

CUYAHOGA COUNTY BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

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Ryan White Part A
Cleveland TGA

Cleveland TGA Service Standards of Care



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Cleveland TGA Service Standards of Care

In the fall of 2015 the Grantee and Planning Council's Quality Improvement (QI) Committee worked to restructure the Cleveland TGA Service Standards of Care.

In December of 2016, CCBH released draft versions of all of the revised Service Standards of Care and provided all subcontracted agencies an opportunity to provide feedback on the individual standards. The new standards are now finalized and have been publically posted to the website and included on the flash drive you have received today.



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Cleveland TGA Service Standards of Care

The purpose of the Service Standards of Care are to:

- Outline the elements and expectations a service provider follows when implementing a specific service category
 - Ensure that all service providers offer the same fundamental components of any given service category
 - Set a benchmark by which services are monitored.
-
- All new Service Standards of Care went into effect March 1, 2017
 - All service providers are required to follow the service standards for each of their contracted service categories.



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Cleveland TGA Service Standards of Care

All new Service Standards of Care include the following components:

SERVICE CATEGORY DEFINITION

CLIENT INTAKE AND ELIGIBILITY

PERSONNEL QUALIFICATIONS

CARE AND QUALITY IMPROVEMENT OUTCOME GOALS

SERVICE STANDARDS

CLIENTS RIGHTS AND RESPONSIBILITIES

CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY

CLIENT GRIEVANCE PROCESS



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Cleveland TGA Service Standards of Care

Ryan White Part A

Outpatient/Ambulatory Health Services

Cleveland TGA Service Standard of Care

SERVICE CATEGORY DEFINITION

Outpatient / Ambulatory Health Services:

Outpatient / Ambulatory Health Services are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight. Emergency room or urgent care services are not considered outpatient settings.

Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing, including laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription, and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related HIV diagnosis

FY2017 Definition

CLIENT INTAKE AND ELIGIBILITY

All agencies are required to have a client intake and eligibility policy on file. It is the responsibility of the agency to determine and document client eligibility status, as outlined in the Ryan White Part A—Cleveland TGA Eligibility Policy.

Eligible clients must:

- ◊ Live in the Cleveland TGA (Cuyahoga, Ashtabula, Lake, Lorain, Geauga, or Medina County)
- ◊ Have an HIV/AIDS diagnosis
- ◊ Have a household income that is at or below 500% of the federal poverty level
- ◊ Be uninsured or underinsured

Services will be provided to all Ryan White Part A qualified clients without discrimination on the basis of: HIV infection, race, creed, age, sex, gender identity or expression, marital or parental status, sexual orientation, religion, physical or mental handicap, immigrant status, or any other basis prohibited by law.

TGA Eligibility

Cleveland TGA Service Standards of Care

Ryan White Part A

Medical Case Management

Cleveland TGA Service Standard of Care

PERSONNEL QUALIFICATIONS

An individual providing medical case management services must be a licensed social worker and follow the National Association of Social Work (NASW) Standards for Case Management, available for review at: www.socialworkers.org/practice/naswstandards

Each medical case management agency must have and implement a written plan for supervision of all medical case management staff consistent with licensure status. Medical case managers must be evaluated at least annually by their supervisor according to written agency policy on performance appraisals.

Specific to Service Category

CARE AND QUALITY IMPROVEMENT OUTCOME GOALS

The overall treatment goal of medical case management is to provide care planning and coordination services needed for people living with HIV/AIDS, ensuring access to core and support services that will enable medical adherence and stability for each individual client.

Clinical Quality Improvement outcome goals for medical case management are:

- 100% of all client files include documentation of a completed comprehensive care plan.
- 80% of clients receiving medical case management services are actively engaged in medical care as documented by a medical visit in each six (6) month period in a two year measure and in the second half of a single year measure.
- 80% of clients receiving medical case management services are prescribed Antiretroviral Therapy (ART) in the measurement year.
- 80% of clients receiving medical case management services are virally suppressed as documented by a viral load of less than 200 copies/mL at last test.

Overarching Goals



Cleveland TGA Service Standards of Care

Ryan White Part A

Medical Nutrition Therapy

SERVICE STANDARDS

Standard	Measure	Goal
1 Medical nutrition therapy services are provided by trained professionals.	Documentation of current Ohio licensures reviewed.	100%
2 * Staff providing services have been trained to work within the population.	* Documentation that staff have basic knowledge of HIV/AIDS and/or infectious disease and are able to work with vulnerable subpopulations as documented through staff personnel records.	80%
3 Client file includes date service was initiated and the planned number and frequency of sessions	Documentation of initiation date and frequency plan evident in client chart.	80%
4 Client file includes a nutrition plan with recommended services and course of medical nutrition therapy provided with signature of assigned medical nutrition therapist.	Documentation of nutrition plan and professional signatures evident in client chart.	80%
5 * Nutrition Plan is updated as necessary and signed by RD as least twice per year.	Documentation of nutrition plan updates evident in client chart.	80%
6 Where food is provided, client file includes physicians recommendation for services.	Documentation of physicians recommendation evident in file.	80%
7 Client is linked to medical care.	Documentation that the client had at least one medical visit, viral load, or CD4 test within the measurement year evident in the client chart. (can be client report)	80%
8 Client had less than 200 copies/mL at last HIV Viral Load test during the measurement year.	Documentation of viral load test outcomes evident through Cleveland TGA CAREWare Performance Measure.	80%

Cleveland TGA Service Standard of Care

Exact Monitoring Tool

* Indicates Local

2 New on All

* Indicates Local TGA Standard of Care
All other standards derived from the HRSA/HAB National Monitoring Standards and/or the HRSA/HAB HIV Performance Measures



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Cleveland TGA Service Standards of Care

Ryan White Part A

Non-Medical Case Management Services

Cleveland TGA Service Standard of Care

CLIENTS RIGHTS AND RESPONSIBILITIES

Agencies providing services are required to have a statement of consumer rights and responsibilities on file. Each agency will take all necessary actions to ensure that services are provided in accordance with the consumer rights and responsibilities statement and that each consumer understands fully his or her rights and responsibility.

CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY

Agencies providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of consumers Personal Health Information (PHI). Agencies must have a client release of information policy in place and review the release regulations with the client before services are received. A signed copy of the release of information form must be included in the clients record. Information for all clients receiving Ryan White Part A funded services must be entered in the HRSA sponsored, Cleveland Part A managed, CAREWare Database.

CULTURAL AND LINGUISTIC COMPETENCY

Agencies providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services. Each agency must provide for effective communication between the service provider and a person with limited English proficiency to facilitate participation in, and meaningful access to services.

CLIENT GRIEVANCE PROCESS

Each agency must have a written grievance procedure policy in place which provides for the objective review of client grievances and alleged violations of service standards. Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of the release of information form must be included in the clients record.

CASE CLOSURE PROTOCOL

Each agency providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each clients file. If a client chooses to receive services from another Ryan White Part A provider, the agency must:

- Honor the request for transfer from the client
- Provide the client with a list of other community providers to choose from and
- Transfer a copy of all necessary client records to the new provider upon receipt of written request by the client.

General to TGA



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Cleveland TGA Service Standards of Care

Ryan White Part A

Appendix A: Service Delivery and Documentation Requirements

Appendix Where Needed

Cleveland TGA Service Standard of Care

UNIVERSAL SERVICE DELIVERY REQUIREMENTS

Vouchers

Where direct provision of medical transportation is not possible or effective, vouchers, coupons, or tickets that can be exchanged for medical transportation services must be used.

Agencies must administer voucher programs in a manner which assures that vouchers cannot be used for anything other than the allowable medical transportation service, and that systems are in place to account for disbursed vouchers.

A medical transportation voucher is a public transportation ticket or pass, fuel-only reimbursement card, disability ID form, parking pass, or taxi pass.

Allowable Appointments

Medical transportation may only be provided to an eligible client to access HIV-related health services, which may include services needed to maintain the client in HIV/AIDS medical care.

Cost-Effectiveness

Medical transportation must be provided in the most cost-effective manner that addresses the client's medical condition and timeliness concerns.

Agency Policies and Protocols

Agencies must have written Medical Transportation Services policies and protocols which are compliant with Ryan White program requirements.

Replaces Indiv. Policies

SERVICE DELIVERY METHOD REQUIREMENTS

Public Transportation:

Agencies may distribute public transportation vouchers to clients to access allowable appointments. Agencies will be approved to either purchase public transportation vouchers directly and be reimbursed for those purchases or the Recipient/Grantee may choose to purchase and transfer vouchers to the agencies.

Public Transportation Disability ID:

The Recipient/Grantee may choose to distribute vouchers to agencies that clients may exchange for a public transportation disability ID at no cost to the client. The Recipient/Grantee will be directly billed for the costs of the vouchers.

Cleveland TGA Service Standards of Care

www.ccbh.net/ryan-white

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Information for Cleveland TGA Providers

Cleveland TGA Services

- For the FY2017 Service Summary By Provider sheet, [please click here](#).
- For the FY2017 Provider Contact Sheet, [please click here](#).

Cleveland TGA Service Definitions

For a full list of the FY2017 Cleveland TGA Part A Service Definitions, [please click here](#).

Cleveland TGA Service Standards of Care

- Early Intervention Services (EIS) Standard of Care
- Emergency Financial Assistance Standard of Care
- Food Bank / Home Delivered Meals Standard of Care
- Health Insurance Premium and Cost Sharing Assistance Standard of Care
- Home Health Care Standard of Care
- Home and Community-Based Services Standard of Care
- Medical Case Management Standard of Care

RELATED INFORMATION

Get Care - Cleveland TGA Programs / Services

Get Involved - Ryan White Planning Commission

Information for Cleveland TGA Providers

Program Staff Contact Information

Reports and Publications

Ryan White Program Homepage

CALL 211

A community service for social, health and government information

POPULAR LINKS

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Cuyahoga County Bed



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Cleveland TGA Annual Site Visit Monitoring



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Cleveland TGA Annual Site Visit Monitoring

Purpose:

- Grantee is required to conduct monitoring site visits with each sub-recipient on an annual basis.

Prior to the Visit:

- The Grantee will send each agency:
 - Official notification letter including dates of the visit and estimated number of staff that will be attending
 - Annual Monitoring Site Visit Process Form
 - Attachment A - Fiscal Monitoring Site Visit Checklist
 - Attachment B - Program Monitoring Site Visit Checklist
 - Attachment C – Random Sample Client List



Cleveland TGA Annual Site Visit Monitoring

Following the Visit:

- Grantee will provide a written report to your agency within 30 days of completion of the site visit.
- If significant findings are recorded, the grantee will conduct additional site visits as necessary.

Monitoring Performance Scale:

QUALITY SCORE	QUALITY RATING	FOLLOW-UP ACTION
90 – 100%	Excellent Findings exceed quality expectations	No Action Required.
80 - 89%	Effective Findings meet quality expectations	No Action Required.
70 - 79%	Moderate Deficiencies Findings are below quality expectations	Written Quality Improvement Plan required within 30 days of receipt of report.
69% and below	Significant Deficiencies	Probationary Period put in effect; Written Quality Improvement Plan required within 30 days; Services will be re-monitored until provider has addressed the finding and becomes compliant.

Cleveland TGA Annual Site Visit Monitoring

All Fiscal, Program and Quality Tools are included on your flash drive and publically posted on the Ryan White website at: <http://www.ccbh.net/ryan-white-provider-resources>

Every Agency should be reviewing the following three tools prior to their scheduled monitoring visit:

- Program and Eligibility Monitoring Tool
- Quality Monitoring Tool(s)
- Fiscal Monitoring Tool



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Cleveland TGA Annual Site Visit Monitoring

A sample Corrective Action Plan has been added to the end of the FY17 Annual Monitoring Site Visit Process form. This is intended to serve only as a sample and is not a required format.

Finding: (Please include detailed description of audit finding)		
Corrective Action Plan: (Please detail the corrective action that will take place to fix the finding, including objectives, goals, and activities)		
Anticipated Completion Date:		
Person/Department Responsible:		
Position:	Phone:	Email:



Cleveland TGA Annual Site Visit Monitoring

ATTACHMENT A



FY2016 Ryan White Part A Monitoring Site Visit Check List

Fiscal Monitoring

1. Policy regarding no direct cash payments to service recipients.
2. Provide policy and process that guides the selection of an auditor.
3. Provide policy and procedures to ensure payer of last resort verification, billing and collection systems, and process of how staff are trained on the above process.
4. Provide the agency sliding fee scale, and the process for charging, obtaining and documenting client charges, to include when cap is reached if applicable.
5. Provide procedure to ensure all staff are: aware of the sliding fee scale; review the sliding scale with their clients; annually updated on revised sliding fee scale.
6. Provide all financial policies and procedures including: billing and collection, purchasing and procurement, and accounts payable systems.
7. Provide policies and procedures regarding determination of allowable and reasonable costs.
8. Provide policies and procedures regarding the handling of Ryan White revenues, including program income.
9. Provide policy and procedure regarding allowance of prompt and full access of CCBH as the funding agency to financial, program and management records and documents needed for program and fiscal monitoring.
10. Provide allocation methodology for employee expenditures where employees are engaged in activities supported by several funding sources.
11. Provide Anti-Kickback policy – policy and procedures to discourage soliciting cash or in-kind payments for and of the following: awarding contracts; referring client, purchasing goods or services; and/or submitting fraudulent billings.
12. Provide property standards policy.
13. Provide documentation of Medicaid status if applicable.
14. Lobbying activities policy.

Please note, that unlike quality chart monitoring, fiscal monitoring is done for the current grant year in which you are delivering services. Please make sure that all policies and documents are your most current on file.

To view the full Ryan White Part A Cleveland TGA Fiscal Audit Tool please visit:
<http://www.ccbh.net/ryan-white-provider-resources>



Cleveland TGA Annual Site Visit Monitoring

ATTACHMENT B



FY2016 Ryan White Part A Monitoring Site Visit Check List

Program Monitoring

Please have the following program information available on the first day of the site visit

1. Consumer Advisory Board membership list, meeting notices, and meeting minutes.
2. Client satisfaction survey tools, analysis and documented use of results.
3. Agency's Grievance Policy and Procedure
4. File of all Ryan White clients who were refused services, with the reason for refusal specified.
5. File of all formal client complaints received, grievances filed, and follow-up outcomes.
6. Copy of eligibility policies, including agency policies that do not permit denial of service due to pre-existing or present health conditions and that do not consider VA health benefits as primary health coverage for the purposes of Ryan White.
7. Documentation that all staff involved in eligibility determination are properly trained.
8. Informational materials about agency services, newsletters, and promotional materials.
9. Documentation of agency Corporate Compliance Plan in providing Medicare or Medicaid reimbursable services.
10. Agency personnel policy handbook and/or manual.
11. Agency code of ethics and conflict of interest policies.
12. Documentation of any employee or board member violations of Code of Ethics policy.
13. Progress report(s) on previously established corrective action plans or PDSA initiatives.
14. Documentation of established linkage agreements with key points of entry into the Ryan White system of care.
15. Documentation that a referral tracking system is in place for key points of entry into the Ryan White system of care.
16. Copies of staff resumes, certifications, and licensures where required. (please see Program Services Tool for details on requirements per service category)

Service category specific program requirements are outlined in the Program Services Tool. In addition to the items listed above, please make sure to review and prepare all service category requirements and have them available for review on the first day of your scheduled visit.



Cleveland TGA Annual Site Visit Monitoring

ATTACHMENT C



Monitoring Site Visit Check List Ryan White Part A Random Sample Client List

Please have the following client files available for review on the first day of the site visit.
Please remember that we will be reviewing services rendered during the last fiscal year, between
March 1, 2015 and February 29, 2016.

