

## Ryan White Medical Case Management

### Program Purpose

The federal Ryan White Comprehensive AIDS Resources Emergency (CARE) Act provides health care for people with HIV disease. Enacted in 1990 and amended several times subsequently, it fills gaps in care faced by those with low-income and little or no insurance. The Health Resources Services Administration's HIV/AIDS Bureau (HAB) administers the program.

HIV disease disproportionately affects people in poverty, specific racial/ethnic populations, and persons underserved by healthcare and prevention systems. HIV often leads to poverty due to costly healthcare or an inability to work that is often accompanied by a loss of employer-related health insurance. Ryan White programs are the "payer of last resort." They fill gaps in care not covered by other resources. The most likely users of Ryan White services include people with no other source of healthcare and those with Medicaid or private insurance whose care needs are not being met.

Ryan White services are intended to reduce the use of more costly inpatient care, increase access to care for underserved populations, and improve the quality of life for those affected by HIV. The Ryan White program works toward these goals by funding local and State programs that provide primary medical care and support services; healthcare provider training; and technical assistance to help funded programs address implementation and emerging HIV care issues.

Grantees receiving Ryan White funds under Parts A, B, and C (formerly called Titles I, II and III) must spend at least 75 percent (75%) of funds on "core medical services," which include ambulatory outpatient medical care, oral health, mental health, outpatient substance abuse treatment, medical nutritional therapy, medical case management and drug assistance.

For more information on the Ryan White CARE Act and the specifics of each Part, please visit the Health Resources and Services Administration's HIV/AIDS Bureau website at <http://hab.hrsa.gov>.

For more information on the history of the Ryan White Part B (Title II) CARE Program in Kansas, please visit [http://www.kdheks.gov/hiv/ryan\\_white\\_care.html](http://www.kdheks.gov/hiv/ryan_white_care.html).

Kansas Ryan White Part B medical case management is an approach to routine HIV-related service delivery that is client-centered and community-minded. It is a service that is comprehensive in scope and provides a means to enhance the quality of life for people affected by HIV. It is a system of need and utilization assessment that helps local communities plan and allocate resources while functioning under a specific professional scope of service, ethics, and standards. HIV medical case management assesses the needs of the client, their family and social support system. Based upon the assessment, Medical Case Managers arrange, coordinate, monitor, evaluate, and advocate for a variety of services to meet the clients' needs. Enhancing client self-care, independence and self-determination are some of the goals of this program. Clients are expected to be involved in all aspects of their care, including problem-solving functions to the maximum extent possible. Proactive, coordinated efforts by case managers in community-based and healthcare settings assist clients in obtaining optimum wellness, as well as making the best use of available resources.

- (1) Goals - The primary goal of this Competitive Funding Announcement is to ensure equitable and quality access to all residents of Kansas living with HIV/AIDS to the Ryan White Part B Program, specifically through linkages to medical case management services. The agencies selected must demonstrate an ability to communicate with and have access to the community to be served for the entire Ryan White Region under the contract. Agencies must demonstrate an ability to successfully work with this population in the services provided through medical case management and have access to a network of community resources to meet the needs of the

clients. Collaboration with local health departments and other agencies is vital to the successful performance of this contract.

## **Funding**

The State of Kansas and the Kansas Ryan White Part B Program have determined that the purpose of funding is to provide care for persons living with HIV infection who do not have adequate access to public or private resources. These funds also assure that residents of Kansas living with HIV infection have access to the resources to monitor health status, adhere to care and adhere to treatment.

The services described are supported by a federal grant available through the Ryan White Comprehensive AIDS Resources Emergency Act (as amended) from the Human Resources Services Administration. The Kansas Ryan White Part B Program is responsible for administration of Part B programs. Part B funds are to be accessed only when no other support is available, serving as payor of last resort. It should also be noted that services are contingent on fund availability.

The Kansas Ryan White Part B Program has received federal and state funding for assistance with:

- Medications, through the statewide AIDS Drug Assistance Program (ADAP);
- Medical Case Management;
- Primary Care services;
- Dental Care services;

The following application guidance is for Kansas Ryan White Part B HIV medical case management services for 2013-2016. Funds are available to local governmental agencies (i.e. local health departments) and/or Non-Profit Agencies/Community-Based Organizations (CBO's) for the purpose of providing medical case management to individuals infected with HIV/AIDS. Eligible agencies must develop and maintain a medical case management delivery system capable of meeting the requirements of the Kansas Ryan White Part B Standards of Care for Medical Case Management. A copy of the Kansas Ryan White Standards of Care for Medical Case Management (2012) will be emailed to agencies that submit a notice of intent email.

