Icebreaker Activity
Ulieceia Bolton
And the Winners Are!
The Director’s Address

Jeff Cheek
Looking Back…

- Rapid Entry
- Site Visit and Uniform Guidance
- New Process for Client Enrollment
- www.ryanwhiteatl.org
- Title VI
- Improving Health Outcomes
HRSA has noted that individuals receiving HIV care through the Ryan White HIV/AIDS Program achieve higher viral suppression in comparison to the national average of 30%. Viral suppression among all residents of the Atlanta EMA was 49%.
The HIV Care Continuum for clients served by the Ryan White Part A Program shows viral suppression at 68% -- **more than twice the national average.**
While linkage rates are higher in the EMA, Part A clients fare better in all other categories except for viral suppression among retained which is fairly even.

Ryan White programs served 41% of all PLWH in the EMA diagnosed through September 30, 2014 and living through December 31, 2015.
Looking Forward...

- Implementing Policies and Procedures
- Additional Provider TAs
  - QM
  - Trauma Informed Care
  - Uniform Guidance
- RFP
- Unexpended Funds and Award Reductions
- Contract Submission
- Annual Site Visits
- Risk Assessment
- Cost/Unit Reimbursement
- Annual Report
Purpose

• Large body of evidence suggest a robust and effective QM program contributes to overall improvements in healthcare quality delivery

• Improved health outcomes of our clients
  • **Retention in Care**
  • **Viral Load Suppression**

• Major component in the National HIV/AIDS Strategy (NHAS), for optimizing health outcomes
Paragraph 4.5. 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, get those services and that the quality of those services meet certain approved criteria (i.e., Eligible Metropolitan Area (EMA) adopted service standards of care, Public Health Service (PHS) treatment guidelines). 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 program/systems are in use.

A copy of the agency’s Quality Management Plan must be submitted with the second Quarterly Progress Report.
Title XXVI of the Public Health Service Act RWHAP Parts A – D

Requires the establishment of a clinical quality management (CQM) program to:

• Assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines, (otherwise known as the HHS guidelines) for the treatment of HIV disease and related opportunistic infections; and

• Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to, and quality of HIV services.
HRSA Policy Clarification
Notice #15-02

Components of CQM Program:

• **Infrastructure**
  • Dedicated Staffing, Resources, Consumer Involvement, Stakeholder Involvement

• **Performance Measurement**
  • An identified process to regularly collect and analyze performance measure data

• **Quality Improvement**
Atlanta EMA QM Program

Recipient QM Program
- QM Infrastructure
- QM Plan
- QI Projects

Planning Council
- QM Committee
- QM Work Plan

Subrecipient QM Program
- QM Infrastructure
- QM Designee
- QM Plan
- QI Projects
Quality Management Designee

- Acts as liaison between QM Committee, Recipient, and Subrecipient
- Attends all Planning Council QM Committee Meetings
- Participates or aware of quality activities at subrecipient level
Subrecipient QM Infrastructure

• Leadership

• Committee/Team
  • Meets at least quarterly
  • Creates QM Plan
  • Manages and oversees quality program and activities

• Consumer Involvement
• Stakeholder Involvement
• Evaluation

• Performance Measurement System
  • Reflective of funded services, local HIV epidemiology, and identified needs of clients
    ✓ HAB Measures
    ✓ EMA Measures
Subrecipient QM Management Plan

• Statement of Purpose
• Quality Infrastructure
• Goals and Objectives
• Performance Measurement
• Participation of stakeholders
• Capacity Building

• QI Projects
• Evaluation
• QM Plan Implementation
• Communication
• Appendix
  • Action Plan or Work Plan
  • Gantt Chart
  • Performance Measure Portfolio
Quality Management Program Activities

Required to participate in Atlanta EMA Quality Assurance Activities:

- Programmatic Chart Review
- Clinical Chart Reviews

Required to participate in Atlanta EMA QI Projects:

- CAREWare Project
- Time studies
  - Wait-Time
  - Linkage to Care within 72 hours
Quality Improvement Projects

**Required to conduct QI Projects within agency:**

- Select and prioritize projects based on data
- Use a team-based approach
- Executed by a QI Project team
- Document projects
Quality Improvement
BOOTCAMP

SAVE THE DATE!

February 15-16, 2017

Registration link on the Ryan White Website. Spaces allotted for 2-3 agency representatives.
Lean Six Sigma

Georgia Tech
Lean Six Sigma- Green Belt Training
February 27 – March 3, 2017

More training opportunities in FY17!
Questions
Summary and Purpose of PPPN: To guide the administration of the Ryan White Part A Program in ensuring client confidentiality and maintaining the privacy and security of individually identifiable health information through data management policies and procedures.
Policy & Procedures

• Step by step written Policy ensuring data security.
• Designate a single person for data security who will monitor security routinely
• Only give access to necessary staff
• Security breaches must be reported
• Anyone who is working with data must have access to training and documentation supporting this training.
  • Personal responsibilities
  • Procedures for ensuring physical security of PHI
  • Procedures for electronically storing and transferring data
  • Policies and procedures for data sharing
  • Procedures for reporting and responding to security breaches
  • Review of relevant laws and regulations
• Confidentiality agreements must be signed and kept on file. Ensure that signees understand their role
• Be responsible for general security of passwords, malware, viruses, act....
• Properly store and dispose of devices as well as guarding against theft.
Data Quality Review
Summary and Purpose of PPPN-011

To guide the administration of the Ryan White Part A Program to ensure high-quality of client-level data for reporting and other purposes.
Contractor must submit a current RSR, Data Validation Report and Completeness Report with each Quarterly Progress Report. Contractor must submit a plan and timeline for correcting errors, warnings, or alerts and an explanation for those which cannot/should not be corrected.
RSR Reports
RSR Reports

- Create RSR Client Report
  - Creates the RSR file to be handed to HRSA and for use in the Client Report Viewer

- Data Validation Report
  - Gives details as to what may need to be fixed before the report maybe submitted
  - All issues on this report must either be corrected or a reason needs to be given for the variance

- Client Report Viewer Report
  - Gives details that can be useful for quality controls

- Create RSR Provider Report
  - Report does not currently have a known use
Data must be corrected
Clients that need attention
Any questions?
Eligibility Demonstration CAREWare
Implementation Plan

PURPOSE

- Demonstrates how funded services are implemented to achieve positive health outcomes along the HIV Care Continuum.
- Contains objectives and outcomes, which are related to the stages of the HIV Care Continuum.

