Ryan White Part A

Fiscal Year 2016
Provider Training

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

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

Molly Kirsch
Program Manager
mkirsch@ccbh.net

Policy Updates

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Policy Updates

- Health Insurance Premium and Cost Sharing Assistance Service Category (HIPSCA)
- Eligible Scope Reporting
- Focused Needs Assessment
- Linkage Agreements

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HIPSCA

- **Health Insurance Premium and Cost-Sharing Assistance (HIPSCA)**
- Core Services
- Cleveland TGA- New Service in FY15

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HIPSCA

- Must be adequate- minimum essential coverage, at least one medication from each ART category.
- Cost-benefit analysis

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HIPSCA Providers

MetroHealth Medical Center
Xiomara Merced
P: 216-778-5015
F: 216-778-3019
xmerced@metrohealth.org

University Hospitals
Melissa Sowa
Phone: 216.844.7256
Fax: 216.201.5401
Melissa.Sowa@UHhospitals.org

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Eligible Scope

- For RW funded-categories, data for eligible clients, regardless of payer
- Pilot project
- Best practices
- Least burdensome

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Targeted Needs Assessment

- *Post-ACA and Medicaid Expansion: Progress and Gaps*
- Reality versus expectations
- How might Ryan White best support the needs of PLWHA in new environment.

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Targeted Needs Assessment

- Provider list updated- More extensive, includes Medicaid providers;
- Provider and other subject expert interviews
- Medicaid plan analysis
- Review of Essential Health Benefits

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Targeted Needs Assessment

Gaps unrelated benefits covered:

- Medicaid enrollment waiting list,
- Churning- Public and private,
- Undocumented immigrants,
- Segment of clients unlikely to enroll with assistance
- Possible instability of public funding

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Targeted Needs Assessment

Largest structural gaps:

- Medical Case Management- No third-party payer identified that provides services similar to comprehensive MCM under RW.;
- OAMC- Nurse care coordination;
- HIPSCA- No other third-party payer identified for clients 301-500% FPL
- EIS- Service coordination;

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Provider Linkage Requirements

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

Performance Measure

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

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Informal/Formal Linkages

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

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Commitment- Not Contract

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

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Written Components

At a minimum, must include:

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

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Kate Burnett-Bruckman
Program Manager
mkirsch@ccbh.net

Standards of Care and Monitoring

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Cleveland TGA Service Standards of Care

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Cleveland TGA Service Standard of Care

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

The purpose of 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

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Cleveland TGA Service Standard of Care

As of today, the following eight Service Standards of Care have been updated:

- Early Intervention Services
- Food Bank / Home Delivered Meals
- Legal Services
- Medical Case Management
- Mental Health Services
- Oral Health Services
- Legal Services
- Substance Abuse – Outpatient Services
- Substance Abuse – Residential Services

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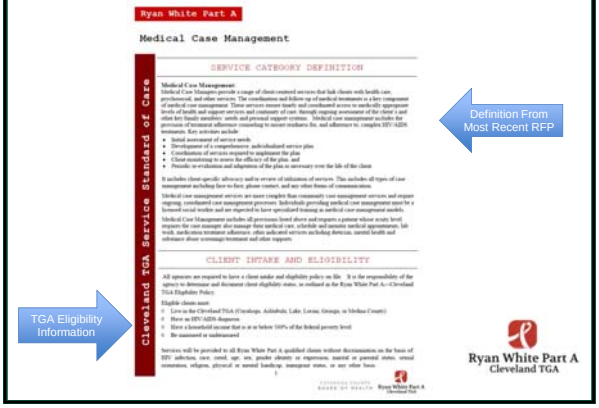
Cleveland TGA Service Standard of Care



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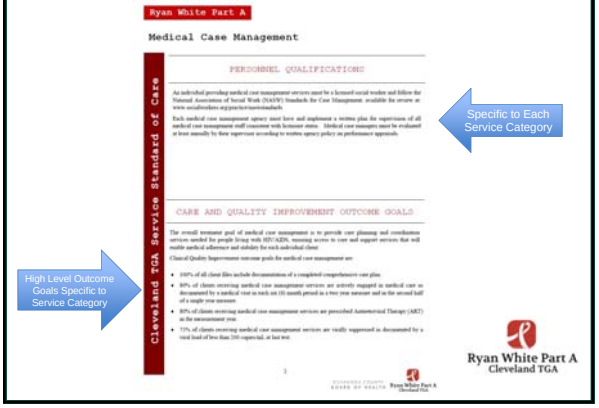
Cleveland TGA Service Standard of Care



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Cleveland TGA Service Standard of Care

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Cleveland TGA Service Standard of Care

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Cleveland TGA Service Standard of Care

The remaining Service Standards of Care will be updated throughout the FY2016 grant year.

