

CUYAHOGA COUNTY BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

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

Ryan White Part A – Program Updates

Melissa Rodrigo

Supervisor

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Cleveland TGA

Program Requirements Updates

- Who's Funded FY2019
- Data
- Fiscal Review
- Eligibility
- Contracts
- Communication
- Reporting
- Exceptions
- Planning Council
- Grievances
- Expectations
- Ongoing Program Initiatives



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FY2019 Providers Funded

	AIDS Healthcare Foundation	AIDS Taskforce of Greater Cleveland	Circle Health Services	Cleveland Clinic Foundation	Dept. of Senior and Adult Services (DSAS)	Family Planning Services (DSAS)	Far West Center	May Dugan	MercyHealth	MetroHealth Medical Center	Nueva Luz URC	Signature Health	University Hospitals of Cleveland
Core Services													
Early Intervention Services (EIS)			X		X				X		X		
HIPCSA									X				X
Home and Community-Based Health Services				X									
Home Health Care				X									
Medical Case Management			X	X				X	X	X	X	X	X
Medical Nutrition Therapy									X		X	X	X
Mental Health Services						X	X		X		X	X	X
Oral Health Care			X						X				X
Outpatient Ambulatory Health Services (OA)	X		X	X				X	X		X	X	X
Support Services													
Emergency Financial Assistance			X	X					X		X	X	X
Food Bank / Home Delivered Meals		X								X			
Medical Transportation		X		X		X	X	X	X	X	X	X	X
Non-medical Case Management Services		X							X	X			
Other Professional Services										X			
Outreach Services				X									X
Psychosocial Support Services									X		X	X	X



FY2019 DATA Requirements

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



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FY2019 Fiscal Summary

Service	Provider Type	Request	MAIN CURRENT BUDGET - AT ALL TIMES	Difference between Approved and Award
TOTAL PROVIDER TOTAL BUDGET	TOTAL TOTAL BUDGET	\$ 4,797,688.29	\$ 4,054,222.00	\$ 743,466.29
TOTAL OUTPATIENT/AMBULATORY HEALTH SERVICES	TOTAL CORE	\$ 1,203,854.25	\$ 1,045,178.00	\$ 158,676.25
TOTAL MEDICAL CASE MANAGEMENT	TOTAL CORE	\$ 981,628.82	\$ 903,280.00	\$ 78,348.82
TOTAL ORAL HEALTH CARE	TOTAL CORE	\$ 380,508.50	\$ 374,205.00	\$ 6,303.50
TOTAL MENTAL HEALTH SERVICES	TOTAL CORE	\$ 337,473.62	\$ 249,335.00	\$ 88,138.62
TOTAL MEDICAL NUTRITION THERAPY	TOTAL CORE	\$ 56,954.57	\$ 60,408.00	\$ (3,453.43)
TOTAL HIPCSA	TOTAL CORE	\$ 498,223.44	\$ 295,553.00	\$ 202,670.44
TOTAL EARLY INTERVENTION SERVICES	TOTAL CORE	\$ 286,637.00	\$ 227,036.00	\$ 59,601.00
TOTAL HOME HEALTH CARE SERVICES	TOTAL CORE	\$ 10,612.59	\$ 10,136.00	\$ 476.59
TOTAL HOME/COMMUNITY BASED HEALTH CARE	TOTAL CORE	\$ 59,604.14	\$ 46,624.00	\$ 12,980.14
TOTAL MEDICAL TRANSPORTATION	TOTAL SUPPORT	\$ 77,637.00	\$ 80,274.00	\$ (2,637.00)
TOTAL EMERGENCY FINANCIAL ASSISTANCE	TOTAL SUPPORT	\$ 59,065.00	\$ 52,299.00	\$ 6,766.00
TOTAL NON-MEDICAL CASE MANAGEMENT SERVICES	TOTAL SUPPORT	\$ 409,123.94	\$ 358,393.00	\$ 50,730.94
TOTAL PSYCHOSOCIAL SUPPORT	TOTAL SUPPORT	\$ 44,924.96	\$ 40,542.00	\$ 4,382.96
TOTAL FOOD BANK/HOME DELIVERED MEALS	TOTAL SUPPORT	\$ 100,051.66	\$ 79,463.00	\$ 20,588.66
TOTAL OUTREACH	TOTAL SUPPORT	\$ 83,157.94	\$ 60,813.00	\$ 22,344.94
TOTAL OTHER PROFESSIONAL SERVICES	TOTAL SUPPORT	\$ 208,230.86	\$ 170,683.00	\$ 37,547.86



