**Fy2017 Funding Exclusions and Restrictions**

Pursuant to Section 2605 (a)(6) of the RW Act, funds cannot be used to pay for any item or service that can reasonably be expected to be paid under any State compensation program, insurance policy, Federal or State health benefits program, or by any entity that provides health services on a prepaid basis. The Ryan White Part A Program is the “payer of last resort.” This means providers must make reasonable efforts to identify and secure other funding sources outside of Ryan White legislation funds, whenever possible. Part A funds are intended to be “the payer of last resort” for the provision of care. Providers are responsible for verifying an individual’s eligibility by investigating and eliminating all other potential billing sources for each service, including public insurance programs, or private insurance. Agencies must comply with the Cleveland TGA Eligibility Policy. Agencies may not provide Ryan White-funded services under presumptive eligibility. RW Act funds may not be used to supplant partial reimbursements from other sources to make up any un-reimbursed portion of the cost of such services.

If the Sub-Recipient elects to use RW Act funds for services, which are eligible for both third party reimbursement and grant funding, the Sub-Recipient must have a system in place to bill and collect from the appropriate third party payer. Only if the client has been determined to not be eligible for reimbursement from Medicaid or other third party payers, may the Sub-Recipient use grant funds to provide these services. The Sub-Recipient may use RW Act funds while a Medicaid eligibility determination is pending, but must back bill Medicaid during the retroactive period of enrollment. The Board reserves the right to review records and or require proof that grant funds are not being used to support clients enrolled in third party reimbursement programs. Under Section 2604 (e), the Board can only contract with Medicaid-certified providers if the service is covered under Medicaid.

The Sub-Recipient warrants that payments received from the Board for services under this contract shall be considered payment in full for such services and that no additional claims or payments shall be sought or received by another payer source for any part or all of such services.

Sub-Recipient administrative costs may not exceed 10% of total direct costs for any service category at any time during the grant year.

Recipients are required to track and report monthly on the financial report all sources of service reimbursement, known as program income. All program income earned must be used to further the objectives of the Ryan White Part A Program.

The Sub-Recipient shall not use RW Act funds for the following:

* Pre-Exposure Prophylaxis (PrEP) or non-occupational Post-Exposure Prophylaxis (nPEP)
* Costs of operating clinical trials of investigational agents or treatments;
* Costs of funeral, burial, cremation or other related expenses:
* Clothing purchases;
* To purchase a vehicle;
* Cash payments to intended recipients of services;
* Purchasing or construction of real property
* Criminal defense legal services for criminal defense;
* Direct maintenance expenses of privately owned vehicles or any other costs associated with a vehicle, such as lease or loan payments, vehicle insurance, or license registration fees;
* Improvements to land, or to purchase, construct, or make permanent
* Improvements to any building, except for minor remodeling;
* Payment of personal property taxes;
* Fundraising expenses;
* International travel;
* 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 program or by an entity that provides health services on a prepaid basis (except Indian Health Services);
* Incentive costs or payments (by check, gift card, or other mechanism) to volunteers or patients participating in a grant-supported project or program or to motivate individuals to take advantage of grant-supported health care or other services unless Sub-Recipient receives prior written consent of the Board;
* Entertainment Costs;
* Bad Debts;
* To support Syringe Services Programs, inclusive of syringe exchange, access, and disposal;
* Outreach programs which have HIV prevention education as their exclusive purpose, or broad-scope awareness activities about HIV services that target the general public.