


**CUYAHOGA COUNTY**  
**BOARD OF HEALTH**

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

5550 Venture Drive Parma, Ohio 44130  
216-201-2000 [www.ccbh.net](http://www.ccbh.net)

---

 **Ryan White Part A  
Provider Training  
May 10, 2013**

Jennifer Astronskas  
Account Clerk II

## Approved Budgets

Expenditures can fall into one or more of the following categories:

### **Fee Schedule**

\* ensure RW has a copy

### **Unit Rate**

\* established with RW, documentation required one time or based on historical documentation.

### **Cost Reimbursement**

\* established with RW, documentation required monthly



## **COST REIMBURSEMENT**

- Use approved budget to complete form
- For each service provided, separate Direct Services from Administrative Costs
- Provide back-up documentation for each cost reimbursement requested



## **Financial Reports**

Report required for each month

Submitted per date stated in contract – incomplete or late reports will delay payment

All fields/cells will automatically populate – you will be required to enter in the Current Expenditure column

Sign and date



# Monthly Fiscal Checklist



Ryan White Part A  
Fiscal Checklist

Date: \_\_\_\_\_

The following are to be included in your monthly fiscal paperwork:

- Cover Sheet, amount requested, signed & dated on company letterhead
- Monthly Financial Report Form
- Cost Reimbursement: Support documentation for each service provided – **DIRECT**
- Cost Reimbursement: Support documentation for each service provided – **ADMINISTRATIVE**
- Submit via email to [mrodrigo@ccbh.net](mailto:mrodrigo@ccbh.net)

Or mail hard copy to M. Rodrigo at:     CCBH  
5550 Venture Dr.  
Parma, OH 44130

- Email subject line to read: **Invoice, Provider Name, Date (April 10, 2013)**



# COVER SHEET:

Must be submitted on company letterhead

Provide total amount requested

Provide original signature & date, in **BLUE** ink, on the day it is completed



TERRENCE M. ALLAN, R.S., M.P.H.  
Health Commissioner  
5550 VENTURE DRIVE  
PARMA, OHIO 44130  
430.231.3800  
www.ccbh.net



April 27, 2012

Ms. Melissa Rodrigo  
Cuyahoga County Board of Health  
5550 Venture Dr.  
Parma, Ohio 44130

Dear Ms. Rodrigo:

Attached please find our FY 2012-2013 Ryan White Part A expenditure report for the period of \_\_\_\_\_ 2012 to \_\_\_\_\_ 2012 in the amount of \$ \_\_\_\_\_. All supporting documentation is attached.

Please make check payable to:

Provider Name  
123 Ryan White Dr.  
Cleveland, Ohio 44114

If you have any questions, please feel free to contact me at 216.555.1234

Sincerely,

Name of individual submitting




# Monthly Financial Report Form

- Monthly payment request MUST match total on cover letter. All back-up documentation must total amount requested on cover letter
- Providers to fill in Current Expenditures only
- Sign & date in lower left corner