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Fiscal Requirements

- Report Budget concerns over and under expenditures
- Invoice late submittal must obtain approval from grantee
- Contract changes = budget changes within 2 weeks
- Administrative costs cannot exceed 10% of total invoice
- Cannot pay FTE percentages higher than on the approved budget on invoices submitted
- No FTE should be more than 100% allocated



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Eligibility

- Sub-Recipient has policies in line with the TGA policies
- Train new staff
- 6 months uploading
- Do not fax eligibility for clients being referred to other services use CAREWare
- 3 Business days upload – all documents
- Use CAREWare manual
- Request TA
- Policy on file with our office



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Contracts

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



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Communication

- Designate a Primary Contact for your agency – information from CCBH will be provided to this person and expectation of getting requests from the designee
- This team member is responsible for all requirements of the program being accomplished
- Expectation Communicate Internally
- Best interest, avoid misunderstandings and improve efficiency



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Reports/Submissions

Deadlines:

- Ensure Submission of Semi-Annual reports (2) September and March
- Invoices submitted by 4:00pm on contract date
- Quality Improvement Projects – required participation
- Monthly Data cleaning deadlines with invoice submission
- Ryan White Services Report
(Annual usually Feb) data cleaned monthly before invoice



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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 ODH Part B formulary



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Planning Council FY2019 Directive

- **Name of Funded Service:**
 - Medical Case Management; and
 - Non-Medical Case Management
- **Directive Description:**
 - The Grantee shall conduct Resource Training for Part A Funded Case Managers and how to advise on money management & resource planning annually, and direct providers of Medical Case Management and Non-Medical Case Management Services to:
 - Work with clients to educate & offer assistance with money management and resource planning.
 - Monitor progress at a minimum semi-annually.
 - Report the number of clients with documented money management & resource plans annually as a percentage of total clients served.



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
- Emergency Financial Assistance
- Foodbank/Home Delivered
- Medical Transportation
- Non-Medical Case Management
- Other Professional Services (legal)
- Outreach
- Psychosocial Support



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Grievances

- Grievance section includes the language:
The Sub-Recipient shall provide the Board with written notification of any concerns or complaints. Where a conflict cannot be resolved, the Sub-Recipient may initiate a grievance process which shall consist of mediation and, if necessary, binding arbitration.
- Review language in SOC and contract
- Ensure clients know the payer of service to grieve appropriately – must be explained during eligibility and sign off process



Grievances Continued

- Documentation of agency's grievance policy and procedure. As well as copy in client chart.
 - Reviewed in program binder and client file.
- Maintain file of individuals refused services with reasons for refusal specified; include in file any complaints from clients, with documentation of complaint review and decision reached.
 - Reviewed in program binder.



Expectations

Required activities:

- Staffing vacancies report within 3 days of notification
- Upload Eligibility within 3 business days of completion
- 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
- Medical Transportation, eligibility and grievance policies are on file at our office
- New staff training before seeing clients
- Standard of Care development
- Statewide Integrated planning efforts as subject matter experts
- Participation in the Clinical Quality Management program
- Data is cleaned monthly
- EIIHA/Prevention meeting
- Training and Technical Assistance
- Needs Assessment activities
- Budget Meetings
- Staff attend required meeting – attendance tracked



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Continuing from FY2018

- Newsletter
- More Training – Including PC Directive
- Medical Case Management Acuity Scale Implementation
- EIIHA Meetings



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New in FY2019

- Data to Care Initiative
- TGA Release of Information TGA wide
- Formal Referral process
- Coordinating with the new Prevention Region/reorganization
- HISPCA Review - ODH – 500% FPL
- No Substance Abuse Outpatient and Residential – Other payers



Visit Our Program

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



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Cleveland TGA Epidemiology Overview

Vino Sundaram
Program Manager
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2017 Ryan White Part A- Epidemiology Summary

Incidence/New Cases

- Males made up 84% of new cases in the grant area; more specifically, 46% of new cases were African-American males.
- Highest number of new cases was in the 25-29yrs of age group.
- 64% of new cases were in the Men that have Sex with Men (MSM) exposure category.



