

HIV Care Program Scope of Work 2024-2029

1. Service Overview

The goals of the California Department of Public Health (CDPH), Office of AIDS (OA) are to:

- minimize new Human Immunodeficiency Virus (HIV) infections,
- maximize the number of people living with HIV who access appropriate care, treatment, support, and prevention services, and
- reduce HIV-related health disparities.

These goals are consistent with the goals of [Ending the HIV Epidemic \(EHE\) initiative](https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview/) (https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview/).

California’s Ryan White HIV/AIDS Program (RWHAP) Part B is known as the HIV Care Program (HCP). The program is funded by the federal Health Resources Services Administration (HRSA), HIV/AIDS Bureau (HAB). OA uses a formula to allocate funds to local health departments and community-based organizations to provide HIV care and treatment in local communities. Additional information on the federal grant award includes the following:

Catalog of Federal Domestic Assistance (CFDA)	93.917
Federal Award Identification Number (FAIN)	X0712778
Unique Entity Identifier (UEI)	KD2JSY6LNMW7

Through this agreement, the Subrecipient agrees to administer HCP Core Medical and Support Services. The Subrecipient agrees to administer HCP and to ensure the provision of the HIV care services as described in this SOW. The Subrecipient may provide direct client services exclusively or subcontract all or part of the client services. The Subrecipient ensures that, if all or part of the client services is subcontracted to other client service providers, all services provided by the subcontractor(s) will be in accordance with HCP guidelines and requirements.

2. Service Location

The services shall be performed at applicable locations within the Subrecipient’s service area.

3. Service Hours

The services shall be provided during regular business hours, Monday through Friday, except State holidays.

4. Project Representative

HIV Care Program Scope of Work 2024-2029

The project representative for HCP is the Program Advisor. To confirm a Program Advisor, email HCP_Invoices@cdph.ca.gov.

5. Services to be Performed

Subrecipients and their Subcontractor(s) must comply with the following:

A. General Requirements

1. Ensure compliance with the federal HRSA RWHAP grant requirements, policies, and National Monitoring Standards; and HCP Budget Guidance documents, HCP Management Memorandums, HIV Care Connect (HCC) policies and procedures, and other program guidelines issued by OA.
2. Ensure responses to state and federal drills, budgets and invoices, and requests for information are accurate, complete, and received by the required response date.
3. Ensure that all computers, including mobile devices, are equipped with encryption software, even if the Subrecipient or their Subcontractors do not store confidential information on equipment (see the “Information Privacy and Security Requirements” Exhibit).
4. When issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with RWHAP funds, the Subrecipient must clearly state the percentage of the total costs of the program or project which will be financed with RWHAP, the dollar amount of RWHAP funds for the project or program, and percentage and a dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.
5. Cooperate with the Centers for Disease Control and Prevention’s (CDC) Medical Monitoring Project when requested.

B. Subcontracting

1. Provide assurances to OA prior to subcontracting with for-profit entities that (a) there are no non-profit agencies in the service area and (b) the said for-profit entities meet the requirements outlined in HAB [Policy Clarification Notice \(PCN\) 11-02](https://ryanwhite.hrsa.gov/grants/policy-notice) (<https://ryanwhite.hrsa.gov/grants/policy-notice>).
2. Ensure that any Subcontractors have the appropriate facilities and resources and organizational and administrative capacity to support the program services and activities. The Subrecipient is responsible for quality assurance and review activities for subcontracted HIV care services.

HIV Care Program Scope of Work 2024-2029

3. Ensure Subcontractor agreement(s) incorporate the HCP Scope of Work by reference. The [HCP Scope of Work](http://www.cdph.ca.gov/programs/cid/oa/pages/oa_care_program.aspx) is available at www.cdph.ca.gov/programs/cid/oa/pages/oa_care_program.aspx.
4. Maintain a file with signed Subcontractor agreement(s), including their performance start and end dates, Subcontractor's UEI, assurances, and/or certification that specify unallowable activities.
5. Ensure that Subcontractor budgets and expenditures do not include unallowable costs or activities.
6. Ensure timely deadlines for Subcontractors to bill Subrecipient are included in any subcontract agreement(s) and all approved Subcontractor invoices are paid by the Subrecipient within 30 days of receipt.
7. Conduct annual site visits and document/monitor the activities of Subcontractors to ensure contractual compliance. Provide the annual site visit report(s) and any corrective action plans to your Program Advisor.