MONTHLY FINANCIAL REPORT FORM						
Due Date: 10th day of the month				Ryan White Part A - Fiscal Services 5550 Venture Dr. Parma, OH 44130 (Ph) 216.201.2001 (FAX) 216.698.6434		
A. Service Provider:		Care Hospital		D. Grantee: CCBH Street Address: 5550 Venture Drive City, State Zip: Parma, Ohio 44130		
B. Report Period Ending:		March 31, 2013		E. Providing Agency: Care Hospital Street Address: 222 Main St. City, State Zip: Cleveland, OH 44106		
C. <input type="checkbox"/> Check Box/Marked "F" if Final Report for this Grant.				Monthly Payment Request: \$ -		
F. BUDGET COST	G. PAYMENT TYPE	H. APPROVED BUDGET	I. CURRENT EXPENDITURES	J. PRIOR YTD EXPENDITURES	K. TOTAL YTD EXPENDITURES	L. AVAILABLE BALANCE
<b>Core Services</b>						
	OAMC	FEE	\$40,000.00	7,000.00	-	33,000.00
	Primary Care			-	-	-
	Labs			-	-	-
	Medical Case Management	CR	\$42,500.00	8,500.00	8,500.00	34,000.00
	Local AIDS Pharmaceutical Assistance	340B	\$16,000.00	2,500.00	2,500.00	13,500.00
<b>Support Services</b>						
	Medical Transportation	CR	\$2,500.00	765.00	765.00	1,735.00
<b>TOTAL COST</b>			<b>\$ 101,000.00</b>	<b>\$ 18,765.00</b>	<b>\$ 18,765.00</b>	<b>\$ 82,235.00</b>
<b>M. PROGRAM INCOME</b>			<b>CURRENT PROGRAM INCOME ACCRUED</b>	<b>YTD PROGRAM INCOME ACCRUED</b>	<b>* EXPENSES SHOULD BE TRACKED AND DETAILED SUMMARIES WILL BE PROVIDED TO THE GRANTOR AT THE CLOSE OF THE GRANT YEAR.</b>	
PROGRAM INCOME			-	-		
I CERTIFY THAT ALL TRANSACTIONS REPORTED ABOVE HAVE BEEN MADE IN COMPLIANCE WITH ALL APPLICABLE STATUTES AND REGULATIONS AND IN ACCORDANCE WITH THE APPROVED CONTRACT.				Report Reviewed and Approved By Internal Use Only		
Signature:						
Date:						
Typed Name and Title:						

MONTHLY FINANCIAL REPORT FORM						
Due Date: 10th day of the month			Ryan White Part A - Fiscal Services 5550 Venture Dr. Parma, OH 44130 (Ph) 216.201.2001 (FAX) 216.698.6434			
A. Service Provider: Care Hospital			D. Grantee: CCBH			
B. Report Period Ending: April 28, 2013			Street Address: 5550 Venture Drive City, State Zip: Parma, Ohio 44130			
C. <input type="checkbox"/> Check Box/Marked "F" if Final Report for this Grant.			E. Providing Agency: Care Hospital Street Address: 222 Main St. City, State Zip: Cleveland, OH 44106			
Monthly Payment Request: \$ -						
F. BUDGET COST	G. PAYMENT TYPE	H. APPROVED BUDGET	I. CURRENT EXPENDITURES	J. PRIOR YTD EXPENDITURES	K. TOTAL YTD EXPENDITURES	L. AVAILABLE BALANCE
<b>Core Services</b>						
OAMC	FEE	\$40,000.00	3,000.00	7,000.00	10,000.00	30,000.00
Primary Care						
Lab						
Medical Case Management	CR	\$42,500.00	7,000.00	8,500.00	15,500.00	27,000.00
Local AIDS Pharmaceutical Assistance	340B	\$16,000.00	3,000.00	2,500.00	5,500.00	10,500.00
<b>Support Services</b>						
Medical Transportation	CR	\$2,500.00	550.00	765.00	1,315.00	1,185.00
<b>TOTAL COST</b>		<b>\$101,000.00</b>	<b>\$13,550.00</b>	<b>\$18,765.00</b>	<b>\$32,315.00</b>	<b>\$68,685.00</b>
<b>M. PROGRAM INCOME</b>			<b>CURRENT PROGRAM INCOME ACCRUED</b>	<b>YTD PROGRAM INCOME ACCRUED</b>	<b>* EXPENSES SHOULD BE TRACKED AND DETAILED SUMMARIES WILL BE PROVIDED TO THE GRANTOR AT THE CLOSE OF THE GRANT YEAR.</b>	
PROGRAM INCOME			-	-		
I CERTIFY THAT ALL TRANSACTIONS REPORTED ABOVE HAVE BEEN MADE IN COMPLIANCE WITH ALL APPLICABLE STATUTES AND REGULATIONS AND IN ACCORDANCE WITH THE APPROVED CONTRACT.						Report Reviewed and Approved By Internal Use Only:
Signature:						
Date:						
Typed Name and Title:						

