the service is not possible or effective, vouchers or similar programs, which may only be exchanged for a specific service or commodity, must be used to meet the client need.

8. Ryan White Part A funds **cannot** be used to pay for any support service, primary medical care or prescription drugs for any incarcerated person in a local, State or Federal correctional facility (including city or county jails).
9. Ryan White HIV/AIDS Program legislation requires grantees to collect and report program income. The program income is to be returned to the respective Ryan White HIV/AIDS Program and used to provide eligible services to eligible clients. “Program Income” is gross income – earned by a recipient, sub-recipient, or contractor under a grant – directly generated by the grant-supported activity or earned as a result of the award. Program Income includes, but is not limited to, income from fees for services performed (e.g., direct payment, or reimbursements received from Medicaid, Medicare and third-party insurance); etc. and income a recipient or sub-recipient earns as the result of a benefit made possible by receipt of a grant or grant funds, e.g., income as a result of drug sales when a recipient is eligible to buy the drugs because it has received a Federal grant. Direct payments include charges imposed by recipients and sub-recipients for Part A services, such as enrollment fees, premiums, deductibles, cost sharing, co-payments, coinsurance, or other charges.

## CLIENT ELIGIBILITY

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In order to receive services funded by Part A (inclusive of MAI funding), clients must meet eligibility criteria which includes:

1. Client must have a verified HIV positive diagnosis. Examples of acceptable documentation for HIV status shall include, but not be limited to, positive Western Blot test results, medical provider’s diagnosis or presumptive diagnosis based upon lab results, and/or medical therapies prescribed by a medical provider.

Affected family members or partners of HIV positive clients are eligible for certain services in the following circumstances:

- a. The service has as its primary purpose enabling the non-infected individual to participate in the care of someone with HIV disease or AIDS.
- b. The service directly enables the infected individual to receive needed medical or support services by removing an identified barrier to care.
- c. The service promotes family stability for coping with the unique challenges posed by HIV/AIDS.

Affected family members are not eligible for ambulatory/outpatient medical care, mental health services, oral health care, or substance abuse services (*per HRSA Guidance*).

2. Client must provide documentation of primary residence within the 20 county EMA. The EMA includes the following counties: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, and Walton. Primary residence can be determined by asking for proof of residency, which may include a current valid driver's license or official State ID that includes address, a certificate of domicile, rent receipts, utility bill with address, or a notarized statement from the landlord.
3. It is not necessary to be a U.S. citizen to receive Ryan White Part A services. Applicants do not have to document citizenship or immigration status in order to be eligible for services. However, residency in the EMA must be demonstrated and documented.
4. To qualify for Part A services a client's gross income can be **no more than 300% of the Federal Poverty Level (FPL)**. Clients must submit proof of income. See Income Qualification to determine FPL. (Information can be obtained by from the U.S. Health and Human Services website - <http://aspe.hhs.gov/poverty/11poverty.shtml> ).
5. Client must be enrolled in primary care. Examples of documentation include a letter from the physician or a copy of prescription.

Recipients of Part A funds must maintain documentation of the items listed above **prior** to the provision of any Part A service. It is not acceptable for the client to self-report the information required to determine eligibility. If the client is not currently enrolled in primary care, particularly new clients requesting mental health or substance abuse treatment services, documentation is required in the agency record of the client's service plan and timeline for enrollment in primary care. This documentation must be obtained within three months of the client's visit.

## **INCOME QUALIFICATION**

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Four steps to qualify a client:

1. Determine family/household size.
2. Verify documentation of income.
3. Determine gross monthly income for eligible family.
4. Use Federal Poverty Guideline (FPL) to determine eligibility.

*Note: Subsection A provides basic guidance and Subsection B provides in-depth policies.*

**Subsection A**

<b>Step 1: Determine family/household size</b>	<b>Guidance</b>
<b>Family Definition</b>	<p>A family of two or more is defined as a group of persons related by birth, marriage, adoption, or a legally defined dependent relationship, who live together (household).</p> <p>Life partner, significant other, legally registered Domestic Partner, or roommate (with no children in common) is NOT counted as family for purposes of income verification.</p>
<b>Household Definition</b>	<p>For purposes of determining income eligibility, family that meets the definition of family AND lives together are considered a household.</p>
<b>Dependent Status Definition</b>	<p>Dependent household members are defined as those persons for whom the head of household has a legal responsibility to support, or for whom the head of household has voluntarily extended support. These relationships are defined as legal adoptions and guardianships.</p> <ul style="list-style-type: none"> <li>➤ Adopted family members must conform to the program requirements listed below for dependent children.</li> <li>➤ Guardianship status must be supported by court documents defining the guardian relationship/ responsibility.</li> </ul> <p>All income, from full or part time employment, produced by all dependents must be declared as part of the household income.</p>
<b>Step 2: Verify documentation of income</b>	<p>Documentation or proof of income is required for all clients</p> <p>The following are the most commonly presented types of documentation:</p> <ul style="list-style-type: none"> <li>➤ Social Security award letter (current year)</li> <li>➤ Copy of Social Security check</li> <li>➤ Bank statements showing automatic deposit of Social Security check</li> <li>➤ Pay stubs</li> <li>➤ Year-end 1099 form</li> <li>➤ W2 tax form from employer</li> <li>➤ Federal income tax return</li> <li>➤ Passport or Department of Labor databases</li> </ul>
<b>Step 3: Determine</b>	