C. Staffing

1. Participate in any state-mandated meetings, trainings, webinars, teleconferences, workshops, and/or other conferences to be determined.
2. Ensure the protection of the client's privacy and confidentiality at all times as required by California and federal laws (including, without limitation, Health and Safety Code sections 120980, 121022, and 121025). Subrecipient and its employees (and the employees of any Subcontractor as well) who will have access to confidential public health information must sign the [Agreement by Employee/Grantee to Comply with Confidentiality Requirements \(CDPH 8689\)](https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8689.pdf) (<https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph8689.pdf>) each year as required by Health and Safety Code section 121022(f).
3. Ensure compliance with contract Anti-Kickback Statute conditions (42 USC 1320a 7b(b)). Processes and standards must be in place to avoid fraud, waste, and abuse (mismanagement) of HCP funds.
4. Have documentation that prohibits employees from soliciting or receiving payment in kind or cash for the purchase, lease, ordering, or recommending the purchase, lease, or ordering of any goods, facility services, or items from suppliers and contractors of goods or services.

D. Client Eligibility

HIV Care Program Scope of Work 2024-2029

1. Determine and document clients' eligibility for the program. To be eligible, the client must (a) must be HIV-positive, (b) reside in California, and (3) have a Modified Adjusted Gross Income (MAGI) that does not exceed 500 percent of the Federal Poverty Level (FPL) per year based on family size and household income. Eligibility must be recertified annually on the client's birthday.
2. Screen clients who receive services that may be billed to third parties and document efforts to "vigorously pursue" enrolling uninsured clients in comprehensive health care coverage (such as Medi-Cal or Covered California) (see [PCN 13-01 and 13-04](#) for more details at <https://ryanwhite.hrsa.gov/grants/policy-notice>). RWHAP funds are the payer of last resort.
3. In some circumstances, related/affected clients (i.e., family members or partners of an eligible HIV-positive client) or HIV-negative individuals may receive certain services. Refer to the individual HCP Service Standards for further guidance on qualification.
4. Ensure that eligibility policies do not deem a veteran living with HIV ineligible for RWHAP services due to eligibility for Department of Veterans Affairs (VA) health care benefits. All policies and procedures regarding veterans must adhere to [PCN 16-01](#) (<https://ryanwhite.hrsa.gov/grants/policy-notice>).
5. Ensure that eligibility policies do not deem an American Indian or Alaskan Native living with HIV as ineligible for RWHAP services due to eligibility to receive the same services from the Indian Health Services (IHS), regardless of whether those IHS services are available and accessible. All policies and procedures regarding American Indians or Alaskan Natives must adhere to [PCN 07-01](#) (<https://ryanwhite.hrsa.gov/grants/policy-notice>).
6. Ensure RWHAP services are not denied based on a client's immigration status, inability to pay, and current or past health condition.

E. Allowable Uses of Funds

1. Administer HCP funds appropriately, maintain records and invoices using standard accounting practices, coordinate federal and state data reporting, and arrange for fiscal audits.
2. Maintain a current, complete, and accurate asset inventory list and depreciation schedule purchased with HCP funds.
3. Ensure annual funding is carried over into subsequent fiscal years.

HIV Care Program Scope of Work 2024-2029

4. Ensure funds are only used to supplement, and not supplant, existing federal, state, or local funding for HIV-related services including, but not limited to, HIV testing and Health Insurance Premiums and Cost Sharing.
5. Ensure HCP funds are **not used** to:
 - a. Support prohibited activities as noted in the [National Monitoring Standards](https://ryanwhite.hrsa.gov/grants/manage/recipient-resources). (<https://ryanwhite.hrsa.gov/grants/manage/recipient-resources>).
 - b. Make cash payments to clients.
 - c. Pay for any item or service to the extent payment has been made, or can reasonably be expected to be paid:
 - i. Under any state compensation programs, insurance policy, or any federal or state health benefits program (excluding the Indian Health Service and Veterans Health Administration) or
 - ii. By an entity that provides health services on a prepaid basis.
 - d. Pay costs associated with the creation, capitalization, or administration of a liability risk pool (other than those costs paid on behalf of individuals as part of premium contributions to existing liability risk pools), or to pay any amount expended by a state under Title XIX of the Social Security Act.
 - e. Develop materials designed to promote or encourage, directly or indirectly, intravenous drug use or sexual activity.
 - f. Develop, promote, advertise, or generate broad scope awareness activities about HIV services that target the general public.
 - g. Support employment, vocational, or employment-readiness services.
 - h. Purchase or improve (other than minor remodeling) any building or other facility.
 - i. Purchase vehicles without the written approval of OA and HRSA Grants Management Officer (GMO).
 - j. Pay for automobile parts, repairs, or maintenance, pet care or supplies, funeral expenses, construction, etc. as described in [PCN 16-02](#) regarding Eligible Individuals and Allowable Uses of Funds for Discretely Defined Categories of Services (<https://ryanwhite.hrsa.gov/grants/policy-notice>).

