



2015

HIV Care Program

and

Minority AIDS

Initiative

Budget Instructions

HIV Care Program (HCP) and Minority AIDS Initiative (MAI) Budget Instructions

The purpose of the budget instructions is to provide guidance with the completion of the HCP and MAI budget forms.

Contractors and service providers must consider budgeting for service categories that address unmet need and fill gaps in services for their jurisdiction to assure that HCP funds are used as payer of last resort.

Contractors who require assistance with the completion of these forms should contact their assigned Care Operations Advisor. Finalized budgets must be submitted electronically to the assigned Care Operations Advisor in accordance with the instructions in this document.

If you are a MAI contractor, please complete and submit separate MAI budget forms.

Budget Element Definitions	
Administrative Costs	<p>The sum of Administrative Personnel, Operating, Capital, and Indirect Costs. Contractor and Service Providers administrative costs combined cannot exceed 10 percent of the total budget.</p> <p>Based on HAB HRSA Policy Notice #15-01 https://careacttarget.org/library/policy-15-01-treatment-costs-under-10-administrative-cap HCP/MAI activities included (but not limited to) the 10 percent administrative cap are:</p> <ul style="list-style-type: none">• Routine HCP/MAI contract administration and monitoring activities, including the development of applications, and the receipt and disbursement of program funds to service providers;• Development and establishment of reimbursement and accounting systems;• Preparation of routine HCP/MAI programmatic and financial reports;• Compliance with HCP/MAI Scope of Work, annual site visit, and audit requirements (e.g. annual OMB Circular A-133 audit, DHS audit, etc.);• All activities associated with the HCP/MAI contractor budget development procedure, service provider review activities including negotiation and awarding of subcontracts;• Contractor monitoring activities including telephone consultation, written documentation, and onsite visits;• HCP/MAI reporting; and• Related payroll, audit, and general legal services.

Budget Element Definitions

	<p>The following programmatic activities are not required to be included in the 10 percent administrative cost cap (please note, programmatic activities and associated cost may be charged directly to the relevant service categories and listed under Personnel and/or Non-Personnel):</p> <ul style="list-style-type: none"> • Annual and six month HCP/MAI client eligibility recertification; • The portion of malpractice insurance related to HCP/MAI clinical care; • The portion of fees and services for electronic medical records maintenance, licensure, annual updates, and staff time for data entry related to HCP/MAI clinical care and support services; • The portion of the clinic receptionist’s time providing direct HCP/MAI patient services (e.g., scheduling appointments and other intake activities); • The portion of medical waste removal and linen services related to the provision of HCP/MAI services; • The portion of medical billing staff related to HCP/MAI services; • The portion of a supervisor’s time devoted to providing professional oversight and direction regarding HCP/MAI funded core medical or support service activities, sufficient to assure the delivery of appropriate and high quality HIV care, to clinicians, case managers, and other individuals providing services to HCP/MAI clients (would not include general administrative supervision of these individuals); • HCP/MAI clinical quality management (CQM). However, expenses which are clearly administrative in nature cannot be included as CQM costs; and • The portion of direct facilities expenses such as rent, maintenance, and utilities for areas primarily utilized to provide core medical and support services for eligible RWHAP clients (e.g., clinic, pharmacy, food bank, substance abuse treatment facilities).
<p>Personnel</p>	<p>Salaries, wages, benefits, and travel paid to staff providing administrative support and costs associated with staff providing direct client services.</p>
<p>Non-Personnel</p>	<p>Expenses associated with providing direct client care (supplies, materials, medical equipment, nutritional supplements, lab tests, food, transportation vouchers, etc.).</p>
<p>Operating Expenses</p>	<p>May include non-personnel costs, office supplies, postage, facilities, telephone, Internet connection, encryption software, minor equipment (unit cost under \$5,000), travel, etc. All equipment purchases must be approved by the Care Operations Advisor prior to purchase.</p>

Budget Element Definitions	
Capital Expenditures	Includes computers, printers, and other types of equipment, with a unit cost greater than \$5,000. Capital Expenses must be approved by the Care Operations Advisor prior to purchase.
Other Costs	Unique program costs and costs not applicable to any other line item which may include: <ul style="list-style-type: none"> • Non-personnel client services; • Needs Assessment costs; and • All Service Provider(s) costs.
Indirect Costs	Costs that cannot be assigned to one program. Often this category is used when a Contractor has multiple programs and divides the rent, utilities, janitorial services, payroll accounting, etc., either equally between programs or based on the percentage of time spent on a program.