The Grantee will solicit feedback on the updated standards during an open comment period in addition to conducting one meeting that will be open to the community.

All Service Standards of Care, including the eight new standards, are included on your flash drive and publically posted on the Ryan White website at: http://www.ccbh.net/ryan-white-provider-resources

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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 including dates of the visit and estimated number of staff that will be attending
  - Attachment A - Fiscal Monitoring Site Visit Checklist
  - Attachment B - Program Monitoring Site Visit Checklist
  - Attachment C – Random Sample Client List

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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

General Program - All Subgrantees

Service Provider: | Review Date:
Reviewer:

Point of Review:	Met	Unmet	N/A	Comments:
Universal Section A. Access to Care				
Maintain file of materials documenting Consumer Advisory Board membership, meetings and minutes.				
Maintain visible suggestion box or regularly implement client satisfaction survey tool, focus groups, public meetings, with analysis and use of results documented.				
Documentation of agency's grievance policy and procedure.				
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				
Documentation of eligibility and clinical policies that do not permit denial of services due to pre-existing conditions and present health conditions				
Facility complies with Americans with Disability Act (ADA) and is accessible by public transportation conditions				
Informational materials about agency services and eligibility requirements such as brochures, newsletters, posters, community bulletins and other types of promotional				

Cleveland TGA Annual Site Visit Monitoring

Eligibility - Chart Level

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				
Documentation of clients receipt of sliding fee application to ensure consistency with policies and federal requirements				

General Program Tool | Eligibility - Chart Level | Sheet2

Cleveland TGA Annual Site Visit Monitoring

Eligibility - Chart Level

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	37	0		100%
Documentation of client's proof of residency - updated twice if applicable	35	2		95%
Documentation of client's proof of income - updated twice if applicable	29	8		78% - Finding. At exit interview discussed finding and suggested corrective action response to include implementing a tracking system.
Documentation of client's insurance status (uninsured/underinsured/insured) - updated twice if applicable	30	7		81% - at exit interview discussed borderline score status and importance of updating insurance with semi-annual recertification.
Documentation of clients receipt of sliding fee application to ensure consistency with policies and federal requirements	37	0		100%

Sample

Cleveland TGA Annual Site Visit Monitoring

Medical Case Management

Service Provider: | Review Date:
Reviewer:

	Point of Review:		Met	Unmet	N/A	Comments:
	Standard:	**Measure:**				
1	Services are provided by trained professionals.	Documentation of current Ohio licensures reviewed.				
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.				
3	New clients receive an initial assessment of service needs.	Documentation of initial assessment of service needs is included in the file of all clients entering service in the measurement year.				
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.				
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.				
	Client is continuously	Documentation of continuous				

Legal | MCM | Medical Nutrition | Medical Transporation | Mental Health | OAMC | Oral Health

Cleveland TGA Annual Site Visit Monitoring

Medical Case Management

Service Provider: | Review Date:
Reviewer:

	Point of Review:		Met	Unmet	N/A	Comments:
	Standard:	**Measure:**				
1	Services are provided by trained professionals.	Documentation of current Ohio licensures reviewed.	Met			Met
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.	40	1		98%
3	New clients receive an initial assessment of service needs.	Documentation of initial assessment of service needs is included in the file of all clients entering service in the measurement year.	2	0	39	100% - only two new clients in the service year.
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.	40	1		98%
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.	33	3	5	92% - five clients excluded because they did not receive services for longer than six months.

Sample

Cleveland TGA Annual Site Visit Monitoring

Outpatient Ambulatory Medical Care (OAMC)

Service Provider: | Review Date:
Reviewer:

	Point of Review:		Met	Unmet	N/A	Comments:
	Standard:	**Measure:**				
1	Primary medical care services are provided by trained professionals.	Documentation of current Ohio licensures reviewed.				
2	Laboratory services are provided at professional facilities.	Documentation that includes certifications, licenses, or FDA approval of the laboratory from which tests are ordered is reviewed.				
3	* Clinical Care providers have a minimum of 10 hours of HIV related CME units in a measurement year.	* Documentation of CMEs received in the measurement year reviewed.				
4	* Clinical Care providers care for at least 25 HIV positive clients in a three year period.	* Documentation of case load summaries reviewed.				
5	* Agencies conduct regular quality improvement activities that focus on HIV care and process measures.	* Documentation of quality improvement activities reviewed.				
6	Client had less than 200 copies/ml. at last HIV Viral Load test during the measurement year. *HAB Core Viral Load Suppression Measure*	Documentation of viral load test outcomes evident in client chart.				
7	Client had viral load test performed at least every six months. *HAB Performance Measure*	Documentation of viral load test outcomes evident in client chart.				
	Client had at least two CD4 cell counts during					

