


**CUYAHOGA COUNTY
BOARD OF HEALTH**

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

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

Kate Burnett
Ryan White Part A
Program Manager


Resources and CAREWare



Ryan White Part A Cleveland Resources Overview

WWW.CCBH.Net/Ryan-White

- **6 Program Subpages**
- **Printable Client Resources**
- **Program Resources**
- **Internal Training Form**



CUYAHOGA COUNTY BOARD OF HEALTH


YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

Ryan White HIV/AIDS Part A Program Homepage

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

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

About Ryan White



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

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

Programs and Services

If you or someone you know if living with HIV/AIDS, the Ryan White Part A Program can help. The Cuyahoga County Board of Health contracts with community partners to provide the following direct services:

Search our website. Type here.

Select Language




Powered by Google Translate

A - Z Index

A B C D E F G H I J K L M N O P Q R S T
U V W X Y Z

Ryan White Part A Sub-Pages

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

CUYAHOGA COUNTY BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

Information for Cleveland TGA Providers

Cleveland TGA Service Definitions:

For a full list of the 2014 Cleveland TGA Part A Service Definitions, [please click here](#).

For the 2014 Service Summary By Provider sheet, [please click here](#).

- [Case Management - Non-Medical](#)
- [Early Intervention Services \(EIS\)](#)
- [Emergency Financial Assistance](#)
- [Food Bank / Home Delivered Meals](#)
- [Hospice Services](#)
- [Home Health Care](#)
- [Home and Community Based Health Services](#)
- [Legal Services](#)
- [Local Pharmaceutical Assistance Program](#)
- [Medical Case Management](#)
- [Medical Nutrition Therapy](#)
- [Medical Transportation](#)
- [Mental Health Services](#)
- [Oral Health Care](#)
- [Outpatient/Ambulatory Medical Care \(OAMC\)](#)
- [Outreach Services](#)
- [Psychosocial Support Services](#)
- [Substance Abuse Treatment - Outpatient](#)
- [Substance Abuse Treatment - Residential](#)

Search our website. Type here.

Select Language



Powered by Google Translate

A - Z Index

A B C D E F G H I J K L M N O P Q R S T
U V W X Y Z

Ryan White Part A Sub-Pages

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

Cleveland TGA Service Definition

For each funded service, a definition has been developed based on guidelines provided by HRSA, the intent of the local Planning Council and standards of practice determined by the Board.

Please note: The Ryan White Part A Program is the "payer of last resort." This means providers must vigorously pursue the identification of third party payers for Ryan White clients. Providers are responsible for verifying an individual's eligibility by investigating and eliminating all other potential billing sources for each service, including public insurance programs, or private third party payers. Part A funds may not be used to supplant partial reimbursements from other sources to make up any un-reimbursed portion of the cost of such services.

The Agency is responsible for providing and invoicing for each contracted service based on the specific service definitions.

SUPPORT SERVICE:

Service: Case Management Services (non-medical)

Definition: Includes advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments.

Services may be focused on housing information and referrals to eligible PLWH/A to enable an individual to gain or maintain access to and compliance with HIV-related medical care and treatment.

Services may be focused on assistance in obtaining health insurance benefits and enrollment information for third party payors, assistance and referrals to eligible PLWH/A to enable an individual to gain or maintain access to and compliance with HIV-related medical care and treatment. Examples of third party payors include Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other State and local health care and supportive services.



Cleveland TGA Standards of Care

- [Early Intervention Services Standard of Care](#) ←
- [Substance Abuse Treatment - Outpatient Standard of Care](#)
- [Substance Abuse Treatment - Residential Standard of Care](#)
- [Outpatient Ambulatory Medical Care \(OAMC\) Standard of Care](#)
- [Medical Case Management Standard of Care](#)
- [Oral Health Services Standard of Care](#)
- [Housing Services Standard of Care](#)
- [Local AIDS Pharmaceutical Assistance Program Standard of Care](#)
- [Medical Transportation Services Standard of Care](#)
- [Food Bank / Home Delivered Meals Standard of Care](#)
- [Outreach Services Standard of Care](#)
- [Home Health Care Services Standard of Care](#)
- [Home and Community-Based Services Standard of Care](#)
- [Mental Health Services Standard of Care](#)

Cleveland TGA Eligibility Policy ←

Cleveland TGA Part A Program Application

Cleveland TGA Part A Semi-Annual Recertification Form

Cleveland TGA 2013 Semi-Annual Provider Report Form

Ryan White Part A Exception Request Form

Cleveland TGA Part A LPAP Formulary - Effective 10-1-13



EARLY INTERVENTION SERVICES

Cleveland TGA Definition: Counseling individuals with respect to HIV/AIDS; testing (not funded through Ryan White Part A); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and providing therapeutic measures.

