LAS VEGAS TGA
PART A HIV/AIDS PROGRAM
POLICY & PROCEDURES

Sub-grantees Submitting Invoices and the Grantee Approving Invoices for Payment

Effective Date: 3/1/2013

PURPOSE:
The purpose of this policy is to serve as a guide to the Administrative Specialist/Financial Office Specialist. The standards provide clear guidance to accept, review and approve invoices from the Ryan White Part A Sub-grantees. In addition the policy provides guidance related to the documentation and data that is required to approve invoices and a guide to determining whether the cost of a service is reasonable.

Policy and Procedures Outline

1. Submission of Sub-grantee Invoices
2. Internal Review and Approval of Sub-grantee Invoices
3. Internal Accounting Spreadsheet to Track Sub-grantee Spending and Variances
4. Preparation and Distribution of Financial Reports
5. Evaluation of Sub-grantee Invoices by Service Category
6. Evaluation of Reasonable Cost by Service Category

1. Submission of Sub-grantee Invoices

Each month sub-grantees will submit a complete invoice/reimbursement and summary face sheet for the Ryan White Part A expenditures by the 15th of the month. The invoices/reimbursement will include a summary face sheet, required documentation and the necessary data to support the payment for services. Data that is entered in the CAREWare Data System may not have to be submitted in hard-copy.

A. Summary Face Sheet – The summary sheet should include total annual Budget, Current Period invoice Expenditure to date and unexpended balance for administration and funded service categories for:

1. Administrative Expenses
2. Funded core and support services
3. Total expenditures for the billing period (monthly)

B. Invoice/Reimbursement form— Invoice for each funded service and administration. The form to include

1. Administrative Expenses Detail – by line-item as it appears in the sub-grantee approved budget.
2. Service Expenses Detail – by line-item as it appears in the sub-grantee approve budget.
3. Total Monthly Expenditures for the billing period (Face Sheet column 2 Current Period Invoice).
4. Reporting of Program Income that was received during the billing period.*

*The purpose of reporting program income is to ensure that sub-grantees that are being paid by Ryan White for services that may be billable are billing and collecting as required in the Ryan White Fiscal Program Requirements.

C. Documentation – The supporting documentation that is required for approval of sub-grantee invoices is outlined in Section 5 of this policy and procedure, **Evaluation of Sub-grantee Invoices by Service Category.** Section 5 provides a detailed description of the supporting documentation that must be submitted for each service category funded by Ryan White Part A.

D. Data Support – For many services the data support that needs to be provided to justify the payment of invoices is included in the CAREWare Data System. If the sub-grantee does not enter data into CAREWare or if the information entered into CAREWare is not sufficient to justify payment, then the sub-grantee will need to include supporting documentation to prove that services were provided. For example: If a sub-grantee pays for laboratory procedures, the data entered into CAREWare may only show that a patient received laboratory services, it may not include, which services were included during a particular medical visit. Please refer to Section 5 of this policy and procedure, **Evaluation of Sub-grantee Invoices by Service Category.** Section 5 provides a detailed description of how data may be submitted by service category.

2. Internal Review and Approval of Sub-grantee Invoices

It is a goal of this policy and procedure to establish a method for reviewing and approving invoices and creating a centralized point of reference to track Part A expenditures (grantee and sub grantee).

TGA Expenses

1. *Administrative Expenses* – Administrative expenses are expenses that are directly charged to the program for items that are paid for by Clark County Social Service. These expenses relate to the management of the Ryan White Part A grant. Administrative expenses include: salaries and benefits for staff that work directly on the Ryan White Part A Program. Other administrative expenses include travel, supplies, rent and overhead expenses. The standards provide clear guidance.

2. *Contractual Expenses* – Contractual Expenses are services that the Part A Program funds that allow for the grantee to manage the grant and to perform tasks that cannot be provided internally by the Part A program. Contractual Expense includes the purchase of services, provide training to program staff and sub-grantees or to administer a quality management program on behalf of the grantee.

Contractual Expenses are currently received in the grantee office and assigned to the administrative specialist to review and approve the invoices for payment. The administrative specialist, checks to make sure that there is a contract in place that covers the expenditures and that funds have been encumbered but not utilized to support the payment of the invoice.