## Submitting Monthly Invoices & Paperwork

- Submit via email:
- In **PDF**: Cover Page, signed  
Financial Report, signed  
Support Documents – payroll, proof of payment bills, etc.
- If you submit any hard copy, the same documents are required,  
Attention: M. Rodrigo
- In (1) **EXCEL FILE**: Invoice Support & Data
- Email all documents to **mrodrigo@ccbh.net**
- Email subject line should read:  
Invoice, Provider Name, Date(April 10, 2013)



## Information

- Invoices are submitted for payment once a clean and correct version is received.
  - There is a 30 day turn around time from the date a clean invoice is submitted for payment until the check is mailed out to the provider
- Make sure that all back-up documentation is included with your invoicing, if not, this will delay processing for payment



## Data Submission in Excel File

Ryan White Part A - Invoicing Data Tracking											
Substance Abuse Treatment Services - Outpatient											
Agency:		Care Recovery Center									
Month of Service:		Mar-13									
CWID #	Date of Service	Race	Ethnicity	Gender	Units Rate	Units	Service	Agency	Total Cost	Net	Withhold
<b>Substance Abuse Treatment - Outpatient</b>											
BAPH5443241	3/15/2012 W		ED	M		1.8	ASSESSMENT	Care Recovery Center	173.23	173.23	0
SMML2305271	11/11/2012 B		E	M		2.5	ASSESSMENT	Care Recovery Center	240.6	240.6	0
TOJN2356651	3/23/2012 B		E	M		1.3	ASSESSMENT	Care Recovery Center	125.11	125.11	0
ATW0923711	3/6/2012 B		E	M		1	LABORATORY URINALYSIS	Care Recovery Center	60	60	0
ATW0809711	3/20/2012 B		E	M		1	LABORATORY URINALYSIS	Care Recovery Center	60	60	0
ATW0028711	3/29/2012 B		E	M		1	LABORATORY URINALYSIS	Care Recovery Center	60	60	0
ATW0928711	4/3/2012 B		E	M		1	LABORATORY URINALYSIS	Care Recovery Center	60	60	0
ATW0928711	4/17/2012 B		E	M		1	LABORATORY URINALYSIS	Care Recovery Center	60	60	0
ATW0928711	4/24/2012 B		E	M		1	LABORATORY URINALYSIS	Care Recovery Center	60	60	0
ATW0928711	5/17/2012 B		E	M		1	LABORATORY URINALYSIS	Care Recovery Center	60	60	0
BAPH1404841	3/15/2012 W		ED	M		1	LABORATORY URINALYSIS	Care Recovery Center	60	60	0
BAPH1404841	4/5/2012 W		ED	M		1	LABORATORY URINALYSIS	Care Recovery Center	60	60	0
BAPH1404841	4/19/2012 W		ED	M		1	LABORATORY URINALYSIS	Care Recovery Center	60	60	0
BAPH1404841	5/3/2012 W		ED	M		1	LABORATORY URINALYSIS	Care Recovery Center	60	60	0
BAPH1404841	5/17/2012 W		ED	M		1	LABORATORY URINALYSIS	Care Recovery Center	60	60	0
DRWL1602571	3/8/2012 B		E	M		1	LABORATORY URINALYSIS	Care Recovery Center	60	60	0
DRWL1602571	3/29/2012 B		E	M		1	LABORATORY URINALYSIS	Care Recovery Center	60	60	0
DRWL1602571	4/11/2012 B		E	M		2	LABORATORY URINALYSIS	Care Recovery Center	60	60	0
DRWL1602571	7/17/2012 B		E	M		1	LABORATORY URINALYSIS	Care Recovery Center	60	60	0
DRWL1602571	7/24/2012 B		E	M		1	LABORATORY URINALYSIS	Care Recovery Center	60	60	0