Organizations that wish to provide HIV medical case management services must submit a grant application through this competitive process. Considerations in awarding contracts to providers include the number of clients that have been served in the past, skill and mix of staff, and ability to work with specific target populations. With the implementation of medical case management, every case manager must pass the Medical Case Management Competency test in order to work as a Medical Case Manager with this grant. Administrative costs must be equal to or less than ten percent (10%) of each provider's total budget. Please note that salaries for medical case managers are not counted in the 10% administration cap and can be considered direct client service.

Disbursement of funds occurs to agencies through the competitive funding process for the 3 year grant cycle (July 2013 – June 2016). The awards will be granted in care regions 3 through 9 in amounts based upon the level of need in each region. Regions 1 and 2 fall under Kansas City Missouri Ryan White Part A TGA purview and no funding is provided for those areas. Grants will be awarded for a three-year cycle awarded yearly, with funds dependent upon availability and grantee compliance with policies and procedures and the Ryan White Part B Standards of Care for Medical Case Management. Agencies that wish to apply for money in multiple regions may submit one application that addresses all regions. The application must show proof of physical presence in all regions and clearly explain the ability to meet the needs of the clients in each region.

The Kansas Ryan White Part B Program requires all agencies awarded a contract for medical case management through this competitive process to implement ongoing quality management activities. These activities may include objective review, independent chart audits, and/or other measures of

program performance, and will assess the quality, quantity, and outcome effectiveness of medical case management services.

Agencies are encouraged to collaborate within a region or with other regions. Applicants are urged to coordinate with other agencies in the region prior to submission of applications to reduce potential conflicts. Because of limited funding, only one award will be made per region with the exception of Region 8. Because of the high number of individuals living with HIV/AIDS in Region 8, up to two contracts will be awarded. If more than one agency is funded in Region 8, the funded agencies must have a formal agreement (such as an MOU) describing their respective roles and cooperation.

### **Specific Program Information**

#### **a. Overview Information**

- (1) INTENT TO APPLY: Organizations intending to respond to this Competitive Funding Announcement (CFA) are required to attend one of the technical assistance meetings listed below. Specific information regarding the meeting will be provided to organizations that send an email with the following information to [hivfunds@kdheks.gov](mailto:hivfunds@kdheks.gov) no later than 5:00 p.m. February 1, 2013:
  - Organization Name
  - Contact Person
  - Contact Email Address
  - Contact Phone NumberSubject line should read: Ryan White CFA Notice of Intent
- (2) TECHNICAL ASSISTANCE MEETING: Tuesday, February 12, 2013, Wichita, Kansas (10:00 a.m. – 12:00 p.m.)  
Specific location will be sent to applicants submitting intent to apply email.  
Wednesday, February 13, 2013, Topeka, Kansas (10:00 a.m. – 12:00 p.m.)  
Specific location will be sent to applicants submitting intent to apply email.
- (3) PROPOSAL DEADLINE: March 15, 2013 by 5:00 p.m.
- (4) ANTICIPATED AWARD NOTIFICATION: No later than May 15, 2013
- (5) PROJECT START DATE: July 1, 2013
- (6) PROJECT END DATE: June 30, 2016
- (7) APPLICATION PERIOD: July 1, 2013 – June 30, 2014 (12 months)
- (8) NOT ACCEPTED: Late proposals may NOT be reviewed. Incomplete proposals may NOT be reviewed.
- (9) ELIGIBLE TARGET POPULATIONS: Individuals infected with HIV/AIDS and living in the State of Kansas
- (10) ELIGIBLE APPLICANTS: Local Governmental Agencies (i.e. Local Health Departments) and/or Non-Profit Agencies/Community-Based Organizations in the State of Kansas
- (11) FOR QUESTIONS CONTACT: All questions must be submitted to [hivfunds@kdheks.gov](mailto:hivfunds@kdheks.gov). Questions and responses will be sent to the email address provided by all agencies that have indicated an intent to apply.

REMEMBER: Use the checklist provided to make sure the proposal is complete.