Legal | MCM | Medical Nutrition | Medical Transporation | Mental Health | OAMC | Oral Health | Outreach

Cleveland TGA Annual Site Visit Monitoring

Outpatient Ambulatory Medical Care (OAMC)

Service Provider: | Review Date:
Reviewer:

	Point of Review:		Met	Unmet	N/A	Comments:
	Standard:	**Measure:**				
1	Primary medical care services are provided by trained professionals.	Documentation of current Ohio licensures reviewed.	Met			Met
2	Laboratory services are provided at professional facilities.	Documentation that includes certifications, licenses, or FDA approval of the laboratory from which tests are ordered is reviewed.	Met			Met
3	* Clinical Care providers have a minimum of 10 hours of HIV related CME units in a measurement year.	* Documentation of CMEs received in the measurement year reviewed.	Met			Met
4	* Clinical Care providers care for at least 25 HIV positive clients in a three year period.	* Documentation of case load summaries reviewed.	Met			Met
5	* Agencies conduct regular quality improvement activities that focus on HIV care and process measures.	* Documentation of quality improvement activities reviewed.	Met			Met
6	Client had less than 200 copies/ml. at last HIV Viral Load test during the measurement year. *HAB Core Viral Load Suppression Measure*	Documentation of viral load test outcomes evident in client chart.	136	15		90%
7	Client had viral load test performed at least every six months. *HAB Performance Measure*	Documentation of viral load test outcomes evident in client chart.	130	21		86%
8	Client had at least two CD4 cell counts during the measurement year, at least 90 days apart. *HAB Performance Measure*	Documentation of CD4 cell count outcomes evident in client chart.	128	23		85%
	Client was prescribed HIV Antiretroviral therapy during the measurement year.	Documentation of HIV Antiretroviral therapy evident in				

Sample

Cleveland TGA Annual Site Visit Monitoring

Ryan White Part A - Cleveland TGA
Fiscal Tool
Fiscal - All Subgrantees

Service Provider: | Review Date:
Reviewer:

Point of Review:	Met	Unmet	N/A	Comments:
A. Limitation on Uses of Part A Funding				
1. Administrative expenses total not more than 10% of contracted Part A dollar amount unless approved by CCBH. • Prepare project budget and track expenses with sufficient detail to allow identification of administrative expenses.				
2. Appropriate assignment of Ryan White Part A administrative expenses, with administrative costs to include: personnel, rent utilities, audits etc.				
3. If using indirect cost as part or all of the 10% administration costs: • Has on file a federally approved HHS-negotiated Certificate of Cost Allocation Plan or Certificate of Indirect Costs; • Has submitted a copy of the Certificate to CCBH.				
4. Expenditure of not less than 75% of service dollars on core medical services as evidenced by: • Reporting expenses to CCBH by service category on provided forms.				
5. Total expenditures for support services are limited to no more than 25% of service dollars as evidenced by: • Reporting expenses to CCBH by service category • Documenting that support service funds are contributing to positive medical outcomes for clients.				

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Molly Kirsch
Program Manager
mkirsch@ccbh.net

Program Eligibility

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Eligibility: Our Recent Past

- Burdensome system;
- Eligibility documents maintained in physical files;
- Duplication of effort for clients and staff;
- Client completed eligibility certification more than once:
  - Multiple Applications
  - Multiple identical verification documents
- Process did not facilitate coordination.

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Cleveland TGA Eligibility Certification

"*Fictitious AIDS Service Organization* called- when you have a second, please send them copies of your client's eligibility documents."

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Verification Flexibility

1. Documentation of Medicaid eligibility:
   A. Insurance verification;
   B. Low-Income verification- MAGI worksheet still required;
   C. Residency verification
2. "Other" document option added to allow professional discretion

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Electronic Eligibility

- Process improvement*

  *eligibility certification is still required;
- System = Coordination;
- Client completes process once each time eligibility certification is due;
- Reduces burden for clients and staff.

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Electronic Eligibility Process

1. Complete eligibility certification;
2. Scan eligibility documents;
3. Upload documents to the "Attachments" tab in client's CAREWare account;
4. Tab located in CAREWare's shared domain.