1	ABOO0917631
2	ADTO1014972
3	AGAS1118652
4	ANFL0320872
5	ARBA0723691
6	BYJN0615601
7	CASI1119561
8	DRDU1009711
9	DVCO0119591
10	DVGY0104641
11	EFDO0611741
12	GAPM1212612
13	JADV0424741
14	JCHI0205822
15	JHJN0403644
16	JRBO0406691
17	JRJC1002631
18	JRRV0512361
19	KNAA1221752
20	KVBN0401651
21	LOEA0528651
22	LRMR0410621
23	MGFG0926631
24	MRCO0410901
25	MUML0411751
26	NCFD0411712
27	NLGN0826792

28	NTMO0711772
29	OLPR0620711
30	RBSM0603531
31	RBWI0214711
32	RCRP0515532
33	RFOT0208551
34	RLBR0831871
35	RMRV0402601
36	RNSO1227642
37	RNWR0222871
38	RSJT1212921
39	SASA0219712
40	SATO1230492
41	SEGL0719791
42	SELW0123571
43	SEWL0515712
44	SMVZ0923841
45	TAGR0316811
46	TAJH0623881
47	TAML0920841
48	TOWN1027621
49	TWWE0119491
50	VLAB1121651
51	VNMK1125621
52	VOMR0317942
53	VRWG0622532
54	WLGA0307781
55	WYYR0606531



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Cleveland TGA Annual Site Visit Monitoring

Cleveland TGA Client eligibility will continue to be monitored electronically through CAREWare. Monitoring for client eligibility may occur separately from the monitoring visit so please make sure that all required documents are uploaded in a timely fashion.

Ryan White Part A - Cleveland TGA				
Universal Program Tool				
Eligibility - Chart Level through CAREWare				
Service Provider:			Review Date:	
Reviewer:				
Point of Review:	Met	Unmet	N/A	Comments:
Eligibility and Determination Screening				
Documentation of clients proof of HIV/AIDS diagnosis - required only once				
Documentation of client's proof of residency - updated twice if applicable				
Documentation of client's proof of income - updated twice if applicable				
Documentation of client's insurance status (uninsured/underinsured/insured) - updated twice if applicable				





Ryan White Part A
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Cleveland TGA Clinical Quality Management Committee

The Cleveland TGA Clinical Quality Management Committee was established in June of 2016.

The CQM Committee meets quarterly and consists of a representative from each funded Part A provider, consumers of services, other community providers of HIV services not funded by Part A, HIV prevention services, FQHCs and HIV training groups.



Ryan White Part A
Cleveland TGA

Cleveland TGA

Clinical Quality Management Committee

Member Roster:

Name:	Agency:	Representing:
Erica Shields	AIDS Healthcare Foundation	Part A Funded Agency
Bob Candage	AIDS Taskforce	Part A Funded Agency
Fatima Warren	Circle Health Services	Part A Funded Agency
Sarah Schramm	Cleveland Clinic	Part A Funded Agency
Sandrell Porter	DSAS	Part A Funded Agency
Kelly Dylag	Far West	Part A Funded Agency
Doug Vest	May Dugan	Part A Funded Agency
Summer Barnette	Mercy Regional	Part A Funded Agency
Dr. Ann Avery	MetroHealth	Part A Funded Agency
Kim Rodas	Nueva Luz URC	Part A Funded Agency
Myrtle Watson	ORCA House	Part A Funded Agency
Ayme McCain	Recovery Resources	Part A Funded Agency
Kristin Ziegler Alban	Signature Health	Part A Funded Agency
Dr. Barb Gripshover	University Hospitals	Part A Funded Agency
Susan DiCocco	Ohio Department of Health	Ryan White Part B
Michelle Kucia	University Hospitals	Ryan White Part C and D
Jason McMinn	MetroHealth	Planning Council - QI Representative
Kimberlin Dennis	N/A	Planning Council - Consumer Representative
Robert Watkins	N/A	Planning Council - Consumer Representative
Jane Russell	Ohio State University	Mid-West AIDS Education and Training Center
Jan Briggs	Cleveland VA Medical Center	Community Agency
Tammie Jones	Cleveland Department of Public Health	Prevention Services & HOPWA Representative
Melissa Rodrigo	Cuyahoga County Board of Health	Ryan White Part A Office
Kate Burnett-Bruckman	Cuyahoga County Board of Health	Ryan White Part A Office
Clemens Steinbock	The National Quality Center	AIDS Institute, New York State Department of Health

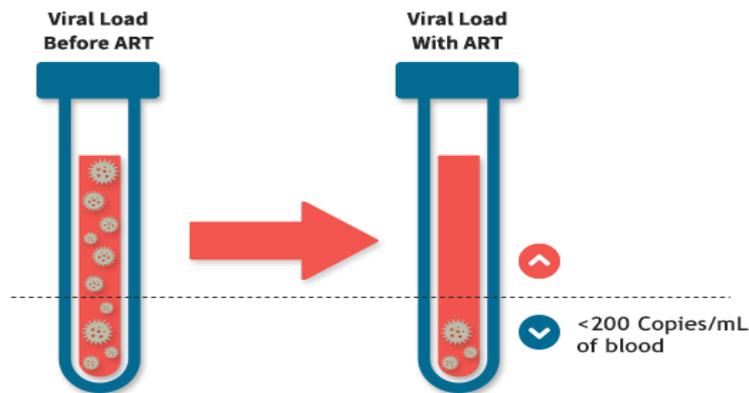
Cleveland TGA Clinical Quality Management Committee

2016-2017

Focus on Viral Load Suppression

Viral suppression:

When antiretroviral therapy (ART) **reduces** the amount of HIV in your body to a **very low level.**



By achieving viral suppression, you can **protect your health** and **reduce the risk of transmitting HIV** to others.

Cleveland TGA Clinical Quality Management Committee

The CQM Committee has been working with the National Quality Center's end+disparities Learning Exchange to focus viral load suppression quality improvement efforts on targeted local populations.



MSM of Color



African American
and Latina Women



Youth



Transgender People



Ryan White Part A
Cleveland TGA

Cleveland TGA Clinical Quality Management Committee

- 🚫 Young people are 5 times** more likely to have HIV than people older than 25
- 🚫 Black women are 20 times** more likely to have HIV than white women
- 🚫 Men who have sex with men are 46 times** more likely to have HIV than other men
- 🚫 Transgender women are 50 times** more likely to get HIV than other adults



Cleveland TGA

Clinical Quality Management Committee

In the fall of 2016 the CQM Committee began using the NQC Disparities tracker with their own agency data to determine populations of focus for individual viral load suppression quality improvement projects.

Each funded agency was required to run five disparities reports out of CAREWare and submit a copy of the completed Disparities Calculator Workbook.

Once that was completed, each agency had to identify which of the four populations had the largest disparity in relation to Viral Load Suppression and create an AIM statement outlining their viral load suppression quality improvement project.



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Cleveland TGA Clinical Quality Management Committee

Cleveland TGA Combined Viral Load Suppression Disparities Data

Viral Suppression (HAB Measure)

	# of agencies in data set	Numerator	Denominator	%
Total	12	1,585	1,953	81.16%
Transgender People	12	21	22	95.45%
MSM of Color	12	506	652	77.61%
African American and Latina Women	12	282	360	78.33%
Youth (age 13-24)	12	61	108	56.48%

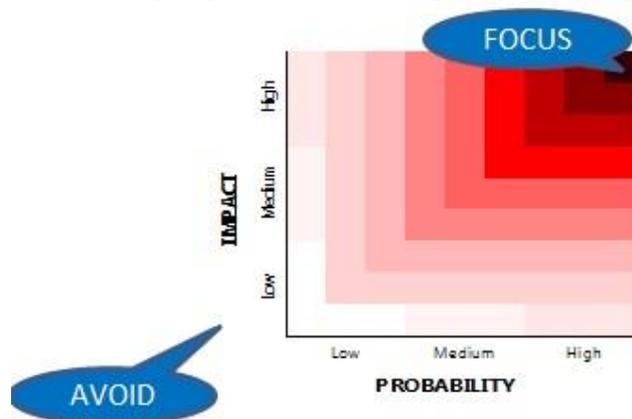


Cleveland TGA Clinical Quality Management Committee

Viral Suppression (HAB) Overall Performance Average: 81.2%

	Transgender People	MSM of Color	African American and Latina Women	Youth (aged 13-24)
Population Sample	22	652	360	108
Pop Performance	95.45%	77.61%	78.33%	56.48%
Absolute Disparity	NO DISPARITY	MAYBE DISPARITY	NO DISPARITY	YES DISPARITY
Relative Risk	UNDEFINED RESULT	UNDEFINED RESULT	UNDEFINED RESULT	UNDEFINED RESULT
Comparative Disparity	UNDEFINED RESULT	UNDEFINED RESULT	UNDEFINED RESULT	UNDEFINED RESULT
Odds Ratio	NO DISPARITY	NO DISPARITY	NO DISPARITY	YES DISPARITY
Absolute Impact	3	35	12	28

Absolute impact = Absolute disparity multiplied by the size of the population experiencing the disparity.



end+disparities Toolkit: Intervention Grid

Populations				Focus		Categories							Intervention			Source			
Transgender	Youth (<25 yo)	MSM of Color	AA/Lat Women	Retention	Viral Suppression	Capacity Building	Case Mgmt	Experience Events	Health Systems	Info Systems	Outreach	Patient Focused	#	Name of Intervention	Costs	SPNS	IA PAC	Share Lab	Other Lit
	X	X		X	X		X	X				X	1	SAMHSA YMSM Training	\$				X
	X			X	X	X		X				X	2	Practice-based Evidence Seminars	\$\$				X
		X		X	X	X							3	Brothers Saving Brothers (based on CDC EBI Many Men Many Voices)	\$				X
			X	X	X	X							4	New Horizons (based on CDC EBI Horizons) for young women	\$				X
X	X	X	X	X	X		X						5	Navigation Services Coupled with Client Ed and Stigma Reduction	\$				X
	X			X	X							X	6	Kids Xmas Project - for kids who otherwise would not have one	\$				X
			X	X	X							X	7	Baby Shower - for poor women who otherwise would not have one	\$			X	X
	X			X	X				X				8	Co-located Behavioral Health, Housing, and Treatment Services	\$				X
X				X		X		X				X	9	Transgender Linkage to Care Program	\$				X
X	X	X	X	X						X			10	Systematic Monitoring of Retention	\$		X		
X	X	X	X	X			X						11	Brief, Strengths Based Case Management	\$\$		X		
X	X	X	X	X							X		12	Intensive Outreach for Those Out of Care	\$		X	X	
X	X	X	X	X								X	13	Peer or Paraprofessional Navigators	\$		X		
X	X	X	X		X		X						14	Self-reported Adherence Assessment by Patients	\$		X		
X	X	X	X		X				X				15	Pharmacy Refill Data Review by Providers	\$		X		
X	X	X	X		X							X	16	Switching to Once Daily Regimens	\$		X		
X	X	X	X		X							X	17	Pill Reminder Devices	\$\$		X		
X	X	X	X		X	X							18	Specific Adherence Discussion Tools	\$		X		
X	X	X	X		X	X							19	Group Education and Adherence Counsel	\$		X		
X	X	X	X									X	20	Offering Peer Support Services	\$\$		X	X	
X	X	X	X		X		X						21	DAART for Patients with substance use disorders	\$\$		X		
X	X	X	X									X	22	Screening/Mgmt for MH/SU Disorders	\$		X		
		X		X				X			X		23	Peer-driven Out of Care Reach	\$\$			X	
X	X	X	X	X				X				X	24	Exit Surveys and Interviews for Patients Transferring Out	\$			X	
X	X	X	X				X						25	Corrections Initiative	\$\$	X			
	X	X									X		26	Empowerment YMSM Project	\$	X			
	X	X					X					X	27	Social Networks Strategy (Social Networks Testing)	\$	X			
	X	X								X			28	Motivational Interviewing for YMSM	\$	X			
X	X	X	X								X		29	LaPHIE	\$	X			
X	X	X	X				X		X				30	Virginia DPH Active Referral	\$	X			
X	X	X	X									X	31	Louisiana Video Conferencing	\$\$	X			
	X			X			X					X	32	Homeless Youth Support	\$\$\$	X			

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

Melissa Rodrigo, Program Supervisor
Ryan White Part A
mrodrigo@ccbh.net

Fiscal Overview and General Program Updates



Fiscal Topics

- Review 10% Admin cost
- Budgets
- Reimbursements
- Supporting documentation

10% Administrative costs

- **What has changed since FY14?**
 - Facilities expenses such as rent, maintenance, utilities, etc. related to core medical or support services provided to RW Part A clients
 - Electronic medical records-maintenance, licensure, annual updates, data entry related to RW Part A
 - Receptionists time providing direct RW Part A patient services
 - Supervisor's time devoted to providing professional oversight and direction regarding RW Part A funded core medical and support services

Budgets

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

Cost Reimbursement

- established with RW, documentation required monthly

Fee Schedule (Medicaid/Medicare)

- ensure RW has a copy send new rates as changes occur

Certified Unit Rate

- established with RW, documentation required one time
Certified by an accounting firm

Reminders:

- ✓ Agency will receive notification of budget approval
- ✓ Recommend completing invoices after budget approval
- ✓ Contract changes = Budget changes



COST REIMBURSEMENT

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

Ryan White Part A - Cleveland TGA

Fiscal Checklist

Agency:

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, signed & dated
- Cost Reimbursement: Support documentation for each service provided –
 - Payroll, Proof of payment, bills, etc.
 - Supplemental reports – Labs, EFA, EIS, and Outreach

DIRECT

- Cost Reimbursement: Support documentation for each service provided –
 - Payroll, Proof of payment, bills, etc.
 - Supplemental reports – Labs, EFA, EIS, and Outreach

ADMINISTRATIVE

- Cost Reimbursement: Support documentation for each service provided –
 - Payroll, Proof of payment, bills, etc.
- CAREWare and service level reports
 - CAREWare generated Financial Report
 - CAREWare Custom Report – TLS fee for service detail (financial back-up)
- Submit via email to **RWinvoices@ccbh.net**
- Email subject line to read: **Provider Name, Invoice Month, Date (4-13-17)**



Invoice On Agency Letterhead

April 13, 2017

Ms. Melissa Rodrigo
Cuyahoga County Board of Health
5550 Venture Drive
Parma, OH 44130

Dear Ms. Rodrigo,

Attached please find out FY2017 Ryan White Part A Financial Report for the period of _____
2017 to _____ 2017 in the amount of \$_____. All supporting documentation is attached.

Please make check payable to:

Provider Name
123 Ryan Drive
Cleveland, OH 44114

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**

A. Service Provider: Sample Service Agency

(Ph) 216.201.2001 (FAX) 216.676.1321

B. Report Period Ending: March 31, 2017

D. Grantee: CCBH
Street Address: 5550 Venture Drive
City, State Zip: Parma, Ohio 44130

C. Check Box/Marked "F" if Final Report for this Grant.

E. Providing Agency: Sample Service Agency
Street Address: Sample Dr.
City, State Zip: Cleveland, Ohio 44107

Monthly Payment Request: \$ 3,762.51

F. BUDGET COST	G. PAYMENT RATE	H. APPROVED BUDGET	I. CURRENT EXPENDITURES	J. PRIOR YTD EXPENDITURES	K. TOTAL YTD EXPENDITURES	L. AVAILABLE BALANCE
Core Services						
OAHS	FEE	\$100,000.00	421.01	-	421.01	99,578.99
<i>Primary Care</i>			108.01			
<i>RN</i>			71.00			
<i>Labs</i>			242.00			
Oral Health Care	FEE	\$10,000.00	252.50	-	252.50	9,747.50
Mental Health Services	Unit Rate	\$10,000.00	1,064.00	-	1,064.00	8,936.00
Support Services						
Medical Transportation	FEE	\$2,000.00	25.00	-	25.00	1,975.00
Outreach	CR	\$10,000.00	500.00	-	500.00	9,500.00
Psychosocial Support Services	CR	\$10,000.00	500.00	-	500.00	9,500.00
Non-Medical Case Management	CR	\$10,000.00	500.00	-	500.00	9,500.00
TOTAL COST		\$ 162,000.00	\$ 3,762.51	\$ -	\$ 3,762.51	\$ 158,237.49
M. PROGRAM INCOME		CURRENT PROGRAM INCOME ACCRUED	YTD PROGRAM INCOME ACCRUED	* EXPENSES SHOULD BE TRACKED AND DETAILED SUMMARIES WILL BE PROVIDED TO THE GRANTOR AT THE CLOSE OF THE GRANT YEAR.		
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.