## Direct/Administrative Forms for Cost Reimbursement Services

Ryan White Part A Medical Case Management - Direct Services Care Hospital				
Reporting Month: _____				
Operating Agency: <u>Care Hospital</u> Program: <u>Medical Case Management</u>				
Contract Time of Performance: _____				
Cost Categories on approved budget	Approved Budget	Cost incurred This Month	Costs Incurred to Date	Available Balance
Personnel	\$ -	\$ -	\$ -	\$ -
Program Materials	\$ -	-	-	-
Office Supplies	\$ -	-	-	-
Overhead (Phones)	\$ -	-	-	-
Travel	\$ -	-	-	-
Other (Postage/Copies)	\$ -	-	-	-
<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Documentation Samples  
Service Summary Chart  
Personnel - Payroll documentation for staff (monthly).  
Supplies - Provide documentation of costs incurred receipts/chargebacks (monthly).  
Overhead Phones - Provide bills and receipts or chargebacks (monthly).  
Travel - Provide a Travel summary for costs incurred (monthly).  
Other Postage/copies - Provide bills and receipts or chargebacks of costs incurred (monthly).

Ryan White Part A Medical Case Management - Administrative Services Care Hospital				
Reporting Month: _____				
Operating Agency: <u>Care Hospital</u> Program: <u>Medical Case Management</u>				
Contract Time of Performance: _____				
Cost Categories on approved budget	Approved Budget	Cost incurred This Month	Costs Incurred to Date	Available Balance
Personnel	\$ -	\$ -	\$ -	\$ -
Program Materials	\$ -	-	-	-
Office Supplies	\$ -	-	-	-
Overhead (Phones)	\$ -	-	-	-
Travel	\$ -	-	-	-
Other (Postage/Copies)	\$ -	-	-	-
<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Documentation Samples  
Service Summary Chart  
Personnel - Payroll documentation for staff (monthly).  
Supplies - Provide documentation of costs incurred receipts/chargebacks (monthly).  
Overhead Phones - Provide bills and receipts or chargebacks (monthly).  
Travel - Provide a Travel summary for costs incurred (monthly).  
Other Postage/copies - Provide bills and receipts or chargebacks of costs incurred (monthly).



# CUYAHOGA COUNTY BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

5550 Venture Drive    Parma, Ohio 44130  
216-201-2000    www.ccbh.net

**Kate Burnett**  
Program Manager  
Ryan White Part A







### Ryan White Part A - FY 2013 Invoicing Data Tracking

Service Category: **Outreach - CAREWare and Non-CAREWare Identified Data**  
 Agency: **Master**  
 Month of Service: **Master**

CAREWare ID	Date of Service	Race	Ethnicity	Gender	Population Served	Service Type	Activity	Outreach Workers Name	Unit	
SAMPLE	ABCD0000891	1/1/2013	B	NH	M	OOC	FF	Peer to Peer Counseling	R. White	0.2
<b>Totals:</b>										

**Outreach - CAREWare Identified Data**

**Program Totals for Non-CAREWare Identified Clients only:**

- Total number informed of status:
- Total number linked to medical care:
- Total number referred to care:
- Total number who received staff counseling:
- Total number who received peer-to-peer counseling:
- Total number who participated in a group education session:
- Total number who participated in group counseling:

**Program Totals - Including CAREWare and Non-CAREWare Identified Clients:**

- Total number of unduplicated Outreach clients served during the current month:
- Of the total unduplicated Outreach clients served, how many were Out-of-Care:
- Of the total unduplicated Outreach clients served, how many were Newly Diagnosed:

**Legend:**

**CAREWare ID:** No Dashes, No Spaces, No U characters total

**Date of Services:** MM/DD/YYYY

**Race:** W = White/Caucasian  
 B = Black/African American  
 A = Asian  
 NHOPHI = Native Hawaiian / Pacific Islander  
 AIAN = American Indian / Alaska Native  
 UK = Unknown  
 O = Other