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Interdependency

1. Timeliness
2. Consistent practices
   - Eligibility certification: Correct forms, completion, verification documents
   - Scanning and Uploading: Naming conventions, file locations

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Individual Responsibility

"...the responsibility for documenting the provision of allowable services to eligible clients rests with the agency providing services."

- Quickly review documents- Are eligibility requirements met? Is eligibility current?
- Snapshot- Agencies can not delete files

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Electronic Eligibility Report

Cuyahoga County Board of Health
Ryan White Part A Program
Monthly Electronic Eligibility Report
FY2016 Grant Year: March 1, 2016 - February 28, 2017

Report Instructions:
1) Complete A.-C. (below) using drop-down lists;
2) If applicable, list CAREWare accounts to which documents have been uploaded*;
3) Submit this report monthly with agency invoice.

A. Subrecipient Agency:	Drop-Down List
B. Reporting Period:	Drop-Down List
C. Documents Uploaded (Yes/No):	Drop-Down List

* CAREWare Accounts	CAREWare Accounts, Continued

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Report Submission

- Include with monthly invoice
- Fiscal Checklist
- Implementation timeline varies by agency, with ongoing timeliness and accuracy, reporting requirement will be unnecessary.

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Melissa Rodrigo
Program Supervisor
mrodrigo@ccbh.net

Fiscal Overview

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Cleveland TGA

Fiscal Topics

- Review 10% Admin cost changes
- 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:

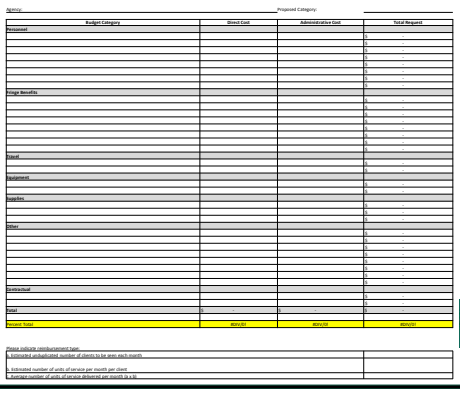
Cost Reimbursement
- established with RW, documentation required monthly

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 approval
- ✓ Recommend completing invoices after approval
- ✓ Contract changes = Budget changes

Budget Forms



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 –
  - o Payroll, Proof of payment, bills, etc.
  - o Supplemental reports – Labs, LPAP, EFA, EIS, Outreach and Medical Transportation
- ❒ Electronic Eligibility Form

DIRECT

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

ADMINISTRATIVE

- ❒ CAREWare and service level reports
  - o CAREWare generated Financial Report
  - o CAREWare Fee For Service Detail Custom Report
- ❒ Submit via email to **RWinvoices@ccbh.net**
- ❒ Email subject line to read: **Provider Name, Invoice Month, Date (4-14-2016)**

Invoice On Agency Letterhead

April 10, 2016

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

Dear Ms. Rodrigo,

Attached please find out FY2016 Ryan White Part A Financial Report for the period of _____ 2016 to _____ 2016 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
(PH) 216.201.2001 (FAX) 216.676.1321

A. Service Provider: Sample Service Agency
B. Report Period Ending: March 31, 2016
C. [ ] Check Box/Marked "F" if Final Report for this Grant.
D. Grantee: CCBH
Street Address: 5550 Venture Drive
City, State Zip: Parma, Ohio 44130
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						
OAMC	FEE	$100,000.00	421.01		421.01	99,578.99
Primary Care			108.01			
RN			71.01			
LMSW			242.00			
Oral Health Services	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
Case Management (non-medical)	CR	$10,000.00	500.00	-	500.00	9,500.00
TOT AL 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

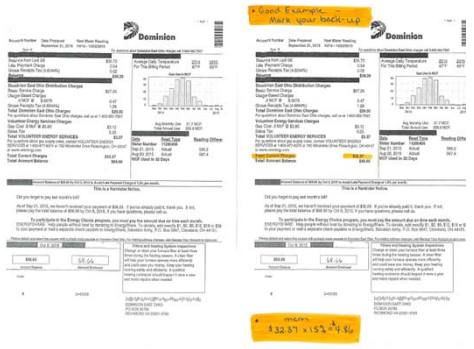
Contract Time of Performance:

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).