2017 Epidemiology
Western Counties: Lorain and Medina

Incidence/New Cases

- In 2017, there were 28 new cases. 93% were male; 54% were White males.
- 43% of cases were in the age 25-29yo age group.
- 64% of cases were in the MSM exposure category.



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2017 Epidemiology

Eastern Counties: Lake, Geauga, Ashtabula

Incidence/New Cases

- In 2017, there were 18 new cases in the three counties. 78% were male, more specifically, White males made up 61% of the cases.
- 28% of cases were in the age 25-29yo age group.
- 61% of cases were in the MSM exposure category.



Recommended Data-Driven Priority Populations Based on 2017 Epidemiology

Cuyahoga County

- African-American
- Men who have sex with men (MSM)
- Age groups of 25-29 years of age

Eastern and Western Counties

- White Males
- 25-29yo Age Group
- MSM



2017 Cuyahoga County Epidemiology

Incidence/New Cases

- Males made up 84% of new cases in the county, specifically African-American males made up 56% of new cases
- Highest number of new cases in county was in the 25-29yrs age group.
- 58% of new cases were below the age of 30.
- 65% of new cases were in the MSM exposure category



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State Joint HIV Needs Assessment Update

Vino Sundaram
Program Manager
vsundaram@ccbh.net



Year 1 Recap

- 4 focus groups were conducted in the Cleveland TGA: Lorain, Lake, Cuyahoga
- 111 participants total
- Age range of participants: 23-74yo
- 67% of participants reported having contracted HIV through consensual sex with a male
- 73% of participants were on Medicaid



Year 1 Recap

- Focus groups touched on the following topics:

Diagnosis

Linkage to Care

Retention in Care

Viral Suppression

- Ohio University's presentation can be found here: <http://www.ccbh.net/ryan-white-reports-publication/>



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Year 2 Update

- Ohio University and ODH are currently in the process of developing priorities and questions for the Year 2 Care survey.
- Survey will be available online, through mobile app, and pen/paper
- There will be incentives for participants of the survey



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Standards of Care (SOC) Update

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Recap

- Earlier this year feedback was solicited from agencies regarding changes to Standards of Care
- Over 2 full days, the grantee office hosted 18 teleconference calls to allow agencies to discuss their comments for each service category
- Thank you to everyone who participated!



- Based on feedback from agencies and mandates from HRSA, the following service categories have changes in their SOC's:

Medical Transportation

Medical Case Management

Outpatient Ambulatory Health Services

Non-Medical Case Management

Early Intervention Services

Emergency Financial Assistance

Outreach

Nutrition



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- Most of the changes are language that provide additional clarification, and not necessarily a “change” to the standard
- Undetectable = Untransmittable on MCM & OAHS
- If you are funded in these categories, please make sure you and your staff review the SOC. If you have any questions about any changes, please reach out to Vino Panakkal
vsundaram@ccbh.net



Where to find the new standards of care?