3. *Program Expenses* – Program Expenses are the expenses that are owed to sub-grantees that have been funded to provide the Ryan White Core Medical and Support Services to recipients of Ryan White services.

Program Expenses are submitted to the grantee's office and reviewed internally. The administrative specialist verifies that the sub-grantee has a contract and has not utilized all of the funding in the contract. Upon completion of the review, the invoices are forwarded through the SAP approval chain for review and approving of payment.

Approval Process for Invoices - Contractual and Program Expenses

1. *Time stamp* – All invoices received for payment for contractual and program expenses should be time stamped when they are received.
2. *Contractual and program invoices* should be reviewed by administrative specialist and either approved or denied within 5 days after they were originally time stamped as received in the office.
3. *Invoice approval process.*

a. Review Program Expenses – by line-item. Compare to the approved budget. Sub-grantees should not be exceeding 1/12th of the overall line-item or budget within a given month without an explanation. If needed call the sub-grantee and determine why the sub-grantee is spending funds faster than anticipated.

b. Review Administrative Expenses – by line item. The total amount of administrative expenses charged on an invoice should not exceed 10% of the total program expenses. (The exception would happen if the sub-grantee has been under-spending their administrative budget on prior invoices or specified in the contract.)

c. Compare Total Expenses to the Sub-grantee Year-To-Date Expenses. The sub-grantee should not be overspending their funds. Also, before an invoice may be approved it must be determined that the Finance Department has an allocation and that the sub-grantee has sufficient funds left in their budget to cover the current expenditures.

d. Any changes or corrections to the amount of payment should be noted on the Invoice/Request for Reimbursement Form and the person entering the corrections or changes should initial the Invoice/Reimbursement Form.

e. When a Request for Reimbursement invoice is approved the administrative specialist will enter the applicable information in the internal fiscal tracking spreadsheet.

f. Upon approval of invoices, they should be forwarded to Social Service Assistant Manager and Social Service Manager for approval and signature.

g. Upon approval by the Clark County Social Service Department, the invoices need to be forwarded to the Finance Department for payment via SAP.

4. *Handling of Denied Invoices* – Invoices may be denied for a variety of reasons. The sub-grantee might not have added correctly on the Invoice/Reimbursement form. The sub-grantee may not have included the appropriate documentation or data support. Denied invoices should be resolved as quickly as possible.

a. Upon the discovering a problem with a sub-grantee invoice. The administrative specialist should make written notation and initial and date the Invoice/Reimbursement Form as to the issue that is preventing payment. The quickest method of resolution is to call the sub-grantee accounting staff or program manager and explain the question that has caused the invoice to be withheld for payment. The issue may be resolved quickly over the phone or with additional documentation faxed or e-mailed to the grantee's office.

b. If the issue has not been resolved within 15 days a copy of the marked up Request for Reimbursement form along with an explanation should be

mailed to the sub-grantee. A copy of the correspondence should be retained in the sub-grantee's internal file.

c. If not resolved within 30 days the Grant Administrator should be notified as to the issue.

3. Internal Accounting Spreadsheet to Track Sub-grantee Spending and Variances

A comprehensive spreadsheet will be used to track the use of Ryan White funds during the course of the grant year. The spreadsheet should track all expenditures including TGA services administrative expenditures, quality, contractual and program expenditures. The system should include the loading of the starting year's budget by line item. The administrative, program and contractual expenses should all be entered by line-item from the approved budgets. In addition, the spreadsheet should be able to track sub-grantee administrative expenses and sub-grantee expenses by service category. Lastly, develop a report that show spending variances when compared to budget over the course of the grant year.

A. Spreadsheet Outline

1. Agency Log/Face Sheet spreadsheet
   - A. Contracted Agency Expenses by service including administration

2. TGA Other expenses
   - A. Administration—
     - by line item
     - individual checks
   - B. Quality—
     - by line item
     - individual checks
   - C. Planning –
     - by line item
     - individual checks

3. TGA Service Salary and Fringes
   - A. Administration
     - By pay period
     - Position
     - Checks issued
   - B. Quality
     - By pay period
     - Position

- Checks issued

C. Planning
- By pay period
- Position
- Checks issued
- Overall Part A Grant Cost

4. Overall Part A Grant Cost
   A. By budget Category
   B. By Line Item
   C. Total Expenses

B. Description of spreadsheet entries

1. The spreadsheet should be updated at least bi-weekly.
2. Entries should include information from Sub-grantee request for reimbursement form.
3. Spreadsheet for grantee administrative expenses should be balanced against County accounting system, SAP.