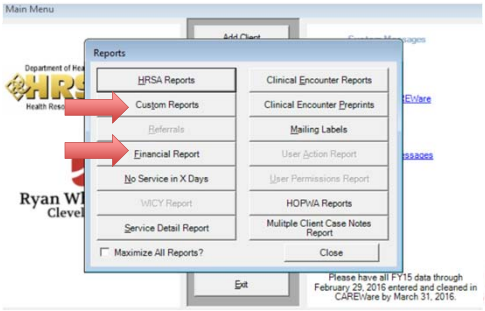
Sample Back-up for Cost Reimbursement
Mark on your back-up what is being invoiced



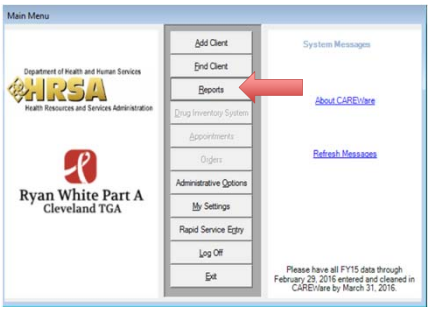
CAREWare Reports

- CAREWare Financial report
- CAREWare Subservice Detail report

CAREWare and the Ryan White Part A Program

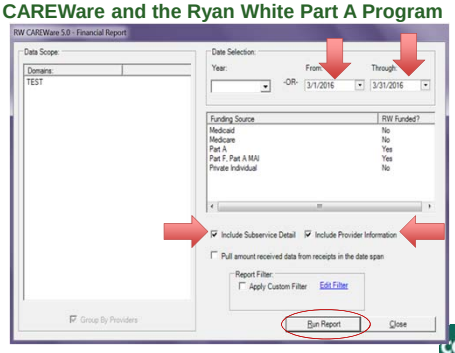


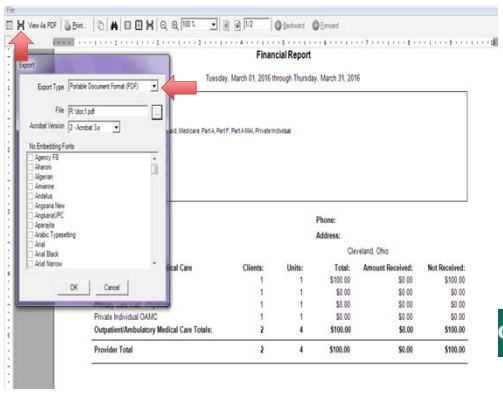
CAREWare Fiscal Reports



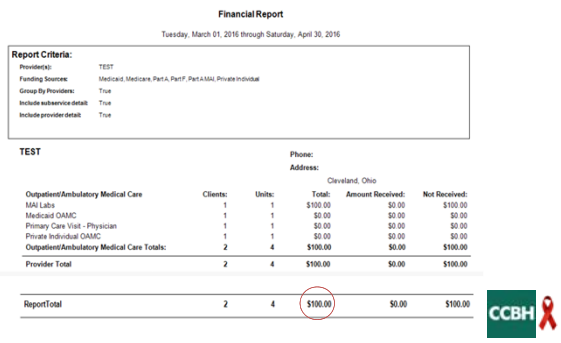
CAREWare Continued

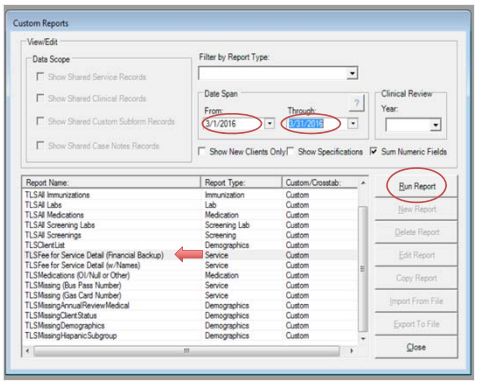
CAREWare and the Ryan White Part A Program

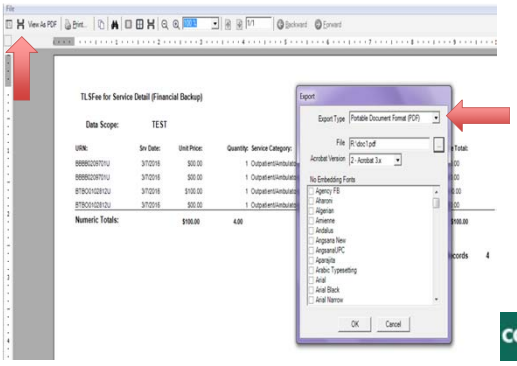




CAREWare and the Ryan White Part A Program







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	3/7/2016	$00.00	1	Outpatient/Ambulatory Medical Care	Primary Care Visit - Physician	$00.00
BBBB0209701U	3/7/2016	$00.00	1	Outpatient/Ambulatory Medical Care	Private Individual OAMC	$00.00
BTBO0102812U	3/7/2016	$100.00	1	Outpatient/Ambulatory Medical Care	MAI Labs	$100.00
BTBO0102812U	3/7/2016	$00.00	1	Outpatient/Ambulatory Medical Care	Medicaid OAMC	$00.00
Numeric Totals:		$100.00	4.00			$100.00