<b>monthly income for eligible family.</b>	<b>Gross:</b> Income <b><u>BEFORE</u></b> any taxes or other withholdings are deducted.
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*Note: Net is also known as “take home” income. Income after taxes and withholdings are deducted.*

**Subsection B**

**DEPENDENT STATUS POLICY**

- Dependent child status shall not extend beyond age 18, except when the dependent child is enrolled as a student. In the case of student status, the age at which the dependent child status shall end is age 24. The client must attach documents to show that the child is enrolled in an educational institution and must be submitted with each 6-month recertification process.
- All dependents claimed must appear on the client’s Federal and State Income Tax Return for the most recent year.
- Clients may not claim dependent status for individuals who reside outside the United States, unless those persons are listed on his/her most recent Federal Tax Returns filed; and there is a judicial ruling in the United States that defines a legal relationship and dependent status.
- All persons over the age of 18 years (who are not covered by the student status extension, and whom the head of household is claiming dependent status) must be named specifically in a legally defined Guardianship Relationship approved by a U.S. Judicial proceeding. NO exceptions will be made to this requirement. Notarized copies of documents must be made available upon request to the program.
- Adults (i.e. elderly parents, disabled adult child, etc.) are approved dependents if they meet the criteria above.

**GROSS MONTHLY INCOME DETERMINATION**

The following are program criteria for determining gross monthly income:

- **Employed clients:** Annual income, divided by 12 months, is used for clients who have been employed, by the same employer, for a continuous period of at least 12 months and can provide documentation that “trends” their annual income.
- There are:

- 2080 work hours in a year
  - 52 weeks in a year
  - 26 every-other-week pay periods
  - 24 twice-a-month pay periods
- **Self-employed clients:** Annual income, divided by 12 months, is used for self-employed clients who can prove seasonal employment. (Seasonal employment often means income is generated during certain time periods, which may or may not be over the limit during that time period, but when annualized over 12 months is within limits.)
    - Self-employed clients must show documentation of **GROSS MONTHLY RECEIPTS**. Bank statements which show deposits, accounting records, payable/receivable records and a federal income tax return that show gross income are ways to document gross monthly receipts. A self-employed client must pay for the cost of maintaining their own business which is considered “overhead.” The program allows a 50% deduction from gross monthly receipts to cover the cost of maintaining a business.

**Divide a client’s gross monthly receipts in half to determine their monthly income.**

- **Change in income or where there are no trends in income:** Annual income, divided by 12 months, shouldn’t be used for clients who have experienced a change in income that would make them eligible for the program. For example, a client who was ineligible might now qualify if they lose their employment or experience a substantially reduced income for the foreseeable future. Within reason, the program attempts to “look forward” in income assessment. The current monthly income should be used to determine eligibility.
- Do NOT take into account garnished wages, liens, child support payments, the monies garnished from monthly SSDI awards including reimbursement of previous Social Security overpayments.
- Gross income **INCLUDES** the amount that is deducted from Social Security checks for Medicare Part B.
- Food stamps are not considered income.
- Federal income tax returns will help verify income from multiple part-time jobs and that the family size is accurate.
- **Hourly income:** Calculate both the monthly income based on the Year To Date (YTD) amount listed on their pay stub and annualize the hourly rate to find the gross monthly income which is to the client’s best advantage.

- **Twice a month vs. every other week:** Carefully check the pay stub to determine which factor to calculate when determining annual income – 24 pay period per year for twice a month or 26 pay periods per year for every other week. Do not rely solely on the client’s report as to the type of pay period. Sometimes the difference between these two pay cycles can determine a client’s eligibility.
- **NOTE:** Watch for “taxable gross” on paychecks, which will show for clients with pre-tax deductions including IRAs, 401Ks, and health and other insurances. Use the true gross (before those items are deducted), NOT the taxable gross.

## INCOME SOURCES

- Work Income
  - (Overtime pay, tips, bonuses, and commissions are all counted)
- Long Term Disability/all disability payments
- Self employment income
- Pension/Retirement income
- Unemployment insurance income
- Child support
- Alimony
- Social Security Income (SSI)
- Social Security Disability Insurance (SSDI)
  - (Income is “income **before**” the Medicare Part B is deducted)
- Income from interest paid by savings/checking accounts
- Survivor benefits
- Annuities
- Stocks, bonds, certificates and all other investments, if they pay dividends
- Rental properties (includes sublet of portions of the client’s primary residence)
- Inheritance
- Viaticum payments

## PROCESS AND TIMELINE FOR CONTRACTS

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In coordination with the Fulton County Attorney’s Office, the Ryan White Staff develops the contract for the current year’s funding. The contract incorporates language to ensure compliance with HRSA federal regulations and mandates as well as local program and fiscal policies and directives. Once the Staff completes a draft contract, it is forwarded to the County Attorney’s Office for final approval. When approved as to form by the County Attorney, which may require one to two weeks for review, the contract is forwarded to funded agencies for the signature of the individual authorized to enter into contracts and the insertion of required attachments and addenda which include:

- Measurable Goals and Objectives tied to Approved Budget
- Budget and Budget Narrative Justification
- Signed certifications
- Correspondence identifying appropriate programmatic, fiscal, data management, and Planning Council designees including those for the Comprehensive Planning, Quality Management and Assessment Committees.