C. Monthly tasks of Administrative Specialist.

1. Must have access to the County Finance Department Accounting System, SAP.
2. The administrative specialist will need to check the loading of the Ryan White budget and subsequent budget revisions and reallocations, to ensure that the Finance Department matches the budget of the program.
3. Check all administrative charges to the Ryan White budget that are entered during the course of the grant year to ensure that they are actual Ryan White Part A expenditures.
4. Enter all charges that the Finance Department has charged to the Ryan White Program in the internal tracking spreadsheet.

4. Preparation and Distribution of Financial Reports

Each month the following reports should be prepared and distributed by the administrative specialist:

1. Consolidated Program Expenditure Report – with YTD Variances
2. Service Category Expenditure Report – with YTD Variance
3. Sub-grantee Expenditure Report – with YTD Variances

Break-out by sub-grantee.

5. Evaluation of Sub-grantee Invoices by Service Category

With direction as to the payment methodology, documentation required for payment and data support necessary for payment for each specific service category.

A. Core Services

Outpatient/Ambulatory Medical Care - The provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Services include diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care *(includes all medical subspecialties, even ophthalmic and optometric services)*. Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

1. **Payment Methodology -** Direct cost/categorical line-item methodology. The sub-grantee will submit invoices based on the line-item budget that was approved by the grantee. Expenses will be listed by personnel, personnel benefits, telephone, supplies, travel and all other approved line items. The invoice will consist of a section for administrative costs and a separate section for direct service cost/program costs.

2. **Documentation** – Support documentation that will be provided with the invoice would include:

   Personnel – Time sheets or payroll reports.

   Benefits – Schedule of benefits with list of actual expenditures. Documentation can be provided by the sub-grantee per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual sub-grantee fiscal monitoring site visit.

   Phone/Supplies/Travel and Other Personnel Related Expenditures – Supporting documentation will consist of properly approved invoices.

Medical Supplies/Other Direct Medical Costs – The grantee should submit aggregate actual expenditures in the summary invoice. The justification for charging the Ryan White Part A Program for the expenditure can be verified during the annual sub-grantee fiscal monitoring visit.

Equipment – The sub-grantee should provide copies of invoices for all purchases of equipment or for all other special purchases.

3. Data Support – The grantee can check the number of clinical visits provided by the sub-grantee during the billing period in two ways.

a. The grantee can check the number of clinical encounters that are reported in the CAREWare data system prior to approving the invoice.

b. The grantee can request that the sub-grantee submit a schedule of encounters that took place during the course of the month (billing period). The schedule should include date of service, patient unique identifier, and type of service received.

4. Laboratory Procedures – The Outpatient/Ambulatory Medical Care service category may also include funds used to support laboratory tests integral to the treatment of HIV infection and related complications and ophthalmic and optometric specialty vision services rendered by licensed providers.

a. Payment Methodology – The reimbursement methodology should be based on the actual cost of the service along with an additional administrative fee that was approved in the sub-grantee's approved budget. The sub-grantees that utilize a reference lab to provide laboratory services should bill at the reference lab rate. Sub-grantees that operate internal laboratories should bill at Medicaid rate or at a rate that was agreed upon during the budget process. The administrative fee should be charged on a per unit basis that was agreed upon in the sub-grantee's budget.

b**. Documentation –** The sub-grantee will submit a list of all the patients/unique identifiers and laboratory procedures that were provided and billed for within the billing period. The invoice will provide the date of service, patient unique identifier and the laboratory procedures that were provided and the cost of the individual laboratory service. Sub-grantees that utilize a reference lab should include a copy of the reference lab invoice. If the reference lab invoice includes all of the necessary documentation, this invoice will be sufficient to approve payment.

c. **Data Support -** Laboratory data can be checked in the CAREWare system through a review of CD4 and Viral Load test results and dates of services.