Number of Records 4

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
- Local Pharmaceuticals Assistance Program (LPAP) Drugs
- Emergency Financial Assistance (EFA) Drugs.
- Early Intervention report
- Outreach report
- Medical Transportation report
- Electronic Eligibility Form

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

Supplemental Reports

Lab services under OAMC, Local AIDS Pharmaceutical Assistance Program (LPAP), or Emergency Financial Assistance (EFA):

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 FY2016 flash drive.

CAREWare and the Ryan White Part A Program

Ryan White Part A - FY2016 OAMC Lab Services Detail Report

Service Category: OAMC - Diagnostic Laboratory Testing
Agency: Sample Service Agency
Month of Service: March 1, 2016 - March 31, 2016

CAREWare ID	Date of Service	Formulary Drug Name	Number of Units	Total Cost
Outpatient / Ambulatory Medical Care - Diagnostic Laboratory Testing				
SAMPLE	03/01/16	HIV Quant RNA	1	$125.00
Totals:			1	$125.00

Federal HIV Grant 2016-2017

Ryan White Part A- Cleveland TGA
Early Intervention Services (EIS) Monthly Report
FY 2016

CUYAHOGA COUNTY BOARD OF HEALTH

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
Program Totals for Non-CAREWare Identified clients:													
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
Total number of newly diagnosed individuals referred to care in the month:	0	0	0	0	0	0	0	0	0	0	0	0	0

Federal HIV Grant 2016-2017

Ryan White Part A- Cleveland TGA
Outreach Services Monthly Report
FY 2016

CUYAHOGA COUNTY BOARD OF HEALTH

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

Ryan White Part A- FY16 Monthly Medical Transportation Inventory Report

Agency: AGENCY NAME Month: **February 2017**

	A	B	C	A+B-C=D	E	D-E=F
Item Description	**Opening Inventory**	**Inventory Received**	**Inventory Distributed**	**Expected Closing Inventory**	**Closing Inventory** *Physical Count*	**Variance**
Daily Regular Bus Pass	0			0		0
Daily Disabled Bus Pass	0			0		0
Weekly Disabled Bus Pass	0			0		0
Fuel Card	0			0		0

Directions for Completing Monthly Transportation Inventory Report

Column A - Equal to *Closing Inventory* from previous month.
Column B- Total inventory received by the agency from the grantee during the month.
Column C- Data from CAREWare Report
Column D- No agency action (formula in cell)
Column E - Physical count of all inventory by a single person after the close of the reporting month and before the
Column F - No agency action (formula in cell)

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: OAMC - Diagnostic Laboratory Testing
Agency: Sample Service Agency
Month of Invoice: March 1, 2016 - March 31, 2016

CAREWare ID	Date of Service	Formulary Drug Name	Number of Units	Total Cost
Outpatient / Ambulatory Medical Care - Diagnostic Laboratory Testing				
SAMPLE	03/01/18	HIV Quant RNA	1	$125.00
Sample:	**Total to be added to ___May____ invoice:**		**1**	**$125.00**

CAREWare and the Ryan White Part A Program

Beginning with your March 1, 2016 Invoice you will need to have the following prepared through CAREWare or in relation to client level service data:

- **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, LPAP and EFA only)**
- **Where applicable: An excel spreadsheet detailing services entered into CAREWare from previous invoice periods (Lab, LPAP and EFA only)**

Beginning with your March 1, 2016 Invoice you will need to have the following prepared and submitted with invoices monthly:

- Early Intervention monthly report
- Outreach Monthly report
- Medical Transportation Inventory report
- Electronic Eligibility (temporary)

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, LPAP, EFA, EIS, Outreach, Medical Transportation, and Electronic Eligibility
- 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 (4-25-2016)

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 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

Ryan White Part A Cleveland TGA

Ryan White Part A
Cleveland TGA

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Judy Wirsching
CFO, Cuyahoga County Board of Health

Cost Allocation Plans

Ryan White Part A
Cleveland TGA

Three Ways to Recover Administrative Costs

1. Federally Negotiated Indirect Cost Rate
2. 10% de Minimis Rate
3. Direct Cost Charging method

***** IMPORTANT *****

The recovery method selected must be used consistently for all grants administered in the organization.