Signature: _____

Date: _____

Typed Name and Title: _____

Report Reviewed and Approved By Internal Use Only:



Financial Report

- Customized Report required for each month with invoice
- Submitted per date stated in contract – incomplete or late reports will delay payment
- 30-Day turn around from a clean invoice to a check being mailed
- All fields/cells will automatically populate – you will be required to enter in the Current Expenditure column
- Add program income where applicable
- Sign and date



Direct/Administrative Forms for Cost Reimbursement Services

Ryan White Part A
Medical Case Management - Direct Services
Care Hospital

Reporting Month: _____

Operating Agency: Care Hospital Program: Medical Case Management

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)	\$ -	-	-	-
Total	\$ -	\$ -	\$ -	\$ -

- 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: Care Hospital Program: Medical Case Management

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)	\$ -	-	-	-
Total	\$ -	\$ -	\$ -	\$ -

Admin Costs cannot exceed 10%

- 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).



Sample Back-up for Cost Reimbursement

Mark on your back-up what is being invoiced

Account Number **Date Prepared** **Next Meter Reading**
 _____ September 21, 2015 10/19 - 10/22/2015

Balance from Last Bill \$35.73
Late Payment Charge 0.54
Gross Receipts Tax (4.8044%) 0.02
Balance **\$36.29**

Domination East Ohio Distribution Charges
Basic Service Charge \$27.25
Usage-Based Charges
 .8 MCF @ \$5.675 0.47
Gross Receipts Tax (4.8044%) 1.28
Total Domination East Ohio Charges **\$29.00**

Volunteer Energy Services Charges
Gas Cost .8 MCF @ \$3.90 \$3.12
Sales Tax 0.25
Total VOLUNTEER ENERGY SERVICES **\$3.37**

Total Current Charges **\$32.37**
Total Account Balance **\$68.66**

Average Daily Temperature For This Billing Period 2014 2015
 _____ 67°F 66°F

Gas Use in MCF

Avg Monthly Use: 21.7 MCF
Total Annual Use: 259.8 MCF

Date	Read Type	Reading	Difference
Sep 21, 2015	Actual	598.2	
Aug 20, 2015	Actual	597.4	

MCF Used in 32 Days

Account Balance of \$68.66 by Oct 8, 2015 to Avoid Late Payment Charge of 1.8% per month.
 This is a Reminder Notice.

Did you forget to pay last month's bill?
 As of Sep 21, 2015, we haven't received your payment of \$36.29. If you've already paid it, thank you. If not, please pay the total balance of \$68.66 by Oct 8, 2015. If you have questions, please call us.

To participate in the Energy Choice program, you must pay the amount due on time each month. ENERGYSHARE: Help people without heat by donating to EnergyShare. To donate, add exactly \$1, \$2, \$6, \$12, \$18 or \$30 to your payment or mail a separate check payable to EnergyShare, Salvation Army, P.O. Box 5847, Cleveland, OH 44101.

Please detach and return this coupon with a check made payable to Dominion East Ohio. For mailing address changes, visit Manage.Your.Account.on.dom.com.

Oct 8, 2015

\$36.29	68.66
Account Balance	Amount Enclosed

12 0000

I=0000

Filters and Heating System Inspections
 Change or clean your furnace filter at least three times during the heating season. A clean filter will help your furnace operate more efficiently and could save you money. Keep your heating running safely and efficiently. A qualified heating contractor should inspect it once a year and make repairs when needed.

DOMINION EAST OHIO
 PO BOX 25785
 RICHMOND VA 23251-6785

• Good Example -
 Mark your back-up

Account Number **Date Prepared** **Next Meter Reading**
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Oct 8, 2015

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Account Balance	Amount Enclosed

12 0000

I=0000

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 Change or clean your furnace filter at least three times during the heating season. A clean filter will help your furnace operate more efficiently and could save you money. Keep your heating running safely and efficiently. A qualified heating contractor should inspect it once a year and make repairs when needed.

DOMINION EAST OHIO
 PO BOX 25785
 RICHMOND VA 23251-6785

mcm
 $\$32.37 \times 15\% = \4.86



CAREWare Reports

- CAREWare Financial report
- CAREWare Custom Report
 - TLS fee for service detail (financial back-up)

CAREWare Fiscal Reports

Main Menu

Department of Health and Human Services
HRSA
Health Resources and Services Administration

[Add Client](#)

[Find Client](#)

[Reports](#)

[Drug Inventory System](#)

[Appointments](#)

[Orders](#)

[Administrative Options](#)

[My Settings](#)

[Rapid Service Entry](#)

[Log Off](#)

[Exit](#)

System Messages

[About CAREWare](#)

[Refresh Messages](#)

Please note that the FY2017 contracts are not yet open. While on hold, please work on cleaning all FY16 data through February 28, 2016.

CAREWare Continued

Reports

<u>H</u> RSA Reports	Clinical <u>E</u> ncounter Reports
Custom Reports	Clinical Encounter <u>P</u> reprints
<u>R</u> eferrals	<u>M</u> ailing Labels
<u>F</u> inancial Report	User <u>L</u> ogin Report
<u>N</u> o Service in X Days	<u>U</u> ser Permissions Report
WICY Report	HOPWA Reports

Maximize All Reports?

Close

CAREWare and the Ryan White Part A Program

RW CAREWare 5.0 - Financial Report

Data Scope:

Domains:

- AIDS Healthcare Foundation
- AIDS Taskforce of Greater Clev...
- Care Alliance
- Circle Health Services
- Cleveland Clinic Foundation
- Community Health Partners (Mer...
- Department of Senior & Adult Se...
- Elyria City Health District
- Family Planning Lorain
- Far West Center
- Lorain County General Health Di...
- May Dugan Center (Near West)
- MetroHealth Medical Center
- ORCA House, Inc.
- Proyecto Luz/Project Light (Nue...
- Recovery Resources
- Signature Health Inc
- TEST
- University Hospitals of Cleveland
- AIDS Resource Center Ohio, Inc.
- Alcohol Drug Addiction and Men...
- Camp Sunrise
- Hospice of the Western Reserve
- Lake County General Health Dis

Group By Providers

Date Selection:

Year: -OR- From: Through:

Funding Source	RW Funded?
Medicaid	No
Medicare	No
Part A	Yes
Part D Youth	Yes
Part F, Part A MAI	Yes
Private Individual	No

Include Subservice Detail Include Provider Information

Pull amount received data from receipts in the date span

Report Filter:

Apply Custom Filter [Edit Filter](#)



Financial Report

Wednesday, March 01, 2017 through Friday, March 31, 2017

Export

Export Type: Portable Document Format (PDF)

File: R:\doc1.pdf

Acrobat Version: 2 - Acrobat 3.x

No Embedding Fonts

- Agency FB
- Aharoni
- Algerian
- Amienne
- Andalus
- Angsana New
- AngsanaUPC
- Aparajita
- Arabic Typesetting
- Arial
- Arial Black
- Arial Narrow

OK Cancel

aid, Medicare, Part A, Part F, Part A MAI, Private Individual

Phone:

Address:

Cleveland, Ohio

Medical Care	Clients:	Units:	Total:	Amount Received:	Not Received:
	1	1	\$100.00	\$0.00	\$100.00
	1	1	\$0.00	\$0.00	\$0.00
	1	1	\$0.00	\$0.00	\$0.00
Private Individual OAMC	1	1	\$0.00	\$0.00	\$0.00
Outpatient/Ambulatory Medical Care Totals:	2	4	\$100.00	\$0.00	\$100.00
Provider Total	2	4	\$100.00	\$0.00	\$100.00



CAREWare and the Ryan White Part A Program

Financial Report

Wednesday, March 01, 2017 through Friday, March 31, 2017

Report Criteria:

Provider(s): TEST
Funding Sources: Medicaid, Medicare, Part A, Part F, Part A MAI, Private Individual
Group By Providers: True
Include subservice detail: True
Include provider detail: True

TEST

Phone:

Address:

Cleveland, Ohio

Outpatient/Ambulatory Medical Care	Clients:	Units:	Total:	Amount Received:	Not Received:
MAI Labs	1	1	\$100.00	\$0.00	\$100.00
Medicaid OAMC	1	1	\$0.00	\$0.00	\$0.00
Primary Care Visit - Physician	1	1	\$0.00	\$0.00	\$0.00
Private Individual OAMC	1	1	\$0.00	\$0.00	\$0.00
Outpatient/Ambulatory Medical Care Totals:	2	4	\$100.00	\$0.00	\$100.00
Provider Total	2	4	\$100.00	\$0.00	\$100.00

ReportTotal	2	4	\$100.00	\$0.00	\$100.00
--------------------	----------	----------	-----------------	---------------	-----------------



CAREWare Custom Report

Reports

<u>H</u> RSA Reports	Clinical <u>E</u> ncounter Reports
<u>C</u> ustom Reports	Clinical Encounter <u>P</u> reprints
<u>R</u> eferrals	<u>M</u> ailing Labels
<u>F</u> inancial Report	User <u>L</u> ogin Report
<u>N</u> o Service in X Days	<u>U</u> ser Permissions Report
<u>W</u> ICY Report	HOPWA Reports

Maximize All Reports?

Close

Custom Reports

View/Edit

Data Scope

- Provider: ^
- Signature Health Inc
- TEST
- University Hospitals of Cleveland
- AIDS Resource Center Ohio, Inc. (Inactive)
- Alcohol Drug Addiction and Mental Health Servic
- Camp Sunrise (Inactive)
- Hennepin of the Western Reserve (Inactive)

[Set Primary Provider](#)

Filter by Report Type:

Group by Provider

Show New Clients Only

Show Clients With Service Only

Show Specifications

Sum Numeric Fields

Date Span

From:

Through:

Clinical Review

Year:

Search

100 / 100

F1: Run Report

F2: New Report

F3: Edit Report

F4: [Copy Report](#)

F5: Import From File

F6: Export To File

Del: Delete Report

Esc: [Close](#)



Name	CrossTab	Report Type	Description	Date Creat
TLSClients (Eligibility/Recertification by Race)	No	Service		12/16/2017
TLSClients (ISP/Assessment by Race)	No	Service		12/16/2017
TLSClients (Primary Care - RN by Race)	No	Service		12/16/2017
TLSClients (Support Coordination by Race)	No	Service		12/16/2017
TLSDuplicateClients	No	Demographics		11/22/2017
TLSFee for Service Detail (Financial Backup)	No	Service		07/01/2017
TLSFee for Service Detail (w/Names)	No	Service		10/14/2017
TLSMedications (OI/Null or Other)	No	Medication		03/28/2017
TLSMissingAnnualReview	No	Demographics		07/23/2017
TLSMissingAnnualReviewMedical	No	Demographics		07/23/2017
TLSMissingClientStatus	No	Demographics		07/11/2017
TLSMissingDemographics	No	Demographics		07/11/2017
TLSMissingHispanicSubgroup	No	Demographics		07/10/2017
TLSMissingRyanWhiteEligibility	No	Demographics		02/20/2017
TLSOutofCounty	No	Service		12/05/2017

Results per page:

<< Prev

Page 1 of 2

Next >>

TLSFee for Service Detail (Financial Backup)

Data Scope: TEST

URN:	Srv Date:	Unit Price:	Quantity:	Service Category:
BBBB0209701U	3/7/17	\$00.00	1	Outpatient/Ambulato
BBBB0209701U	3/7/17	\$00.00	1	Outpatient/Ambulato
BTBO0102812U	3/7/17	\$100.00	1	Outpatient/Ambulato
BTBO0102812U	3/7/17	\$00.00	1	Outpatient/Ambulato
Numeric Totals:		\$100.00	4.00	

Export

Export Type: Portable Document Format (PDF)

File: R:\doc1.pdf

Acrobat Version: 2 - Acrobat 3x

No Embedding Fonts

- Agency FB
- Aharoni
- Algerian
- Amienne
- Andalus
- Angsana New
- AngsanaUPC
- Aparajita
- Arabic Typesetting
- Arial
- Arial Black
- Arial Narrow

... Total: 0.00
 ... Total: 0.00
 ... Total: 0.00
 ... Total: 0.00
 ... Total: \$100.00
 ... records 4



CAREWare and the Ryan White Part A Program

TLSFee for Service Detail (Financial Backup)

Data Scope: TEST

URN:	Srv Date:	Unit Price:	Quantity:	Service Category:	Subservice:	Service Total:
BBBB0209701U	3/30/2017	\$00.00	3	Mental Health Services	Behavioral Health - Individual Counseling	\$00.00
BBBB0209701U	3/30/2017	\$00.00	4	Psychosocial Support	Psychosocial Support Group	\$00.00
BTBO0101802U	3/30/2017	\$00.00	3	Early Intervention (Part A - B)	EIS At Risk	\$00.00
BTBO0101802U	3/22/2017	\$100.00	1	Outpatient/Ambulatory Medical Care	Labs	\$100.00
BTBO0101802U	3/30/2017	\$150.00	1	Outpatient/Ambulatory Medical Care	Primary Care Visit - Physician	\$150.00
Numeric Totals:		\$250.00	12.00			\$250.00

Number of Records 5



CAREWare and the Ryan White Part A Program

- **We have tried to create a system where you will be pulling two reports out of CAREWare on a monthly basis and submitting it with your invoices.**
- **Monetary totals have been added to your CAREWare agency contracts where applicable.**
- **Agencies will need to work to enter data in real time as to not delay monthly invoicing.**



CAREWare and the Ryan White Part A Program

Additional information where applicable:

Agencies may still need to submit an excel spread sheet with the following information that is not collected in CAREWare:

- Lab procedures
- Emergency Financial Assistance (EFA) Drugs.
- Early Intervention report
- Outreach report

If applicable, sample spreadsheets are included on your flash drive.



Supplemental Reports

Lab services under OAHS, Emergency Financial Assistance (EFA), EIS or Outreach reports:

You will also need to maintain a monthly spreadsheet that includes the following information:

Service Category Name

Client URN (CAREWare ID)

Date of Service

Name of drug or lab service performed.

* This spreadsheet should match the total number of units that you have entered into CAREWare and be submitted with your financial package on a monthly basis.

* Where applicable, a sample spreadsheet has been provided on your FY2017 flash drive.

CAREWare and the Ryan White Part A Program

Ryan White Part A - Lab Services Detail Report

Service Category: OAHS Diagnostic Laboratory Testing

Agency: Sample Service Agency

Month of Invoice: March 1, 2017 - March 31, 2017

CAREWare ID

Date of Service

Formulary Drug Name

Number of Clients

Total Cost

Outpatient / Ambulatory Health Services - Diagnostic Laboratory Testing

SAMPLE	5/1/2017	HIV Quant RNA	1	\$125.00
Sample: Total to be added to <u>May</u> invoice			1	\$125.00



Federal HIV Grant 2017-2018

**Ryan White Part A- Cleveland TGA
Early Intervention Services (EIS) Monthly Report
FY 2017**

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



Agency: _____

Month Reporting: _____

Program Totals Including CAREWare and Non-CAREWare Identified Clients:														
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD	
Total number of unduplicated EIS clients served	0	0	0	0	0	0	0	0	0	0	0	0	0	
Of the total unduplicated EIS clients served, how many were newly diagnosed:	0	0	0	0	0	0	0	0	0	0	0	0	0	
Of the total unduplicated EIS clients served, how many were receiving support services but not linked to primary medical care:	0	0	0	0	0	0	0	0	0	0	0	0	0	
Of the total unduplicated EIS clients serviced, how many were out of care/erratically in care?	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total number of clients who received health education (counseling) services this month:	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total number of EIS clients referred to medical care	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total number of EIS clients that were linked to care	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total number of clients lost to care	0	0	0	0	0	0	0	0	0	0	0	0	0	



**Ryan White Part A- Cleveland TGA
Outreach Services Monthly Report
FY 2017**



Agency: _____

Month: _____

Program Totals Including CAREWare and Non-CAREWare Identified Clients:														
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD	
Total Number of unduplicated Outreach clients served	0	0	0	0	0	0	0	0	0	0	0	0	0	
Of the total unduplicated Outreach clients served, how many did NOT know their status and were referred to HIV testing and counseling services:	0	0	0	0	0	0	0	0	0	0	0	0	0	
Of the total unduplicated Outreach clients served, how many were newly diagnosed:	0	0	0	0	0	0	0	0	0	0	0	0	0	
Of the total unduplicated Outreach clients served, how many were receiving support services, but not linked to primary medical care:	0	0	0	0	0	0	0	0	0	0	0	0	0	
Of the total unduplicated Outreach clients served, how many were out of care/erratically in care	0	0	0	0	0	0	0	0	0	0	0	0	0	



CAREWare and the Ryan White Part A Program

Additional information where applicable:

Some larger institutions might not have all the information that they need to process charges from certain categories in the month of service. Service activities should still be entered into CAREWare reflecting the true date of service but a supplemental spreadsheet will have to be submitted adding the services that were not previously included.