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



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Cleveland TGA CQM Committee & TGA Data

Zach Levar
Program Manager
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2018 CQM Training Topics

- Importance of retention in care
 - Key aspects of PCN 15-02
- Use of control charts within agency processes
- Creating buy-in with quality management team or organization



2018 Project Highlights

- Improving clinic accessibility
 - Testing smartphone apps
- Enhancing relationships between providers
- Using geo-mapping to serve clients better
 - Streamlining intake/eligibility processes
- Creating resource packets for new patients
 - Acquiring work cell phone to text clients
- Increase advertisement of support groups



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2019 CQM Direction

Training



Action

- 4 in-person meetings
- Passive QI approach
- Group training

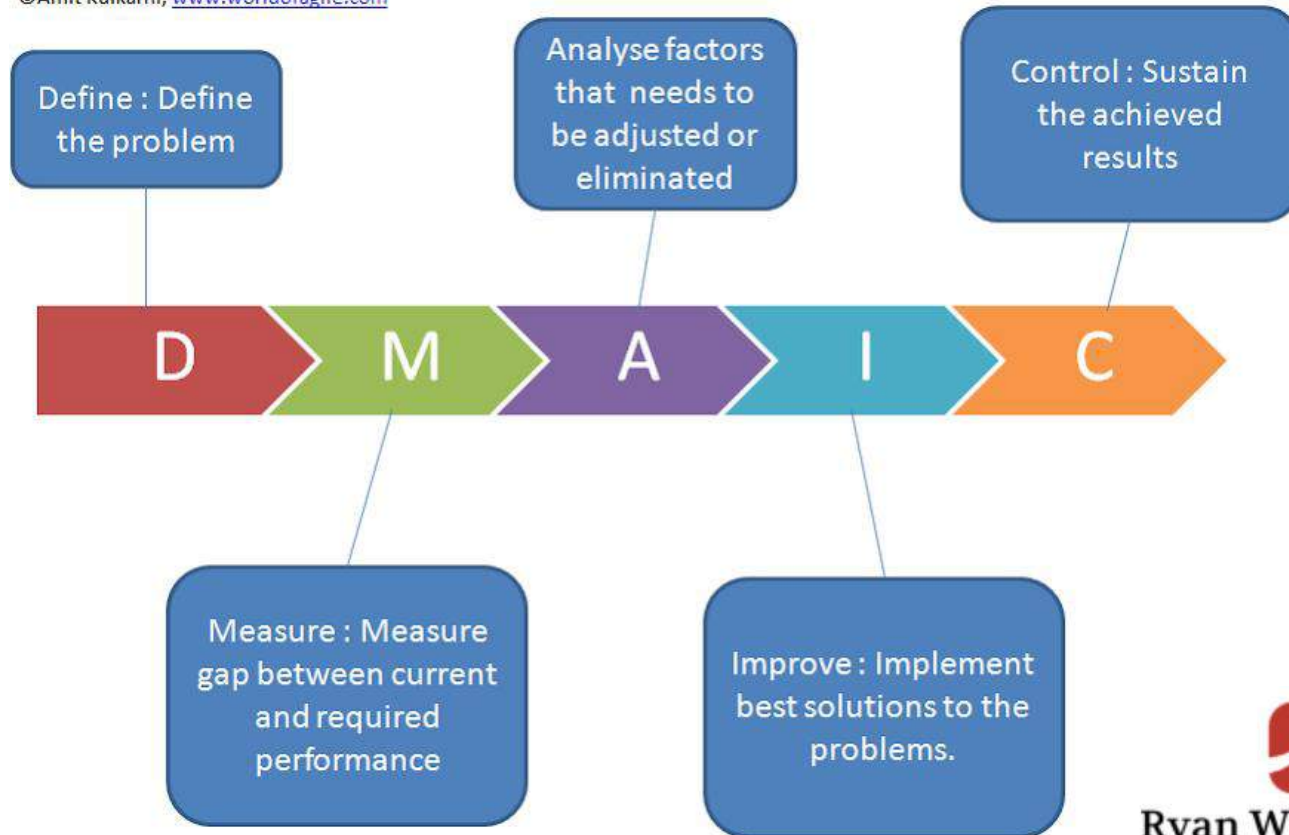
- 1 in-person meeting (November 18th 1pm – stop by)
- Hands on approach
- Individualized training and assistance