HIV Care Program Scope of Work 2024-2029

6. Ensure that RWHAP funds are only used to support syringe exchange programs with prior approval from your Program Advisor and HCP Section Chief.

F. Services Categories

The RWHAP legislation defines the allowable services categories the program can fund. Subrecipients and subcontractors must comply with the requirements in [PCN 16-02](https://ryanwhite.hrsa.gov/grants/policy-notice) (<https://ryanwhite.hrsa.gov/grants/policy-notice>) and the HCP Service Standards.

Core Medical Services are a set of essential, direct health care services provided to RWHAP clients who are HIV-positive or HIV-indeterminate (infants <2 years only). The RWHAP legislation specifies that the following 12 Core Medical Services are allowable:

- AIDS Pharmaceutical Assistance
- Early Intervention Services
- Health Insurance Premium and Cost Sharing Assistance
- Home and Community-Based Health Services
- Home Health Care
- Hospice
- Medical Case Management (including Treatment Adherence Services)
- Medical Nutrition Therapy
- Mental Health Services
- Oral Health Care
- Outpatient/Ambulatory Health Services
- Substance Abuse Outpatient Care

Support Services are a set of services needed to achieve medical outcomes that affect the HIV-related clinical status of a person living with HIV. Support Services may be provided to HIV-positive and HIV-indeterminate (infants <2 years only) clients as needed. The services provided to HIV-affected clients (i.e., family members or partners of an eligible HIV-positive client) must always support a medical outcome for the HIV-positive client or HIV-indeterminate client. The RWHAP legislation specifies that the following 15 Support Services are allowable:

- Child Care Services
- Emergency Financial Assistance
- Food Bank/Home Delivered Meals
- Health Education/Risk Reduction
- Housing
- Linguistic Services
- Medical Transportation

HIV Care Program Scope of Work 2024-2029

- Non-Medical Case Management Services
- Other Professional Services (including Legal Services)
- Outreach Services
- Psychosocial Support Services
- Referral for Health Care and Support Services
- Rehabilitation Services
- Respite Care
- Substance Abuse Services (residential)

G. Data Collection

Subrecipients and their Subcontractor(s) must comply with the following data collection requirements:

1. Enter data directly and/or import data into HIV Care Connect (HCC) within two weeks from a client's date of service. (HCC will replace AIDS Regional Evaluation and Information System [ARIES] in or around April 2024.)
2. Collect the HCP minimum data set, which includes data elements required by (a) HRSA to complete the Ryan White HIV/AIDS Program Services Report (RSR) and other reports and (b) OA for contract monitoring reports, statistical tables, clinical quality management, and program evaluations.
3. Electronically submit the RSR through HRSA's RSR Web Application System. The RSR is comprised of two reports: (a) the Provider Report and (b) the Client Report. The Client Report contains an Extensible Markup Language (XML) file with their client-level data on RWHAP-funded clients and services regardless of payer source. OA will provide submission deadlines at the beginning of each calendar year. The RSR reporting period is January 1 through December 31 of the previous year. Client service providers must check the RSR Web Application System until notified that their RSR has been successfully submitted to HRSA. Client service providers may be contacted by OA to resolve any data quality problems (e.g., missing data) with their RSRs.

H. Systems of Care

1. Develop and implement a comprehensive system of Care and Support Services that: (a) actively engages individuals who know their HIV status but are not accessing services, (b) reaches out to people who are HIV-positive but unaware of their HIV status, (c) is informed by HIV epidemiological data, and (d) is coordinated and integrated with other service delivery systems as appropriate.

HIV Care Program Scope of Work 2024-2029

2. Establish relationships with key points of entry (e.g., emergency rooms, federally qualified health centers, drug treatment centers, homeless shelters, ADAP enrollment sites, testing sites, harm reduction programs, etc.) to ensure awareness of RWHAP services and referral mechanisms to link individuals with HIV to the program for assistance. The Subrecipient shall keep documentation of these working relationships.
3. Funded service providers should integrate and work collaboratively with other such services and coordinate with other available programs (including Medi-Cal) to ensure continuity of care and prevention services of individuals with HIV is enhanced.
4. Services are provided in settings accessible to eligible clients and comply with the Americans with Disabilities Act.
5. Services are responsive to the needs of clients in the service area, are sensitive to linguistic, ethnic, and cultural differences of the population(s) being served, and that services are linguistically and culturally appropriate.

I. Budget and Invoices

1. Ensure that administrative costs in HCP contract budgets do not exceed 10 percent of the total annual contract amount based on Title XXVI of the Public Health Service Act. Consult [PCN 15-01](#) (<https://ryanwhite.hrsa.gov/grants/policy-notice>) for examples of costs that can be budgeted for admin (non-allocable) and service categories (allocable).
2. Provide budgets and supporting documentation with sufficient detail to document that they do not include unallowable costs or activities.
3. Ensure employee duties in the approved HCP budget matches invoices submitted to OA.
4. Ensure that budgets and expenses conform to federal costs principles. Staff must adhere to [Office of Management and Budget \(OMB\) Uniform Guidance: Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards](#) (<https://www.grants.gov/learn-grants/grant-policies/omb-uniform-guidance-2014.html>).

J. Schedule of Charges and Payer of Last Resort

Subrecipients and any Subcontractors who services that can be reimbursed by third parties must:

1. Be certified by Medi-Cal (www.medi-cal.ca.gov) and have the ability to bill Medi-Cal, or able to document efforts under way to obtain such certification.

HIV Care Program Scope of Work 2024-2029

2. Assure billing and collection from third party payers, including Medi-Cal, Denti-Cal, Medicare, and private insurance, are invoiced first, as appropriate, to ensure RWHAP is the payer of last resort.
3. Establish a process for obtaining and documenting client charges and payments through an accounting system manually, electronically, or by a revenue allocation formula. Staff must be aware of, and consistently follow, the process.
4. Ensure compliance with the following requirements regarding imposition of charges for services, for those providers who charge for services:
 - In the case of clients with an income less than or equal to one hundred percent (100%) of [Federal Poverty Guidelines \(FPG\)](http://www.aspe.hhs.gov/poverty) (www.aspe.hhs.gov/poverty), the provider will not impose charges on any client for the provision of services under the contract.
 - In the case of clients with an income greater than one hundred percent (100%) of the FPG, the provider:
 - i. Will impose charges on each client for the provision of such services; and
 - ii. Will impose charges according to a schedule of charges that is made available to the public.
 - In the case of clients with an income between the FPG in Columns A and B (see table below), the provider will not, for any calendar year, impose charges exceeding the percentage in Column C of the client's annual gross income:

Column A	Column B	Column C
Client's income is greater than	Client's income does not exceed	Charges are not to exceed
100% of FPG	200% of FPG	5% of the client's annual gross income
200% of FPG	300% of FPG	7% of the client's annual gross income
300% of FPG	500% of FPG	10% of the client's annual gross income

HIV Care Program Scope of Work 2024-2029

5. Establish a policy and system to track program income generated from third party reimbursement and/or client charges as applicable.
6. Ensure program income is reinvested into clinical quality management, administration, and/or HIV related services for eligible clients.

K. Monitoring

1. Make available to authorized state and/or federal representatives all records, financial and programmatic reports, materials, data information, and appropriate staff required for monitoring, audit, or inspection activities regarding the RWHAP funds.
2. For any deficiencies cited in HCP's monitoring reports or audits, develop a Corrective Action Plan (CAP), submit to your Program Advisor for approval, and implement the plan. Provide the CAP to HCP by the stated deadline in the report.

L. Reporting

Subrecipients must submit a Mid-Year Progress Report and an Annual Progress Report for each contract year. The Progress Report is an opportunity for the Subrecipient to describe their HCP program(s), services provided, progress and accomplishments, and to identify any problems or technical assistance needs, as well as those of their Subcontractors.

OA will provide the HCP Progress Report template prior to the due date. The HCP Progress Reports are due to OA according to the following schedule:

Report	Reporting Period	Due Date
Mid-Year Progress Report	April 1 – September 30	November 15
Annual Progress Report	October 1 – March 31	May 15

M. Clinical Quality Management Requirements

1. Subrecipients are required to comply with [OA's Clinical Quality Management Plan](https://www.cdph.ca.gov/Programs/CID/DOA/pages/oa_care_program.aspx) (https://www.cdph.ca.gov/Programs/CID/DOA/pages/oa_care_program.aspx) regarding clinical quality management activities.