- Spreadsheets should include:
 - Service Category
 - Client URN
 - Date of Service
 - Name of Drug and/or Lab

If applicable, a sample spreadsheet is included on your flash drive.



CAREWare and the Ryan White Part A Program

Ryan White Part A - Discription of Charges Falling Outside of Invoice Period

Service Category: OAHS Diagnostic Laboratory Testing

Agency: Sample Service Agency

Month of Invoice: March 1, 2017 - March 31, 2017

CAREWare ID	Date of Service	Formulary Drug Name	Number of Clients	Total Cost
Outpatient / Ambulatory Health Services - Diagnostic Laboratory Testing				
SAMPLE	5/1/2017	HIV Quant RNA	1	\$125.00
Sample:	Total to be added to <u>May</u> invoice		1	\$125.00



CAREWare and the Ryan White Part A Program

Required with Invoice Submission:

- All service level data entered into CAREWare by agreed upon internal deadline
- CAREWare generated Financial Report reflecting invoicing period
- The Fee For Service Detail Custom Report reflecting invoicing period
- **Where applicable:** An excel spreadsheet detailing service detail not captured in CAREWare (Lab, and EFA only)
- **Where applicable:** An excel spreadsheet detailing services entered into CAREWare from previous invoice periods (Lab, and EFA only)
- EIS and Outreach supplemental report



Submitting Monthly Invoices & Paperwork

- Submit via email:
- In **PDF**: Cover Page, signed
Financial Report, signed
Support Documents – payroll, proof of payment bills, etc.
CAREWare reports – Financial report and Service Detail report
Supplemental reports - Labs, EFA, EIS, Outreach
- If you submit any hard copy, the same documents are required electronically,
Attention: J. Lewison
- Email all documents to **Rwinvoices@ccbh.net**
- Email subject line should read:
Provider Name, Invoice month, Date submitted (4-25-2017)



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
- Invoice submission tracked for annual monitoring report

Invoice Highlights

- Invoices match approved budgets
- Ensure using newest budget
- FTE % matches approved budgets
- Backup documents match what is being charged or add % on paperwork so identifiable
- Sign invoice and FR
- Ensure totals match
- Customize DS and Administrative sheets to approve budgets
- At no time can Administrative costs exceed 10% of your expenditures
- Resubmit entire invoice if documentation is wrong PDF
- Timely invoices needed to get PC data
- Submit to rwinvoices@ccbh.net

General Topics

- Staffing vacancies report within 3 days of vacancy
- New staff require job descriptions, credentials and resumes sent to Grantee – Ensure staff meet requirements within Local Standard of Care
- Report Budget concerns over and under expenditures
- Invoice late submittal must obtain approval
- Contract changes = budget changes
- Administrative costs cannot exceed 10% of total invoice
- Cannot pay FTE percentages higher than on the approved budget

Communication Coordination

- Designate a Primary Contact for your agency – information from CCBH will be provided to this person and expectation of getting requests from the designee
- Best interest, avoid misunderstandings and improve efficiency

Sub-Recipient Fiscal Expectations

- Submit budgets timely after contract changes
- Ensure CCBH is notified of expense changes
- Ensure CCBH is notified of staffing changes
- Electronic PDF invoice must be resent if changes are requested
- Ensure established invoice date is adhered to
- Highlight charges on invoices where partial bill reimbursement is being requested
- Ensure signatures are on invoice forms/letter
- Ensure calculations are double checked
- Request TA if needed



CUYAHOGA COUNTY BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

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

Melissa Kolenz
Grant Coordinator
mkolenz@ccbh.net



Ryan White Part A
Cleveland TGA

Program Reports

– Early Identification of Individuals with HIV/AIDS (EIIHA)

- Work Plan (one time, update as needed)
- Early Intervention Services (EIS) (monthly)
- Outreach (monthly)



EIIHA Work Plan



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RYAN WHITE PART A – CLEVELAND TGA

Agency Work Plan FY17

Provider:

Date:

EIIHA Service (EIS/Outreach):

Contact information for person overseeing project:

Goal 1: Increase the number of HIV+ individuals who are aware of their HIV status

Objectives	Action	Staff/Person Responsible	Key Partners for Implementation	Deadline	Notes



Ryan White Part A
Cleveland TGA

EIHA Work Plan- EIS



RYAN WHITE PART A – CLEVELAND TGA

Agency Work Plan

Provider: Agency A

Date: 5/15/2015

EIHA Service (EIS/Outreach): EIS

Contact information for person overseeing project: contact@agencya.com

Goal 1: Increase the number of HIV+ individuals who are aware of their HIV status

Objectives	Action	Staff/Person Responsible	Key Partners for Implementation	Deadline	Notes
Expand education, outreach and early intervention services to include those unaware of their HIV status	Provide educational opportunities focusing on risk reduction behaviors; need for HIV testing; asset building and decision making/negotiation skills in the African American and Hispanic communities at: churches, community centers, and other social organizations at a rate of one (1) per quarter beginning the second quarter of FY15-16	Jim Smith, Jane Doe	El Centro, Elyria "Yes" Zone, Boys and Girls Club of Lorain County, Sacred Heart Church, Mount Zion Baptist Church, Cleveland Clinic	June 2015- February 2016	Time to be charged to administration. Education can be provided through emails, newsletters, telephone contact and face-to-face presentations.



**Ryan White Part A
Cleveland TGA**

EIHA Work Plan- Outreach



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RYAN WHITE PART A – CLEVELAND TGA

Agency Work Plan

Provider: Agency C

Date: 6/2/15

EIHA Service (EIS/Outreach): Outreach

Contact information for person overseeing project: contact@agencyc.com

Goal 1: Increase the number of HIV+ individuals who are aware of their HIV status

Objectives	Action	Staff/Person Responsible	Key Partners for Implementation	Deadline	Notes
Promotion of HIV testing and counseling and medical services for PLWHA	Participate in local health fairs and provide community education	Outreach Committee	Community partners	Ongoing	Services provided in kind. No Ryan White dollars are involved
On site HIV testing	Staff is trained in risk reduction and HIV testing and counseling per ODH protocol	staff	ODH for training	Ongoing	Services provided in kind. No Ryan White dollars are involved



Ryan White Part A
Cleveland TGA

EIHA Work Plan

- One Work Plan to be completed for each funded service (EIS, Outreach)
- Use SMART Goal format
- Measurable goals will be transferred to agency monthly report
- Can be updated as needed
- Please submit draft to Melissa Kolenz mkolenz@ccbh.net by Thursday, May 4, 2017 COB.



EIS Report

Ryan White Part A- Cleveland TGA
Early Intervention Services (EIS) Monthly Report
FY 2017

CUYAHOGA COUNTY
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Agency: _____

Month Reporting: _____

Program Totals Including CAREWare and Non-CAREWare Identified Clients:

	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
Total Number of unduplicated EIS clients served	0	0	0	0	0	0	0	0	0	0	0	0	0
Of the total unduplicated EIS clients served, how many were newly diagnosed:	0	0	0	0	0	0	0	0	0	0	0	0	0
Of the total unduplicated EIS clients served, how many were receiving support services but not linked to primary medical care:	0	0	0	0	0	0	0	0	0	0	0	0	0
Of the total unduplicated EIS clients serviced, how many were out of care erratically in care?	0	0	0	0	0	0	0	0	0	0	0	0	0
Total number of clients who received health education (counseling) services this month:	0	0	0	0	0	0	0	0	0	0	0	0	0
Total number of EIS clients referred to medical care	0	0	0	0	0	0	0	0	0	0	0	0	0
Total number of EIS clients that were linked to care													
Total number of clients lost to care	0	0	0	0	0	0	0	0	0	0	0	0	0



Ryan White Part A
Cleveland TGA

EIS Report

- Submit monthly with invoices
- Will include measurable goals from Work Plan



Outreach Report

**Ryan White Part A- Cleveland TGA
Outreach Services Monthly Report
FY 2017**

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



Agency: _____

Month: _____

Program Totals Including CAREWare and Non-CAREWare Identified Clients:

	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
Total Number of unduplicated Outreach clients served	0	0	0	0	0	0	0	0	0	0	0	0	0
Of the total unduplicated Outreach clients served, how many did NOT know their status and were referred to HIV testing and counseling services:	0	0	0	0	0	0	0	0	0	0	0	0	0
Of the total unduplicated Outreach clients served, how many were newly diagnosed:	0	0	0	0	0	0	0	0	0	0	0	0	0
Of the total unduplicated Outreach clients served, how many were receiving support services, but not linked to primary medical care:	0	0	0	0	0	0	0	0	0	0	0	0	0
Of the total unduplicated Outreach clients served, how many were out of care/terratically in care	0	0	0	0	0	0	0	0	0	0	0	0	0



**Ryan White Part A
Cleveland TGA**

Outreach Report

- Submit monthly with invoices
- Will include measurable goals from Work Plan



Eligibility



Ryan White Part A
Cleveland TGA

Cleveland's Ryan White Part A Eligibility

Applicants must provide documents establishing the following:

1. HIV/AIDS diagnosis
2. Cleveland TGA residency- Currently living in one of these Ohio counties: Ashtabula, Cuyahoga, Geauga, Lake, Lorain or Medina
3. Low-Income- A MAGI-based monthly household income at or below 500% of the current Federal Poverty Level for all service categories.
4. Uninsured or Underinsured- Agencies must explore and eliminate all other possible sources of third party payment before using Ryan White funds to pay for a service(s). Clients with insurance or access to insurance must submit documentation of coverage.



Ryan White Part A
Cleveland TGA

Electronic Eligibility

- Eligibility is established when all verification and documentation criteria are met.
- Ryan White is the payer of last resort. Agency eligibility staff must screen the client for eligibility for other potential third-party payers and assist the client in completing related applications, as needed.
- All supporting documents **MUST** be uploaded into CAREWare



Electronic Eligibility Process

1. Complete Eligibility Certification
2. Scan eligibility documents and save/name in proper format
3. Upload documents to the “Attachments” tab in client’s CAREWare account;
4. Tab located in CAREWare’s shared domain.



Electronic Eligibility Process

The following chart outlines the naming format by eligibility document type:

Eligibility Document	File Name Format
Eligibility Application	mm dd yy APP
Proof of Residency	mm dd yy RES
Proof of Income	mm dd yy POI
Proof of HIV Status	mm dd yy HIV
Proof of Insurance Status	mm dd yy INS
Six Month Recertification- No Change	mm dd yy 6NC



Electronic Eligibility

- “...the responsibility for documenting the provision of allowable services to eligible clients rests with the agency providing services.”
- Review documents BEFORE seeing clients
 - Are eligibility requirements met? Is eligibility current?
- Agencies can not delete files in CAREWare
- Documents should be uploaded within invoicing period
- Step by step instructions in CAREWare manual



Summary

- EIIHA Work Plans due by May 4, 2017
- Program Reports (EIS and Outreach) are due monthly with invoice submission
- Grantee will be presenting data to PC
- The agency providing the service is responsible ensuring eligibility requirements are met and eligibility is current in CAREWare
- Electronic eligibility helps lessen the burden on clients; please ensure documents are being uploaded in a timely fashion.