**Ethnicity:** H = Hispanic/Latino  
 NH = Non-Hispanic/Latino  
 UK = Unknown



**Gender:** M = Male  
 F = Female  
 T = Transgender

**Population Served:** OOC = Out of Care  
 ND = Newly Diagnosed

**Service Type:** FF = Face-to-Face  
 PH = Phone Call

**Activity:** Informed of Status  
 Linked to Medical Care  
 Referred to Care  
 Staff Counseling  
 Peer to Peer Counseling  
 Group Education Session  
 Group Counseling

Please do not edit or rearrange cells without Grant

### Ryan White Part A - FY 2013 Invoicing Data Tracking

Service Category: **Medical Case Management**  
 Agency: **Master**  
 Month of Service: **Master**

CAREWare ID	Date of Service	Race	Ethnicity	Gender	Classification	Service Type	Activity	Outreach Workers Name	Unit	
SAMPLE	ABCD0000891	1/1/2013	B	NH	M	S	FF	Referral, Linkage, Follow-up to Service	R. White	0.2
<b>Totals:</b>										

**Medical Case Management**

**Legend:**

**CAREWare ID:** No Dashes, No Spaces, No U characters total

**Date of Services:** MM/DD/YYYY

**Race:** W = White / Caucasian  
 B = Black/African American  
 A = Asian  
 NHOPHI = Native Hawaiian / Pacific Islander  
 AIAN = American Indian / Alaska Native  
 UK = Unknown  
 O = Other

**Ethnicity:** H = Hispanic/Latino  
 NH = Non-Hispanic/Latino  
 UK = Unknown



**Gender:** M = Male  
 F = Female  
 T = Transgender

**Classification:** P = Primary Case Management  
 S = Secondary Case Management

**Service Type:** FF = Face-to-Face  
 PH = Phone Call

**Activity:** Intake  
 Eligibility Determination  
 Comprehensive Assessment  
 Individual Service Plan  
 Referral, Linkage, Follow-up to Service  
 Transportation Assistance  
 Medication Adherence Counseling  
 Application Assistance  
 Benefits / Entitlement Counseling  
 Other

Please do not edit or rearrange cells without Grant





## Invoice Data Tracker

- Please remember:
  - For service categories using a unit rate or fee schedule reimbursement, please remember that the total on the bottom of your invoice data tracker should match the totals outlined on your invoice.
  - Once your invoice has been approved for payment, your invoice data tracker can not be altered.
  - If you find that you forgot an item on the monthly invoice data tracker, it can be added to the next months form and invoice.
  - We will be checking the data recorded on this form against the data entered in CAREWare.



## CCBH Ryan White Part A Website

- [www.CCBH.net/Ryan-White](http://www.CCBH.net/Ryan-White) 
- There are six sub-pages of the CCBH Ryan White Part A Website:
  - Ryan White Program Homepage
  - Get Involved – Cleveland TGA Planning Council
  - Get Care – Cleveland TGA Programs and Services
  - Information for Cleveland TGA Providers
  - Reports and Publications
  - Program Staff Contact Information



## CUYAHOGA COUNTY BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION


---

### [Ryan White HIV/AIDS Part A Program Homepage](#)

The Ryan White HIV/AIDS Part A program provides HIV-related services for those who do not have sufficient health care coverage or financial resources for coping with HIV disease. The Cuyahoga County Board of Health (CCBH) serves as the Administrator of the Cleveland Transitional Grant Area (TGA) which serves the following Ohio Counties: Cuyahoga, Ashtabula, Geauga, Lake, Lorain, and Medina.

The program is federally funded by the U.S. Department of Health and Human Services Health Resources and Services Administration.