AIDS Pharmaceutical Assistance (Local) - Local pharmacy assistance programs that provide medications to clients of Ryan White Part A, B or Part C grantees. Funds for this assistance can originate from Part A , B base, Part C or from a Part A Consortium and the program must be for the provision of HIV/AIDS medications to eligible clients

1. **Payment Methodology –** The reimbursement methodology should be based on the actual cost of the medications along with an additional administrative fee that was approved in the sub-grantee's approved budget. Sub-grantees should be obtaining 340b and Prime Vendor pricing for the purchase of medications under the Ryan White Part A Program.

2. **Documentation –** The sub-grantee will submit a list of all the patients and medications that were provided and billed for within the billing period. The invoice will provide the date of service, patient unique identifier and the medication provided.

3. **Data Support –** Patient medications could be confirmed in the CAREWare data system if the system is designed to capture this data. Otherwise the data support to confirm the purchase of the medications would be reviewed during the annual sub-grantee fiscal monitoring visits.

Oral Health Care - The provision of diagnostic, preventive and therapeutic dental services provided by general dental practitioners, dental specialists, dental hygienists, and auxiliaries, and other trained oral health providers.

1. **Payment Methodology –** The reimbursement methodology for the Oral Health Care should be based on a fee-for-Part A service reimbursement. The reimbursement rate should be based on an acceptable fee schedule, such as Medicaid rate or 125% /150% of Medicaid rate. The reimbursement rate should be defined in the sub-grantee approved budget. The grantee may pay for an administrative cost related to the provision of the dental services. The administrative cost should be defined in the approved budget.

2. Documentation – The sub-grantee will submit a list of all dates of service, patients/unique identifiers and dental services that were provided during the billing period. If costs exceed $1,500.00 cap, documentation of prior approval from the grantee's office is required.

3. Data Support – The CAREWare data system should reflect dates of service for patient care.

Early Intervention Services - Defined as a mix of services limited to 1) targeted testing and counseling of individuals with respect to HIV/AIDS; 2) linkages with key points of entry that facilitate follow-up 3) referral services providing access to care, and 4) health education and literacy training enabling clients to navigate the HIV system of care. *NOTE: All 4-program components must be present for a program to be considered an early intervention services program*

1. Payment Methodology - Direct cost/categorical line-item methodology. The sub-grantee will submit invoices based on the line-item budget that was approved by the grantee. Expenses will be listed by personnel, personnel benefits, telephone, supplies, travel and all other approved line items. The invoice will consist of a section for administrative costs and a separate section for direct service cost/program costs.

2. Documentation – Support documentation that will be provided with the invoice would include:

Personnel – Time sheets or payroll reports.

Benefits – Schedule of benefits with list of actual expenditures. Documentation can be provided by the sub-grantee per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual sub-grantee fiscal monitoring site visit.

Phone/Supplies/Travel and Other Personnel Related Expenditures – Documentation can be provided by the sub-grantee per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual sub-grantee fiscal monitoring site visit.

Equipment – The sub-grantee should provide copies of invoices for all purchases of equipment or for all other special purchases.

3. Data Support – The grantee can check the number of EIS encounters provided by the sub-grantee during the billing period in two ways.

a. The grantee can check the number of EIS encounters that are reported in the CAREWare data system prior to approving the invoice.

b. The grantee can request that the sub-grantee submit a schedule of EIS encounters that took place during the course of the month (billing period). The schedule should include date of service, patient unique identifier, and type of service received.

Medical Case Management -
Defined as services that must be provided by trained professionals, including both medically credentialed and other health care staff who provide a range of client-centered services that link clients with health care, psychological and other services. The coordination and follow-up of medical treatments is a component of medical case management and these services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through an ongoing assessment/reassessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to insure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized care plan; (3) coordination of services required to implement the plan; (4) continuous client monitoring to assess the efficacy of the plan; and (5) periodic reevaluation and adaptation of the plan at least every six (6) months, as necessary during the enrollment of the client.

Medical Case Management may include limited assistance to eligible clients to obtain access to State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs. Medical Case Management includes all types of case management encounters including face-to-face, phone contact, and any other forms of communication.

1. **Payment Methodology -** Direct cost/categorical line-item methodology. The sub-grantee will submit invoices based on the line-item budget that was approved by the grantee. Expenses will be listed by personnel, personnel benefits, telephone, supplies, travel and all other approved line items. The invoice will consist of a section for administrative costs and a separate section for direct service cost/program costs.