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

Kate Burnett-Bruckman
Ryan White Part A Program Manager
kburnett@ccbh.net



Ryan White Part A
Cleveland TGA

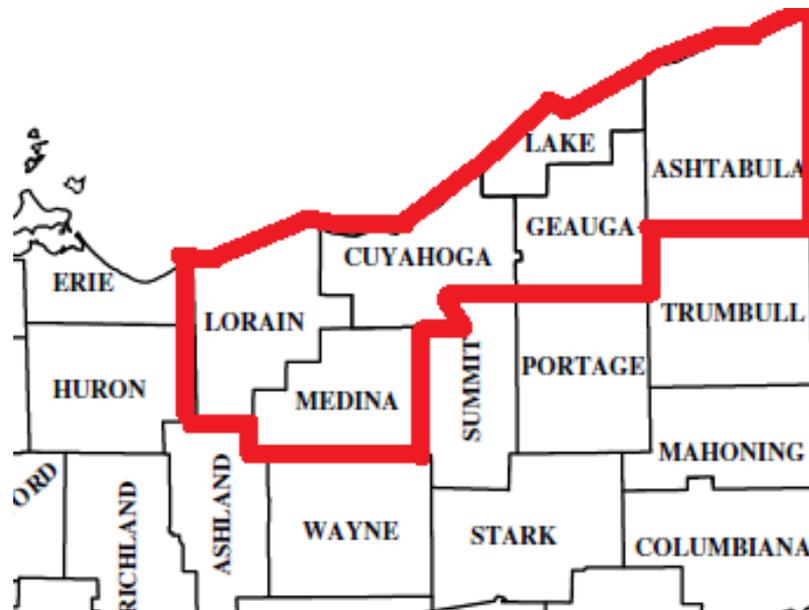
Cleveland TGA By the Numbers



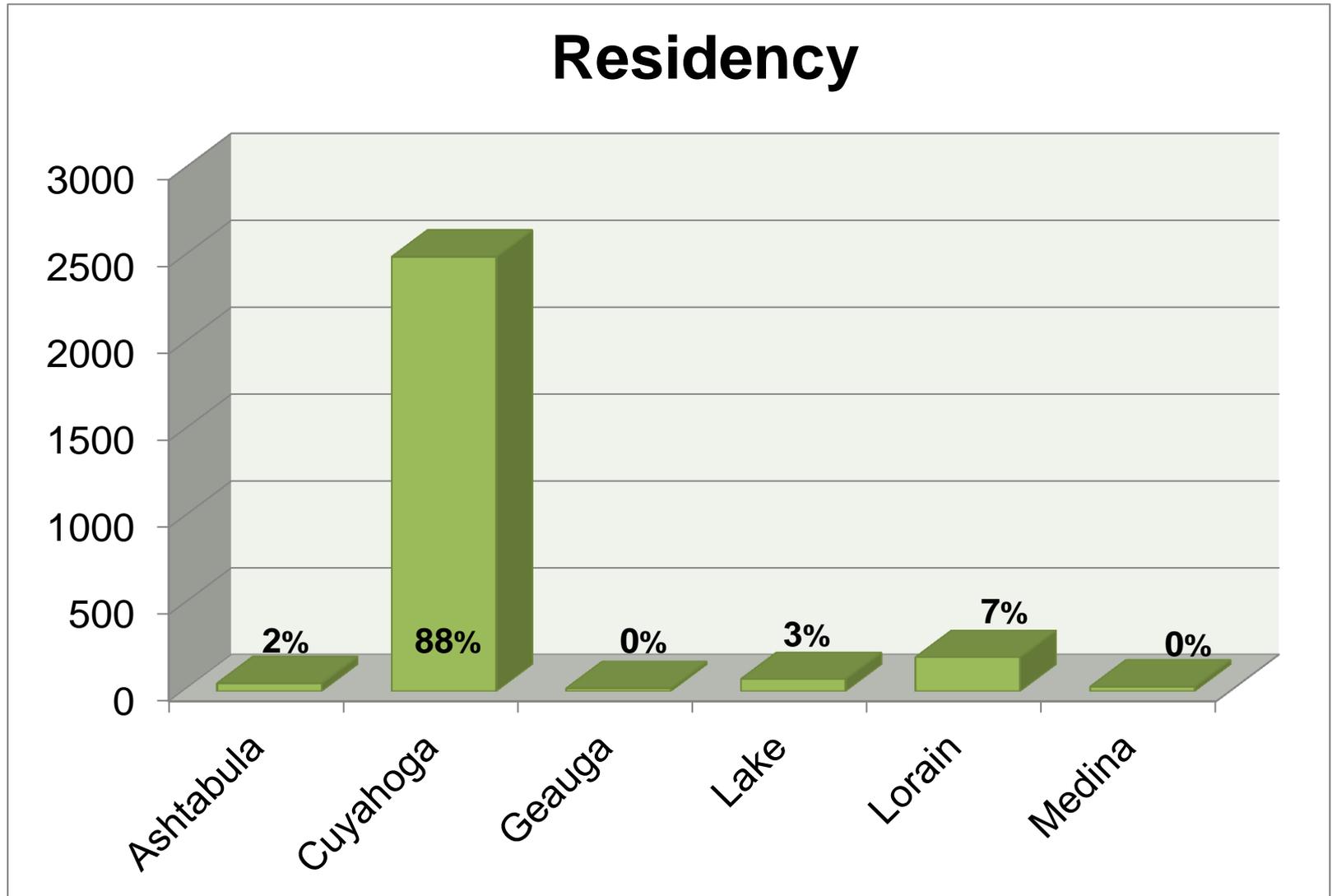
Ryan White Part A
Cleveland TGA

FY16 CAREWare Demographics Summary

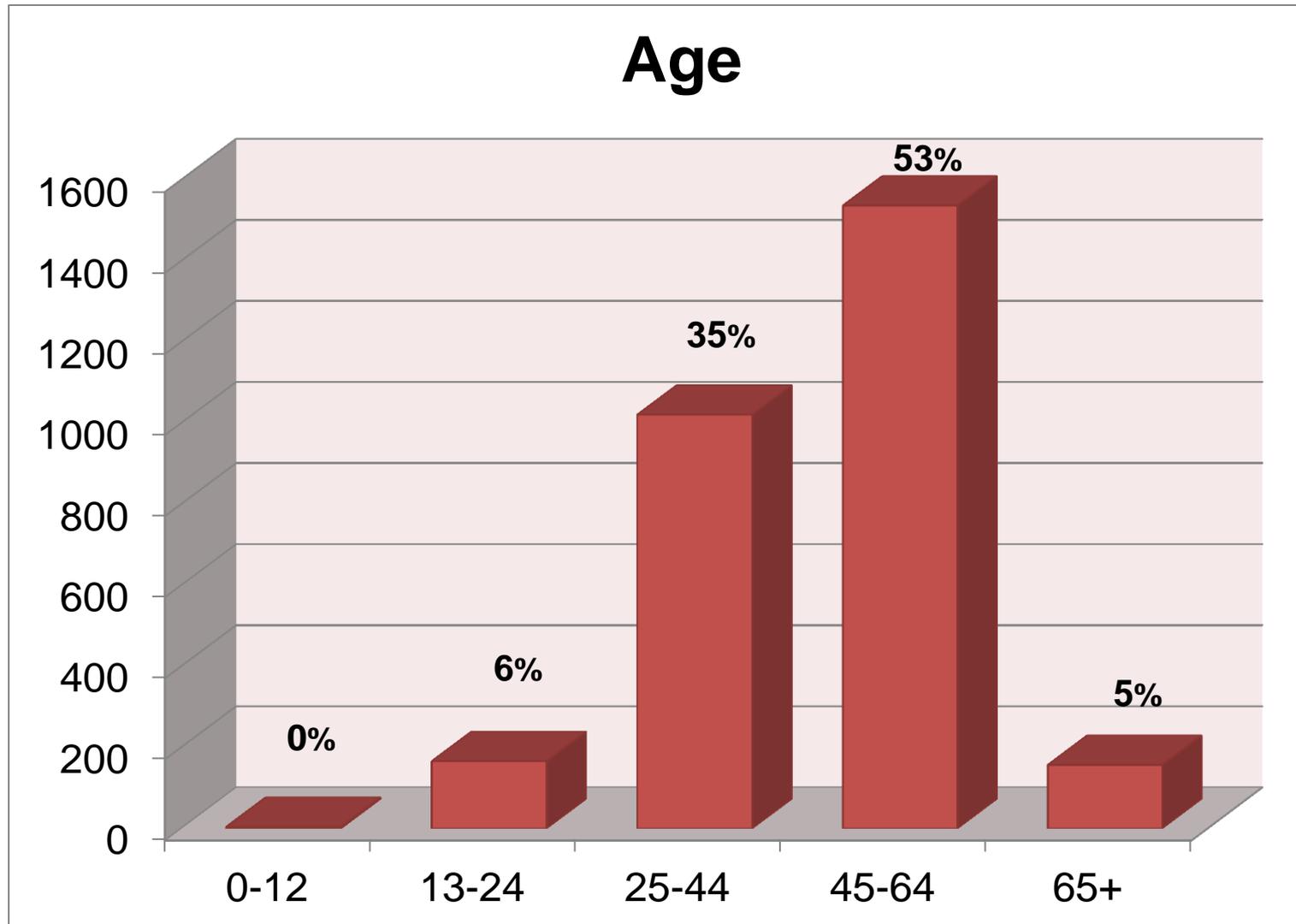
**In FY2016 Ryan White
Part A Cleveland served a total of
2,885 HIV positive individuals
throughout the six county region.**



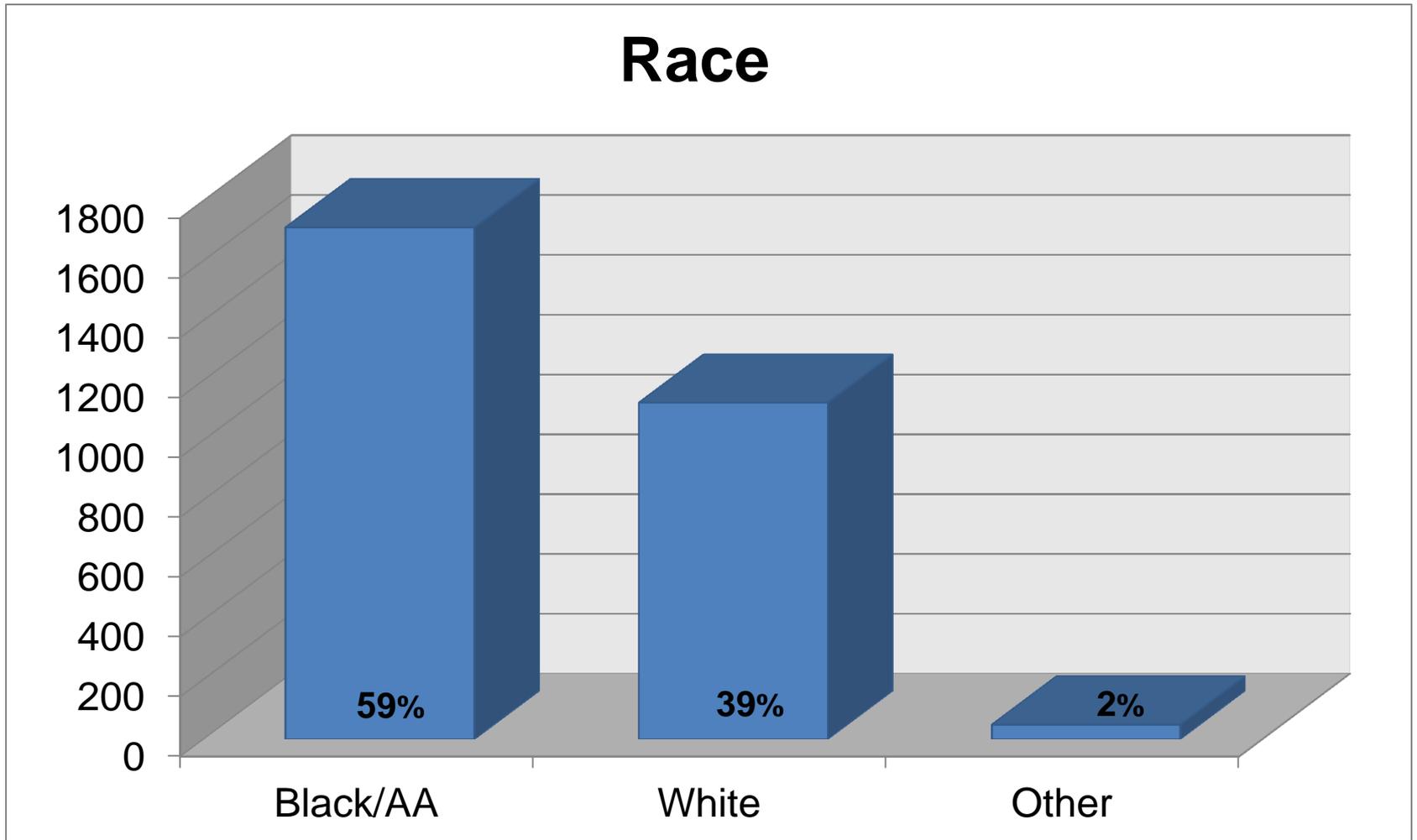
FY16 CAREWare Demographics Summary



FY16 CAREWare Demographics Summary

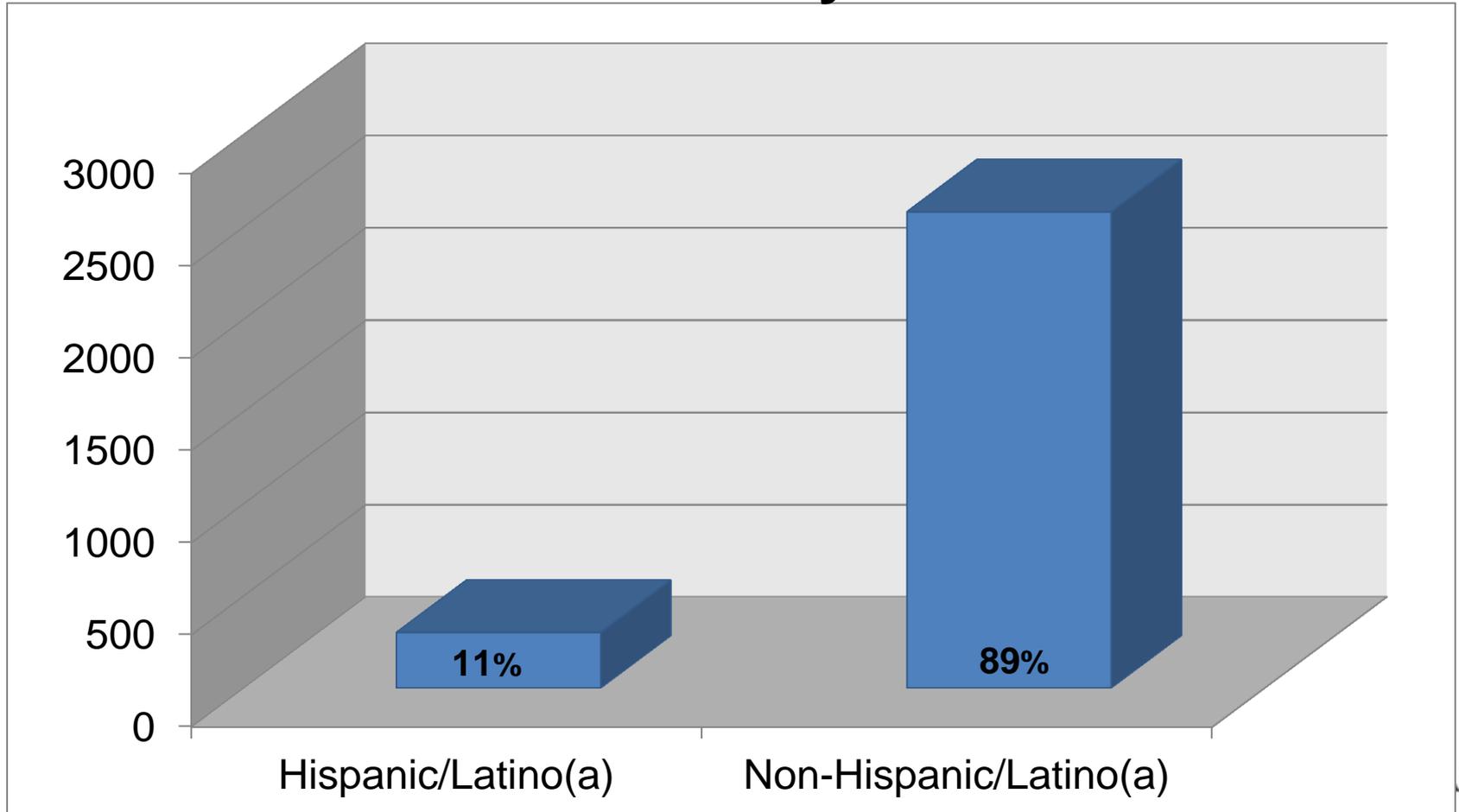


FY16 CAREWare Demographics Summary

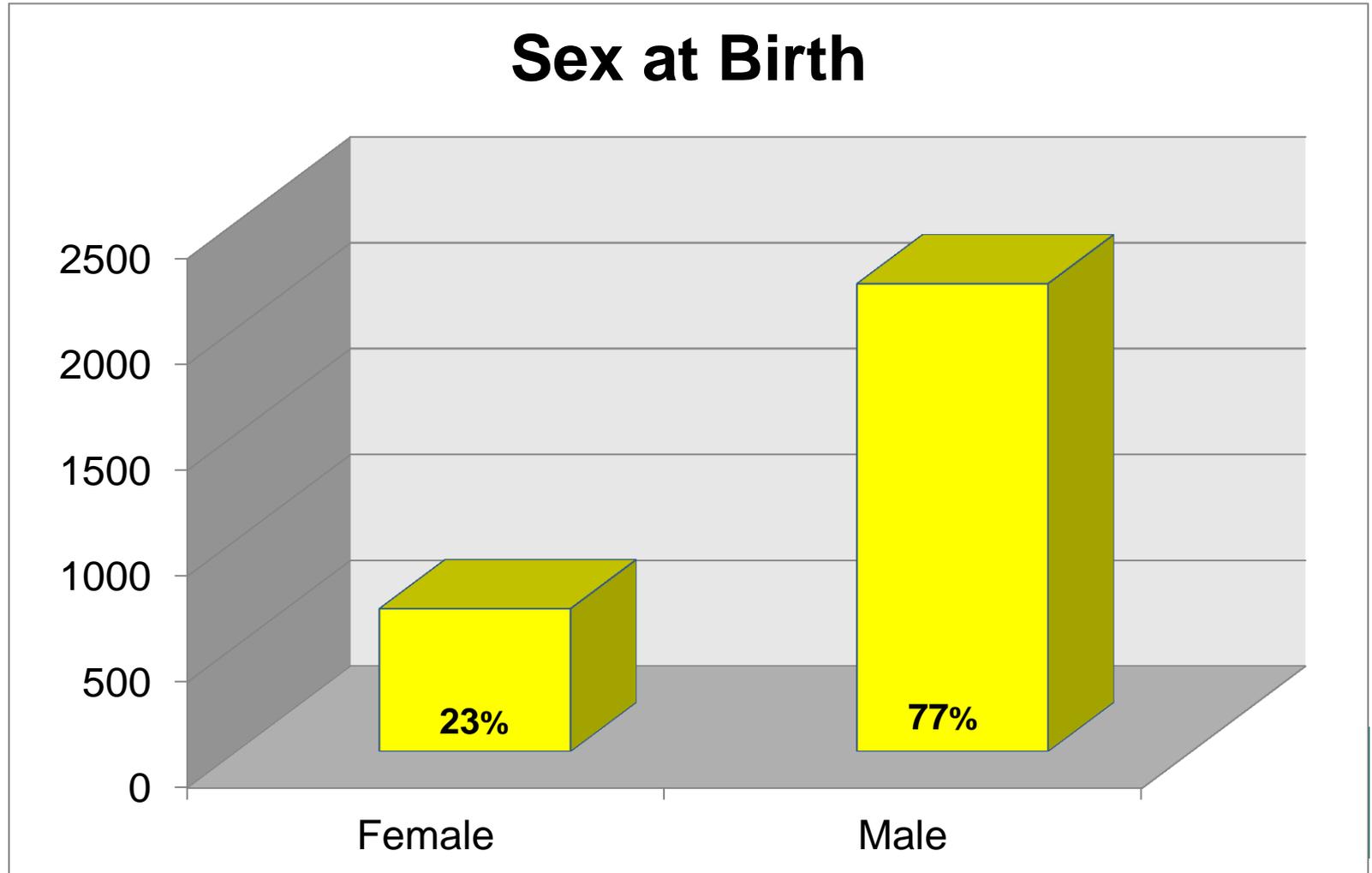


FY16 CAREWare Demographics Summary

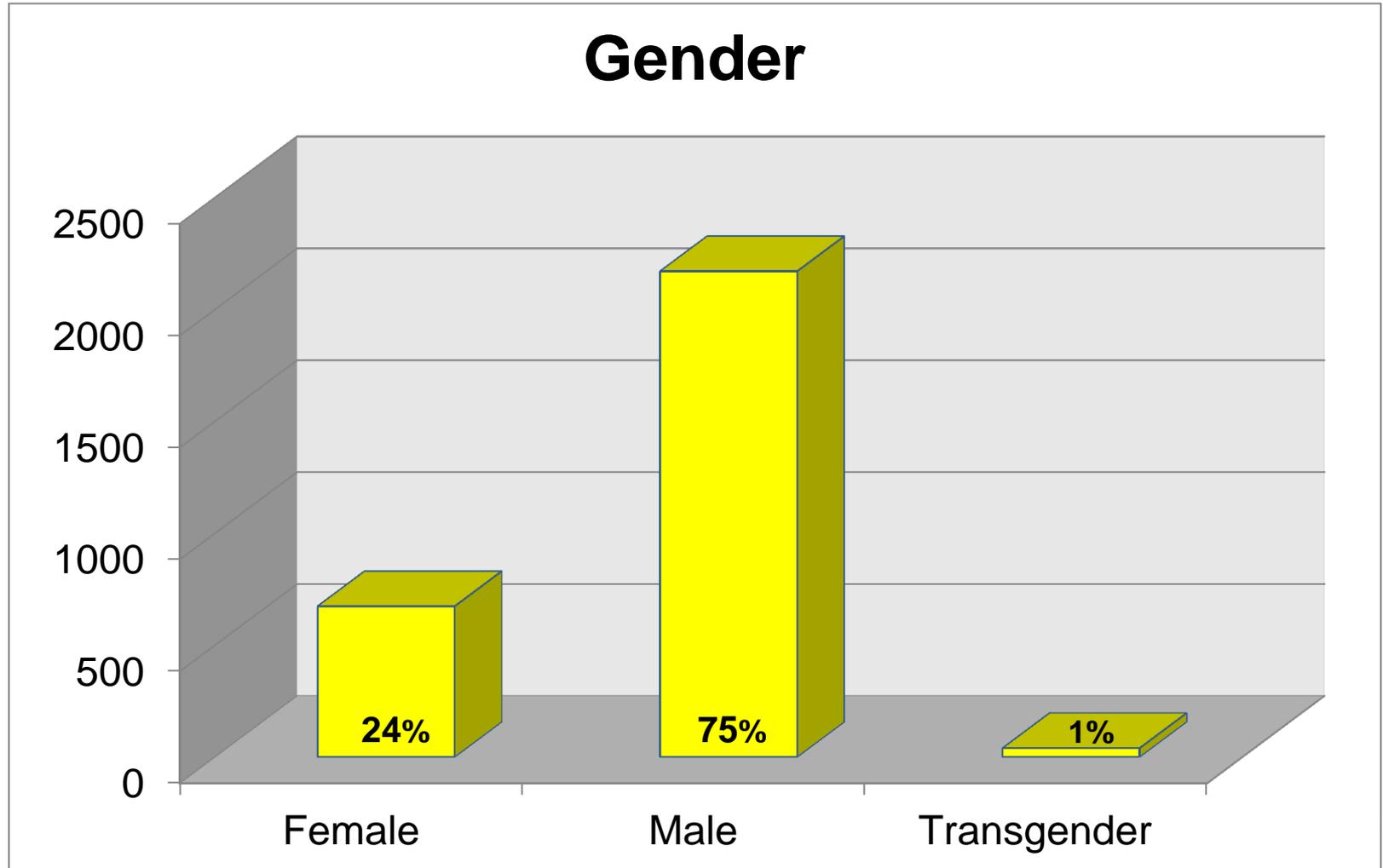
Ethnicity



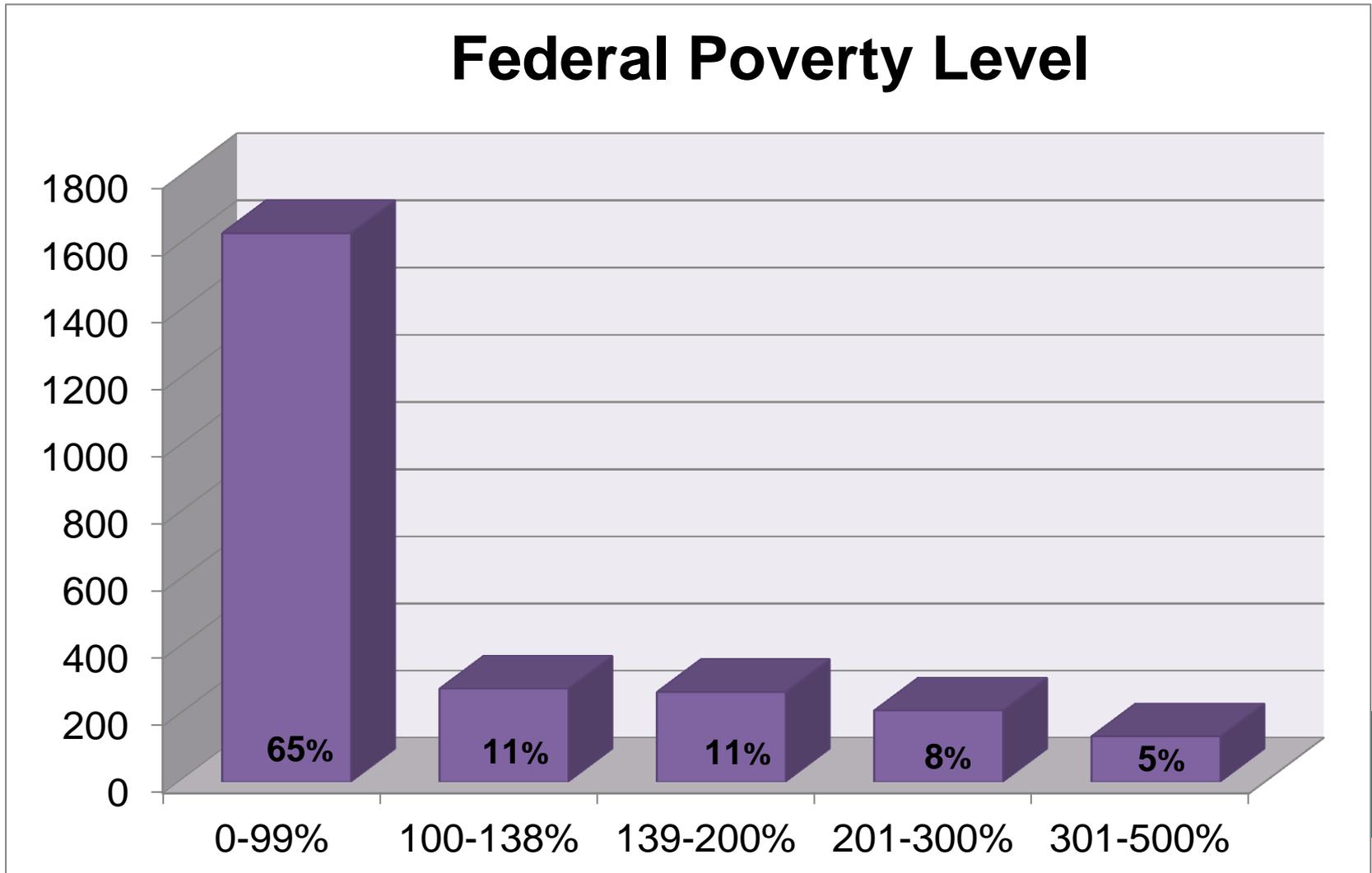
FY16 CAREWare Demographics Summary



FY16 CAREWare Demographics Summary

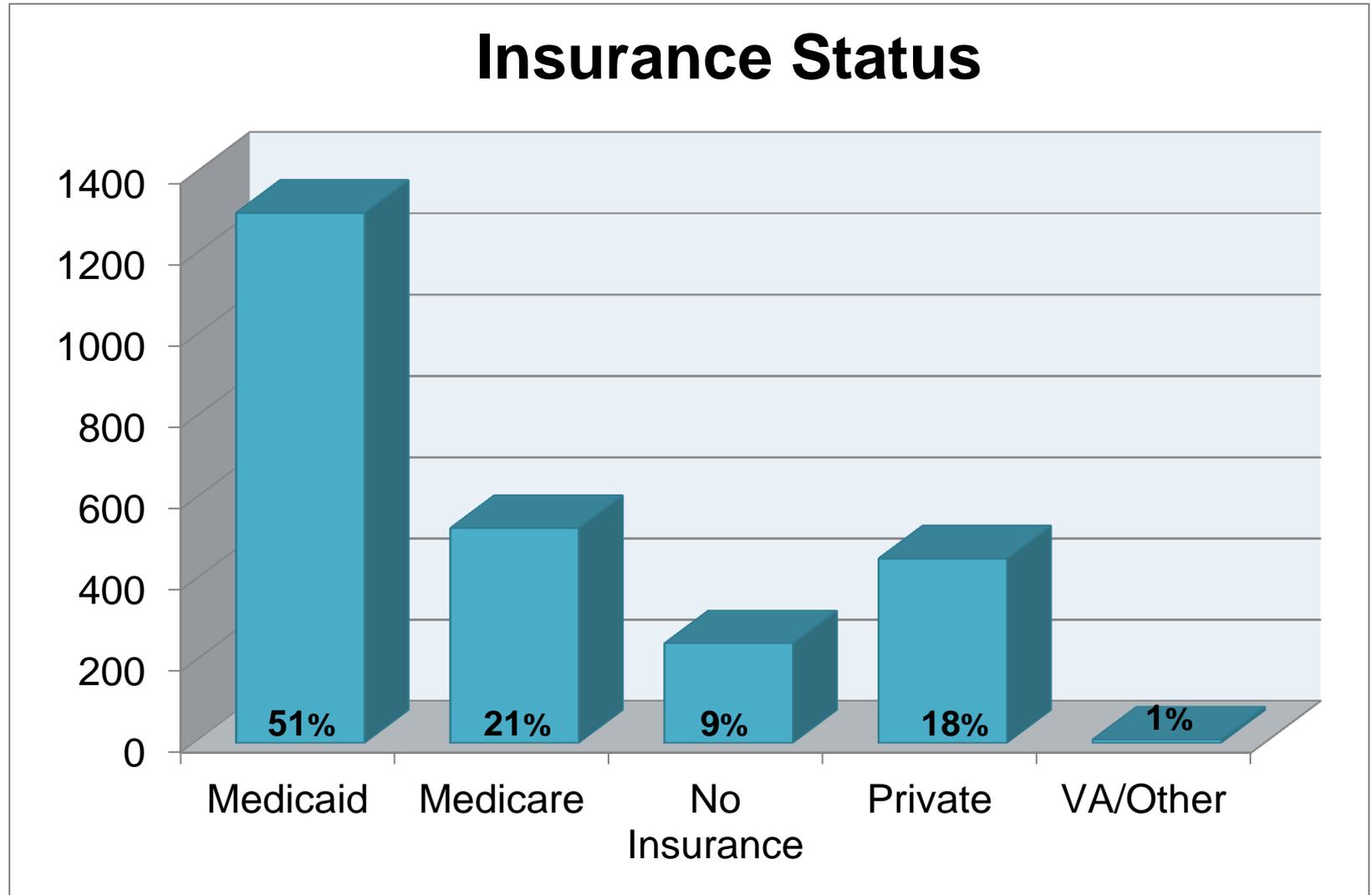


FY16 CAREWare Demographics Summary

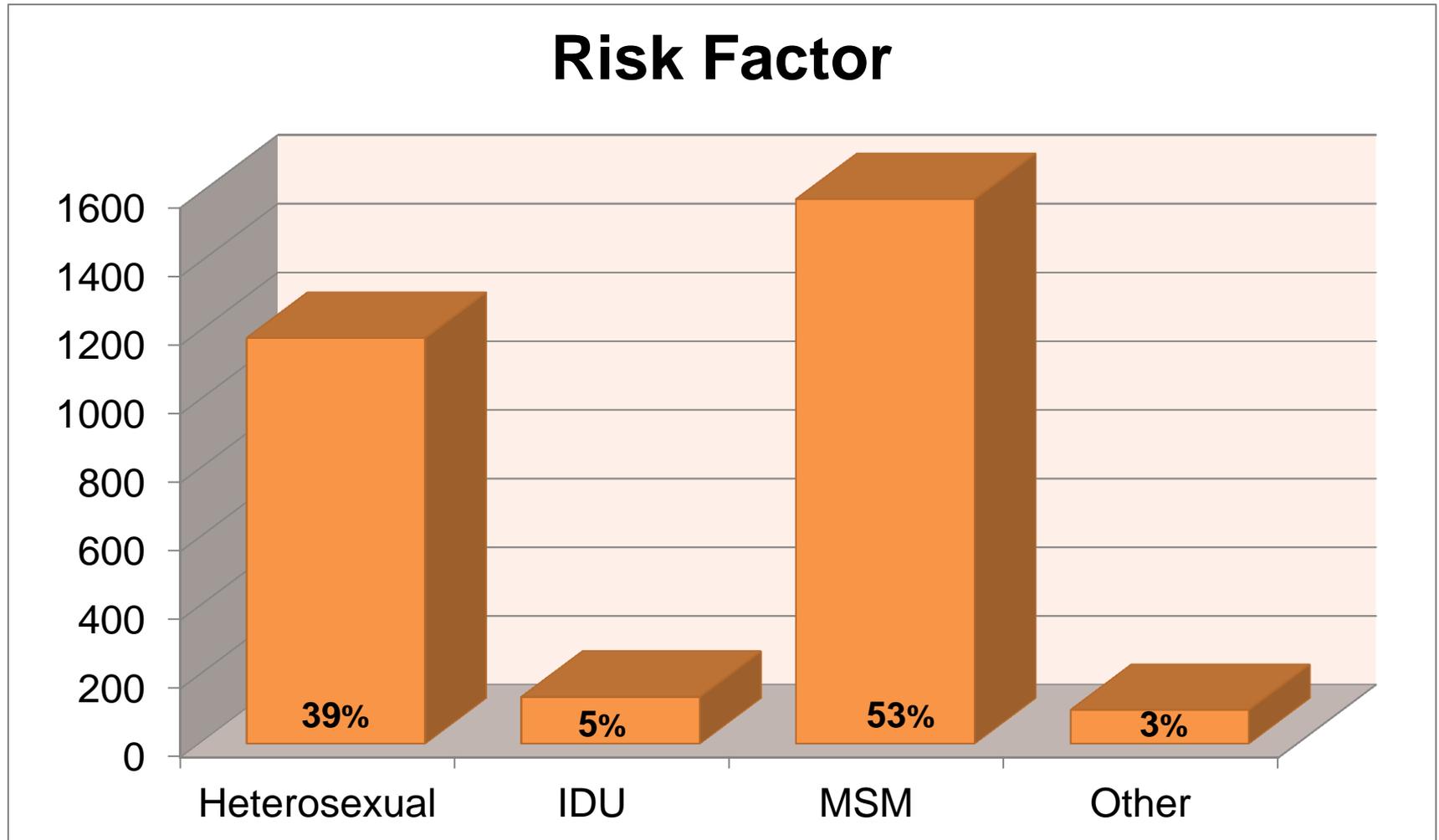


Source = Cleveland TGA CAREWare

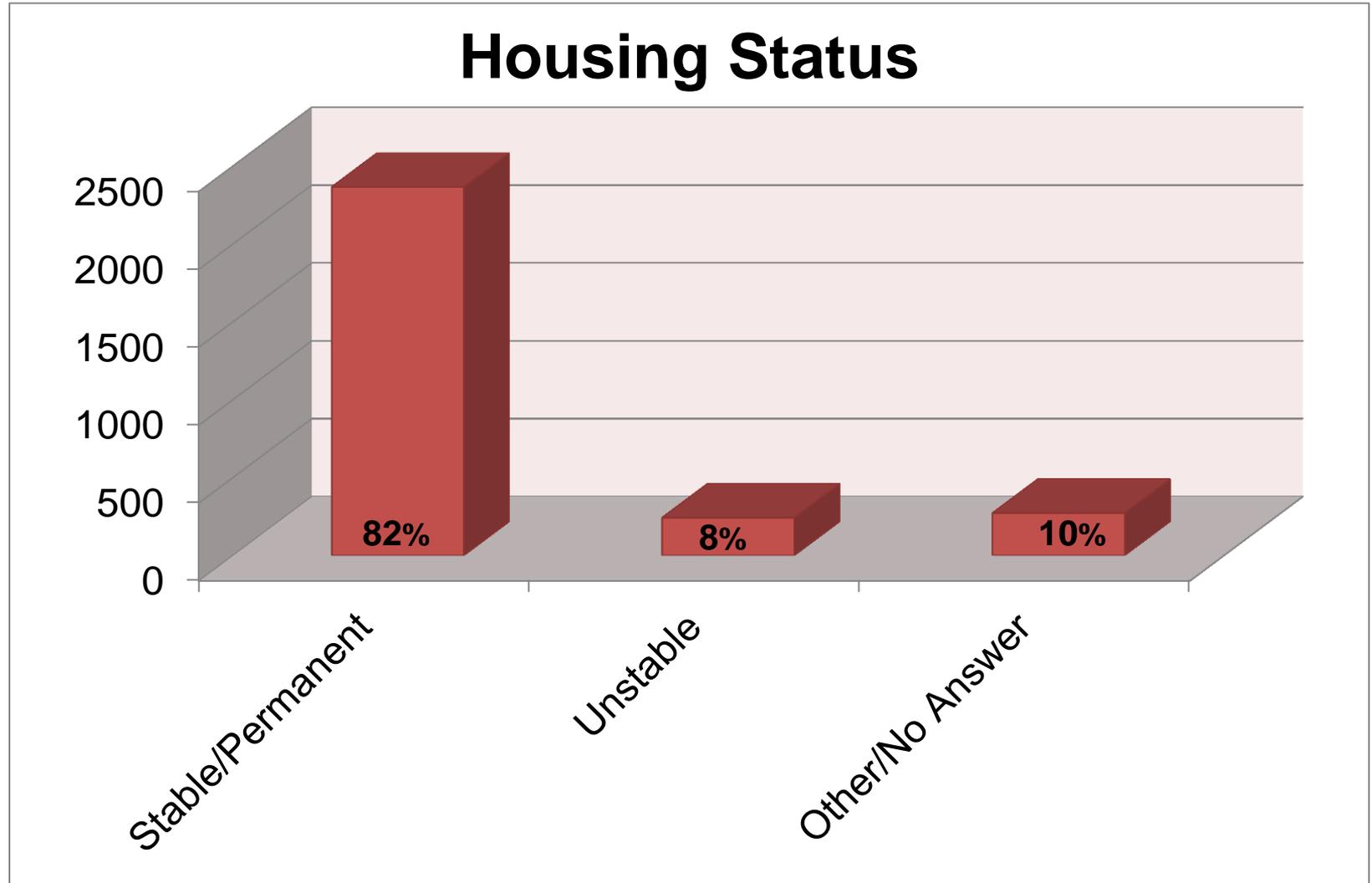
FY16 CAREWare Demographics Summary



FY16 CAREWare Demographics Summary



FY16 CAREWare Demographics Summary



FY16 CAREWare Demographics Summary

Core Service Category Utilization

Service Category	Unduplicated Clients	Percentage of Total Served
Outpatient Ambulatory Medical Care	1,967	68%
Medical Case Management	929	32%
Oral Health	345	12%
Medical Nutrition Services	267	9%
Mental Health Services	87	3%
Early Intervention Services	80	3%
HIPCSA	67	2%
Substance Abuse Outpatient	57	2%
Home Health Care	34	1%
Home and Community Based Health	32	1%
Local AIDS Pharmaceutical Assistance	1	0%

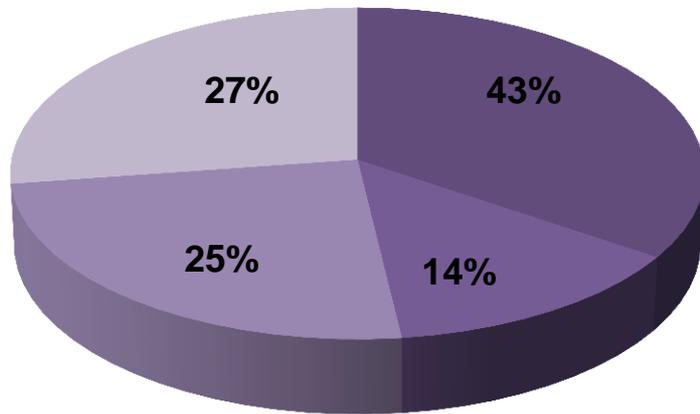
FY16 CAREWare Demographics Summary

Support Service Category Utilization

Service Category	Unduplicated Clients	Percentage of Total Served
Case Management non-medical	1,419	49%
Medical Transportation	1,054	37%
Food Bank / Home Delivered Meals	379	13%
Outreach Services	291	10%
Legal Services	235	8%
Psychosocial Support Services	159	6%
Emergency Financial Assistance	78	3%
Substance Abuse Residential	9	0%

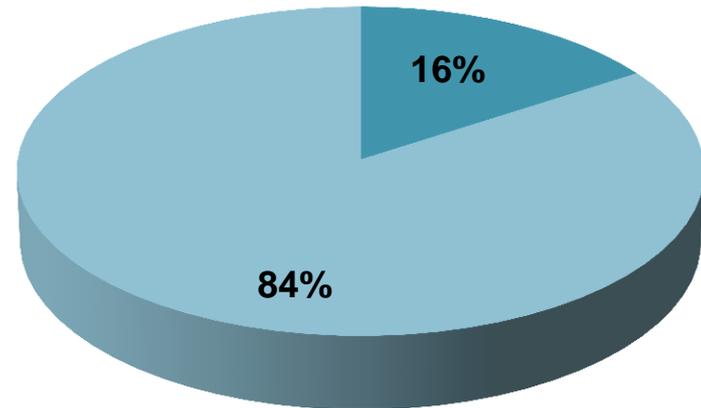
FY16 CAREWare Demographics Summary

Medical Case Management



- Core Service Coordination
- Eligibility Recertification
- ISP/Client Assessment
- Support Service Coordination

Case Management Non-Medical



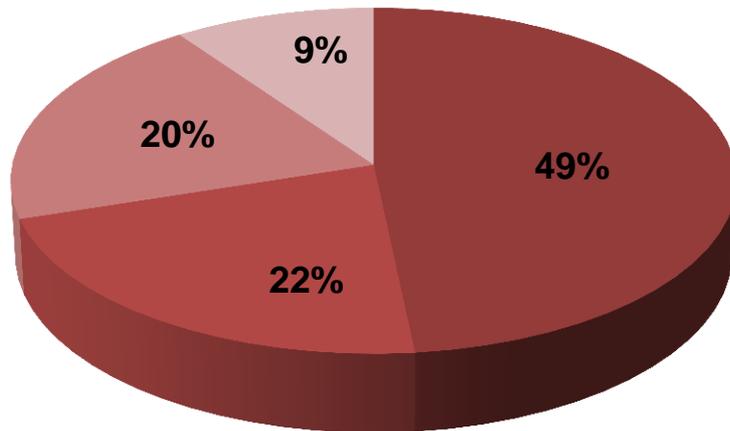
- Benefit Coordination
- Housing Coordination



Ryan White Part A
Cleveland TGA

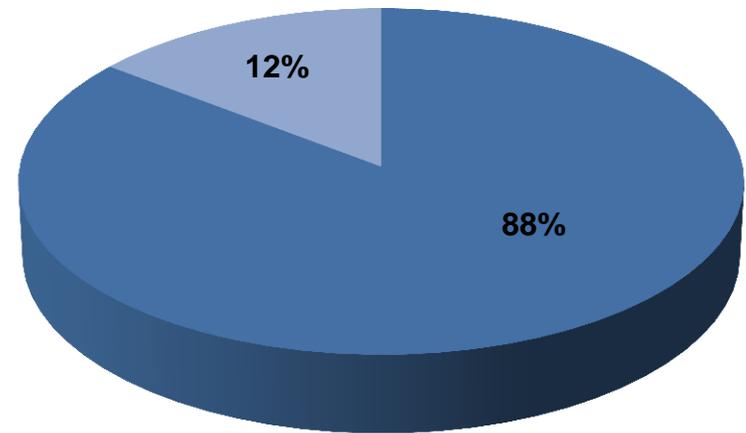
FY16 CAREWare Demographics Summary

Medical Transportation



- Bus Pass
- Gas Card
- Parking Validation
- Taxi/Cab

Food Bank / Home Delivered Meals



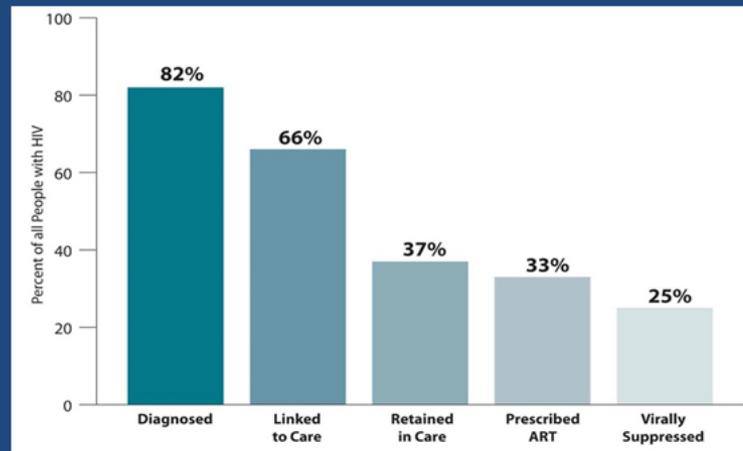
- Food Bank
- Home Delivered Meals



Ryan White Part A
Cleveland TGA

FY16 CAREWare Outcomes Summary

The CDC HIV Care Continuum (July, 2012)



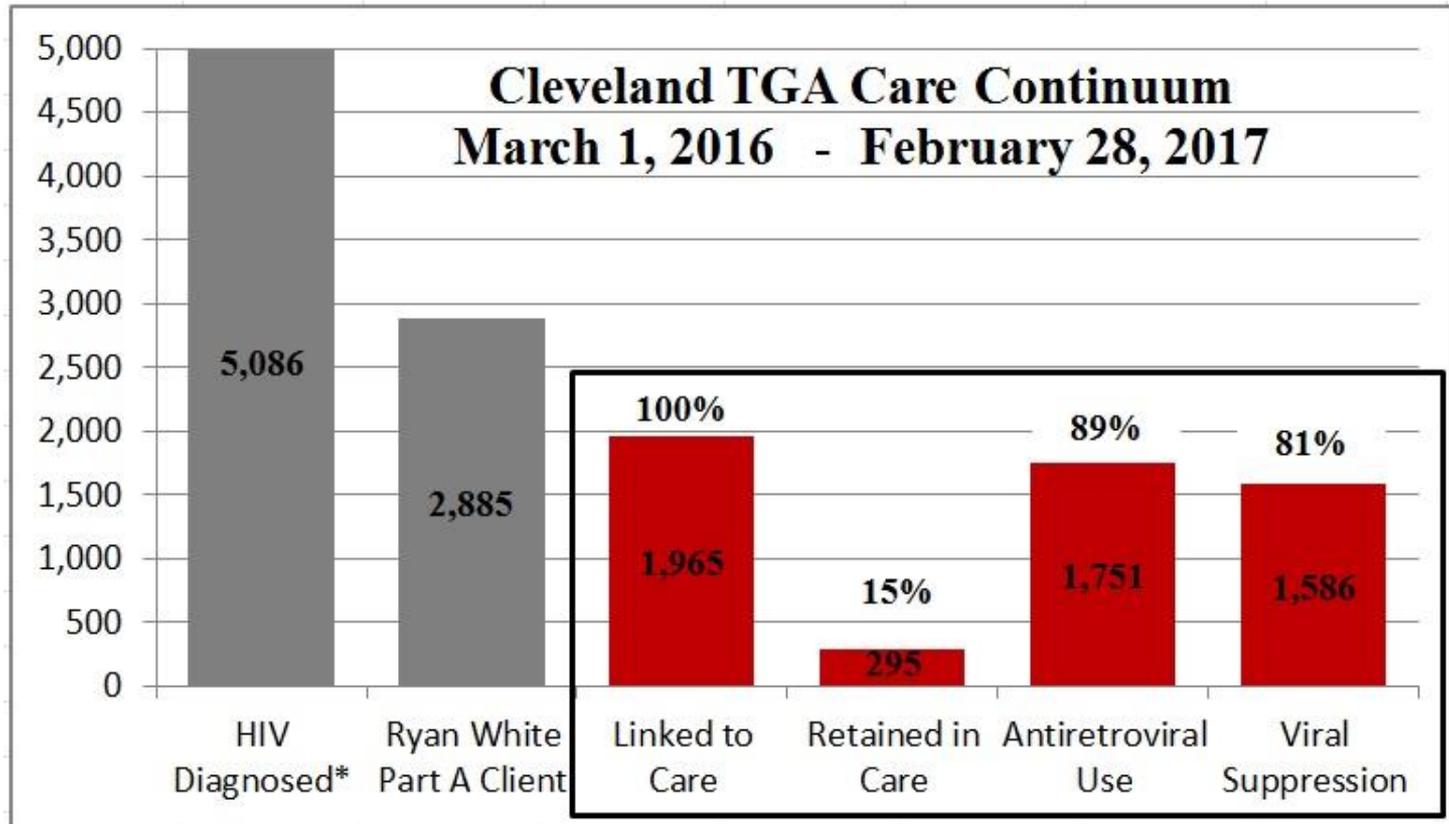
- Diagnosed = total number of individuals in the United States diagnosed with HIV/AIDS.
- *Linked to Care = Of the newly diagnosed, the number of individuals that had one or more documented viral load or CD4+ test within three months after learning they were HIV positive.
- Retained in Care = Total number of individuals that had at least one HIV medical care visit during the year.
- Prescribed ART = Total number of individuals prescribed antiretroviral therapy during the year.
- Virally Suppressed = Total number of individuals whose most recent HIV viral load within the year was less than 200 copies/mL.

* Linked to care is calculated differently from the other steps in the continuum.



Ryan White Part A
Cleveland TGA

FY16 CAREWare Outcomes Summary



Cleveland TGA Cascade Definitions

- **HIV-Diagnosed:** Diagnosed HIV prevalence in the jurisdiction as reported by the Ohio Department of Health.
 * Please note: the most recently available prevalence data from the Ohio Department of Health is as of December 31, 2014.
- **Ryan White Part A Clients:** Number of diagnosed individuals who received a Ryan White Part A funded service in the measurement year.
- **Linked to Care:** Number of HIV positive individuals that had at least one Ryan White Part A funded medical visit, viral load test, or CD4 test in the measurement year.
- **Retained in Care:** Number of HIV positive individuals who had two or more Ryan White Part A funded medical visits, viral load tests, or CD4 tests performed at least three months apart during the measurement year.
- **Antiretroviral Use:** Number of HIV positive individuals receiving Ryan White Part A funded medical care who have a documented antiretroviral therapy prescription on record in the measurement year.
- **Viral Suppression:** Number of HIV positive individuals receiving Ryan White Part A funded medical care whose most recent HIV viral load within the measurement year was less than 200 copies/mL.

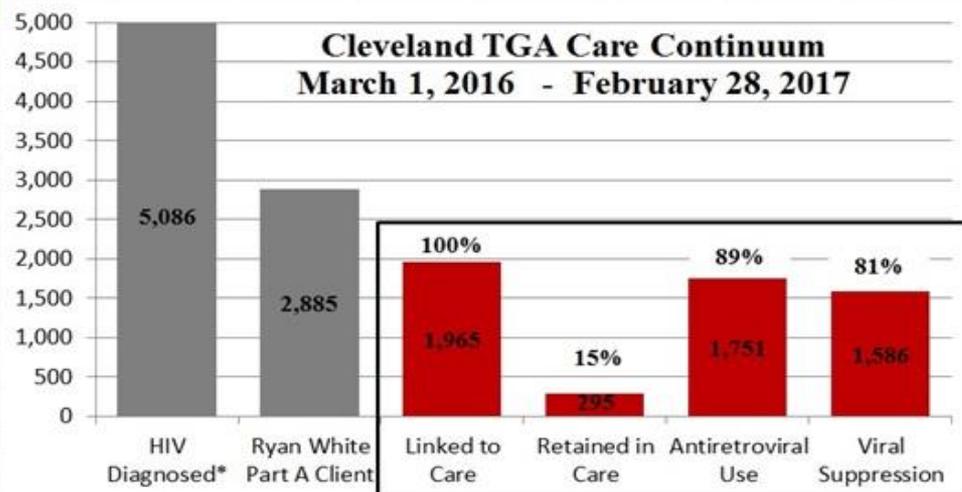


Ryan White Part A
Cleveland TGA

Cleveland TGA Treatment Cascade by Service Category

March 1, 2016 - February 28, 2017

Treatment Cascade Totals	Part A	Linked to Care	Retained in Care	Prescribed ART	Virally Suppressed				
	2,885	1,965	68%	295	15%	1,751	89%	1,586	81%
Core Service Category	Part A	Linked to Care	Retained in Care	Prescribed ART	Virally Suppressed				
Outpatient Ambulatory Medical Care (OAMC)	1,965	1,965	100%	295	15%	1,751	89%	1,586	81%
Medical Case Management (MCM)	929	656	71%	162	25%	606	92%	524	80%
Local AIDS Pharmaceutical Assistance (LPAP)	1	1	100%	0	0%	0	0%	0	0%
Oral Health Care	345	239	69%	52	22%	225	94%	219	92%
Substance Abuse: Outpatient	57	44	77%	3	7%	39	89%	36	82%
Mental Health	87	73	84%	22	30%	69	95%	64	88%
Medical Nutrition Therapy	267	237	89%	88	37%	232	98%	211	89%
Health Insurance Premium Cost Sharing Assistance (HIPCSA)	67	52	78%	6	12%	45	87%	48	92%
Early Intervention Services (EIS)	80	60	75%	3	5%	48	80%	42	70%
Home Health Care Services	34	18	53%	3	17%	17	94%	18	100%
Home and Community-Based Health	32	18	56%	3	17%	17	94%	18	100%
Support Service Category	Part A	Linked to Care	Retained in Care	Prescribed ART	Virally Suppressed				
Medical Transportation Services	1,055	651	62%	143	22%	615	94%	549	84%
Emergency Financial Assistance (EFA)	78	66	85%	3	5%	52	79%	41	62%
Case Management (Non-Medical)	1,419	919	65%	39	4%	778	85%	726	79%
Psychosocial Support Services	159	114	72%	17	15%	100	88%	97	85%
Substance Abuse: Residential	9	5	56%	1	20%	5	100%	5	100%
Food Bank / Home Delivered Meals	379	198	52%	20	10%	175	88%	156	79%
Outreach Services	293	234	80%	26	11%	218	93%	170	73%
Legal Services	235	143	61%	29	20%	130	91%	122	85%



- HIV-Diagnosed: Diagnosed HIV prevalence in the jurisdiction as reported by the Ohio Department of Health. * Please note: the most recently available prevalence data from the Ohio Department of Health is as of December 31, 2014.
- Ryan White Part A Clients: Number of diagnosed individuals who received a Ryan White Part A funded service in the measurement year.
- Linked to Care: Number of HIV positive individuals that had at least one Ryan White Part A funded medical visit, viral load test, or CD4 test in the measurement year.
- Retained in Care: Number of HIV positive individuals who had two or more Ryan White Part A funded medical visits, viral load tests, or CD4 tests performed at least three months apart during the measurement year.
- Antiretroviral Use: Number of HIV positive individuals receiving Ryan White Part A funded medical care who have a documented antiretroviral therapy prescription on record in the measurement year.
- Viral Suppression: Number of HIV positive individuals receiving Ryan White Part A funded medical care whose most recent HIV viral load within the measurement year was less than 200 copies/mL.

FY16 CAREWare Outcomes Summary

Cleveland TGA Treatment Cascade by Demographics

January 1, 2016 - December 31, 2016

2015 Treatment Cascade Totals	Part A	Linked to Care	Retained in Care	Prescribed ART	Virally Suppressed
	2,842	1,917 67%	296 15%	1,704 89%	1,576 82%

Race	Part A	Linked to Care	Retained in Care	Prescribed ART	Virally Suppressed
Black Non-Hispanic	1,677	1,111 66%	145 13%	981 88%	876 79%
Hispanic	286	193 67%	35 18%	172 89%	166 86%
White Non-Hispanic	837	593 71%	111 19%	533 90%	516 87%
More Than One Race/Other	42	20 48%	5 25%	18 90%	18 90%

Age	Part A	Linked to Care	Retained in Care	Prescribed ART	Virally Suppressed
2-12	4	2 50%	0 0%	2 100%	2 100%
13-24	172	105 61%	5 5%	82 78%	63 60%
25-44	1,009	687 68%	85 12%	564 82%	523 76%
45-64	1,508	1,030 68%	187 18%	970 94%	906 88%
65+	149	93 62%	19 20%	86 92%	82 88%

Gender	Part A	Linked to Care	Retained in Care	Prescribed ART	Virally Suppressed
Male	2,144	1,450 68%	209 14%	1,262 87%	1,200 83%
Female	665	446 67%	84 19%	409 92%	356 80%
Transgender	33	21 64%	3 14%	19 90%	20 95%

HIV Risk Factor	Part A	Linked to Care	Retained in Care	Prescribed ART	Virally Suppressed
MSM	1,571	1,081 69%	145 13%	930 86%	897 83%
IDU	137	102 74%	21 21%	89 87%	84 82%
MSM and IDU	27	17 63%	2 12%	16 94%	16 94%
Heterosexual	1,171	766 65%	131 17%	696 91%	624 81%

Source = Cleveland TGA CAREWare

FY16 CAREWare Outcomes Summary

Outpatient Ambulatory Medical Care (OAMC) - HAB Core Measures

Point of Review:		2015	2016	Improvement	
Standard:	Measure:	Demonstrated?			
6	Client had less than 200 copies/mL at last HIV Viral Load test during the measurement year. <i>HAB Core Viral Load Suppression Measure</i>	Documentation of viral load test outcomes evident in client chart.	85%	86%	✓
9	Client was prescribed HIV Antiretroviral therapy during the measurement year. <i>HAB Core ART Measure</i>	Documentation of HIV Antiretroviral therapy evident in client chart.	99%	100%	✓
11	Client had one medical visit in each 6-month period of a 24-month measurement period with a minimum of 60 days between visits. <i>HAB Core Frequency Measure</i>	Documentation of medical visit history evident in client chart.	94%	97%	✓
12	Client did not have medical visit in the last 6-months of the measurement year. <i>HAB Core Gap Measure</i>	Documentation of medical visit history evident in client chart.	11%	1%	✓
13	Clients 6 years of age and older are prescribed PCP prophylaxis when CD4 counts are < 200 cells/mm. <i>HAB Core PCP Measure (aged 6+)</i>	Documentation of PCP prophylaxis prescription evident in client chart.	100%	100%	≡



FY16 CAREWare Outcomes Summary

Medical Case Management

Point of Review:		2015	2016	Improvement	
Standard:	Measure:	Demonstrated?			
2	Client has a completed comprehensive individual care plan.	Documentation of completed comprehensive individual care plan is included in the file of all clients receiving services in the measurement year.	82%	100%	✓
4	Client received coordinated referrals and information for services required to implement the care plan.	Documentation of referrals and service coordination are noted in the file for clients receiving services in the measurement year.	82%	100%	✓
5	Client had their individual care plan updated two or more times, at least three months apart.	Documentation that the individual care plan is updated at least two times, three months apart, for clients receiving services for a span longer than six months in the measurement year.	72%	90%	✓
7	Client is linked to medical care	Documentation that client had at least one medical visit, viral load, or CD4 test within the measurement year evident in the client chart. (can be client report)	92%	100%	✓
10	Client is on Antiretroviral Therapy (ART).	Documentation that client was prescribed ART in the 12 month measurement year.	N/A	99%	
11	Client is virally suppressed.	Documentation that the client has a viral load <200 copies/mL at last test as documented by the medical case manager.	N/A	91%	

CUYAHOGA COUNTY

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

Melissa Rodrigo, Program Supervisor
Ryan White Part A
mrodrigo@ccbh.net

General Program Updates



Topics

- Website
- Core Medical Waiver
- 2016 Fiscal update
- Sub-recipient responsibilities



Website

- <http://www.ccbh.net/ryan-white/>

Core Medical Waiver

- Ryan White HIV/AIDS Treatment Extension Act of 2009 requires grantees (Parts A, B, and C) expend 75% of funds on core medical services
- Statute grants the Secretary of HHS authority to waive this requirement if:
 - No waiting lists for ADAP
 - Core medical services are available to all known individuals eligible for Ryan White

Core 75% V Support 25%

- Early Intervention Services
- HIPSCA
- Home Health
- Home and Community
- Medical Case Management
- Medical Nutrition Therapy
- Mental Health
- Oral Health
- Outpatient Ambulatory Health Services
- Substance Abuse Outpatient
- Emergency Financial Assistance
- Foodbank/Home Delivered
- Medical Transportation
- Non-Medical Case Management
- Other Professional Services (legal)
- Outreach
- Psychosocial Support
- Substance Abuse Residential

Why Apply?

- As a result of ACA, clients have access to many of the core medical services through private Insurance
- The need for support services to help clients stay in care continues to be a priority – housing, non-medical case management, food bank, transportation, etc.
- July 2016 Planning Council made the recommendation to the Grantee to apply and completed 2 Resource Allocations for 2017

Purpose

- Through months of planning PC decided the Waiver application would be for an increase % in non-medical case management – housing case managers
- Goal would for Part A to pay for FTE and free up dollars for HOPWA to increase housing dollars to pay for rent, utilities etc.
- All other service categories would be decreased.

Allocations

Without Waiver

Service Categories	%
A. CORE SERVICES	
Outpatient/Ambulatory Medical Care:	20.97%
Medical Case Management:	23.22%
Early Intervention Services:	7.48%
Local AIDS Pharmaceutical Assistance:	0.00%
Oral Health Care:	15.63%
Mental Health Services:	4.05%
Substance Abuse Services - Outpatient:	0.51%
Medical Nutrition Therapy:	1.28%
HIPCSA:	2.60%
Home/Community Based Health Care:	1.13%
Home Health Care Services:	0.27%
AIDS Drug Assistance Program:	0.00%
Subtotal, Core Services	77.14%
Minimum Target (75%)	
B. SUPPORT SERVICES	
Medical Transportation:	1.29%
Emergency Financial Assistance:	2.59%
Case Management Services - Non-medical:	7.75%
Food Bank/Home Delivered Meals:	2.33%
Psychosocial Support:	1.28%
Substance Abuse Services - Residential:	0.69%
Legal Services:	4.07%
Outreach Services:	2.86%
Housing Services:	0.00%
Child Care Services:	0.00%
Subtotal, Support Services	22.86%
Maximum Permitted (25%)	
Total	100.00%
Total Target	

With Waiver

Service Categories	%
A. CORE SERVICES	
Outpatient/Ambulatory Medical Care:	19.69%
Medical Case Management:	21.80%
Early Intervention Services:	7.03%
Local AIDS Pharmaceutical Assistance:	0.00%
Oral Health Care:	14.67%
Mental Health Services:	3.80%
Substance Abuse Services - Outpatient:	0.48%
Medical Nutrition Therapy:	1.21%
HIPCSA:	2.44%
Home/Community Based Health Care:	1.06%
Home Health Care Services:	0.25%
AIDS Drug Assistance Program:	0.00%
Subtotal, Core Services	72.42%
B. SUPPORT SERVICES	
Medical Transportation:	1.22%
Emergency Financial Assistance:	2.43%
Case Management Services - Non-medical:	13.39%
Food Bank/Home Delivered Meals:	2.19%
Psychosocial Support:	1.20%
Substance Abuse Services - Residential:	0.65%
Legal Services:	3.82%
Outreach Services:	2.68%
Housing Services:	0.00%
Child Care Services:	0.00%
Subtotal, Support Services	27.58%
Maximum Permitted (27.58%)	
Total	100.00%
Total Target	

Waiver Process

- Grantee submitted application and support letters to HRSA
- HRSA approved Core Medical Service Waiver March 2017 increasing support by 4.72%
- 2017 Contracts reflect Planning Council % with waiver approval reduces all other categories other than non-medical case managers – housing focus

2016 Expenditures

- See Attachment

Sub-Recipient Responsibilities

- Data
- Fiscal Review
- Contracts
- Communication
- Reporting
- Expectations

DATA

- Enter service monthly - match invoices
- Clean data - Quarterly
- Use CAREWare Manual
- Ryan White Services Report (RSR)-CY due in February annually
- Program lead should check – time and efforts vs billing

Fiscal Review

- Report Budget concerns over and under expenditures
- Invoice late submittal must obtain approval from grantee
- Contract changes = budget changes
- Administrative costs cannot exceed 10% of total invoice
- Cannot pay FTE percentages higher than on the approved budget

Contracts

- Program and Fiscal staff should review
- Insurance certificate holder Budgets should match Exhibit B exactly
- Invoices due by 4:00pm on contract date
- Acknowledgement of Disclaimer of federal funding
- CCBH 20% on the last invoice

Communication Coordination

- Designate a Primary Contact for your agency – information from CCBH will be provided to this person and expectation of getting requests from the designee only
- Best interest, avoid misunderstandings and improve efficiency

Reports/Submissions

Deadlines:

- Ensure Submission of Semi-Annual reports (2) September and March
- Invoices submitted by 4:00pm on contract date
- Quality Improvement Plans (QIP)
- Quarterly Data cleaning deadlines
- Ryan White Services Report
(Annual usually Feb)



Exception Requests

- Form is on the website
- Please submit to Melissa Rodrigo
- Follow-up if you have not received a response within a few days
- Example: dental work that is not on approved established reimbursement lists or a pharmaceutical not on the approved formulary

Sub-Recipient Fiscal Expectations

- Submit budgets timely after contract changes
- Ensure CCBH is notified of expense changes
- Ensure CCBH is notified of staffing changes
- Electronic PDF invoice must be resent if changes are requested
- Ensure established invoice date is adhered to
- Highlight charges on invoices where partial bill reimbursement is being requested
- Ensure signatures are on invoice forms/letter
- Ensure calculations are double checked
- Request TA if needed



Expectations

Examples of Required activities:

- Staffing vacancies report within 3 days of notification
- New staff require job descriptions, credentials and resumes sent to Grantee – Ensure staff meet requirements within Local Standard of Care
- Jump drive will be passed along to staff that need it
- New staff training
- Standard of Care development
- Statewide Integrated planning efforts as subject matter experts
- Participation in the Clinical Quality Management program
- EIIHA/Prevention meeting
- Training and Technical Assistance
- Needs Assessment activities
- Budget Meetings

Ryan White Part A Cleveland TGA

CUYAHOGA COUNTY
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B O A R D O F H E A L T H

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