### [About Ryan White](#)



In 1984, Ryan White, at age 13, was one of the first hemophilic children diagnosed with AIDS in the U.S. Diagnosed in the early days of misinformation, his fight to attend school garnered international attention. Through his public battle he challenged prevalent misconceptions about HIV/AIDS and along with his mother led a campaign to educate the public and increase awareness. Ryan eventually was welcomed to school when his family moved from Kokomo, IN to Cicero, IN. At the age of 18, Ryan White died in April 1990 just months before Congress passed the AIDS bill that bears his name.

Source: U.S. DHHS Health Resources and Services Administration

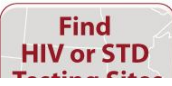

Search our website. Type here.

Select Language   
Powered by Google Translate

**A - Z Index**  
[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#)  
[U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

**Ryan White Part A Sub-Pages**

- [Ryan White Program Homepage](#)
- [Get Involved - Cleveland TGA Planning Council](#)
- [Get Care - Cleveland TGA Programs & Services](#)
- [Information for Cleveland TGA Providers](#)
- [Reports & Publications](#)
- [Program Staff Contact Information](#)

## CUYAHOGA COUNTY BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

---

### [Get Involved - Cleveland TGA Planning Council](#)



The Cleveland Regional HIV Services Planning Council represents the Transitional Grant Area (TGA) that includes the following counties: Ashtabula, Cuyahoga, Geauga, Lake, Lorain, and Medina.

The mission of the Planning Council is to plan for the comprehensive delivery of HIV/AIDS services and allocation of resources for the TGA, as mandated by the Ryan White Part A federal legislation. The goal of the Planning Council is to identify HIV positive individuals, see that they are linked into care, stay in care and improve health outcomes.

The Planning Council currently has 40 members, at least 33% of which are persons living with HIV/AIDS. Members are appointed by the Cuyahoga County Executive and Mayor of the City of Cleveland. Council members identify and rank service priorities and determine funding allocations based on needs assessment data gathered from each local jurisdiction in the TGA and other relevant data.

Planning Council meetings take place the third Wednesday of each month from 5:30-7:30

Search our website. Type here.

Select Language   
Powered by Google Translate

**A - Z Index**  
[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#)  
[U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

**Ryan White Part A Sub-Pages**

- [Ryan White Program Homepage](#)
- [Get Involved - Cleveland TGA Planning Council](#)
- [Get Care - Cleveland TGA Programs & Services](#)
- [Information for Cleveland TGA Providers](#)
- [Reports & Publications](#)
- [Program Staff Contact Information](#)



## CCBH Ryan White Part A Website

[www.ccbh.net/ryan-white-provider-resources](http://www.ccbh.net/ryan-white-provider-resources)

- Current Service Definitions
- Provider Summary
- Current Standards of Care
- Current Cleveland TGA Formulary
- Ryan White Part A Exception Request Form
- Cleveland TGA Community Resource Guide and Brochures
- PowerPoint Presentation / Training Materials
- Cleveland TGA Service Guidelines and Funding Restrictions



### Cuyahoga County Board of Health Ryan White Part A Program Service Exception Request Form

Return completed form to Melissa Rodrigo by email to [mrodrigo@ccbh.net](mailto:mrodrigo@ccbh.net).

*Please print clearly*

Date: \_\_\_\_\_

Form Submitted By:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Request Description:

Client ID: \_\_\_\_\_

Client Verified Ryan White-Eligible:  Yes

Service Category: \_\_\_\_\_

Service/Cost: \_\_\_\_\_

Exception Request Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach any supporting documents, such as proof of medical necessity.

Please direct questions about completing this form to Melissa Rodrigo by email at [mrodrigo@ccbh.net](mailto:mrodrigo@ccbh.net) or phone (216) 221-2001 x1507.

<p>For Internal Use:</p> <p>Date Request Received:</p> <p>Approved <input type="checkbox"/> Disapproved <input type="checkbox"/></p> <p>Notes:</p>
--







## Ryan White Part A Program Reports

- **Due Dates:**
  - September 30, 2013
  - March 30, 2014
- Must be submitted electronically to [mrodrigo@ccbh.net](mailto:mrodrigo@ccbh.net)
- EIS and Outreach service activities are captured through monthly reports provided in your customized invoice data tracker.