2. **Documentation** – Support documentation that will be provided with the invoice would include:

Personnel – Time sheets or payroll reports.

Benefits – Schedule of benefits with list of actual expenditures. Documentation can be provided by the sub-grantee per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual sub-grantee fiscal monitoring site visit.

Phone/Supplies/Other Personnel Related Expenditures – Documentation can be provided by the sub-grantee per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual sub-grantee fiscal monitoring site visit.

Equipment – The sub-grantee should provide copies of invoices for all purchases of equipment or for all other special purchases.

3. **Data Support –** The grantee will check the number of medical case management encounters by reviewing the data submitted into CAREWare for the billing period.

Mental Health Services - Psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers.

1. **Payment Methodology -** Direct cost/categorical line-item methodology. The sub-grantee will submit invoices based on the line-item budget that was approved by the grantee. Expenses will be listed by personnel, personnel benefits, telephone, supplies, travel and all other approved line items. The invoice will consist of a section for administrative costs and a separate section for direct service cost/program costs.

2. **Documentation** – Support documentation that will be provided with the invoice would include:

Personnel – Time sheets or payroll reports.

Benefits – Schedule of benefits with list of actual expenditures. Documentation can be provided by the sub-grantee per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual sub-grantee fiscal monitoring site visit.

Phone/Supplies/Other Personnel Related Expenditures – Documentation can be provided by the sub-grantee per employee or in the aggregate for all employees. The verification of the expenditures for

employee benefits should be reviewed during the annual sub-grantee fiscal monitoring site visit.

Equipment – The sub-grantee should provide copies of invoices for all purchases of equipment or for all other special purchases.

3. Data Support – The grantee can check the number of mental health encounters provided by the sub-grantee during the billing period in two ways.

a. The grantee can check the number of mental health encounters that are reported in the CAREWare data system prior to approving the invoice.

b. The grantee can request that the sub-grantee submit a schedule of mental health encounters that took place during the course of the month (billing period). The schedule should include date of service, patient unique identifier, and type of service received.

Substance Abuse Services – Outpatient - Services used for outpatient drug or alcohol substance abuse treatment, including expanded HIV-specific capacity of programs if timely access to treatment and counseling is not available, must be rendered by a physician or provided under the supervision of a physician or other qualified/licensed personnel. This service is limited to the following: pretreatment/recovery readiness programs, harm reduction, mental health counseling to reduce depression, anxiety and other disorders associated with substance abuse, outpatient drug-free treatment and counseling, Opiate Assisted Therapy, Neuro-psychiatric pharmaceuticals; and relapse prevention.

1. Payment Methodology - Direct cost/categorical line-item methodology. The sub-grantee will submit invoices based on the line-item budget that was approved by the grantee. Expenses will be listed by personnel, personnel benefits, telephone, supplies, travel and all other approved line items. The invoice will consist of a section for administrative costs and a separate section for direct service cost/program costs.

2. Documentation – Support documentation that will be provided with the invoice would include:

Personnel – Time sheets or payroll reports.

Benefits – Schedule of benefits with list of actual expenditures. Documentation can be provided by the sub-grantee per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual sub-grantee fiscal monitoring site visit.

Phone/Supplies/Other Personnel Related Expenditures – Documentation can be provided by the sub-grantee per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual sub-grantee fiscal monitoring site visit.

Equipment – The sub-grantee should provide copies of invoices for all purchases of equipment or for all other special purchases.

3. Data Support – The grantee can check the number of outpatient substance abuse encounters provided by the sub-grantee during the billing period in two ways.

a. The grantee can check the number of outpatient substance abuse encounters that are reported in the CAREWare data system prior to approving the invoice.

b. The grantee can request that the sub-grantee submit a schedule of outpatient substance abuse encounters that took place during the course of the month (billing period). The schedule should include date of service, patient unique identifier, and type of service received.

B. Support Services

Case Management – Non Medical - Those services which include the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. May include efforts to refer or assist eligible clients obtain access to other public and private programs for which they may be eligible, e.g. Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs and other State or local health care and supportive services. Case Management non-medical includes all types of case management encounters, including face-to-face, phone contact, and any other forms of communication

1. Payment Methodology - Direct cost/categorical line-item methodology. The sub-grantee will submit invoices based on the line-item budget that was approved by the grantee. Expenses will be listed by personnel, personnel benefits, telephone, supplies, travel and all other approved line items. The invoice will consist of a section for administrative costs and a separate section for direct service cost/program costs.

2. **Documentation** – Support documentation that will be provided with the invoice would include:

Personnel – Time sheets or payroll reports.

Benefits – Schedule of benefits with list of actual expenditures. Documentation can be provided by the sub-grantee per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual sub-grantee fiscal monitoring site visit.

Phone/Supplies/Other Personnel Related Expenditures – Documentation can be provided by the sub-grantee per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual sub-grantee fiscal monitoring site visit.

Equipment – The sub-grantee should provide copies of invoices for all purchases of equipment or for all other special purchases.

3. **Data Support –** The grantee can check the number of non-medical case management encounters by reviewing the data submitted into CAREWare for the billing period

Bank/Home Delivered Meals - The provision of actual food items, hot meals or a voucher program to purchase food. This includes the provision of non-food items that are limited to personal hygiene products; household cleaning supplies, and/or water filtration/purification systems in communities where issues with water purity exist. *NOTE: Nutritional services and nutritional supplements not provided by a licensed, registered dietician should be considered a support service under the TGA. Food not provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed, registered dietician also shall be considered a support service – Food-bank/home delivered meals.*

1. **Payment Methodology -** Direct cost/categorical line-item methodology. The sub-grantee will submit invoices based on the line-item budget that was approved by the grantee. Expenses will be listed by personnel, personnel benefits, telephone, supplies, food costs, travel and all other approved line items. The invoice will consist of a section for administrative costs and a separate section for direct service cost/program costs.

2. **Documentation** – Support documentation that will be provided with the invoice would include:

Personnel – Time sheets or payroll reports.

Benefits – Schedule of benefits with list of actual expenditures. Documentation can be provided by the sub-grantee per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual sub-grantee fiscal monitoring site visit.

Phone/Supplies/Other Personnel Related Expenditures – Documentation can be provided by the sub-grantee per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual sub-grantee fiscal monitoring site visit.

Equipment – The sub-grantee should provide copies of invoices for all purchases of equipment or for all other special purchases.

Food for Meals – Separate documentation should be provided that shows the cost of the food purchased that is provided to Ryan White clients.

3. **Data Support –** The grantee can check the number of food bank/home delivered meals that are provided by the sub-grantee during the billing period in two ways.

a. The grantee can check the number of food bank/home delivered meals that are reported in the CAREWare data system prior to approving the invoice.

b. The grantee can request that the sub-grantee submit a schedule of food bank/home delivered meals that took place during the course of the month (billing period). The schedule should include date of service, patient unique identifier, and type of service received.

Legal Services - Legal advice and services provided on behalf of the HIV infected person and involving legal matters related to or arising from their HIV condition. These services include but are not limited to: preparation of powers of attorney, living wills, interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the TGA , and Permanency planning for an individual or family where the responsible adult is expected to pre-decease a dependent *(usually a minor child)* due to HIV/AIDS; included the provision of social service counseling or legal counsel regarding (1) the drafting of wills or delegating powers of attorney, and (2) preparation for custody options for legal dependents including standby guardianship , joint custody or adoption**.**

1. **Payment Methodology -** Direct cost/categorical line-item methodology. The sub-grantee will submit invoices based on the line-item budget that was

approved by the grantee. Expenses will be listed by personnel, personnel benefits, telephone, supplies, travel and all other approved line items. The invoice will consist of a section for administrative costs and a separate section for direct service cost/program costs.

2. Documentation – Support documentation that will be provided with the invoice would include:

Personnel – Time sheets or payroll reports.

Benefits – Schedule of benefits with list of actual expenditures. Documentation can be provided by the sub-grantee per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual sub-grantee fiscal monitoring site visit.

Phone/Supplies/Other Personnel Related Expenditures – Documentation can be provided by the sub-grantee per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual sub-grantee fiscal monitoring site visit.

Equipment – The sub-grantee should provide copies of invoices for all purchases of equipment or for all other special purchases.

3. Data Support – The grantee can check the number of legal service encounters by reviewing the data submitted into CAREWare for the billing period.

Psychosocial Support Services - The provision of support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, bereavement counseling and nutrition counseling provided by a non-registered dietician**.**

1. Payment Methodology - Direct cost/categorical line-item methodology. The sub-grantee will submit invoices based on the line-item budget that was approved by the grantee. Expenses will be listed by personnel, personnel benefits, telephone, supplies, travel and all other approved line items. The invoice will consist of a section for administrative costs and a separate section for direct service cost/program costs.

2. Documentation – Support documentation that will be provided with the invoice would include:

Personnel – Time sheets or payroll reports.

Benefits – Schedule of benefits with list of actual expenditures. Documentation can be provided by the sub-grantee per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual sub-grantee fiscal monitoring site visit.

Phone/Supplies/Other Personnel Related Expenditures – Documentation can be provided by the sub-grantee per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual sub-grantee fiscal monitoring site visit.

Equipment – The sub-grantee should provide copies of invoices for all purchases of equipment or for all other special purchases.

3. **Data Support –** The grantee will check the number of psychosocial support service encounters by reviewing the data submitted into CAREWare for the billing period.

Emergency Financial Assistance - The provision of limited short-term payments to agencies or the establishment of voucher programs to assist the client in emergencies for paying for essential utilities, housing, food *(including groceries, food vouchers, and food stamps)* and, corrective prescription eye wear for eligible clients. Limits to individuals and households and their consistent application are expected to be created by the planning council and/consortia and or the grantees and that funds used for these purposes will be the payer of lasts resort, and for limited amounts, limited use and limited periods of time**.**

1. **Payment Methodology –** The reimbursement methodology should be based on the actual cost of the emergency financial assistance provided along with an additional administrative fee that was approved in the sub-grantee's approved budget.

2. **Documentation –** The sub-grantee will submit a list of all the patients and emergency financial assistance services that were provided and billed for within the billing period. The invoice will provide the date of service, patient unique identifier and the service provided.

Personnel – Time sheets or payroll reports.

Benefits – Schedule of benefits with list of actual expenditures. Documentation can be provided by the sub-grantee per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual sub-grantee fiscal monitoring site visit.

3. **Data Support –** Emergency financial assistance may be confirmed in the CAREWare data system. Also, the data to confirm the provision of emergency financial assistance services should be reviewed during the annual sub-grantee fiscal monitoring visits.

Medical Transportation - The provision of transportation services for an eligible individual to access HIV-related health services, including services needed to maintain the client in HIV Medical care, directly or through voucher, so that he or she may access health care services.

1. **Payment Methodology –** The reimbursement methodology should be based on the actual cost of the transportation services along with an additional administrative fee that was approved in the sub-grantee's approved budget.

2. **Documentation –** The sub-grantee will submit a list of all the patients and transportation services that were provided and billed for within the billing period. The invoice will provide the date of service, patient unique identifier and the service provided.

   Personnel – Time sheets or payroll reports.

   Benefits – Schedule of benefits with list of actual expenditures. Documentation can be provided by the sub-grantee per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual sub-grantee fiscal monitoring site visit.

3. **Data Support –** Transportations services may be confirmed in the CAREWare data system. Also, the data to confirm the provision of medical transportation services should be reviewed during the annual sub-grantee fiscal monitoring visits.

Outreach - Programs which principal purpose is the identification of people that do not know their HIV status, or those that do know their status and are not in care so they may become aware of, and may be enrolled in care and treatment services (i.e., case finding), not HIV counseling and testing nor HIV prevention education. These services must target high-risk communities or individuals. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort; be targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection; be conducted at times and at places where there is a high probability that individuals with HIV infection will be reached; and be designed with quantified program reporting that will accommodate local effectiveness evaluation to track referrals into care.

1. **Payment Methodology -** Direct cost/categorical line-item methodology. The sub-grantee will submit invoices based on the line-item budget that was approved by the grantee. Expenses will be listed by personnel, personnel benefits, telephone, supplies, travel and all other approved line items. The invoice will consist of a section for administrative costs and a separate section for direct service cost/program costs.

2. **Documentation** – Support documentation that will be provided with the invoice would include:

   Personnel – Time sheets or payroll reports.

   Benefits – Schedule of benefits with list of actual expenditures. Documentation can be provided by the sub-grantee per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual sub-grantee fiscal monitoring site visit.

   Phone/Supplies/Other Personnel Related Expenditures – Documentation can be provided by the sub-grantee per employee or in the aggregate for all employees. The verification of the expenditures for employee benefits should be reviewed during the annual sub-grantee fiscal monitoring site visit.

   Equipment – The sub-grantee should provide copies of invoices for all purchases of equipment or for all other special purchases.

3. **Data Support –** The grantee can check the number of outreach encounters by reviewing the data submitted into CAREWare for the billing period.

5. Evaluation of Reasonable Cost by Service Category

The cost of a service will depend on the sub-grantee's cost to either provide or purchase the service. Costs vary between sub-grantee agencies. The cost of providing a medical visit in a small private medical practice varies greatly from the cost of providing a medical visit in a hospital or community health center. The same is true for case management services. A case management visit provided by a small AIDS Service Organization will cost significantly less than a case management visit provided by a governmental agency, hospital or larger agency. The reason for the variation in cost is the cost of personnel, benefits and services is greater. A hospital pays their personnel at a higher rate and has better employee benefits than a smaller organization.

Determining the Cost of a Service - Testing of sub-grantee budgets for the "reasonableness" of the sub-grantee's costs for a particular service - The total cost of the service should be divided by the expected number of units to be provided to arrive at a cost per unit/encounter. This cost per unit/encounter is not used by the sub-grantee to submit for reimbursement; rather it is used by the grantee to compare to other bidders/sub-grantees to determine if the cost of the service being provided is reasonable. The goal is not to make decisions based on lowest cost. Each sub-grantee will have varying costs for personnel and benefits.

Additional Factors that Impact the Cost of a Service – When evaluating the cost of a service for the purpose of reasonable cost it is important to determine if the cost includes additional services that are not being provided by other sub-grantees providing the same service. If one clinical provider provides only clinical care and another clinical provider provides clinical care with the inclusion of the payment for laboratory/radiology or other ancillary/subspecialty procedures the cost per medical visit of the second clinical provider will be significantly higher. The same is true with medical case management services, if one provider uses bachelor's level social workers to provide the service and another provider utilizes registered nurses, the cost of the service will very significantly.

<u>Range of the Cost of a Service by Service Category</u>

1. **Ambulatory Outpatient Medical Care –** The range in the cost of care will vary from $80-100 per visit for a small private office to $130 - $220 per visit for a larger medical facility. The cost is based on the medical visit only. That would include the direct personnel, involved in the care, benefits, other personnel costs, supplies, etc. This cost would not include any laboratory/ancillary or subspecialty costs. In addition, the facility and overhead cost would not be included in the calculation these cost would be capped and included in the administrative costs.
2. **Medical and Non-Medical Case Management –** This service category is affected by the cost of the personnel providing the service (bachelor's level versus registered nurse) and by the definition of an encounter. An encounter is defined as brief, intermediate or intensive. If the cost of a case management encounter is to be evaluated, then definition of the encounter must be the same for all providers.

Analysis: Cost of a case management visit based on a bachelor's level provider using 30 minute encounters with an expectation of 3,000 visits per year.

Cost of the service – Salary		$30,000	
Benefits		6,000	
Travel	1,000		
Other Costs	1,500		
Total Direct Cost	$38,500		
Administrative Cost	3,850		Based on 10%

	Total Cost of Case Manager	$42,350
Divided by:	Expected number of encounters	3,000

Equals a cost per encounter of $ 14.11

Analysis: Cost of a case management visit based on a registered nurse providing the service using 30 minute encounters with an expectation of 3,000 visits per year.

Cost of the service – Salary	$50,000	
Benefits	18,000	
Travel	1,000	
Other Costs	1,500	
Total Direct Cost	$70,500	
Administrative Cost	7,050	Based on 10%

	Total Cost of Case Manager	$77,550
Divided by:	Expected number of encounters	3,000

Equals a cost per encounter of $25.85

3. Calculation of the Cost of a Service for Other Direct Cost/Line-Item Service Categories. - Other service categories such as Early Intervention Services, Legal Services, Mental Health Services, etc. the cost of the service is calculated in the same manner.

The total cost of the service is divided by the proposed number of units of service to be delivered to arrive at a cost for each unit of service.