#### **b. Agency Requirements**

- (1) CERTIFICATION OF HIV MEDICAL CASE MANAGEMENT SERVICES – Medical case managers must be adequately and appropriately experienced and trained in providing vital service linkages for people living with HIV/AIDS. In order to ensure these high standards, certification criteria required of medical case managers has become the benchmark of providing these services. The Ryan White Part B Program has established defined criteria to ensure the accuracy and credibility of the training and certification process:

Minimum education and/or experience requirements of a medical case manager shall be:

- An RN with BSN or Social Worker with BSW or other related health or human services degree from an accredited college or university. (Current medical case managers that do not meet the education requirement will be grandfathered in as long as all other requirements are met).
- Completion of the Medical Case Management Training with a passing score on the certification exam;
- Completion of the current KDHE HIV/AIDS testing and counseling certification program, educators certification program and update trainings; and,

NOTE: Additional Certification Requirements can be found in the Kansas Ryan White Part B Standards of Care for Medical Case Management.

(2) HIV MEDICAL CASE MANAGEMENT REPORTING REQUIREMENTS

Site visits will be conducted by the Ryan White Part B Grants Manager, Ryan White Part B Quality Manager and/or Ryan White Part B/ADAP Manager before the annual objective review audit. All agencies are required to complete the following reports.

(a) Contractor Quarterly Reporting Form:

The Contractor Reporting Form includes information on clients served by the agency during a given quarter. Specific reports to be submitted will be run from the SCOUT database. A narrative report is also required quarterly from each contracted agency. All report templates will be provided to the agencies upon contract award.

(b) Affidavits of Expenditures: (Form #4)

The Affidavits of Expenditure are submitted quarterly with the Contracting Reporting Form. This information includes, but is not limited to, a budgetary breakdown of funds to be received for continuation of grant funding. These line items include salaries, materials, transportation and indirect costs. Specific documentation to support expenditures must be sent with the Affidavit. Examples include, but are not limited to, time and leave reporting documentation and travel logs to support budgeted items. The Ryan White Grants Manager will work with each agency upon contract award to assess what documentation should be sent and what will be acceptable.

(c) **Annual Client Satisfaction Survey Tool: All agencies must ensure their performance through an annual client satisfaction survey tool provided by the Ryan White Program. Agencies may also introduce additional evaluation criteria exceeding the recommendations provided by the Ryan White Program. Results of the surveys will be submitted to the Ryan White Quality Manager.**

(d) Quality Management:

Self-Reporting of quality management activities are encouraged and will appear on Case Management Site Visit Reports. All agency quality management initiatives will have the support of KDHE's Quality Manager and/or the Kansas Quality Management Committee.

(e) Technical Assistance:

Requests for technical assistance on reporting requirements may be addressed by the Ryan White Part B Grants Manager, Ryan White Part B Quality Manager and/or the Ryan White Part B/ADAP Manager by email or phone. On-site technical assistance is available for all contractors by appointment.

c. Application Requirements

(1) General Instructions

(a) Application Due Date

- i. The due date for applications under this grant announcement is Monday March 15, 2013 received on or before the due date by 5:00 p.m.
- ii. Submission:
  - All submissions must be through the electronic process as outlined in the Local and Rural Health guidelines.
- iii. Late Applications:

- Applications that do not meet the criteria above are considered late applications. The Kansas Department of Health and Environment shall notify each late applicant that its application may not be considered in the current competition.
- The Kansas Ryan White Part B/ADAP Program Manager, the HIV/AIDS Section Director and/or a higher level designee may authorize an extension of published deadlines when justified by circumstances such as acts of God (e.g. floods or tornadoes), widespread disruptions of mail service, or other disruptions of services, such as a prolonged blackout. The authorizing official will determine the affected geographic area(s).

(2) Application Format

(a) Application Cover Sheet (Appendix C)

(b) Application Checklist (Appendix D)

(c) Budget Narrative: Applicants should prepare a detailed annual budget using the Detail Budget Form AND supply a detailed budget narrative as an attachment with the items below. The narrative should be split into the categories as listed as well as differentiate what costs are administrative and what costs are direct services. The budget narrative is where the detail and calculation will be documented. The totals for each category will then be translated onto the Detail Budget Form.