Federally Negotiated Indirect Cost Rate (NICR)

- Obtained through negotiation with cognizant federal agency.
- Must provide CCBH with the certified documentation identifying the Federally Negotiated Indirect Cost Rate.
- Ryan White Part A grant only allows up to 10%.

10% De Minimus Rate

- Only available to organizations that have never had a NICR and receive less than $35M in direct federal funding per year.
- No negotiation required.
- Modified Total Direct Costs (MTDC) must be used as the base for the calculation.

Modified Total Direct Costs (MTDC)

- Sub-part A § 200.68 of the Federal Uniform Administrative Requirements defines Modified Total Direct Cost as:
- All direct salaries and wages
- Applicable fringe benefits
- Materials and supplies
- Services (e.g. Vendor Services/Consultant Fees)
- Travel
- Sub-awards and subcontracts up to the first $25,000 of each sub-award or subcontract (regardless of the period of performance of the sub-awards and subcontracts under the award).

Modified Total Direct Costs (MTDC) Cont'd.

MTDC excludes:

- Equipment
- Capital expenditures
- Charges for patient care
- Rental Fees and Maintenance costs associated with
- Rental Property
- Student support costs such as tuition remission, scholarships and fellowships
- Participant support costs
- The portion of each sub-award and subcontract in excess of $25,000.
- Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

Understanding the Definitions of

Direct, Indirect, Administrative & Shared Costs

Definition of Direct Cost

- A cost that can be easily identified and it directly benefits a specific project/program.

EXAMPLES:

1. Salaries, benefits and travel of program staff such as a Case Manager.
2. Program supplies
3. Educational materials

Definition of Indirect Cost

- A cost that does not directly benefit a specific project/program.
- Total indirect costs for an organization can not always be recovered at 100%.

EXAMPLES:

1. Maintenance/Lease of Copier
2. Facility Costs - Rent
3. Utilities

Definition of Administrative Cost

- Usually but not always classified as indirect costs
- Can be classified as direct when it directly benefits a specific project/program.

EXAMPLES:

1. Agency's salaries and benefits for IT, Accountant, Human Resources Manager
2. Audit fees

Administrative Cost Cont'd.

- Admin. costs are usually shared costs
- When identifying personnel as an Admin. cost, look at the function of the job and not the job title.
- Must have written cost reimbursement policies and practices.

Definition of Shared Cost

- A cost that can be allocated to more than one project/program that share in the benefits.
- A shared cost can be Direct or Indirect.

EXAMPLES:

1. Maintenance costs for a copier machine
2. General office supplies to be used by all Staff.
3. Facility Costs - Rent

Cost Allocation Plan (CAP)

- A CAP is the means by which shared costs are identified in a logical and systematic manner for reimbursement.
- A cost is allocable to a subrecipient project/program based on the benefits received by the project.
- When allocating costs the subrecipient must have a system of internal controls over the records that:
  - ❖Justify the cost
  - ❖Reasonable over the long term
  - ❖Enter into the record on a timely manner
  - ❖Consistent
  - ❖Auditable

Purpose of a Cost Allocation Plan

- To summarize in writing and document the methods and procedures that the agency or organization will use to allocate shared costs to various projects/programs.
- A cost allocation plan allows the sub-recipient to recover its fair share or a reasonable portion of allowable costs incurred by the project/program.

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Common Allocation Methods

Shared Cost	Method
Auditing Services	Direct audit hours
Office Space Rental	Square feet of space occupied
Utility Costs	Square feet of space occupied
Equipment lease	Percent of machine usage
Printing & Reproduction	Direct hours, job basis, pages printed
Telephone charges	Direct billing or number of instruments

CCBH

Examples of Allocating Shared Costs Example #1

Allocation of costs that benefit all programs: Allocating Rent Expense as a ratio of square footage

Program	Square Footage	%	Expense Allocated ($10,000)
A	300	30%	$3,000
B	100	10%	$1,000
C	200	20%	$2,000
Admin	400	40%	$4,000
Total	1000	100%	$10,000

CCBH

Examples of Allocating Shared Costs Example #2

Allocation of costs that benefit all programs: Allocation of Rent Expense as a ratio of FTEs