The contract is considered “complete” if **all** of the above items have been returned with the signed contract. All complete contracts are routed to the County Attorney for final review and signature, a process which may also require one to two weeks. If the contract does not include **all** of the above items, it is considered “incomplete” and will not be forwarded to the County Attorney’s Office. Any agency returning an “incomplete” contract will be contacted by the Staff regarding any missing items.

After approval by the County Attorney’s Office, the contract is then routed to the Fulton County Clerk’s Office for the signatures of the Fulton County Clerk and the Chair of the Fulton County Board of Commissioners. This signature process may require two to three weeks to complete.

Copies of the executed contract are forwarded to the Fulton County Finance and Purchasing Departments to establish a vendor code and purchase order number. When this process is complete, which may require two to three weeks, a file copy of the fully executed contract is then forwarded to the funded agency, along with a letter that provides information on the following:

- Agency vendor code and purchase order number.
- Cumulative Contract Expenditure Report
- Information Required Prior to the Processing of the First cumulative contract Expenditure Report
- Supporting Documentation for Reimbursement Requests
- Budget Revision Requests
- Quarterly Progress Reports
- Ryan White HIV/AIDS Program Services Report (RSR)

## **CONTRACTUAL REQUIREMENTS**

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### **Audit/Independent Financial Statement Requirement - Paragraphs 5.6a-5.6b**

The deadline for receipt of the agency audit is 180 days after the close of the agency's fiscal year. If the agency experiences problems in meeting this deadline, the agency may request an extension with the submission of a letter from the auditor stating the reason for the delay and the revised deadline date. This request must be submitted to and approved by the Grantee prior to the end of the original deadline in order for the agency to be considered meeting its contractual requirement.

### **Case Management/Mental Health/Substance Abuse Screening Tool**

Standards for case management and mental health/substance abuse have been adopted by the Planning Council. The implementation of these standards requires that all new clients be screened to determine the need for referral for mental health, substance and case management services. New clients will be screened on intake and continuing clients will need to be screened at the time of recertification.

### **Charging of Clients – Paragraph 4.5**

Contractor agrees that in the provision of services with assistance provided under Part A, any charges to any individual services will be made in accordance with the provision of the Ryan White HIV/AIDS Program, Section 2605(e) included in the contract as Addendum C. The Contractor shall implement a sliding fee scale policy in conformance with the aforementioned requirements.

### **Client Satisfaction Survey – Paragraphs 2.4 and 2.5**

Contractor agrees to undertake its own client satisfaction surveys to monitor the quality of the services provided and to measure the level of customer satisfaction. Survey results shall be submitted with the second quarterly report.

Contractor agrees to administer the EMA's standardized client satisfaction surveys and to submit the documents to the County by the indicated deadline.

### **HIV Status – Paragraph 15.1**

Contractor agrees to maintain documentation of positive HIV serostatus in the client's file on-site and shall make these documents available, within the scope of confidentiality, as may be required during any monitoring activity conducted by the County or designee. Documentation of serostatus should occur during the client intake process. Acceptable documentation of positive HIV serostatus shall include, but not be limited to, positive Western Blot test results, medical provider's diagnosis, viral load lab results, and/or medical therapies prescribed by a medical provider. Documentation shall be primary or refer to the primary documentation in the form of an official, signed statement from the holder of the primary documentation stating that eligibility has been confirmed (including the name of person/organization verifying eligibility, date, and nature and location of primary documentation).

### **Income Eligibility Requirement – Paragraph 15.2**

For each client served with Part A funds, Contractor agrees to maintain documentation of the financial status (as described in the most current version of the “Fulton County Government Ryan White Part A Program Manual) in the client's file on-site and shall make these documents available, within the scope of confidentiality, as may be required during any monitoring activity conducted by the County. To be determined eligible for Ryan White Part A services, a client’s household income must be at or below 300% of the current Federal Poverty Level. Initial certification shall occur during the new client intake process and recertification shall occur no less frequently than every six months thereafter. Recertification shall occur no less frequently than every six months for clients already receiving services by Contractor.

**Residency Requirement – Paragraph 15.4**

For each client served with Part A funds, Contractor agrees to maintain documentation of residence within the 20-County Eligible Metropolitan Area (as described in the most current version of the “Fulton County Ryan White Part A Program Manual”) in the client's file on-site and shall make these documents available, within the scope of confidentiality, as may be required during any monitoring activity conducted by the County. Initial certification shall occur during the new client intake process and recertification shall occur no less frequently than every six months thereafter. Recertification shall occur no less frequently than every six months for clients already receiving services by Contractor.