CCBH

**RYAN WHITE PART A – CLEVELAND TGA  
SERVICE PROVIDER SEMI-ANNUAL REPORT**

The Ryan White Part A Cleveland TGA Service Provider Semi-Annual Reports must be submitted to the grantee's office by September 30, 2013 and March 30, 2014. Please use the following information when completing your report.

- Please complete the report in Word format and submit it electronically via e-mail to Melissa Rodrigo at [mrodrigo@ccbh.net](mailto:mrodrigo@ccbh.net) by the date listed above. Please do not submit handwritten or PDF versions.
- Please separate your responses by funded service category for the Program Accomplishments (1), Program Challenges (2) and BIHA (3) sections of the report.
- Please be accurate in your client and unit numbers. We should be able to match these numbers with your invoice data tracking sheets and the information that was entered into CAREWare.
- When completing the technical assistance needs section, please describe any program or fiscal assistance that you would like to receive from the grantee in the coming months.

Some of the information that you include on this report may be used in the Grantee Annual Report sent to HRSA, therefore, please be accurate and detailed in your responses. Should you have any questions regarding the semi-annual program report please do not hesitate to contact our office.

Thank you for your hard work throughout this grant year and for all of the great work that you do.



**RYAN WHITE PART A – CLEVELAND TGA  
SERVICE PROVIDER SEMI-ANNUAL REPORT**

**Provider:**  
**Date:**  
**Funded Service Category/ies:**  
**Individual Responsible for Report:**  
**Contact Information for Responsible Party:**

- Mid-Year: March 1 – August 31 (Must be submitted by September 30, 2013)       Year-End: September 1 – February 28 (Must be submitted by March 30, 2014)

1. Please describe any and all program accomplishments by funded service category: (Separate responses by funded service category)
2. Please describe any and all program challenges by funded service category: (Separate responses by funded service category)
3. Please describe the strategies your program used to address the Early Identification of Individuals with HIV/AIDS (EIIHA) target populations by Service Category: (Separate responses by funded service category)
4. Please provide us with the most current active case load numbers for FTEs funded through the following categories:
  - Medical Case Management
  - Housing - Supportive Services
  - Early Intervention Services (EIS)
  - Outreach Services
5. Please identify any CAREWare, RSR, or Fiscal Needs/Concerns your agency has at this time:
6. Please identify any technical assistance needs your agency has at this time:

**Attachments:**  
 Customer Satisfaction Materials     Agency Quality Assurance Summaries     Agency Outcomes Data  
 Other – Please describe





# CUYAHOGA COUNTY BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

5550 Venture Drive Parma, Ohio 44130  
216-201-2000 [www.ccbh.net](http://www.ccbh.net)

## Linkage Agreement and Eligibility Policy

Ryan White Part A  
FY 2103 Training  
May 10, 2013

Molly Kirsch  
Program Manager  
Ryan White Part A  
Cuyahoga County Board of Health



## Written Linkage Agreements

- **Ryan White Statute:**  
XXVI Public Health Service Act, 2605 (a) (3), 42 U.S.C. § 300ff-11
- **HRSA Ryan White Part A FOA**
  - CEO Written Assurances Requirement  
Includes 2605 (a) (3)- Maintenance of appropriate referral relationships with key points of entry.
- **CCBH Ryan White RFP-Appendix I**
  - VIII. Vendor Monitoring, Evaluation and Quality Assurance
    - Respondents agree to comply with the National Monitoring Standards



## National Monitoring Standards (NMS)

1. Universal Standards-Part A & B
2. Part A Fiscal Monitoring Standards
3. Part A Program Monitoring Standards

### **NMS Structure:**

- Standard
- Performance Measure/Method
- Grantee Responsibility
- Provider/Subgrantee Responsibility
- Source Citation

The logo for CCBH, consisting of the letters "CCBH" in white on a dark green square background.

