

Waiver of the Ryan White HIV/AIDS Program Core Medical Services Expenditure Requirement

Policy Notice 21-01

Replaces Policy Number 13-07

Scope of Coverage

Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS Program (RWHAP) Parts A, B, and C.

Purpose of Policy Notice

This HRSA HAB Policy Notice replaces Policy Number 13-07. It provides modified processes and requirements for HRSA RWHAP Parts A, B, and C recipients to request waivers of the statutory requirement regarding expenditure amounts for core medical services. The policy is effective beginning on October 1, 2021.

Background

Title XXVI of the Public Health Service Act, (the RWHAP legislation), Part A section 2604(c), Part B section 2612(b), and Part C section 2651(c) requires that recipients expend not less than 75 percent of grant funds on core medical services after reserving statutory permissible amounts for administrative and clinical quality management (CQM) costs. These sections also grant the Secretary authority to waive this requirement for a recipient if there are no waiting lists for the AIDS Drug Assistance Program (ADAP), and core medical services are available to all individuals identified and eligible for the RWHAP in the recipient's service area. Also, RWHAP Part A, Part B, and Part C core medical services waiver requests - if approved - are effective for a 1-year budget period and also apply to funds awarded under the Minority AIDS Initiative (MAI).

Requirements

A HRSA RWHAP Part A, B, or C recipient must meet a number of requirements and submit a waiver request to HRSA HAB to receive a waiver of the core medical services expenditure requirement. First, core medical services must be available and accessible to all individuals identified and eligible for the RWHAP in the recipient's service area within 30 days. Access to core medical services must be without regard to payer source, and without the need to spend at least 75 percent of funds remaining from the recipient's RWHAP award after statutory permissible amounts for administrative and CQM are reserved. Second, the HRSA RWHAP recipient must ensure there are no ADAP waiting lists in its service area. Third, a

public process to obtain input on the waiver request must have occurred. This process must seek input from impacted communities, including clients and RWHAP-funded core medical services providers, on the availability of core medical services and the decision to request the waiver. The public process may be a part of the same one used to seek input on community needs as part of the annual priority setting and resource allocation, comprehensive planning, statewide coordinated statement of need (SCSN), public planning, and/or needs assessment processes.

Requesting a Waiver

To request a waiver, the Chief Elected Official, Chief Executive Officer, or a designee of either must complete and submit the HRSA RWHAP Core Medical Services Waiver Request Attestation Form (appended below on page 4) to HRSA HAB. The form should be submitted according to the applicable deadlines and methods for submission outlined below. By completing and submitting this form, the Chief Elected Official, Chief Executive Officer, or a designee of either attests to meeting the requirements outlined above and agrees to provide supportive evidence to HRSA HAB upon request. No other documentation is required to be submitted with the HRSA RWHAP Core Medical Services Waiver Request Attestation Form.

Deadlines for Submitting Waiver Requests

HRSA RWHAP Part A Waiver Requests

A HRSA RWHAP Part A recipient's request for a waiver should be submitted as an attachment with the grant application or the mandatory non-competing continuation (NCC) progress report, if applicable. In each case, waiver requests do not count towards the submission page limit. Requests for waivers should not be submitted prior to the grant application or mandatory NCC progress report, nor should they be submitted after the start of the grant award budget period for which the waiver is being requested.

HRSA RWHAP Part B Waiver Requests

A HRSA RWHAP Part B recipient's request for a waiver may be submitted either in advance of the grant application, as an attachment to the grant application, with the mandatory NCC progress report, or up to four months into the grant award budget period for which the waiver is being requested.

HRSA RWHAP Part C Waiver Requests

A HRSA RWHAP Part C recipient's request for a waiver should be submitted as an attachment to the grant application or the mandatory NCC progress report. Requests for waivers should not be submitted prior to the grant application or

mandatory NCC progress report, nor should they be submitted after the start of the grant award budget period for which the waiver is being requested.

Methods for Submitting Waiver Requests

Waiver requests submitted with grant applications must be submitted through www.grants.gov. Waiver requests submitted with the mandatory NCC progress report must be submitted through the Electronic Handbooks (EHB). For waiver requests that are not submitted with grant applications, and not submitted with the mandatory NCC progress report, a recipient must notify its HRSA HAB project officer (PO) of its intention to request a waiver. The PO will initiate a Request for Information in the EHB. The recipient must respond to the EHB task consistent with the deadlines for submitting waiver requests outlined above.

Waiver Review and Notification Process

HRSA HAB will review requests and notify recipients of waiver approval or denial within four weeks of receipt of the request.

Approved core medical services waivers will be effective for the one-year budget period for which it is approved; recipients must submit a new request for each budget period. A recipient approved for a core medical services waiver is not required to implement the approved waiver if it is no longer needed.

This guidance does not have the force and effect of law and is not meant to bind the public in any way, except as authorized by law or as incorporated into a contract. It is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.

HRSA Ryan White HIV/AIDS Program (RWHAP) Core Medical Services Waiver Request Attestation Form

This form is to be completed by the Chief Elected Official, Chief Executive Officer, or a designee of either.

Please initial to attest to meeting each requirement after reading and understanding the explanation.

Name of recipient _____

RWHAP Part A recipient **RWHAP Part B recipient** **RWHAP Part C recipient**

Initial request **Renewal request**

Year of request _____

REQUIREMENT	EXPLANATION
No ADAP waiting lists	By initialing here and signing this document, you attest there are no AIDS Drug Assistance Program (ADAP) waiting lists in the service area. <input type="checkbox"/>
Availability of, and accessibility to core medical services to all eligible individuals	By initialing here and signing this document, you attest to the availability of and access to core medical services for all HRSA RWHAP eligible individuals in the service area within 30 days. Such access is without regard to funding source, and without the need to spend on these services, at least 75 percent of funds remaining from your RWHAP award after reserving statutory permissible amounts for administrative and clinical quality management. You also agree to provide HRSA HAB supportive evidence of meeting this requirement upon request. <input type="checkbox"/>
Evidence of a public process	By initialing here and signing this document, you attest to having had a public process during which input related to the availability of core medical services and the decision to request this waiver was sought from impacted communities, including clients and RWHAP funded core medical services providers. You also agree to provide supportive evidence of such process to HRSA HAB upon request. <input type="checkbox"/>

SIGNATURE OF CHIEF ELECTED OFFICIAL OR CHIEF EXECUTIVE OFFICER (OR DESIGNEE)

PRINT NAME

TITLE

DATE

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-XXXX. Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857.

Expires XX/XX/20XX