A client must reside within the 20-county EMA. No person residing outside the 20-County EMA can be served with Ryan White Part A funds.

**Primary Care Documentation – Paragraph 15.3**

For each client served with Part A funds, Contractor agrees to maintain documentation of the provider of primary care (as described in the most current version of the “Fulton County Ryan White Part A Program Manual”) services in the client's file on-site and shall make these documents available, within the scope of confidentiality, as may be required during any monitoring activity conducted by the County or its designees. Initial certification shall occur during the new client intake process and recertification shall occur no less frequently than every six months thereafter. Documentation shall be primary, i.e., letter from the physician (original or copy) and/or copy of prescription.

**Quality Management – Paragraph 2.3**

Contractor agrees to undertake and maintain quality management program(s) and quality service indicators for each Part A funded service provided to ensure that persons living with HIV disease, who are eligible for treatment and health related support services, receive those services and that the quality of those services meet certain approved criteria (i.e., EMA adopted service standards of care, Public Health Service (PHS) treatment guidelines, etc.). Through quality management efforts, Contractor should be able to identify problems in service delivery that impact health-status outcomes at the client and system levels. As part of the County’s site visit protocols and other monitoring efforts, Contractor shall be required to

provide documentation that such programs/systems are in use. A copy of the agency's Quality Management Plan must be submitted with the second Quarterly Progress Report.

### **Monitoring of Standards and Indicators**

Standards and Indicators have been adopted by the Planning Council for the following services: Primary Medical Care, Oral Health, Case Management, Mental Health, Substance Abuse, Peer Counseling, Outreach, Food/Nutrition, and Legal.

Where appropriate, the Ryan White Staff or designees will monitor agency compliance with all EMA-adopted standards. Agencies receiving funds for these services must comply with the standards for the delivery of these services.

## **PROGRAMMATIC REQUIREMENTS**

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- The County discourages the employment of relatives, by blood or marriage, of the Contractor or its employees. Agencies must notify the Ryan White Part A Office in writing of intentions to **employ relatives**, stating:
  - individual's name;
  - individual's relationship to the agency/contractor; and,
  - individual's responsibilities.
  
- Agencies must notify their Project Officer in writing of any **changes in personnel**, i.e., when positions become vacant, when vacant positions are filled, or when there are internal changes in staffing utilizing currently approved personnel.
  
- All questions regarding Ryan White Part A funded services and contractual requirements must be submitted in writing to the Project Officer. Responses from the Project Officer will be provided in writing.
  
- Agencies are required to closely monitor budget expenditures in order for the agency to most effectively and efficiently utilize Part A funds in the provision of client services.
  - If the approved agency budget includes funds for the purchase of equipment, it is expected that these funds will be expended during the first quarter of the contract period. If funds are not expended during the first quarter of the contract period and no justification has been approved by the Project Officer, the Grantee will require that the funds be returned and the agency's contract will be reduced.
  
  - If the approved agency budget includes funds for the purchase of medical and/or office supplies, the agency should ensure that **no funds** are **ever** left unexpended at the end of the contract period.

- The mode of transmission reporting requirement in the Ryan White HIV/AIDS Program Services Report (RSR) applies to the client's risk factor(s) and not sexual orientation. **All** risk factors indicated by the client during interview should be checked. If additional risk factors are discussed by the client during subsequent visits, then the client record and RSR should be updated.

## RESOURCES AVAILABLE ON RYAN WHITE WEBPAGE

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<http://www.fultoncountyga.gov/ryan-white-home>

- Standards for Primary Medical Care, Oral Health, Case Management, Mental Health, Substance Abuse, Outreach, Peer Counseling and Food/Nutrition Services
- Screening Tool for Case Management, Mental Health and Substance Abuse Services
- Epidemiology Data
- List of Part A Funded Agencies with Identified Project Officer
- Ryan White HIV/AIDS Program Services Report (RSR) User's Manual and Georgia Ryan White Parts A, B, D CAREWare Sub-Services and Definitions and data requirements
- Site Visit Report Form and Chart Tool
- Budget Revision Form
- Expenditure Report Form
- Progress Report Form
- Planning Council Meeting Dates and Locations
- Federal Poverty Level Guidelines
- Sliding Fee Scale
- Unmet Need Study
- Ryan White Program Manual
- HIV/AIDS Consumer Survey

## EXPENDITURE REPORTS/INVOICES

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### “FIRST” EXPENDITURE REPORT

The following items **must** be submitted by **all** agencies no later than **with** the first "Cumulative Contract Expenditure Report":

- **Payer of Last Resort:** A detailed description of the process in place for ensuring that funds will not be used 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 another third party benefits program or by an entity that provides services on a prepaid basis.
- A copy of the agency's **grievance process** by which client complaints against the agency with respect to Ryan White Part A funded services might be addressed; and.