Unallowable Costs

HCP/MAI funds may NOT be used for the following:

- To purchase or improve land, or to purchase, construct, or permanently improve any building or other facility (other than minor remodeling);
- To provide cash payments to service recipients;
- To promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual;
- To purchase any vehicle without written OA/HRSA approval;
- For nontargeted marketing promotions or advertising about HIV services that target the general public (poster campaigns for display on public transit, TV or radio public service announcements, etc.);
- For broad scope awareness activities about HIV services that target the general public (outreach activities that have HIV prevention education as their exclusive purpose);
- For influencing or attempting to influence members of Congress and other Federal personnel;
- For foreign travel; and
- To pay any 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.

Helpful Hints

Please be thorough when completing each budget form and remember to:

- Complete Contractor name and contract number;
- Complete all budget forms, including filling out all check boxes;
- Include all contact information, including billing address, if it differs from the mailing address;

- Include the DUNS Number where indicated;
- Round all figures to the nearest whole dollar;
- Work with your Care Operations Advisor to ensure that the submitted budget is accurate and requires minimal changes when the final budget is submitted;
- Do not copy and paste information from previous budgets into your new documents or change formulas that have been inserted into the documents (doing so could result in damaged formulas and inaccurate submissions); and
- Submit budget forms to the Care Operations Advisor on or before each specified due date.

Budget Form Descriptions and Instructions

Document Checklist:

Review and check off each item listed to ensure that all required documents are accurately completed and included in the budget form package.

Contractor Agency Location List:

List the addresses of all contractor locations including all satellites and locations where client charts are stored (if the contractor is also a service provider).

Service Provider Locations List:

List all service provider agency locations. Include contractor agency locations when initial service provider is the fiscal intermediary only.

Contractor Contact Information:

List the names of staff responsible for daily programmatic and fiscal operations. Staff listed must be the contacts used by OA for all HCP/MAI communications.

Five Line Item Budget:

Personnel: Populate this line item with Total Administrative Personnel from Form A, and contractor total personnel expenses (client services Personnel Costs and Total Administrative Personnel) from Form D, if the contractor is also the service provider.

Operating Expenses: Populate this line item with the sum of Total Operating Expenses from Forms A and D (only if the contractor is also the service provider).

Capital Expenditures: Populate this line item with the sum of Capital Expenditures from Forms A and D (only if the contractor is also the service provider).

Other Costs: Populate this line item with the Total Needs Assessment Budget on Form C, include Non-Personnel Costs from Form D, if a service provider, and also include the total of service provider budgets (a separate Form D is required for each subcontract).

Indirect Costs: Populate this line item with the sum of indirect costs on Form A, and indirect costs on Form(s) D.

Budget Overview:

Include the budgeted amounts for Client Service Provider Costs (whether provided by a contractor and/or service provider agency). The Contractor Costs and Needs Assessment Costs fields on the form will automatically update when Forms A and C are completed. Ensure that the Total Budget on this form equals the total allocation awarded and cumulative administrative costs do not exceed the 10 percent cap.

Form A – Contractor Administrative Budget Summary:

- Populate Contractor Information;
- Complete the Total Administrative Personnel, which is equal to the sum of the Total Personnel Expenses on Form(s) B;
- Itemize any Operating Expenses and Indirect Costs;
- If using the Capital Expenditures line item, include a written justification in an e-mail to your Care Operations Advisor for approval;
- Ensure Indirect Costs do not exceed 15 percent of total Administrative Personnel Expenses; and
- Ensure total contractor's administrative costs do not exceed 10 percent of the total budget. The 10 percent calculation for the Contractors Administrative Budget will be computed once the five line item budget form has been completed.

Form B – Contractor Administrative Personnel Detail:

- Enter the Position Title, Staff Member's First and Last Name;
- Describe the duties of each employee and include justification of job required travel (e.g., training);
- Complete both the Total Annual Salary and the salary paid by this contract for each employee;
- If travel is required, enter the estimated travel expense;
- Enter the Benefits, if any, for each employee;
- Make additional copies of this form if there are more than four employees; and
- Ensure the Total Administrative Personnel identified on Form A is equal to the sum of the Total Personnel Expenses on Form(s) B.

Form C – Needs Assessment Detail (for HCP budgets only):

- Populate Provider Information;
- Itemize all Operating Expenses and/or Indirect Costs;
- Describe the duties of the person conducting the needs assessment (fill out one section per each staff) and include details regarding any travel associated with the needs assessment;
- Complete both the salary and the salary paid by this contract for each employee;
- Enter the Benefits, if any, for each employee; and

- Assure the Total Needs Assessment Budget does not exceed five percent of the total annual contract budget.

Form D – Client Service Provider Budget Summary:

- Populate Service Provider Information;
- Populate Services column with the exact allowable HCP/MAI service category by clicking on the drop down menu. Populate the Personnel Costs and Non-Personnel Costs columns with budgeted cost. Core and support services may have both personnel and non-personnel costs (e.g., a clinic receptionist’s personnel costs for providing direct HCP patient services such as scheduling appointments and intake activities as well as non-personnel costs such as labs, rent, maintenance, utilities, etc.);
- If Non-Personnel Costs are listed, a justification is required for the Non-Personnel Justification tab;
- If budgeting Emergency Financial Assistance a copy of the policy and tracking method will be reviewed during annual HCP/MAI site monitoring visit;
- Populate Estimated Client Served column with a number of unduplicated clients to be served;
- Populate the Payer of Last Resort Assessments/Comments and identify HCP/MAI and all other funding sources by service category. Include the percentage for HCP/MAI and Part A funding source;
- Populate Total Administrative Personnel, which is equal to the sum of the Total Personnel Expenses on Form(s) D;
- Itemize any Operating Expenses and Indirect Costs;
- If using the Capital Expenditures line item, include a written justification in an e-mail to your Care Operations Advisor for approval; and
- If service provider is sole sourced, include a written justification in an e-mail to your Care Operations Advisor for approval.

Form E – Client Service Provider Personnel Detail:

- Populate Position Title, Staff Member’s First and Last Name;
- Describe the duties of each employee as relevant to the selected service category;
- Include details for job required travel (e.g., client related travel, training, etc.);
- When an individual’s duties are split between administrative and direct client services, complete two or more “Position Title” sections for that individual, for example:
 - A portion of a supervisor’s time devoted to providing professional oversight and direction regarding HCP funded outpatient/ambulatory medical care activities sufficient to assure the delivery of appropriate and high quality care to clients would be counted under that service category. Specifically, “Outpatient/Ambulatory Medical Care” should be selected from the drop down menu.
 - Other activities for this supervisor that are strictly administrative fall under the 10 percent administrative cap. Specifically, “N/A – Administrative Position” should be selected from the drop down menu.

- Use the California Department of Public Health, “Travel Reimbursement Information” for per diem reimbursement rates to estimate travel expenses;
- Populate Total Annual Salary, the Total FTE and salary paid by this contract, along with Travel and Benefits (if applicable) for each employee;
- Populate HCP/MAI Services Category by clicking on the drop down menu or select N/A – Administrative Position for administrative staff; and
- Insert additional copies of this form if there are more than five employees.

Form F – Service Provider Subcontractor:

- Populate Service Provider Information for all entities with subcontracted service providers (e.g., vendors, Fee-For-Service providers);
- Fill out Client Service Costs by clicking on the drop down menu next to service category and select the appropriate service category;
- Populate Estimated Clients served and Budgeted Amount column; and
- Insert additional copies of this form as needed.

Non-Personnel Justification:

- Populate Service/Provider and Budgeted Amount columns with Services and Providers as provided on Form D and F; and
- Provide a detailed description of how Non-Personnel costs are utilized.

Justification for Early Intervention Services (EIS) (for HCP budgets only):

- If applicable, follow instructions on the form.

Outpatient/Ambulatory Medical Care Justification (for HCP budgets only):

- Describe the Outpatient/Ambulatory Medical Care services available in your jurisdiction; and
- Include an explanation regarding your decision to provide or not provide this service category.