Two main components:

1. Service Category Table
2. HIV Care Continuum Table
# Service Category Table

## Ryan White Part A Implementation Plan: Service Category Table

<table>
<thead>
<tr>
<th>Regent Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiscal Year:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Budget Period:</th>
<th>Time Frame:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Category Name:</td>
<td>Part A Care</td>
</tr>
<tr>
<td>Race/Ethnicity (for MAI funded service only):</td>
<td>African American</td>
</tr>
<tr>
<td>Service Category Priority Number:</td>
<td></td>
</tr>
<tr>
<td>Service Category Goal:</td>
<td></td>
</tr>
</tbody>
</table>

1. **Objectives:**
   - List quantifiable time-limited objectives related to the service priorities listed above.

2. **Service Unit Definition:**
   - Define the service unit to be provided.

3. **Quantity:**
   - Number of people to be served.
   - Total number of service units to be provided.

4. **Funds:**
   - Provide the approximate amount of funds to be used to provide this service.

<table>
<thead>
<tr>
<th>Target</th>
<th>Actual</th>
<th>Target</th>
<th>Actual</th>
<th>Allocation</th>
<th>Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. **Outcome: HHS/HAB Performance Measure related to the Objectives above in this service category:**
   - (Use an Outcome from the list included)
   - (Pick Outcome from dropdown list in the cell to the right)

<table>
<thead>
<tr>
<th>Baseline: Numerator/Denominator, %</th>
<th>Target: Numerator/Denominator, %</th>
<th>Actual: Numerator/Denominator, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. **Stage of the HIV Care Continuum related to this service category:**
   - More than one Stage may be applicable
   - (Pick Outcome from dropdown list in the cell to the right)

<table>
<thead>
<tr>
<th>Diagnosed</th>
<th>Linked to Care</th>
<th>Retained in Care</th>
<th>Prescribed Antiretroviral Therapy</th>
<th>Virally Suppressed</th>
</tr>
</thead>
</table>
# HIV Care Continuum Table

**Grantee Name:** Atlanta EMA  
**Fiscal Year:** 2015  
**Time Frame:** 03/01/2015 thru 02/29/2016

<table>
<thead>
<tr>
<th>Stages of the HIV Care Continuum</th>
<th>Goal</th>
<th>Outcome</th>
<th>Service Category (One or more may apply)</th>
</tr>
</thead>
</table>
| I. Diagnosed                    | Increase the percentage who are aware of their HIV status | HIV Positivity*  
Baseline: %, Numerator/Denominator  
Target: %, Numerator/Denominator  
Actual: %, Numerator/Denominator  
79% - 35,560/45,013  
86% - 38,711/45,013  
81% - 36,279/45,013 | Late Diagnosis*  
HIV Positivity*  
Baseline: %, Numerator/Denominator  
Target: %, Numerator/Denominator  
Actual: %, Numerator/Denominator  
79% - 35,560/45,013  
86% - 38,711/45,013  
81% - 36,279/45,013 | Outpatient Ambulatory Medical Care, Outpatient Ambulatory Medical Care-Minority AIDS Initiative (MAI), Medical Nutrition Therapy, Medical Case Management, Mental Health, Medical Transportation, Substance Abuse, Case Management (Non-Medical) and Psychosocial Support |
| II. Linked to Care              | Increase the percentage of clients who attend a routine medical care visit within 3 months of HIV diagnosis. | Linkage to HIV Medical Care*  
Baseline: %, Numerator/Denominator  
Target: %, Numerator/Denominator  
Actual: %, Numerator/Denominator  
70% - 1,152/1,645  
72% - 1,184/1,645  
97% - 684/705 | HIV Medical Visit Frequency** |
| III. Retained in Care           | Increase the percentage of clients retained in care | Retention in HIV Medical Care*  
Baseline: %, Numerator/Denominator  
Target: %, Numerator/Denominator  
Actual: %, Numerator/Denominator  
81% - 9,384/11,563  
83% - 10,050/12,109  
87% - 11,169/12,731 | Outpatient Ambulatory Medical Care, Outpatient Ambulatory Medical Care (MAC), Oral Health, Medical Nutrition Therapy, Medical Case Management, Mental Health, Substance Abuse, Case Management (Non-Medical), Food Bank/Home Delivered Meals, Medical Transportation, Legal, Linguistic, Childcare, Psychosocial Support and Housing Services |
| IV. Prescribed ART              | Increase the percentage of clients with access to prescribed HIV/AIDS medications consistent with PHS treatment guidelines | Antiretroviral Therapy (ART) Among Persons in HIV Medical Care*  
Baseline: %, Numerator/Denominator  
Target: %, Numerator/Denominator  
Actual: %, Numerator/Denominator  
79% - 9,161/11,563  
81% - 9,908/12,109  
85% - 10,073/12,731 | Prescription of HIV Antiretroviral Therapy** |
| V. Virally Suppressed           | Increase the number of clients with a viral load of <200 copies/ml at last test in the 12-month measurement period. | Viral Load Suppression Among Persons in HIV Medical Care*  
Baseline: %, Numerator/Denominator  
Target: %, Numerator/Denominator  
Actual: %, Numerator/Denominator  
81% - 9,413/11,563  
83% - 10,050/12,109  
80% - 10,036/12,731 | HIV Viral Load Suppression** |

* HHS Measures can be found at: http://www.aids.gov/pdf/hhs-common-hiv-indicators.pdf  
** HAB Core performance measures can be found at: http://hab.hrsa.gov/deliveredhivaidscare/coremeasures.pdf
HRSA Requirements

• Submit an Implementation Plan to HRSA at the **beginning** of each fiscal year for planned accomplishments for the EMA