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2019 Project Tool

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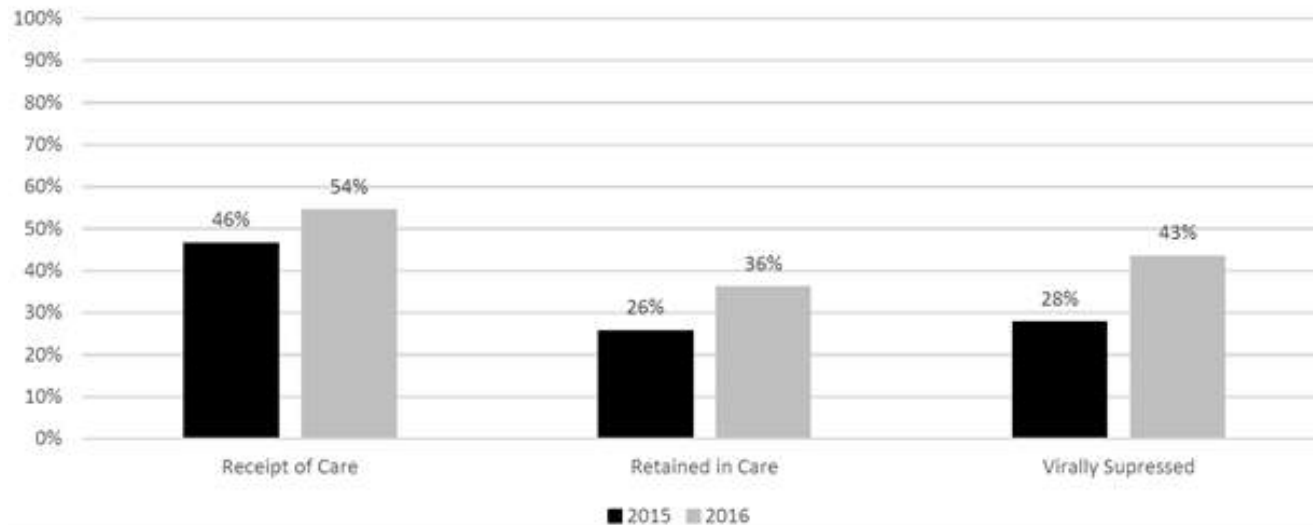
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Cleveland TGA Data



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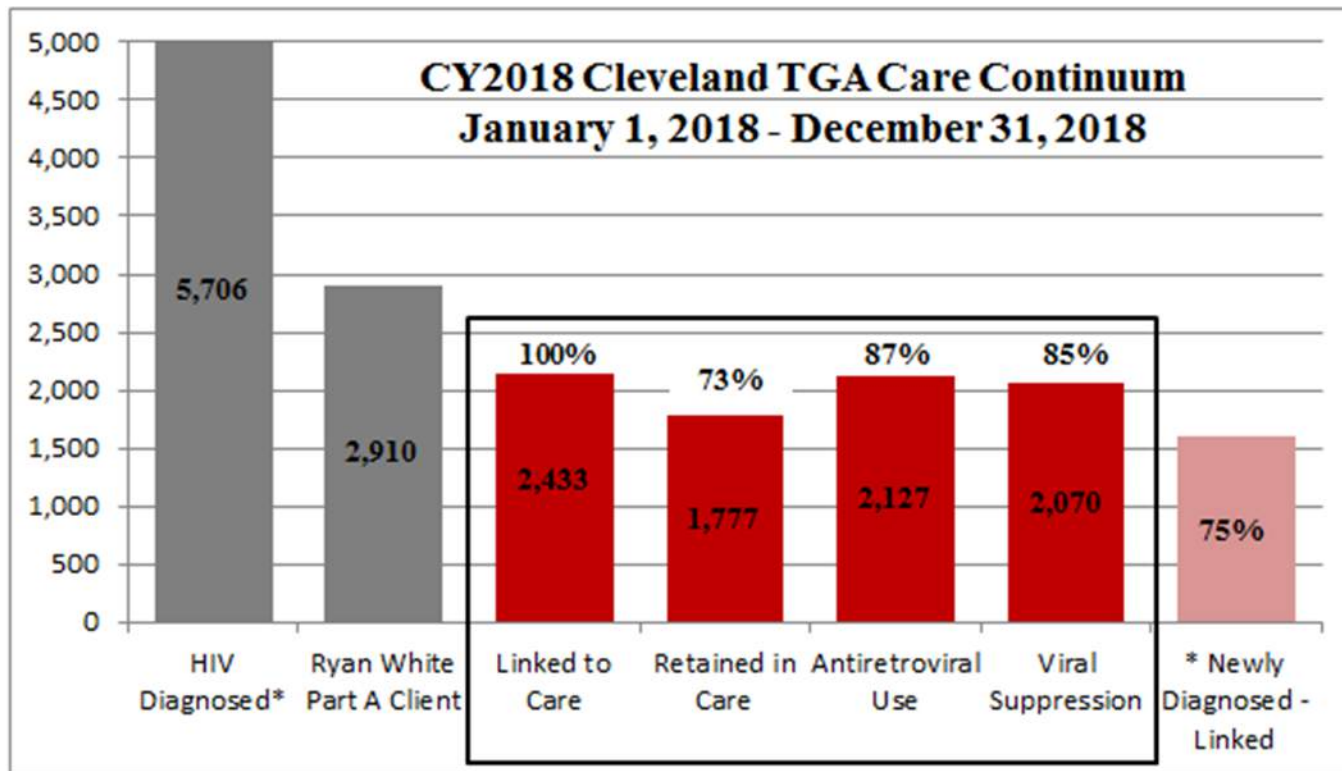
Persons Living with Diagnosed HIV Infection-Continuum of Care, Part A-Cleveland, 2015-2016