- Personnel Costs: Personnel costs should be explained by listing each staff member who will be supported from funds, name (unless vacant), position title, percent full time equivalency, annual salary, and the exact amount requested for each project year.
- Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plans, and tuition reimbursement. The fringe benefits should be directly proportional to that portion of the personnel costs allocated for the project.
- Travel: List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. The budget should also reflect the travel expenses associated with KACHA meetings and other proposed trainings or workshops. KDHE will directly pay for travel expenses including lodging for the annual medical case management training, however, meals will be the responsibility of the agency.

Note: Ryan White Part B funds may not be used for international travel.

iv. Equipment:

\*All equipment purchases must be approved PRIOR to purchase\* List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items.

v. Supplies: List the items that the project will use. In this category, separate office supplies from educational purchases. Office supplies could include pagers, internet access, postage, copies, telephone etc.; educational supplies may be pamphlets and educational videos. Educational supplies must be listed separately and with a detailed explanation of the cost.

v. Administrative Cost:

**Detail administrative cost limited to 10% of the grant amount.** This category could include supervision salary, overhead and general administration, supplies, and travel for meetings. For line items that contain both administrative and direct service, be sure to separate into two lines. An example would be a case

manager that does direct client care and supervision. In this example you would need one line under salaries that indicates Administration and the percentage worked as Administration and another line for the same position that indicates Direct Service and the percentage worked as direct service. Case Manager salaries do not count toward the administrative cost as it can be considered direct client care.

- vi. Staffing Plan and Personnel Requirements: Provide an organizational chart for the agency.
  - vii. Program Narrative: Complete Program Narrative Form
- (3) Special Conditions - The Federal Government (HRSA) provides funding for this CFA. All funded contractors and subcontractors must be in compliance with all administrative requirements and programmatic policies of the funding agencies. The following requirements and restrictions apply to all agencies and proposals:
- i. No funds may be used to purchase or improve land, or to purchase, construct, or make permanent improvement to any building.
  - ii. Funds may not be used to make payments to recipients of services.
  - iii. All providers must participate in the region's HIV-related community based continuum of prevention and care.
  - iv. Services must be provided in facilities that are accessible to people with physical disabilities in accordance with the Americans with Disabilities Act.
  - v. No funds may be used to support services that are reimbursable under any other program.
  - vi. HIV/AIDS services shall be provided free of charge.
  - vii. HIV health and support services provided must be made without regard to the individual's ability to pay, the individual's past or present health condition, and in a setting accessible to low-income persons.
  - viii. Special efforts must be undertaken by all recipients of grant funds to reach out to low-income individuals to make them aware of the availability of services.
- (4) Supporting Documentation - The following documentation must be included:
- i. Recent letters of support for medical case management services as well as letters of support and commitment from other agencies the applicant is likely to cooperate with in the delivery of medical case management services.
  - ii. Letters of support and/or other documentation demonstrating the applicant's ability to perform equitable and quality case management throughout the Ryan White region for which funding is requested.
  - iii. Copies of Confidentiality and Security Policy, Sexual Harassment Policy, Internal policy and procedure for responding to client grievances, and Contraband/Illicit Drug Policy for the agency.
  - iv. Job descriptions and resumes of all employees proposed to be paid out of the grant award. These include current and/or proposed medical case managers, executive director, administrative support, etc.
  - v. Documentation of other funding sources available to the applicant agency to meet the cost of medical case management services. (Submit copy of recent audit if the applicant is a non-profit with 501-(c)3 status.
- (5) Cultural Competency - Agencies responding to this CFA need to recognize and factor into program design the target population's cultural, racial/ethnic, linguistic, geographic, economic and demographic diversity.

Please complete Page 2 of Appendix E.

Two resources are suggested to assist organizations in assuring the delivery of culturally competent and linguistically appropriate services.

- The Gay, Lesbian, Bisexual and Transgender Health Access Project of the Massachusetts Department of Public Health has published Community Standards of Practice for Provision of Quality Health Care Services for Gay, Lesbian, Bisexual, and Transgendered Clients. Appendix E is designed for agencies to use

to evaluate the extent to which the standards are being met. The complete listing of the standards is available at:

<http://www.glbthealth.org/CommunityStandardsofPractice.htm>.

- The Office of Minority Health of the U.S. Public Health Services has published standards for assuring cultural competence, National Standards for Culturally and Linguistically Appropriate Services in Health Care. A summary of the 14 recommended standards appears in Appendix F. A complete discussion of the standards is available at:  
<http://www.omhrc.gov/CLAS/finalcultural1a.htm>.