The following items are to be included, **where applicable:**

- Copy(ies) of **lease agreement(s)** for any working space for which Ryan White Part A funds have been approved.
- Copies of **consultant agreements** and/or subcontractor agreements entered into for the provision of services to clients as funded under the Ryan White Part A Program. Please note that the County discourages the employment of relatives, by blood or marriage, of the Contractor or its employees .
- Contractor's certification that consultant agreements and/or subcontractor agreements contain the **assurances** required under this contract, i.e., rules and regulations of the County's policy relative to non-discrimination in client and client service practices, Federal prohibitions and requirements related to lobbying, Federal Standards for a drug-free workplace, and Federal Standards for a tobacco-free workplace. In addition, subcontractor agreements must include all Ryan White Part A reporting, budget and invoicing requirements as included in the approved agency contract.

### “MONTHLY” EXPENDITURE REPORTS

A copy of the "Cumulative Contract Expenditure Report" form, or invoice, to be used in requesting reimbursements for Ryan White Part A funded services is attached (refer to **Attachment A**). **Note:** *If your agency receives MAI funds, reimbursement for these funds must be submitted on a separate “Cumulative Contract Expenditure Report” form.*

**Signatures:** Please note that the **report requires the signatures of two individuals:** the programmatic designee and the fiscal designee; these individuals were identified by your agency in correspondence provided with the signed copies of the contract. Notification of changes in designees is required and must be in writing to the Project Officer.

**Vendor Code and Purchase Order Numbers:** When submitting reimbursement requests, please include your agency Vendor Code, Purchase Order Number and the vendor address for reimbursement. These numbers, along with the vendor address for reimbursement, must appear on each "Cumulative Expenditure Report" submitted for reimbursement. Failure to have the appropriate vendor code, purchase order number or reimbursement address may delay the processing of your payments.

**Deadline:** Please refer to Article V - Reporting Requirements, Paragraph 5.1 of your contract for the date by which Expenditure Reports are due.

**Reminder:** If, in the County's opinion, the agency submits inaccurate expenditure requests (e.g., line-item requests which exceed the approved amount, line-item requests for items which have not been approved, etc.), the County shall have the authority to **delay the processing** of any and all Part A payments until such time that the errors have been corrected to the County's satisfaction. The agency shall receive notification of the errors to be corrected within 5 working days of the receipt of Expenditure Report.

**Transmittal:** Expenditure Reports must be mailed or delivered to your Project Officer. Contact information for your assigned Project Officer is available on the Ryan White webpage.

The Expenditure Report/Invoice must be an **original** with **original** signatures. The Fulton County Finance Department will not accept copies.

**Payment Alternatives (Severe Financial Hardship):** In times of severe financial hardship and only one time per year, Ryan White Part A staff will work with an agency to process **an advance** for 1/12th of its total approved budget. Reconciliation of this amount must occur by the end of the contract period.

Also in times of severe financial hardship, Ryan White Part A staff will attempt to facilitate an agency's request that **a check be held for pick-up** in lieu of the standard Fulton County process of mailing checks. An agency must contact the Director of the Ryan White Part A Program at (404) 612-0789 to request that a check be held. Ryan White Part A staff must notify the Fulton County Finance Department at least 24 hours prior to the cutting of the check, so that the Finance Department staff will be able to flag the check for pick-up. The Finance Department will not release the check directly to an agency representative. The check must be signed for and released to Ryan White Part A staff. A check will be held for pick-up no more than **one time per contract period** per agency.

## SUPPORTING DOCUMENTATION

The supporting documentation to verify the costs recorded in the monthly Cumulative Contract Expenditure Report must be submitted with the Report. This documentation shall include, but not be limited to, the following:

- Each Expenditure Report submitted for reimbursement must be accompanied by an Excel spreadsheet provided by the Grantee staff to the agency. Specific charges for Ryan White Part A funded services must be summarized or highlighted in the supporting documentation to total amounts in line items of the spreadsheet.
- **Personnel Services:** Each Expenditure Report submitted for reimbursement of Personnel Services must contain the following supporting documentation:
  - A **list** of employees paid for the request submitted;
  - The **title** of each employee paid during the period;
  - The **amount paid** each employee for the request submitted;
  - The percentage of **fringe benefits** paid each employee for the request submitted along with employer's tax payment documentation; OR,
  - A copy of the agency's **payroll ledger/sheet** or **payroll check stubs** indicating the time and attendance for each employee paid under the contract during the period.
- Reimbursement for supplies, equipment, printing and other purchases shall be accompanied by copies of **invoices** paid/obligated by the agency under the contract. There will be no reimbursement of finance charges or late fees.
- Support for **employee local travel costs** incurred by the agency during any given request period shall include travel reports showing the number of miles traveled by each employee, the dates traveled, the beginning and ending vehicle odometer reading, and the purpose for each trip listed.
- Support for travel costs incurred by the agency for **client transportation** during any given request period shall include travel reports showing either: (a) the number of miles traveled, the dates traveled, the beginning and ending vehicle odometer reading, and the purpose for each trip listed, or (b) the number of MARTA tokens distributed on each date of the reporting period and the number of clients served, or (c) documentation of taxi information including date, destination and purpose of trip.
- Each Expenditure Report must include copies of agency's **utility and telephone invoices** paid to support requests for reimbursement; there will be no reimbursement of late fees or finance charges. Each Expenditure Report must indicate the percentage and dollar amount to be reimbursed under the contract.