• At the **close** of the fiscal year submit a final implementation plan indicating the actual accomplishments of the EMA.
Subrecipient Plan

According to PPPN-014

• Plans must indicate:
  • # of clients to be served
  • # of service units to be provided
  • Funds allocated by funded category for each objective

• Table for each funded service

• PPPN-014 or ryanwhiteatl.org

SUBMISSION DEADLINES
FY17 Signed Contract
Quarterly Reports
### Implementation Plan

#### Ryan White Part A Implementation Plan: Service Category Table

<table>
<thead>
<tr>
<th>Reporting Requirement:</th>
<th></th>
<th>Program Terms Report</th>
<th></th>
<th>Annual Progress Report</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Grantee Name:</td>
<td></td>
<td>Atlanta EMA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Budget Period:</td>
<td></td>
<td>03/01/2015 thru 02/29/2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fiscal Year:</td>
<td></td>
<td>2016-2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time Frame:</td>
<td></td>
<td>03/01/2015 thru 02/29/2016</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Service Category Name:** Outpatient/Ambulatory Health Services

<table>
<thead>
<tr>
<th>Service Category Priority Number:</th>
<th>Current Comprehensive Plan Strategy</th>
<th>Goals 1, 2, 3, 4, 6 Pages 76-85</th>
<th>Total Service Category Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>Allocation</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td>Expenditure</td>
</tr>
</tbody>
</table>

**Service Category Goal:** To ensure accessible HIV/AIDS primary care consistent with PHS guidelines for eligible PLWH in the EMA and improve health outcomes (particularly for Hispanic African American men, women, children, and youth).

#### 1. Objectives:
- List quantifiable time-limited objectives related to the service priorities listed above.

<table>
<thead>
<tr>
<th>2. Service Unit Definition:</th>
<th>3. Quantity: Number of people to be served</th>
<th>4. Funds: Provide the approximate amount of funds to be used to provide this service.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define the service unit to be provided</td>
<td>Total Number of service units to be provided</td>
<td></td>
</tr>
</tbody>
</table>

#### 1. Objectives:
- a. To provide primary medical diagnostic and therapeutic services consistent with HHS guidelines and prescribe/monitor HIV-care medications through public health centers and community clinics located in the EMA.
- b. To provide primary medical care and prescribe/monitor HIV-care medications to women, infants, children, and youth.

<table>
<thead>
<tr>
<th>45 minute office visit</th>
<th>7,984</th>
<th>9,534</th>
<th>53,479</th>
<th>73,808</th>
<th>$8,655,191.02</th>
<th>$4,115,383.68</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 minute office visit</td>
<td>2,122</td>
<td>3,197</td>
<td>14,073</td>
<td>24,666</td>
<td>$2,300,746.88</td>
<td>$7,127,170.32</td>
</tr>
</tbody>
</table>

#### 5. Outcome: HHS/HAB Performance Measure related to the Objectives above in this service category (Use an Outcome from the list included):

- a. (Pick Outcome from dropdown list in the cell to the right.)
  - HHS Measure: Retention in HIV Medical Care
  - Baseline: Numerator/Denominator, %
    - 7894/9726, 81.16%
    - Target: Numerator/Denominator, %
      - 8404/10106, 83.16%
      - Actual: Numerator/Denominator, %
        - 9,944/12,731, 78%

- b. (Pick Outcome from dropdown list in the cell to the right.)
  - HAB Core Measures: HIV Viral Load Suppression
  - Baseline: Numerator/Denominator, %
    - 7918/9726, 81.41%
    - Target: Numerator/Denominator, %
      - 8429/10106, 83.41%
      - Actual: Numerator/Denominator, %
        - 10,062/12,731, 80%

- c. (Pick Outcome from dropdown list in the cell to the right.)
  - Baseline: Numerator/Denominator, %
  - Target: Numerator/Denominator, %
  - Actual: Numerator/Denominator, %

#### 6. Stage of the HIV Care Continuum related to this service category. More than one Stage may be applicable:

- Diagnosed
- Linked to Care
- Retained in Care
- Prescribed Antiretroviral Therapy
- Virally Suppressed
Implementation Plan

- **Preselected information for the EMA**
  - Subrecipients complete Sections 3, 4 & 5

- **Allocation** – Contract amount for service category

- **Verify multiple allocations** = Total Service Category Funds
  - EX. Objectives A + Objective B = Total Category Funds

- **Expenditure** – Total funds expended at the end of the FY for the service category

- **Actual** - # served/units at the end of the FY

- **Target Number** (People Served & Units)
  - # served in the EMA by the agency in the previous year
  - Make adjustments for increased or decreased funding
Calculating Outcomes

Baseline
• current % at the end of the last FY

Target
• % the program plans to achieve at the end of the FY
• Use NHAS, Atlanta EMA or RW Part A Care Continuum

Actual
• % the program has achieved at the end of FY

• ALL calculations are based on the numerator and denominator of the performance measure
• Performance Measures: PPPN-014 (Preselected by EMA)
Let’s Calculate . . .

EXAMPLE: HAB CORE Measure

HIV Viral Load Suppression

NUMERATOR: # of clients achieving/maintaining viral suppression that received OAHS service

DEMONIATOR: # of clients with at least one medical visit in the measurement year
Calculating Outcomes : Baseline

HAB CORE Measure: HIV VIRAL LOAD SUPPRESSION

Funded Service Category: OAHS

Numerator / Denominator = Baseline

Virally Suppressed OAHS clients in CY 2015

7,918 Virally Suppressed Clients

Total OAHS clients CY 2015

9,726 Total OAHS clients

= 81.41% Baseline
Questions
What’s for lunch?
Polices & Procedures
Jeff Cheek
Policies and Procedures

ryanwhiteatl.org
CLIENT ELIGIBILITY PPPN-001

The following are the requirements that must be met for all clients seeking services under Ryan White Part A:

1. Documentation of the program-eligible individual having HIV.
2. Proof that the individual resides in one of the 20 counties of the Atlanta Eligible Metropolitan Area. These counties are – Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding and Walton.
3. Must have an income ≤ 400% of the most current Federal Poverty Level
4. Must have no other payer source for services provided through Ryan White.
<table>
<thead>
<tr>
<th><strong>ELIGIBILITY CATEGORY</strong></th>
<th><strong>(1) INITIAL ELIGIBILITY DETERMINATION</strong></th>
<th><strong>(2) SEMI-ANNUAL RECERTIFICATION WITH NO CHANGES</strong></th>
<th><strong>(3) SEMI-ANNUAL RECERTIFICATION WITH CHANGES OR ANNUAL ELIGIBILITY RECERTIFICATION (AT LEAST EVERY 12 MONTHS)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Status</td>
<td>Documentation Required</td>
<td>No Documentation Required</td>
<td>No Documentation Required</td>
</tr>
<tr>
<td>Income</td>
<td>Documentation Required</td>
<td>No Documentation Required</td>
<td>Documentation Required</td>
</tr>
<tr>
<td>Residency</td>
<td>Documentation Required</td>
<td>No Documentation Required</td>
<td>Documentation Required</td>
</tr>
<tr>
<td>Insurance Status</td>
<td>Documentation of Coverage, Coverage Denial, or Agency’s On-going Efforts to Vigorously Pursue Benefits Required</td>
<td>No Documentation Required</td>
<td>Documentation of Coverage, Coverage Denial, or Agency’s On-going Efforts to Vigorously Pursue Benefits Required</td>
</tr>
</tbody>
</table>

For (1) and (3): A new or returning individual seeking program eligibility meets face-to-face with a member of the agency’s eligibility staff to complete eligibility.

For (2): Clients may self-attest by phone or e-mail as long as HIPPA rules are not violated. Clients do not need to come in separately to recertify.
• Fulton County’s Ryan White Program does not require clients to produce photo identification as a pre-requisite for receiving services.

• If an agency’s internal policies require State issued photo identification, the lack of such identification shall not delay enrollment in Ryan White services, provision of medications, nor result in the discharge of a client from Ryan White Services.

• 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. Service providers are not required to report undocumented clients to the US Citizenship and Immigration Services formerly known as the US Immigration and Naturalization Service (INS).

• Programs of the HRSA, including Ryan White Programs, are not subject to the Personal Responsibility and Work Opportunity and Reconciliation Act of 1996 and are not required to verify immigration and citizenship status of clients.
• Additional clarification on Proof of Positive HIV Status
• Presumptive diagnosis for initiation of services
• Provisional Enrollment
  o If a client is able to provide proof of HIV status but does not have income or residency documentation, that client may be enrolled into OAHS, MH, SA, Non-MCM or MCM.
  o Eligibility documentation MUST be provided at the next visit or the visit must be rescheduled until such time that documentation is provided.
  o All eligibility documentation must be provided prior to initiation of any other service.
  o In most instances ARVs may not be initiated until full enrollment is completed.
• Additional clarification on Proof of Residency
  o Homeless

• Additional clarification on Proof of Income
  o MAGI

• Additional detail on Third Party Payer Source Income (Includes all forms of insurance)
  o VA Exclusion
  o Indian Health Services Exclusion
Sliding Fee Scale

• If you charge health insurers for a service, then you must impose the same charge and provide a discount to uninsured clients using the service.

• If you charge for services, you must do so on a sliding fee schedule that is available to the public and is based upon established fees that are reasonable and necessary.

<table>
<thead>
<tr>
<th>Client FPL</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;100%</td>
<td>No Fee</td>
</tr>
<tr>
<td>101-200%</td>
<td>5% of Fee</td>
</tr>
<tr>
<td>201-300%</td>
<td>10% of Fee</td>
</tr>
</tbody>
</table>
Cap on Charges

- Ceiling on the amount of charges to recipients of services funded under Part A. Applies to ALL Part A Services and not just your agency’s.
- Burden of proof rests with the client.
- Annual limitation on the amounts of charges (i.e. caps on charges) for Ryan White services is based on the percent of the client’s annual income, as follows:

<table>
<thead>
<tr>
<th>CLIENT FPL</th>
<th>CAP ON OUT-OF-POCKET EXPENSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;100%</td>
<td>No-Out-of-Pocket Expenses</td>
</tr>
<tr>
<td>101-200%</td>
<td>MAGI * .05</td>
</tr>
<tr>
<td>201-300%</td>
<td>MAGI * .07</td>
</tr>
</tbody>
</table>
Culturally and Linguistically Appropriate Services
PPPN-026

- The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services.

- Funded agencies shall integrate the principles and activities of culturally and linguistically appropriate services.

- Progress in integration of CLAS Standards shall be detailed in each quarterly report.

- All subrecipient staff shall receive training in cultural competency no less frequently than annually.

- Refer to:
  http://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf

- http://www.rootsofhealthinequity.org/
Subrecipients shall designate an individual or individuals to fully participate in the Planning Council’s Comprehensive Plan, Assessment and Quality Management processes.

The name(s) of designee(s) shall be provided to the Program Office at the time the annual contract is returned to the County for signature and processing.

Notification of changes in the individual(s) serving as the designees shall be provided in writing to the Ryan White Part A Program Office no later than 14 days after the change.

In order to ensure continuity and to maintain institutional knowledge alternates for designees are not allowed.
**SERVICE PROMOTION MATERIALS PPPN-029**

- HRSA PCN#15-01: Ryan White Part A is designed to support the provision of HIV services to low-income individuals with no other payer source. Efforts must be undertaken to ensure that low-income individuals living with HIV are aware of the availability of Ryan White funded serviced.

- Subrecipients are expected to promote their HIV services to low-income individuals.

- Subrecipients shall maintain a file or files documenting agency activities for the promotion of HIV services to low-income individuals, including copies of HIV program materials promoting services and explaining eligibility requirements.
Fiscal Requirements
Michelle Beadles
Program Income – FPPN-011

• Program Income is income/revenue received from third-party sources such as Medicaid, Medicare, State Children’s Health Insurance programs, private insurance and/or client fees

• Subrecipients must report program income documented by charges, collections and adjustment reports or by a revenue allocation formula...(Example on next slide)

• Subrecipients must document billing and collection of program income. Subrecipients should use the Program Income Summary Worksheet. The latest version may be downloaded from: www.ryanwhiteatl.org

Subrecipients must retain program income derived from Ryan White-funded services and use such funds in one or more of the following ways

• Funds added to resources committed to the project or program, and used to further eligible project or program objectives
• Funds used to cover program cost
# Program Income – Revenue Allocation Example

## Agency X - Comparison

### December

<table>
<thead>
<tr>
<th>Ryan White Part</th>
<th>Billed Amount</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part A</td>
<td>$ 100,000.00</td>
<td>95.24%</td>
</tr>
<tr>
<td>Part C</td>
<td>$  5,000.00</td>
<td>4.76%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$105,000.00</strong></td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>

| Medicaid Billing | $ 2,000.00 | 97.56% |
| Client Fees      | $  50.00   | 2.44%  |
| **Total Collection** | **$2,050.00** | **100.00%** |

**Program Income**

| Part A | =($2,050 X 95.24%) | $1,952.38 |
| Part C | =($2,050 X 4.76%)  | $  97.62  |
| **Total** | **$2,050.00** |

**Program Income Worksheet**

| Medicaid | =($1,952.38 x 97.56%) | $1,904.76 |
| Client Fees | =($1,952.38 x 2.44%) | $  47.62  |

**Part A Program Income** $1,952.38

**Expenses**

| Lab Fees    | $ 550.00 |
| Utilities   | $ 402.38 |
| Rent        | $ 1,000.00 |

**Part A Program Expenditures** $1,952.38

**Net Program Income** $0.00

### January

<table>
<thead>
<tr>
<th>Ryan White Part</th>
<th>Billed Amount</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part A</td>
<td>$ 120,000.00</td>
<td>92.31%</td>
</tr>
<tr>
<td>Part C</td>
<td>$  10,000.00</td>
<td>7.69%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$130,000.00</strong></td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>

| Medicaid Billing | $ 1,500.00 | 93.75% |
| Client Fees      | $  100.00  | 6.25%  |
| **Total Collection** | **$1,600.00** | **100.00%** |

**Program Income**

| Part A | =($1,600 X 92.31%) | $1,476.92 |
| Part C | =($1,600 X 7.69%)  | $  123.08 |
| **Total** | **$1,600.00** |

**Program Income Worksheet**

| Medicaid | =($1,476.92 x 93.75%) | $1,384.62 |
| Client Fees | =($1,476.92 x 6.25%) | $  92.31  |

**Part A Program Income** $1,476.93

**Expenses**

| Lab Fees    | $  550.00 |
| Utilities   | $  200.00 |
| Rent        | $ 1,000.00 |

**Part A Program Expenditures** $1,200.00

**Net Program Income** $276.93
FULTON COUNTY RYAN WHITE PART A PROGRAM
PROGRAM INCOME SUMMARY WORKSHEET
FY2016 (March 1, 2016 - February 28, 2017)

Completion and submission of this form is required for all Ryan White Part A funded Subrecipients regardless of the amount of program income

Enter Subrecipient Info:

<table>
<thead>
<tr>
<th>(1) Subrecipient Name</th>
<th>Agency X</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2) Contact Person</td>
<td>Michelle Beadles</td>
</tr>
<tr>
<td>Phone</td>
<td>404.612.2785</td>
</tr>
<tr>
<td>E-mail</td>
<td><a href="mailto:michelle.beadles@fultoncountyga.gov">michelle.beadles@fultoncountyga.gov</a></td>
</tr>
</tbody>
</table>

(3) Ryan White (RYW) Part A Grant Award Amount

$ 2,000,000.00

**Step 1:** Enter the source of income/revenue of the program supported by Ryan White Part A funds ONLY:

<table>
<thead>
<tr>
<th>Row No.</th>
<th>Source of Program Income</th>
<th>Amount of Program Income $</th>
<th>% of RYW Part A Grant Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Medicaid - December 2016</td>
<td>1,904.76</td>
<td>0.10%</td>
</tr>
<tr>
<td>2</td>
<td>Client Fees - December 2016</td>
<td>47.62</td>
<td>0.00%</td>
</tr>
<tr>
<td>3</td>
<td>Medicaid - January 2017</td>
<td>1,384.62</td>
<td>0.07%</td>
</tr>
<tr>
<td>4</td>
<td>Client Fees - January 2017</td>
<td>92.31</td>
<td>0.00%</td>
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<tr>
<td>5</td>
<td>Medicaid - February 2017</td>
<td>-</td>
<td>0.00%</td>
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<tr>
<td>6</td>
<td>Client Fees - February 2017</td>
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<td>0.00%</td>
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</table>

(7) Gross Program Income Total

$ 3,429.31

0.17%

**Step 2:** Enter the Disbursements to be deducted from program income/revenue:

<table>
<thead>
<tr>
<th>Row No.</th>
<th>Disbursements/Expenditures</th>
<th>Amount of Disbursement $</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Lab Fees - December 2016</td>
<td>550.00</td>
</tr>
<tr>
<td>2</td>
<td>Utilities - December 2016</td>
<td>402.38</td>
</tr>
<tr>
<td>3</td>
<td>Rent - December 2016</td>
<td>1,000.00</td>
</tr>
<tr>
<td>4</td>
<td>Utilities - January 2017</td>
<td>200.00</td>
</tr>
<tr>
<td>5</td>
<td>Rent - January 2017</td>
<td>1,000.00</td>
</tr>
<tr>
<td>6</td>
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</tbody>
</table>

(10) Disbursements/Expenditures Total

$ 3,152.38

**Step 3:** Calculation of Net Program Income

(11) Gross Program Income

$ 3,429.31

(12) Less Disbursements

$ 3,152.38

(13) Net Program Income

$ 276.93

(14) CERTIFICATION

I hereby certify that I have reviewed this Program Income Summary Worksheet and that all items shown are in accordance with applicable laws and regulations, and have been classified properly according to this subrecipient’s financial accounting. All records necessary to substantiate these items are available for monitoring. I further certify that all Federal program income was obligated after the project approval date and prior to the termination date and have not been reported previously.

Signature _____ Michelle Beadles ____________________________

Print Name ____ Michelle Beadles ____________________________

Title _______ Chief Financial Officer _________________________

Date _____ 3/15/2017 ____________________________
Maintenance of Effort

What is MOE for the Ryan White Program???

• We are required to show expenditures for HIV-related **core medical services** and **support services** are maintained at a level equal to their level during the one-year period preceding the fiscal year (FY) for which the Recipient is applying to receive a Part A grant.

• Non-Federal Funds

<table>
<thead>
<tr>
<th>DO NOT include:</th>
<th>Include:</th>
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</thead>
<tbody>
<tr>
<td>Ryan White Parts A, B, C, D, etc.</td>
<td>Grant-In-Aid</td>
</tr>
<tr>
<td>Federal Funding Sources</td>
<td>In-Kind Services</td>
</tr>
</tbody>
</table>
Property Standards – FPPN-003

• Equipment has a useful life of more than one (1) year and an acquisition cost of $5,000 or more per unit

• Each Subrecipient must maintain a current, complete and accurate asset inventory list and depreciation schedule of assets purchased with Ryan White funds.

• Submit an Equipment Inventory Log with the 3rd Quarterly Report.

• New equipment purchased in total, or in part, with funds received by the County during the contract period must be submitted at the close of the year with the final invoice.

• Subrecipients must develop and maintain a current, complete and accurate supply and medication inventory list...make list available to the Recipient upon request
Property Standards - FPPN-003

• A control system shall be in effect to ensure adequate safeguards to prevent loss, damage, or theft of the property. Any loss, damage, or theft shall be investigated and fully documented.

• Adequate maintenance procedures shall be implemented to keep the property in good condition

• Equipment cannot be transferred or otherwise disposed of w/o written County approval.
# Equipment Inventory Log

<table>
<thead>
<tr>
<th>Equipment Description</th>
<th>Manufacturer</th>
<th>Model Number</th>
<th>Serial Number</th>
<th>Price</th>
<th>Funding Sources</th>
<th>Date Purchased</th>
<th>Current Location</th>
<th>Salvage Value</th>
<th>Life</th>
<th>Depreciation Method</th>
<th>Current Status</th>
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</table>

We the undersigned certify that the above is true and accurate and ensure that all equipment purchased with Ryan White Part A funds is adequately insured to cover any loss, destruction, or damage to such equipment.

Fiscal Designee: ______________________  Date Signed: ______________
Programmatic Designee: ________________  Date Signed: ______________

FOR USE BY RYAN WHITE PART A OFFICE

Date Received: ______________  By: ______________
Auditing Requirements – FPPN-004

• Subrecipients that expend $750,000 or more during the subrecipient’s fiscal year (FY) in Federal awards must have a single or program-specific audit conducted for that year (Single Audit)

• Small programs that expend < $750,000 are contractually obligated to have a financial statement audit prepared annually

• Both the Single Audit and the Financial Statement Audit must be prepared by an independent Certified Public Accountant (CPA)

• Both types of audits must be sent to the Ryan White Office and the Director of Finance of Fulton County Government 180 days following the close of the Subrecipient’s fiscal year (FY).
Auditing requirements – FPPN-004

• If there are findings in the audit report, the subrecipient must provide the Ryan White Office with responses to audit findings. A corrective action plan as recommended by auditor shall be implemented.

• Subrecipient must comply with corrective action plan or face possible suspension or termination of Ryan White Part A contract.

• Access to pertinent books, documents, papers and records of the subrecipient and any subcontractor shall be made available to the state, federal government and Fulton County for the purposes of verifying the nature and extent of applicable cost, and making audit examinations, excerpts and transcripts.
Auditing requirements – FPPN-004

Retention Requirements

- Three (3) years from the submission of the final expenditure report

- If there is a litigation, claim or audit that is started before the expiration of the three-year period, the records shall be retained until all litigation, claims or audit findings involving the records have been resolved
Cost Principals – FPPN-005

• Subrecipients must be familiar with Uniform Administrative Requirements, Cost principals and audit requirements for HHS Awards (45 CFR 75)

• Subrecipients must have in place policies and procedures to determine allowable and reasonable costs...policies and procedures must be available to the Recipient upon request

• Subrecipients must have in place reasonable methodologies for allocating costs among different funding sources and Ryan White categories.
Cost principals – FPPN-005

• Subrecipients must have in place systems that can provide expenses and client utilization data in sufficient detail to calculate unit cost

• Calculation of unit costs by Subrecipients must be based on an evaluation of reasonable cost of services; financial data must relate to performance data and include development of unit cost information whenever practical.

• When using unit costs for the purpose of establishing fee-for-service charges, the Generally Accepted Accounting Principals (GAAP) definition can be used.
Financial Management – FPPN-006

• Subrecipients must have financial policies and procedures and account for Part A funds in sufficient detail to meet Ryan White fiscal requirements.

• Subrecipients must have purchasing and procurement policies and procedures

• Accounting systems must be sufficient and have the flexibility to operate the program and meet requirements

• Subrecipients must submit a line-item budget with sufficient detail to permit review and assessment of proposed use of funds for the management and delivery of the proposed services

• Subrecipients must document and report on compliance as specified by the Recipient
Contract Contingency Amount – FPPN-008

• The Contingency allows the Recipient to redistribute funds to the Subrecipient during the year w/o modifying the contract in an effort to support the rapid expenditure of funds.

• The Contract Amount will be greater than the Purchase Order Amount.

Contract Language states:
The award amount includes a contingency amount of $###.00. These funds are not available to the Contractor unless or until a purchase order is issued authorizing expenditure of these funds. Authorization to expend contingency funds shall be at the discretion of the Director, Ryan White Program and shall be issued in writing.
Advance Payments – FPPN-009

Fulton County shall advance payments to Subrecipients to allow for adequate cash flow to implement services.

- The amount advanced shall equal the monthly funding necessary to cover personnel costs, rent, utilities and supplies.

- Reconciliation of this amount must occur as expeditiously as possible. If an advance has been provided, the Subrecipient’s reimbursement in the next month shall be reduced by the amount of the advance.

- In the event that the actual reimbursable expenses in the next month did not exceed the amount of the advance, the remainder shall be reduced from the payment for the second month after the advance.

- In the event that the actual reimbursable expenses in the second month following the advance do not exceed the amount of the remainder of the advance, the subrecipient shall remit payment to the County for the remainder due and for any interest accrued.
PPPNN – 022 Policy Statement

• Subrecipients shall provide the Ryan White Program Office with projected spending plans at the end of the first quarter, the end of the second quarter, and no less frequently than monthly for the remainder of the year.
Subrecipient Spend Plan Submission Timeline

• Due at the end of the first and second quarter.
  1. 1st Quarter (March thru May) due by the 20th business day of following month (June)
  2. 2nd Quarter (June thru August) due by the 20th business day of the following month (September)

• Thereafter, due monthly by the 20th business day in the following month.
  1. Monthly Spend Plans are due for the month of September, October, November, December, January, and February.
What is a **Spend Plan**?

- A report that summarizes the subrecipients’ actual expenses as of a specific date or at a given point versus their grant award budget.

- For the Ryan White Part A Office, the Spend Plan should be prepared for each funding category (core and support services).

**Example:**
- If a subrecipient is funded for $100,000 for the contract year for 3 core and 2 support services, a spend plan is prepared for each category for a total of 5 for that reporting period.

See Handout
Major Components of Spend Plan

Over the next several slides, we will take a look at the major components needed to be addressed in your spend plan as applicable:

- Personnel (Salary and Fringe)
- Medications (ARV and Stop Gap Meds) and Labs
- Supplies (Medical and Non-Medical)
- Equipment (Computers, Cell Phones, etc.)
- Transportation (Clients)
Personnel (Salary & Fringe)

• With the exception of vacancies, salary and fringe should be expended using the 1/12 rule.

  Example: Annual Salary of $12,000 should be expended at $1,000.00 per month.

• At no time without permission from the Recipients office should personnel be overpaid in either salary or fringe from their allotted award amount.

  ➢ Annual/Merit Raises, Market/Organizational Changes in Salaries, Pay-Cycle (if paid 3 times one month instead of twice), etc. should be communicated and approved by the Recipient’s office before submitting for reimbursement over the allotted amount.
Medications and Labs

• With each submission of the Spend Plan, it is important to monitor your spending for medications and labs. These line items do not necessarily follow the 1/12 rule, as the spending patterns may vary due to:
  • Seasonal ( Might see more patients in the winter than summer months)
  • Delay in invoicing
  • Bulk purchasing of medications
  • Clients being lost in care

• For any instance medication and lab spending are not in line with budget (i.e. 1\textsuperscript{st} Quarter \{25\%\}, 2\textsuperscript{nd} Quarter \{50\%\}), detail explanation should be provided, and how the agency plans to expend those funds throughout the grant period.
Supplies and Materials

• With each submission of the Spend Plan, it is important to monitor your spending for supplies and materials. These line items do not necessarily follow the 1/12 rule, as the spending patterns may vary due to:

  • Bulk purchasing of supplies and materials
  • Seasonality

• In the event funds are under expended in accordance to budget (i.e. 1\textsuperscript{st} Quarter {25\%}, 2\textsuperscript{nd} Quarter {50\%}), a detail explanation should be provided, and how the agency plans to expend those funds throughout the grant period.
Your Spending Plan

Spend Plans are Useful in Tracking Expenses

Spend Plans help identify where you are at in your spending down allotted funds

Spend Plans are helpful in identifying additional needs

Step 1 - Track Current Expenses Against Budget

Step 2 – Ensure Expenses are in line with Budget

Step 3 – Evaluate and Analyze

Step 4 – Provide Rationale for under/over spent line items

Step 5 – Document Adjustments

Step 4 – Provide Rationale for under/over spent line items

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Step 1 - Track Current Expenses Against Budget

Step 2 – Ensure Expenses are in line with Budget

Step 3 – Evaluate and Analyze

Step 4 – Provide Rationale for under/over spent line items

Step 5 – Document Adjustments
Ryan White Part A Office

• Ryan White Office use spend plans to indicate funds that will not be expended as authorized, and which have not been approved for a redirect through the required budget revision process. Fund deemed not able to be spent down by the end of the contract year may result in the reduction subrecipient’s purchase order by the identified amount.

• Unexpended funds are then reallocated to other provider contracts in accordance with the Ryan White HIV Services Planning Council’s service priorities. Reallocations within individual categories and the resulting contract revisions do not require Planning Council approval.

• Subrecipients who are over-expended must explain why. If client demand would warrant additional funds, please attach a narrative justification, budget spreadsheet, and budget justification following the format used in the FY15 RFP. It is highly recommended that the forms from the FY15 RFP be used.
Any questions?
Reallocation & Redistribution of Funds
Uliecia Bolton
PPPN – 022 Policy Statement

• All funds must be spent within the contract/funding year. Unexpended funds, including funds projected to be unexpended, will be reallocated/redistributed to other subrecipients who can utilize the funds within the contract/funding year.
Reallocation/Redistribution of Funds

• **Reallocation** refers to the transfer of funds within a priority category.

• **Redistribution** refers to the transfer of funds between subrecipients.
Budget Revision Requests

• **Administrative Budget Revision Request**
  Ryan White Part A staff may administratively approve budget revisions if the revision *remains within the original priority category*, program scope and intent of the original award.

• **Planning Council Budget Revision Request**
  Moving funds between priority categories that require approval and/or a vote from the Planning Council. Subrecipients requesting a revision must follow the procedure that includes steps designed for processing the budget revision request.
Budget Revision Information

• The **deadline** for submission of a Planning Council Revision is **fifteen (15)** working days prior to the regularly scheduled Executive Committee meeting.

• **The budget total may not be exceeded;** however, a plus or minus deviation of 10% **within** budget categories (i.e., personnel, supplies) and **within** Priority Category (OH or OAHS) is authorized.

• **Adding new line items to your budget is not acceptable.**
**Subrecipient Budget Reallocation Request Form**

**Subrecipient (Agency):**

**Programmatic Designee**

**Funding Source:** Non-MAI

**Fiscal Designee**

**Date Submitted:**

---

### Requested REDUCTION in allocation by service category

<table>
<thead>
<tr>
<th>#</th>
<th>Service Category</th>
<th>Subcategory</th>
<th>Line Item</th>
<th>Current Allocation</th>
<th>Expenditure as of:</th>
<th>Requested Reduction</th>
<th>New Requested Allocation</th>
<th>Clients Served To Date</th>
<th>Corresponds to Goal # &amp; Objective #</th>
<th>Current Client Goal</th>
<th>New Client Goal</th>
<th>Change in Client Goal</th>
<th>Units Provided to Date</th>
<th>Current Units Goal</th>
<th>New Units Goal</th>
<th>Change in Unit Goal</th>
<th>Percent Administrative</th>
</tr>
</thead>
<tbody>
<tr>
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**Total Reduction (Must match total increase below):** $ - $ -

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### Requested INCREASE in allocation by service category

| #  | Service Category | Subcategory | Line Item | Current Allocation | Expenditure as of: | Requested Increase | New Requested Allocation | Clients Served To Date | Corresponds to Goal # & Objective # | Current Client Goal | New Client Goal | Change in Client Goal | Units Provided to Date | Current Units Goal | New Units Goal | Change in Unit Goal | Percent Administrative |
|----|------------------|-------------|-----------|--------------------|-------------------|---------------------|------------------------|-----------------------|---------------------------------------|--------------------|----------------|-------------------|                         |                   |              |               |                      |
| 1  |                  |             |           |                    |                   |                     |                        |                       |                                       |                    |               |                   |                         |                   |              |               |                      |
| 2  |                  |             |           |                    |                   |                     |                        |                       |                                       |                    |               |                   |                         |                   |              |               |                      |
| 3  |                  |             |           |                    |                   |                     |                        |                       |                                       |                    |               |                   |                         |                   |              |               |                      |

**Total Increase (Must match total reduction above):** $ - $ -

---

Please provide a justification for each **reduction** request (by number):

1
2
3

Please provide a justification for each **increase** request (by number):

1
2
3

Please indicate the impact on the health impact of clients which would result from this action (by number):

1
2
3

---

**Any additional comments to support requests**

1
2
<table>
<thead>
<tr>
<th>Number</th>
<th>Priority Service Category</th>
<th>Priority Subcategory</th>
<th>Line Item</th>
<th>Current Allocation</th>
<th>Expenditure as of:</th>
<th>Requested Reduction</th>
<th>New Requested Allocation</th>
<th>Clients Served To Date</th>
<th>Correspond to Goal # &amp; Objective #</th>
<th>Current Client Goal</th>
<th>New Client Goal</th>
<th>Change in Client Goal</th>
<th>Units Provided to Date</th>
<th>Change in Unit Goal</th>
<th>Percent Administrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Oral Health</td>
<td>Salary from Dentist Position #1</td>
<td>$100,000.00</td>
<td>$2,000.00 $5,000.00</td>
<td>1-Jul-16</td>
<td>$93,000.00</td>
<td>$10,000.00</td>
<td>2.3</td>
<td>100</td>
<td>96</td>
<td>4</td>
<td>15</td>
<td>250</td>
<td>240</td>
<td>10</td>
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<tr>
<td>2</td>
<td>Oral Health</td>
<td>Salary from Dentist Position #1</td>
<td>$100,000.00</td>
<td>$2,000.00 $1,825.00</td>
<td>1-Jul-16</td>
<td>$96,175.00</td>
<td>$10,000.00</td>
<td>2.3</td>
<td>100</td>
<td>96</td>
<td>4</td>
<td>15</td>
<td>250</td>
<td>240</td>
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<tr>
<td>Total Reduction (Must match total increase below)</td>
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</tbody>
</table>
|        |                          |                     |          |                   |                   |                   |                      |                      |                               |                   |                 |                     |                      |                     |                     | 6,825.00

**Line Number 1 in the Reduction Table must correspond to Line Number 1 in the Increase Table.**

**Insert additional lines as needed and number lines sequentially.**

**Please note that if funds are to be taken from a line item e.g., Salary from Dentist Position #1 for two different purposes it should be listed twice in the REDUCTION section as shown in the example.**
**Increase Example**

Enter the requested INCREASE in allocation by service category below. Insert additional rows as needed.

<table>
<thead>
<tr>
<th>Number</th>
<th>Priority Service Category</th>
<th>Priority Subcategory</th>
<th>Line Item</th>
<th>Current Allocation</th>
<th>Expenditure as of 1-Jun-16</th>
<th>Requested Increase</th>
<th>New Requested Allocation</th>
<th>Clients Served To Date</th>
<th>Corresponds to Goal &amp; Objective #</th>
<th>Current Client Goal</th>
<th>New Client Goal</th>
<th>Change in Client Goal</th>
<th>Units Provided to Date</th>
<th>Current Units Goal</th>
<th>New Units Goal</th>
<th>Change in Unit Goal</th>
<th>Percent Administrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Oral Health</td>
<td>Salary for Dental Assistant</td>
<td>$35,000.00</td>
<td>$1,200.00</td>
<td>$38,800.00</td>
<td>15</td>
<td>2.3</td>
<td>100</td>
<td>110</td>
<td>10</td>
<td>30</td>
<td>20</td>
<td>200</td>
<td>220</td>
<td>20</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>SS - Medical Transportation</td>
<td>MARTA Tokens</td>
<td>$5,000.00</td>
<td>$1,825.00</td>
<td>$350</td>
<td>3.1</td>
<td>350</td>
<td>375</td>
<td>25</td>
<td>700</td>
<td>700</td>
<td>750</td>
<td>50</td>
<td>50</td>
<td>0%</td>
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</tbody>
</table>

Total Increase (Must match total reduction above) $6,825.00

If a new Goal & Objective is required, include in "Additional Comments" below.
Q & A

Ryan White Part A website: www.ryanwhiteatl.org
RyanWhiteAtl.org

For Presentation Slides