Program	Full Time Equivalents (FTEs)	%	Expense Allocated ($10,000)
A	2.0	20%	$2,000
B	1.0	10%	$1,000
C	4.0	40%	$4,000
Admin	3.0	30%	$3,000
Total	10.0	100%	$10,000

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Allocation of costs that benefit all programs: Allocating Rent Expense as a ratio of square footage

Program	Square Footage	%	Expense Allocated ($10,000)
A	300	30%	$3,000
B	100	10%	$1,000
C	200	20%	$2,000
Admin	400	40%	$4,000
Total	1000	100%	$10,000

Allocation of costs that benefit all programs: Allocation of Rent Expense as a ratio of FTEs

Program	Full Time Equivalents (FTEs)	%	Expense Allocated ($10,000)
A	2.0	20%	$2,000
B	1.0	10%	$1,000
C	4.0	40%	$4,000
Admin	3.0	30%	$3,000
Total	10.0	100%	$10,000

Note how different the expense allocated is when using a different allocation base.

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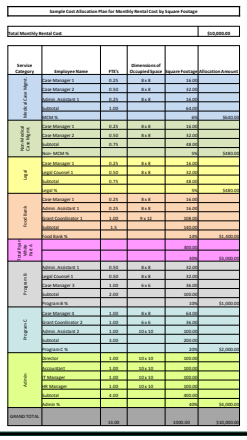
Sample related to Example #1



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Examples of Allocating Shared Costs Example #3

Allocation of costs that benefit all programs: Allocating Telephone Expense as a ratio of phone units assigned per program			
Program	Phone Units	%	Expense Allocated ($2,000)
A	6	30%	$600
B	3	15%	$300
C	4	20%	$400
Admin	7	35%	$700
Total	20	100%	$2,000

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Examples of Allocating Shared Costs Example #4

Allocation of costs that benefit two or more programs but not all programs: Allocation of Supplies Expense as a ratio of Program FTEs			
Program	Full Time Equivalents (FTEs)	%	Expense Allocated ($5,000)
A	2.0	29%	$1,450
B	1.0	14%	$700
C	4.0	57%	$2,850
Total	7.0	100%	$5,000

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Examples of Allocating Shared Costs Example #5

- Equipment Maintenance Example
- A copier is used among three programs. How do we allocate expenditures among the three?
- Equal Distribution (i.e., 1/3rd Each) → **GOOD**
- Number of Staff Using the Copier A – 29%, B – 14%, C – 57% → **BETTER**
- User Codes - Measures Actual Usage of the Copier → **BEST**

CCBH

Examples of Allocating Shared Costs Example #5 Cont'd

Comparison of 3 different methods of allocating shared Equipment Maintenance costs			
Program	Equal Distribution	Full Time Equivalents (FTEs)	User Codes
A	1/3	29%	45%
B	1/3	14%	25%
C	1/3	57%	30%
Total	100%	100%	100%

GOOD BETTER BEST

CCBH

*** IMPORTANT ***

- **If an organization elects to use the Direct Cost Charging Method, they must provide a Cost Allocation Plan (CAP) for any and all shared costs.**
- **Must update CAP as program and staffing changes occur.**

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Direct Cost Allocation Challenges

- Finding defensible allocation method.
- Constant flux in allocated costs as programs expand and contract and changes in FTE's.
- Difficult to explain why shared costs are charged as direct.
- Under Uniform Guidance, certain costs may only be charged as indirect (i.e., using NICR or 10% rate)

CCBH

Common Errors Associated With the Allocation of Shared costs

- Using an estimate as the basis for allocating shared costs.
- Inconsistent use/application of the appropriate cost allocation rate.
- Improperly documenting the use of a cost allocation rate.

Ryan White Part A Cleveland TGA

Ryan White Part A
Cleveland TGA

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Melissa Rodrigo
Program Supervisor
mrodrigo@ccbh.net

General Program Updates

Ryan White Part A
Cleveland TGA

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

Provider Participation

Examples of Required activities:

- 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

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

Reports/Submissions

Timeliness:

- Ensure Submission of Semi-Annual reports (2) September and March
  - Include Medical Transportation supplemental report with September report *NEW
- Invoices per contract date
- Quality Improvement Plans (QIP)
- 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

Grantee Staff

Molly Kirsch
- Public Policy, Eligibility, HIPSCA

Kate Burnett-Bruckman
- Quality Management, CAREWare, Data

Melissa Kolenz
- EIS, Outreach, Medical Transportation

Jackie Lewison
- Invoices

Pam Ditlevson
- Data quality

Melissa Rodrigo
- Budgets, contracts, program questions

Thank you!

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