- Expenditure requests for Emergency Assistance are for utilities only including natural gas, electricity and water.

## **BUDGET REVISIONS**

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The 4<sup>th</sup> Quarter revision must be submitted in April, no later than the invoice deadline specified in your contract. **NO** revisions requiring Planning Council approval will be processed after the **March** meeting of the Planning Council.

In addition, the contract allows for a plus or minus 10% deviation in line items within a priority category without prior Grantee approval (Paragraph 3.5.). The agency spreadsheet must be modified to reflect the plus or minus deviation.

### **ADMINISTRATIVE REVISIONS**

Ryan White Program staff may administratively approve budget revisions if the revision **remains within the original priority category**, program scope and intent of the original award. Within five (5) working days after receipt of a budget revision request, the agency will be notified in writing if additional information is needed. If additional information is requested, the agency must provide the information within 15 working days or the revision is considered denied. The agency will be notified of the approval/denial of the Budget Revision in writing within fifteen (15) working days of the receipt date from the Project Officer of the complete Budget Revision request. However, processing may be delayed if errors are identified by staff and until such time that the errors have been corrected to the County's satisfaction.

### **PLANNING COUNCIL REVISIONS**

Consideration by the Metropolitan Atlanta HIV Health Services Planning Council is required for budget revision requests if the requested revision would **alter the priority categories**. **Deadline** for submission of a **Planning Council Revision** is fifteen (15) working days prior to the regularly scheduled meeting of the Executive Committee of the Planning Council. A listing of the scheduled meetings of the Executive Committee and Planning Council may be found on the Ryan White webpage of the Fulton County website.

### **SUBMISSION REQUIREMENTS**

All budget revision requests must be submitted to your Project Officer **on the "Budget Revision" Form** included in **Attachment B**. *Note: If your agency receives MAI funds, a separate "Budget Revision" Form must be submitted.*

The **"Budget Revision" Form** must be signed by both your agency's Programmatic and Fiscal Designees and include:

#### **Part I: Budget Request**

This table details the **amounts** to be revised **by line item for priority category**. Please note that under the Personnel line item revisions should be listed by position.

### **Part II: Budget Justification**

Complete a “Part II: Revision Justification” for each item listed in “Part I: Revision Request;” link the justification to the request by noting the “Line Item #” on “Part II: Revision Justification.”

The justification for each requested item must include: a description of the **current** use of funds and the **proposed** use of funds, the **reason** for the revision (why the funds are not needed as originally approved and why the funds are needed in the new/revised line item), and the **impact** of the revision on the agency’s ability to deliver services as originally included in the contract.

### **NOTIFICATION**

Staff will provide the agency with written notification of the approval or denial of the request and the effective date for the revision. **CAUTION:** If funds are expended as proposed in the budget revision request **prior** to receipt of written notification, your agency proceeds at its own risk.

If any portion of the budget revision is approved, the agency’s budget will be modified to reflect the approved revision. The agency must then revise the first column of the Cumulative Contract Expenditure Report to reflect the change(s). The agency will be expected to report on the revised budgeted activities in future site visits and in future reporting activities.

## **QUARTERLY PROGRESS REPORTS**

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All Quarterly Progress Reports must be submitted to your Project Officer **on the “Quarterly Report Form”** included in **Attachment C**. **Note:** *If your agency receives MAI funds, a separate “Quarterly Report Form” must be submitted for MAI-funded programs. The “Quarterly Report Form” must be signed by your agency’s Programmatic, Fiscal and Data Designees, and include:*

### **Part I: Activities & Progress**

Even though this is a report of activities conducted during a given quarter, **cumulative year-to-date numbers** should be provided, beginning with the second quarterly report and updated for each subsequent quarter. Number of new clients included for each service should also be provided. Numbers reported must match the CADR numbers.

### **Part II: Narrative**

Within the given quarter, these reports should consist of a **brief narrative** addressing:

- major **challenges**;

- **accomplishments;**
- significant **changes** in goals/objectives (including both personnel and programmatic changes); and,
- **technical assistance** needs.

Program accomplishments should be documented in terms of increased numbers of people in care, new services added, new access points to Part A care services, etc.

The agency must undertake its own client satisfaction survey. The results of the agency's **client satisfaction** survey (conducted within the last 12 months) must be included in the 2<sup>nd</sup> Quarter report, covering August-October activities.

**Deadlines:** The Reports are due on the following dates:

<p><u>Due Date;</u>          August 15h          November 15<sup>th</sup>          February 15<sup>th</sup>          May 15<sup>th</sup></p>	<p><u>Report Period:</u>          May - June          August - October          November - January          February – April</p>
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*Note: If a deadline falls on a weekend, the Report must be received on the Friday prior to the deadline to be considered on time. Reports should be mailed, delivered, or faxed to your Project Officer by the deadline.*

## **RYAN WHITE HIV/AIDS PROGRAM SERVICES REPORT**

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**CAREWare** database information is to be submitted to this office no later than the date specified in Article V - Reporting Requirements, Paragraph 5.0 of your contract.