## Program Standard H.2.

- CEO Agreements & Assurances (H.)
  - Maintenance of Appropriate Relationships (2.)
- Requires Part A service providers maintain referral relationships with entities that constitute key points of entry defined in legislation.

The logo for CCBH, consisting of the letters "CCBH" in white on a dark green square background.

## Key Points of Entry

- Emergency rooms
- Substance abuse and mental health treatment programs
- Detoxification Centers
- Detention Facilities
- Clinics regarding sexually transmitted disease
- Homeless Shelters
- HIV counseling and testing sites
- Public health departments
- Health care points of entry specific by eligible area
- Federally qualified health centers

The logo for CCBH, consisting of the letters "CCBH" in white on a dark green square background.

## Key Points of Entry

- Parts C & D Ryan White grantees
- Family planning grantees (section 1001), except state
- Community-based organizations, clinics, hospitals and other health facilities that provide early intervention services to those people infected with HIV/AIDS through drug use.
- Private non-profits, including faith-based, that provide primary care to high risk populations

-Additional points of entry-Ryan White 2652 (a)

The logo for CCBH, consisting of the letters "CCBH" in white on a dark green square background.

## **Provider/Subgrantee Responsibility**

1. Establish written referral relationships with specified points of entry
2. Documents referrals from these points of entry

## **Performance Measure**

Documentation that written referral relationships exist between Part A service providers and key points of entry



## **Grantee Responsibility**

1. Require that providers establish written referral relationships with key points of entry (RFP & contract).
2. Review subcontractors' written agreements
3. Review documented client files to determine whether referral relationships are being used.



## Linkages and Referrals

- **Relationships-** Informal, occur naturally, individual, cornerstone of referrals
- **Written Linkages-** Formal, between organizations not staff, conducive to organized, system-wide coordination and monitoring

The logo for CCBH, consisting of the letters "CCBH" in white on a dark green square background.

## Written Agreement Options

- MOA, Linkage Agreement, MOU- Different approaches to formal statements of commitment
  - Outlines an agreement between two parties, who does what, actions, deadlines
  - NOT a legally binding document, no liability, easier to process administratively

The logo for CCBH, consisting of the letters "CCBH" in white on a dark green square background.

## Written Agreement Components

### At a minimum, must include:

1. Names of signing agencies;
2. Specific details about the activities occurring under the linkage agreement;
3. Clear timeline for agreement; and
4. Executive signatures.

### Review of Samples



## Ryan White Client Eligibility

### What's not new:

- Eligibility program
- Payer of last resort
- Documentation of allowable services to eligible clients



## HAB Policy Clarification Notice 13-02

### Outlines Eligibility and Recertification Requirements

	Initial Eligibility Determination	Semi-Annual Eligibility Recertification	Annual Eligibility Recertification
<b>HIV Status</b>	Documentation required	No documentation required	No documentation required
<b>Residency</b>	Documentation required	No Change → No documentation required Change → Documentation required	Documentation required
<b>Income</b>	Documentation required	No Change → No documentation required or Change → Documentation required	Documentation required
<b>Insurance Status</b>	Eligibility agency must verify if applicant is enrolled in other health coverage and document status in client record.	Eligibility agency must verify if applicant is enrolled in other health coverage and document status in client record.  No Change → No documentation required or Change → Documentation required	Eligibility agency must verify if applicant is enrolled in other health coverage and document status in client record.



## Cleveland TGA Policy and Procedures

- **New TGA Eligibility Policy**
  - Issue Date – 05/10/2013
  - Effective Date – 07/01/2013
- **Appendices in development**
- **Looking Ahead:**
  - ACA- Emphasis on Eligibility Staff knowledge of third party payers



CUYAHOGA COUNTY  
BOARD OF HEALTH  
YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

5550 Venture Drive Parma, Ohio 44130  
216-201-2000 [www.ccbh.net](http://www.ccbh.net)