Receipt of Care	Numerator:	Having at least one CD4 and/or VL test through the end of the following year (e.g., living with HIV as of 12/31/16 and having a CD4/VL in 2017)
	Denominator:	The number of persons aged \geq 13 years living with HIV infection in the Part A-Cleveland area through the end of each year, and still living in the Part A-Cleveland area at the end of the next year (e.g., living with HIV as of 12/31/16 in the Part A-Cleveland area and still living in the Part A-Cleveland area as of 12/31/2017)
Retained in Care	Numerator:	Having at least two CD4 and/or VL tests at least three months apart through the end of the following year (e.g., living with HIV as of 12/31/16 and having at least two CD4/VL tests three months apart in 2017)
	Denominator:	The number of persons aged \geq 13 years living with HIV infection in the Part A-Cleveland area through the end of each year, and still living in the Part A-Cleveland area at the end of the next year (e.g., living with HIV as of 12/31/16 in the Part A-Cleveland area and still living in the Part A-Cleveland area as of 12/31/2017)
Viral Suppression	Numerator:	The most recent VL test in the following year was \leq 200 copies/mL (e.g., living with HIV as of 12/31/16 and the most recent VL test in 2017 was \leq 200 copies/mL)
	Denominator:	The number of persons aged \geq 13 years living with HIV infection in the Part A-Cleveland area through the end of each year, and still living in the Part A-Cleveland area at the end of the next year (e.g., living with HIV as of 12/31/16 in the Part A-Cleveland area and still living in the Part A-Cleveland area as of 12/31/2017)



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● **HIV-Diagnosed:** Diagnosed HIV prevalence in the jurisdiction as reported by the Ohio Department of Health. *Please note: The most recent available prevalence data from the Ohio Department of Health is as of December 31, 2017.

● **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 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.

● ***Newly Diagnosed - Linked:** Number of HIV positive individuals receiving a diagnosis of HIV in the measurement year that had at least one Ryan White Part A funded medical visit, viral load test, or CD4 test within ninety days of diagnosis. *Please note the denominator for Newly Diagnosed - Linked is different from the denominators used to calculate other steps in the continuum.