**Paragraph 5.0.** Contractor agrees to participate in the Part A Centralized Ryan White Services Report (RSR) system for tracking all individuals who receive services supported by Part A funds. In order to comply with the participation requirements, including reporting of all required variables and checks for accuracy and quality of data, Contractor shall directly enter data into the most current version of CAREWare provided by the County on the centralized server. Until otherwise notified by the County in writing Contractor must each month submit the Ryan White Data Report (RDR) by the 5th business day of the following month.

## **SITE VISITS**

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A site visit will be conducted at least annually at the agency by the Project Officer and other Ryan White Part A Staff as appropriate. Agency Programmatic, Fiscal and Data Designees are required to attend.

General topics covered during the site visits include:

- Previous Year Closeout Review
  - a. Results of Client Satisfaction Survey
  - b. Review of contract expenditures
  - c. Review of 4<sup>th</sup> Quarter Progress Report and comparison with RDR
  
- Current Year Programmatic Review
  - a. Review of goals and objectives
  - b. Audit status
  - c. Process for training of staff on Ryan White requirements
  - d. Process for verifying that clients are receiving primary care
  - e. Initial contact and receipt of service timeframe
  - f. Vacant positions
  - g. Technical assistance needs
  - h. Quality management program
  - i. Process for identifying eligible third party payment sources
  - j. Process for determining Medicaid-reimbursable services
  - k. Planning Council participation including designees for Comprehensive Planning, Quality Management and Assessment Committees
  - l.
  
- Reports
  - a. Expenditure Reports
  - b. Progress Reports
  - c. Ryan White HIV/AIDS Program Data Report
  
- Chart Monitoring – Charts will be reviewed for inclusion of the following documentation.
  - a. HIV Status
  - b. Eligibility
  - c. Payer of Last Resort
  - d. Clients Rights and Responsibilities
    - Agency Grievance Procedures
    - Release of Information
    - HIPAA
  - e. Recertification
  
- Record Security

## Contact Information

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For more information about the Ryan White Program please call our main line at (404) 612-8285, or write to:

Fulton County Government  
Ryan White Part A Program  
137 Peachtree St., S.W.  
Atlanta, GA 30303

Director: Kandace Carty, 404-612-0789  
Kandace.Carty@fultoncountyga.gov

You may also visit the Ryan White Program website at [www.fultoncountyga.gov/ryan-white-home](http://www.fultoncountyga.gov/ryan-white-home) for more information.

**ATTACHMENT A:**

**Cumulative Contract Expenditure Report**

**CUMULATIVE CONTRACT EXPENDITURE REPORT**

**Contractor's Name** \_\_\_\_\_

**Vendor Code** \_\_\_\_\_ **Purchase Order #** \_\_\_\_\_

NON-MAI     MAI

<u>Type of Expense</u>	<u>Approved Budget Amount</u>	<u>Prior Cumulative Contract Expenditures</u>	<u>Month of Expenditures for Reimbursement</u>	<u>Balance</u>
A. Personnel Services	_____	_____	_____	_____
Salaries	_____	_____	_____	_____
Fringe Benefits	_____	_____	_____	_____
B. Materials/Supplies	_____	_____	_____	_____
Drugs ADAP - ARVs	_____	_____	_____	_____
Drugs ADAP - Non ARVs	_____	_____	_____	_____
Medications - Non ARV	_____	_____	_____	_____
Medical Supplies	_____	_____	_____	_____
Office Supplies	_____	_____	_____	_____
C. Printing	_____	_____	_____	_____
D. Equipment	_____	_____	_____	_____
Office	_____	_____	_____	_____
Facility	_____	_____	_____	_____
E. Employee Travel	_____	_____	_____	_____
F. Client Transportation	_____	_____	_____	_____
G. Space	_____	_____	_____	_____
Rent	_____	_____	_____	_____
Utilities	_____	_____	_____	_____
Telephone	_____	_____	_____	_____
H. Audit/Financial Statement	_____	_____	_____	_____
I. Insurance	_____	_____	_____	_____
J. Other (Specify)	_____	_____	_____	_____
Laboratory	_____	_____	_____	_____
Genotype	_____	_____	_____	_____
Phenotype	_____	_____	_____	_____
Tropism	_____	_____	_____	_____
K. Subcontractual Services	_____	_____	_____	_____
<b>TOTALS</b>	<b>\$</b> _____	<b>\$</b> _____	<b>\$</b> _____	<b>\$</b> _____

**We, the undersigned, certify that the Expenditures reported have been made for Program Accomplishments within approved budget items.**

**Vendor Address**  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
**Signature of Programmatic Designee**

\_\_\_\_\_  
**Signature of Fiscal Designee**

\_\_\_\_\_  
**Date Submitted**

25

\_\_\_\_\_  
**Approved for Payment**  
 Date \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
**Approved for Payment**      **Date**