- (6) Monitoring, Evaluation, and Reporting - One of the keys to the delivery of Ryan White Part B HIV services in Kansas is collaboration within KDHE, its administrative agencies, and community partners in program and fiscal performance monitoring. The collaboration begins with the development of formal work statements describing services and reporting mechanisms and extends through the delivery of services to qualified recipients. The agency's proposal will form the basis for these work statements and serve as a standard for measuring implementation progress throughout the year. This is part of the continuous quality improvement process.

KDHE is responsible for program monitoring, evaluation and reporting the performance of contractors. This process is ongoing through regular interactions between the Program Manager, Grants Manager and community partners working together on behalf of the persons targeted to receive these services. The goal of these activities is to assure the efficient, timely, and appropriate delivery of high quality HIV services.

(7) Application Review and Notification Process

- i. Technical Review - All timely applications submitted will be given a technical review. This technical review will be done by staff of the Kansas Department of Health and Environment. This review will determine those submissions that have provided all the necessary documentation outlined in the CFA.

Submissions meeting all the qualifications may be sent to a Peer Review Team. Those submissions not meeting all qualifications required may be rejected and notification will be sent to the applying agency.

- ii. Peer Review - All applications may be objectively reviewed by an established Peer Review process. The Peer Review Team will rank the proposals and recommend allocations to KDHE for final approval. Recommendations are based on the quality and responsiveness of the proposal and other factors such as past performance of the applicant. The final award decisions are based on the Peer Review Team's recommendations.

KDHE may conduct site visits and perform record reviews of applicant organizations during the proposal review process. In the case of competing applications, current case load and performance will be included in the decision making process. Applicant organizations are required to submit a statement giving KDHE the right to conduct such site visits.

- iii. The method used for scoring the application can be found in Appendix B.  
Notification Process - Final notification of the outcome of the review process will occur on or about May 15, 2013. A letter will be sent to each applicant organization indicating the funding decision related to their proposal. No other information about the decision process will be released, although applicants may submit a written request to be provided with a summary of the reviewers' comments.

- (8) Responsibilities of KDHE - The Secretary of the Kansas Department of Health and Environment will award up to one contract to each Part B Region in 3, 4, 5, 6, 7, and 9. No more than 2 contracts will be awarded in Region 8. Specific funding allocations can be found in Funding Allocation Table Attachment of this document. The funded applicants will receive payments according to the schedule prescribed within the contracts after review of quarterly reports from the contractors.

If you have any questions about these requirements or how to meet them, please send your questions to [hivfunds@kdheks.gov](mailto:hivfunds@kdheks.gov).

d. Required Forms

(1) Organizational Chart

The applicant agency will furnish an organizational chart of their agency structure and staff along with their proposal. There is no standard form provided in the CFA for the organizational chart. This must include a Board of Directors List.

(2) Client, Staff and Board of Directors Demographic Information

The applicant agency will furnish this information in addition to the organizational chart. Demographics include: sex, race, ethnicity and age.

(3) Organizational Budget (Form #3)

The applicant must complete a detailed budget and budget narrative along with their proposal as outlined in Section B.

(4) Copy of most recent Audit

Applicants with 501(c)3 status must submit a copy of their most recent audit.

(5) Application Checklist (Appendix D)

Applicants are required to submit the Application Checklist form to ensure that all parts of the application are complete.

(6) Cultural Competency Checklist (Appendix E)

Applicants are required to submit the Cultural Competency Checklist to ensure that the agency has policies and procedures that meet the provisions for quality services to Gay, Lesbian, Bisexual, and Transgendered clients.

## REPORTING REQUIREMENTS

Fiscal reports (Certified Affidavit of Expenditures) are submitted to KDHE, Division of Management and Budget (ATTN. Kevin Shaughnessy). All contractors must submit Quarterly Certified Affidavits of Expenditures.

### Forms to be completed

Ryan White Program Narrative

Appendix A –Authorization from Agency’s Board of Directors (Appendix is a template)

Appendix C – Application Cover Sheet

Appendix D – Application Check List

Appendix E – Cultural Competency agency Checklist for Gay, Lesbian, Bisexual and Transgendered Client

Form #3 – Detail Budget

### Forms to be reviewed for Ryan White Grant

Appendix B – Application Scoring

Appendix F – National Standards for Culturally and Linguistically Appropriate Services in Health Care

Appendix G – Regional Map

Appendix H – Funding Allocation Table