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CLE TGA Treatment Cascade by Service Category

January 1, 2018 - December 31, 2018

Treatment Cascade Totals	Part A	Linked to Care	Retained in Care	Prescribed ART	Virally Suppressed	Newly Diagnosed Linked
	2,910	2,433 100%	1,777 73%	2,127 87%	2,070 85%	79 75%

Core Service Category	Part A	Linked to Care	Retained in Care	Prescribed ART	Virally Suppressed	Newly Diagnosed Linked
Outpatient Ambulatory Health Services (OAHS)	2,034	2,020 99%	1,588 79%	1,805 89%	1,745 86%	62 87%
Medical Case Management	1,076	884 82%	689 78%	821 93%	763 86%	19 58%
Early Intervention Services (EIS)	187	172 92%	96 56%	115 67%	111 65%	26 84%
Oral Health Care	303	266 88%	219 82%	241 91%	248 93%	1 50%
Mental Health Services	195	189 97%	147 78%	166 88%	162 86%	3 100%
Substance Abuse Outpatient Care	4	3 75%	3 100%	3 100%	2 67%	0 0%
Medical Nutrition Therapy	233	227 97%	203 89%	222 98%	215 95%	3 75%
Health Insurance Premium Cost Sharing Assistance (HIP)	104	90 87%	71 79%	77 86%	85 94%	0 0%
Home/Community Based Health	35	24 69%	21 88%	24 100%	24 100%	0 0%
Home Health Care Services	37	26 70%	21 81%	26 100%	26 100%	0 0%

Support Service Category	Part A	Linked to Care	Retained in Care	Prescribed ART	Virally Suppressed	Newly Diagnosed Linked
Medical Transportation Services	1,308	1,083 83%	848 78%	939 87%	932 86%	37 76%
Emergency Financial Assistance (EFA)	44	42 95%	27 64%	29 69%	31 74%	3 100%
Food Bank / Home Delivered Meals	401	306 76%	224 73%	264 86%	252 82%	2 100%
Non-Medical Case Management Services	1,496	1,306 87%	957 73%	1,053 81%	1,064 81%	47 82%
Outreach Services	403	288 71%	157 55%	250 87%	209 73%	11 55%
Other Professional Services	243	183 75%	144 79%	161 88%	153 84%	4 80%
Psychosocial Support	123	109 89%	94 86%	95 87%	89 82%	4 80%
Substance Abuse Services - Residential	5	3 60%	2 67%	3 100%	3 100%	0 0%



CLE TGA Treatment Cascade by Demographics

January 1, 2018 - December 31, 2018

CY2018 Treatment Cascade Totals	Part A	Linked to Care	Retained in Care	Prescribed ART	Virally Suppressed
	2,910	2,433 84%	1,777 73%	2,127 87%	2,070 85%

Race	Part A	Linked to Care	Retained in Care	Prescribed ART	Virally Suppressed
Black Non-Hispanic	1,732	1,422 82%	991 70%	1,242 87%	1,166 82%
Hispanic	321	284 88%	205 72%	228 80%	237 83%
White Non-Hispanic	820	698 85%	534 77%	631 90%	606 87%
More Than One Race/Other	37	29 78%	22 76%	26 90%	24 83%

Age	Part A	Linked to Care	Retained in Care	Prescribed ART	Virally Suppressed
2-12	7	7 100%	3 43%	2 29%	3 43%
13-24	124	101 81%	52 51%	73 72%	64 63%
25-44	1,066	881 83%	541 61%	714 81%	691 78%
45-64	1,505	1,262 84%	1,002 79%	1,168 93%	1,108 88%
65+	208	182 88%	154 85%	170 93%	167 92%

Gender	Part A	Linked to Care	Retained in Care	Prescribed ART	Virally Suppressed
Male	2,145	1,772 83%	1,254 71%	1,543 87%	1,476 83%
Female	705	615 87%	466 76%	542 88%	518 84%
Transgender	60	46 77%	32 70%	42 91%	39 85%

HIV Risk Factor	Part A	Linked to Care	Retained in Care	Prescribed ART	Virally Suppressed
MSM	1,593	1,317 83%	930 71%	1,137 86%	1,101 84%
IDU	143	112 78%	82 73%	102 91%	97 87%
MSM and IDU	23	20 87%	14 70%	19 95%	18 90%
Heterosexual	1,229	1,038 84%	756 73%	916 88%	859 83%

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