**ATTACHMENT B:**

**Budget Revision Form**

**BUDGET REVISION FORM PART I: Revision Request**

Agency: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Signatures: \_\_\_\_\_  
 Programmatic Designee

\_\_\_\_\_  
 Fiscal Designee

**FROM:**

**TO:**

[A] PRIORITY CATEGORY	[B] DETAILED LINE ITEM DESCRIPTION	[C] CURRENT LINE ITEM AMOUNT	[D] DECREASE AMOUNT	[E] NEW LINE ITEM AMOUNT
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[F] PRIORITY CATEGORY	[G] DETAILED LINE ITEM DESCRIPTION	[H] CURRENT LINE ITEM AMOUNT	[I] INCREASE AMOUNT	[J] NEW LINE ITEM AMOUNT
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1		\$ -	\$ -	\$ -
2		\$ -	\$ -	\$ -
3		\$ -	\$ -	\$ -
4		\$ -	\$ -	\$ -
5		\$ -	\$ -	\$ -
6		\$ -	\$ -	\$ -

1		\$ -	\$ -	\$ -
2		\$ -	\$ -	\$ -
3		\$ -	\$ -	\$ -
4		\$ -	\$ -	\$ -
5		\$ -	\$ -	\$ -
6		\$ -	\$ -	\$ -

**Notes:** *For each request, the amount in Column [D] must equal the amount in Column [I].  
 If the line item is a position, please indicate the position number, title, and employee name.  
 If the line item is for supplies, please indicate if medications, medical supplies, or office supplies.  
 If the line item is for labs, please indicate type.*



**ATTACHMENT C:**

**Quarterly Report Form**

➤➤➤➤ FUNDING TYPE (Check only one):  NON-MAI  MAI

➤➤➤➤ FUNDING TYPE (Check only one):  NON-MAI  MAI

# QUARTERLY REPORT FORM Part I: Activities & Progress

## Ryan White HIV/AIDS Treatment Modernization Act: Atlanta EMA (Part A)

(NOTE: Numbers should represent total of UNDUPLICATED clients or service units delivered; specify clients or units.)

Agency: \_\_\_\_\_ Period Covered: \_\_\_\_\_

GOALS & OBJECTIVES (as stated in contract)		PROPOSED # of Clients (C) and Svc. Units (U)		1 <sup>st</sup> QTR. Total	2 <sup>nd</sup> QTR. Total	YR.- TO- DATE Total	3 <sup>rd</sup> QTR. Total	YR.-TO- DATE Total	4 <sup>th</sup> QTR. Total	YR.TO- DATE Total
		C	U	C: U:	C: U:	C: U:	C: U:	C: U:	C: U:	C: U:
	TOTAL			C: U:	C: U:	C: U:	C: U:	C: U:	C: U:	C: U:
	NEW Clients									
	TOTAL			C: U:	C: U:	C: U:	C: U:	C: U:	C: U:	C: U:
	NEW Clients									
	TOTAL			C: U:	C: U:	C: U:	C: U:	C: U:	C: U:	C: U:
	NEW Clients									

If any goal/objective is not being met or is not on schedule, please explain in "Part II: Narrative/Challenges" of this form: 1) the reason(s) for non-compliance; 2) the corrective actions to be taken to bring your agency into compliance; and 3) the estimated timetable for completion of corrective action. If any goal/objective is being exceeded by 20%, provide an explanation for the increase and a revised goal/objective. Numbers included on this Report must match the submitted RDR numbers.

➤➤➤➤ FUNDING TYPE (Check only one):  NON-MAI  MAI

## QUARTERLY REPORT FORM Part II: Narrative

Ryan White HIV/AIDS Treatment Modernization Act: Atlanta EMA (Part A)

Agency: \_\_\_\_\_ Period Covered: \_\_\_\_\_

- ⇒ Challenges to meeting goals and objectives:
  
- ⇒ Accomplishments (increased numbers of people in care, new services added, and new access points to Part A care services, etc.)
  
- ⇒ Changes in Goals & Objectives:
  
- ⇒ Technical Assistance Needs:
  
- ⇒ Complaints (against the agency through its Grievance Procedure):
  
- ⇒ Client Survey Results (submitted with 2<sup>nd</sup> Quarter Report ONLY):
  
- ⇒ Quality Management Plan (submitted with 2<sup>nd</sup> Quarter Report ONLY):

Programmatic Designee \_\_\_\_\_ Date \_\_\_\_\_

Fiscal Designee \_\_\_\_\_ Date \_\_\_\_\_

RDR Designee \_\_\_\_\_ Date \_\_\_\_\_

## **ATTACHMENT D**

### **Receipt of Atlanta EMA Grievance Procedures Form**

**ATTACHMENT D**

**RECEIPT  
OF  
GRIEVANCE PROCEDURES**

I acknowledge that I have reviewed a copy of the Atlanta EMA Grievance Procedures.

Agency:

Signature:

Name (Print or Type):

Title:

Date: