

## Appendix A:

### **FY 2016 AGREEMENTS AND ASSURANCES Ryan White HIV/AIDS Treatment Extension Act of 2009 Part B Grant Program**

I, the Governor, or Authorized Designated Official, of the State or Territory of SOUTH CAROLINA, hereinafter referred to as "State," assure that:

#### **1. Pursuant to Section 2612<sup>1</sup>**

##### *a.) Section 2612(a)*

Amounts provided will be expended on core medical services, support services, and administrative expenses only.

##### *b.) Section 2612(b)(1)*

Unless a waiver is obtained, not less than 75 percent of the portion of the grant remaining after reserving amounts for administration, planning/evaluation and clinical quality management will be used to provide core medical services that are needed in the State for individuals with HIV who are identified and eligible under this title (including services regarding the co-occurring conditions of the individuals).

##### *c.) Section 2612(d)(2)*

Entities providing Early Intervention Services (EIS) will ensure that the following conditions have been met:

- Federal, State and local funds are otherwise inadequate for the EIS an entity proposes to provide; and,
- The entity will supplement, not supplant, other funds available to the entity for the provision of providing EIS for the fiscal year involved.

##### *d.) Section 2612(e)*

For each of such populations in the eligible area, the State will use not less than the percentage constituted by the ratio of the population involved (infants, children, youth, or women in such area) with HIV to the general population in such area of individuals with HIV, unless a waiver is obtained from the Secretary.

##### *e.) Section 2612(f)*

No amounts received under the grant will be used to purchase or improve land, or to purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or to make cash payments to intended recipients of services.

#### **2. Pursuant to Section 2613**

##### *Section 2613(b)*

All required assurances will be obtained from applicants who apply to the State for assistance to provide consortia services.

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<sup>1</sup> All statutory references are to the Public Health Service Act, unless otherwise specified.

### **3. Pursuant to Section 2615**

#### ***Section 2615(b)***

Assistance will not be used 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.

### **4. Pursuant to Section 2616**

#### ***a.) Section 2616(c)(1)***

The therapeutics included on the list of classes of core antiretroviral therapeutics established by the Secretary are at a minimum the treatments provided by the State.

#### ***b.) Section 2616(g)***

Any drug rebates received on drugs purchased from funds provided under the grant are applied to activities supported under Part B, with priority given to AIDS Drug Assistance Program activities.

### **5. Pursuant to Section 2617**

#### ***a.) Section 2617(b)(4)***

The State shall designate a lead State agency that will:

- Administer all assistance received under Part B;
- Conduct the needs assessment and prepare the State plan;
- Prepare all applications for assistance under Part B;
- Receive notices with respect to programs under Title XXVI;
- Every two years, collect and submit to the Secretary all audits, consistent with 45 CFR 75 Subpart F, from recipients within the State, including audits regarding funds expended in accordance to Part B; and
- Carry out any other duties determined appropriate by the Secretary to facilitate the coordination of programs under Title XXVI.

#### ***b.) Section 2617(b)(6)***

The public health agency that is administering the grant for the State periodically convenes a meeting that includes individuals with HIV, members of a federally recognized Indian tribe as represented in the State, representatives of recipients under each of the Ryan White HIV/AIDS Program, providers, public agency representatives, and if applicable, entities on Part A Planning Councils, in developing the Statewide Coordinated Statement of Need (SCSN).

#### ***c.) Section 2617(b)(7)(A)***

The public health agency that is administering the grant for the State engages in a public advisory planning process, including public hearings, that includes individuals with HIV, members of a federally recognized Indian tribe as represented in the State, representatives of recipients under each Part of Title XXVI of the Public Health Service Act, providers, public agency representatives, Part A Planning Councils (or other planning body), in developing the comprehensive plan and commenting on the implementation of such plan.

#### ***d.) Section 2617(b)(7)(B)(i)***

HIV-related health care and support services delivered pursuant to a program established with assistance provided under Part B will be provided without regard to the ability of the individual to pay for such services and without regard to the current or past health condition of the

individual living with HIV, to the maximum extent practicable.

*e.) Section 2617(b)(7)(B)(ii)*

Such services will be provided in a setting that is accessible to low-income individuals living with HIV.

*f.) Section 2617(b)(7)(B)(iii)*

Outreach to low-income individuals living with HIV will be provided to inform them of the services available under Part B.

*g.) Section 2617(b)(7)(B)(iv)*

If using amounts provided under the grant for health insurance coverage, the State will submit a plan that assures that

- such amounts will be targeted to individuals who would not otherwise be able to afford health insurance coverage; and
- income, asset, and medical expense criteria will be established and applied by the State to identify those individuals who qualify for assistance under such a program; and that information concerning such criteria will be made available to the public.

*h.) Section 2617(b)(7)(C)*

The State will provide for periodic independent peer review to assess the quality and appropriateness of health and support services provided by entities that receive funds from the State under Part B.

*i.) Section 2617(b)(7)(D)*

The State will permit and cooperate with any Federal investigations undertaken regarding programs conducted under Part B.

*j.) Section 2617(b)(7)(E)*

The State will maintain HIV-related activities at a level that is equal to not less than the level of such expenditures by the State for the one-year period preceding the fiscal year for which the State is applying to receive a grant under Part B.

*k.) Section 2617(b)(7)(F)*

Grant funds are not utilized to make payments for any item or service to the extent that payment has been made, or reasonably can be expected to be made, with respect to that item or service

- under any State compensation program, insurance policy, Federal or State health benefits program; or
- by an entity that provides health services on a prepaid basis (except for a program administered by or providing the services of the Indian Health Services).

*l.) Section 2617(b)(7)(G)*

Entities within areas in which activities under the grant are carried out will maintain appropriate relationships with entities in the area serviced that constitute key points of access to the health care system for individuals with HIV (including emergency rooms, substance abuse treatment programs, detoxification centers, adult and juvenile detention facilities, STD clinics, HIV counseling and testing sites, mental health programs, and homeless shelters) and other entities under Section 2612 (c) and 2652 (a) (eligible to apply for Part B Early Intervention Service

Grants) for the purpose of facilitating early intervention for individuals newly diagnosed with HIV and individuals knowledgeable of their HIV status but not in care.

*m.) Section 2617(b)(8)*

The State will develop a comprehensive plan describing:

- The estimated number of individuals within the State with HIV who do not know their status;
- Activities undertaken by the State to find such individuals and to make them aware of their status;
- The manner in which the State will provide undiagnosed individuals who are made aware of their status with access to medical treatment for their HIV; and
- Efforts to remove legal barriers, including State laws and regulations, to routine testing.

*n.) Section 2617(c)*

The State will comply with the statutory requirements regarding imposition of charges for services, for those providers who charge for services.

*o.) Section 2617(d)(1)*

If subject to the matching requirement detailed in Section 2617(d), non-Federal contributions will be made available (either directly or through donations from public or private entities).

**6. Pursuant to Section 2618**

*a.) 2618(a)(2)(F)(ii)*

States and Territories applying for ADAP Supplemental Treatment Drug Grants will make available non-Federal contributions (directly or through donations from public or private entities) in an amount equal to \$1 for each \$4 of Federal funds awarded, unless a waiver is obtained.

*b.) 2618(b)(3)(A-D)*

The State will comply with the limitations of grant funds for administration; planning and evaluation; and clinical quality management activities. In the case of subrecipients, the State will ensure that, of the aggregate amount so allocated, the total of the expenditures by such entities for administrative expenses does not exceed 10 percent (without regard to whether particular entities expend more than 10 percent for such expenses).

*c.) 2618(b)(3)(E)(i)*

The State will provide for the establishment of a clinical quality management program to assess the extent to which HIV health services provided to patients under this grant are consistent with the most recent Public Health Service guidelines for treatment of HIV and related opportunistic infections, and as applicable, to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to, and quality of HIV health services.

*d.) 2618(c)(1)*

The State will ensure that 75 percent of Part B funds will be obligated within 120 days of the start date of the grant award, and that if such funds are not obligated, they will be made available promptly to the Secretary for reallocation.

**7. Pursuant to Section 2622**

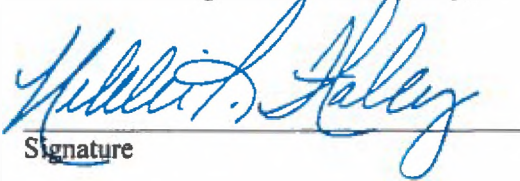
The State will comply with statutory requirements regarding the timeframe for obligation and expenditure of funds, and will comply with any cancellation of unobligated funds.

**8. Pursuant to Section 2681(d)**

Services funded will be integrated with other such services, programs will be coordinated with other available programs (including Medicaid), and that the continuity of care and prevention services of individuals with HIV is enhanced.

**9. Pursuant to Section 2684**

No funds shall be used to develop materials designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual.

  
Signature

Date 2015.11.20

GOVERNOR  
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