The entities through which such services may be provided under the grant include public health departments, emergency rooms, substance abuse and mental health treatment programs, detoxification centers, detention facilities, clinics regarding sexually transmitted diseases, homeless shelters, HIV disease counseling and testing sites, health care points of entry specified by eligible areas, federally qualified health centers, and entities described in section 2652(a) that constitute a point of access to services by maintaining referral relationships.

Proposals must include the following components:

- A. Testing (not funded through Ryan White Part A) should detail coordination through other funding sources or agencies
- B. Referral Services
 - Linkage agreements to work with key points of entry
 - Relationship and trust building
 - Assessment of immediate need/attitude/knowledge/behaviors/beliefs regarding care
 - Health Literacy/Health Education (counseling)
 - Access to Linkage and Care

Services should be targeted to the following populations:

- Newly diagnosed
- Receiving other HIV/AIDS services but not in primary care
- Formerly in care – dropped out
- Never in care
- Unaware of HIV status

Early Intervention Services (EIS) will lead the efforts of EIIHA (Early Identification of Individuals with HIV/AIDS). All proposals for EIS must address coordination with prevention services, counseling and testing centers, as well as RW Part A providers.

HRSA Definition: *Early Intervention Services (EIS)* includes counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, to diagnose the extent of immune deficiency, and to provide information on appropriate therapeutic measures); referrals; other clinical diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and provision of therapeutic measures. Support of **Early Intervention Services (EIS)** that include identification of individuals at points of entry and access to service provision of:

- HIV Testing and Targeted counseling
- Referral services



Ryan White Part A- Cleveland TGA Eligibility Policy

Policy Number: 100.01

Effective: 08/01/2013

I. Introduction

This policy outlines the roles, responsibilities, and requirements for establishing and maintaining Ryan White Part A client eligibility in the Cleveland TGA.

Special emphasis is placed on ensuring that Ryan White is the "payer of last resort", as required under federal law, through documentation of consistent ongoing agency efforts to identify and ensure client utilization of other third party payers, maximizing the impact of limited program resources.

Forms and client documentation requirements are standardized, ensuring a more consistent client eligibility experience across agencies, while reducing duplicative client and staff efforts.

II. Eligibility Criteria

Ryan White is an eligibility, not entitlement, program. In order to be found eligible, a client must submit 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;



CUYAHOGA COUNTY BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

Get Care - Cleveland TGA Programs and Services

- Were you recently diagnosed as HIV+ and don't know where to turn?
- Were you receiving treatment but dropped out of care and want to reconnect with a doctor?
- Were you receiving care but moved and need to find a new physician?

If you or someone you know is living with HIV/AIDS, the Ryan White Part A Program can help. The Ryan White HIV/AIDS Program provides HIV-related services throughout Northeast Ohio to those who do not have sufficient health care coverage or financial resources for coping with the disease.

Who is Eligible for Ryan White Part A Services in the Cleveland Transitional Grant Area (TGA)?

HIV Positive People Who:

- Live in the Cleveland TGA (Cuyahoga, Ashtabula, Lake, Geauga, Lorain and Medina counties)
- Meet the program's income guidelines
- Are uninsured or underinsured

How Do I Know If I Qualify For Services?

To determine if you qualify for the program, contact the Ryan White Part A Office. They will put you in touch with a medical case manager who can help determine your eligibility.

What Do I Have To Bring With Me To Apply For Services?

- A Photo ID
- Proof of Cleveland TGA Residency (Cuyahoga, Ashtabula, Lake, Geauga, Lorain and Medina counties)

Search our website. Type here.

Select Language ▼

Powered by Google Translate

A - Z Index

A B C D E F G H I J K L M N O P Q R S T
U V W X Y Z

Ryan White Part A Sub-Pages

[Ryan White Program Homepage](#)

[Get Involved - Ryan White Planning Council](#)

[Get Care - Cleveland TGA Programs & Services](#)

[Information for Cleveland TGA Providers](#)

[Reports & Publications](#)

[Program Staff Contact Information](#)

To view a list of current providers, please click [here](#).


To view the Cleveland TGA Services Brochure, please click [here](#).

To view the HIV/AIDS Community Resource Guide, please click [here](#).

En Espanol, clic aqui.

Services include:

- [Primary Medical Care](#)
- [Pharmaceutical Assistance](#)
- [Medical Case Management](#)
- [Oral Health Care](#)
- [Medical Transportation](#)
- [Housing Services](#)
- [Substance Abuse Treatment](#)
- [Nutrition Therapy](#)
- [Hospice Services](#)
- [Mental Health Services](#)
- [Food Bank and Home Delivered Meals](#)
- [Outreach and Early Intervention Services](#)
- [Support Groups](#)
- [Legal Services](#)
- [Home Health Care](#)



For additional information about eligibility, services and local service providers please call the Ryan White Office at (216)348-3986

What is the Ryan White Part A Program?

The Ryan White HIV/AIDS Program provides HIV-related services throughout the United States to those who do not have sufficient health care coverage or financial resources for coping with the disease.

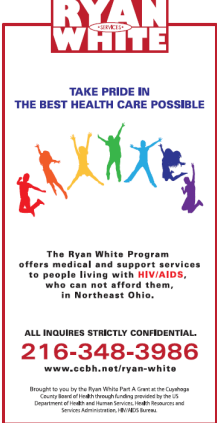
Who is Eligible for Ryan White Part A Services in the Cleveland TGA?
(Transitional Grant Area)

HIV Positive People Who:

- Live in the Cleveland TGA
- Meet the program's income guidelines
- Are uninsured or underinsured

How Do I Know If I Qualify For Services?

To determine if you qualify for the program, contact the Ryan White Part A Office. They will put you in touch with a medical case manager who can help determine your eligibility.



CUYAHOGA COUNTY BOARD OF HEALTH
MRSA

What do I have to bring with me to apply for services?

- • •


A photo ID

Proof of Northeast Ohio Residency:
Ashtabula
Geauga
Cuyahoga
Lake
Lorain
and
Medina counties

Proof of Income

Proof of HIV Status

Proof of Insurance include Medicaid and Medicare
(if applicable)



Ryan White Part A Cleveland

Primary Medical Care (Outpatient Ambulatory Medical Care)
Services include client office visits with doctors and other health care professionals. Examples of services include: medical lab tests (CD4 and Viral Load), medical exams, preventative care and screenings, and care of chronic conditions.

For more information about Primary Medical Care and how to access services, please contact one of these Ryan White Part A providers:


Cleveland Clinic Foundation
9500 Euclid Avenue
Cleveland, Ohio 44195
Phone: (216) 443-8845
Website: www.clevelandclinic.org

The Free Clinic of Greater Cleveland
12201 Euclid Avenue
Cleveland, Ohio 44106
Phone: (216) 721-4010
Website: www.thefreeclinic.org

Mercy Regional Medical Center
Serving Lorain County
221 W. 21st Street, Suite 1
Lorain, Ohio 44052
Phone: (440) 233-0138
Website: www.mercyonline.org

MetroHealth Medical Center
Division of Infectious Disease
Oncology Pavilion, Room #106
2500 MetroHealth Drive
Cleveland, Ohio 44109
Phone: (216) 778-5551
Website: www.metrohealth.org

University Hospitals of Cleveland
John T. Carey Special Immunology Unit
Foley Building, Room #303
11100 Euclid Avenue
Cleveland, Ohio 44106




Ryan White HIV/AIDS Part A Program Homepage

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

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

About Ryan White




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

Search our website. Type here.

Select Language
Powered by Google Translate

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


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



CUYAHOGA COUNTY BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

Get Involved - Ryan White Planning Council



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

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

The Planning Council consists of a maximum of thirty-five (35) members, at least 33% of which are persons living with HIV/AIDS. Members are appointed by the Cuyahoga County Executive and Mayor of the City of Cleveland. Council members identify and rank service priorities and determine funding allocations based on needs assessment data gathered from each local jurisdiction in the TGA and other relevant data.

Planning Council meetings take place the third Wednesday of each month from 5:30-7:30 p.m. at the Old Brooklyn Neighborhood Family Services Center located at 4261 Fulton Parkway, Cleveland, OH 44144. All meetings are open to the public.


The Cleveland TGA Planning Council also has five subcommittee groups:

Search our website. Type here.

Select Language
Powered by Google Translate

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

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



Ryan White HIV/AIDS Part A Program

Reports & Publications

Cleveland TGA Pathways to Care - April 2013 Report

Cleveland TGA Pathways to Care - April 2013 PowerPoint



2012-2015 Cleveland TGA Comprehensive Strategic Plan Report



2012 Ohio Statewide Coordinated Statement of Need



2011 Needs Assessment



Program Staff Contact Information

Supervisor

Melissa Rodrigo
MRodrigo@ccbh.net
216-201-2001 x1507

Program Managers

Kate Burnett
KBurnett@ccbh.net
216-201-2001 x1502

Molly Kirsch
MKirsch@ccbh.net
216-201-2001 x1523

Quality Monitoring

Gigi Martin
TMartin@ccbh.net
216-201-2001 x1545

Data Entry Operator

Pam Ditlevson
PDitlevson@ccbh.net
216-201-2001 x1307

Account Clerk

Jackie Lewison
JLewison@ccbh.net
216-201-2001 x1540



Ryan White Part A Cleveland Resources Overview

FY2014 Ryan White Part A - Cleveland TGA Website

Resources for Providers

- FY2014 Service Summary by Provider
- FY2014 Service Category Definitions
- Cleveland TGA Standards of Care
- Cleveland TGA Eligibility Policy
- Cleveland TGA Program Application and Semi-Annual Recertification Form
- Ryan White Part A Exception Request Form
- Current Cleveland TGA Part A LPAP Formulary
- FY2014 Service Guidelines and Funding Restrictions
- Copy of provider training presentations
- Federal Monitoring Standards
- Local Monitoring Tools

Resources for Clients

- Eligibility Information
- Service Descriptions
- Cleveland TGA Services Brochure
- Current Provider Contact Information
- Cuyahoga Regional HIV Health Services Ryan White Planning Council information

Resources for the Community

- Cleveland TGA Services Brochure
- Cuyahoga Regional HIV Health Services Ryan White Planning Council information
- Cleveland TGA Needs Assessment Reports
- Cleveland TGA Comprehensive Strategic Plan Reports
- Links to national resources



www.ccbh.net/ryan-white

CAREWare and the Ryan White Part A Program

- **What is CAREWare?**
- **How is it used locally?**
- **What can I get out of the data that my agency enters?**
- **How will CAREWare be used with invoicing in FY2014?**



CAREWare and the Ryan White Part A Program

What is CAREWare?



CAREWare and the Ryan White Part A Program

- CAREWare is a free HRSA-supported software system that can be used for managing and monitoring HIV clinical and supportive care.
- All Cleveland TGA Providers have been required to use CAREWare since 2011.
- Providers enter pertinent information about each client receiving a Ryan White Part A service into the Cleveland TGA CAREWare database including demographics, housing and poverty status, and core and support services information.
- The Health Resource and Services Administration (HRSA) requires that all Ryan White Grantees submit an annual Ryan White HIV/AIDS Services Report (RSR) which allows them to see “big picture” data such as the race/ethnicity, gender and age of the client population.
- As CAREWare is a HRSA-supported software system, it can be used to easily manage client-level HIV/AIDS service data and submit all of the required information for the RSR.



CAREWare and the Ryan White Part A Program

How is it used locally?



CAREWare and the Ryan White Part A Program

23. Total number of unduplicated clients:

3064	HIV-positive
0	HIV-indeterminate (under 2 years)
0	HIV-negative (affected)
1	Unknown/unreported (affected)
3065	Total

24. Total number of new clients:

476	HIV-positive
0	HIV-indeterminate (under 2 years)
0	HIV-negative (affected)
0	Unknown/unreported (affected)
476	Total

25. Gender:

Number of clients:	HIV-positive/ indeterminate	HIV-affected
Male	2304	1
Female	726	0
Transgender	34	0
Unknown/unreported	0	0
Total	3064	1

26. Age (at the end of reporting period) :

Number of clients:	HIV-positive/ indeterminate	HIV-affected
Under 2 years	0	0
2-12 years	10	0
13-24 years	198	0
25-44 years	1145	1
45-64 years	1614	0
65 years or older	97	0
Unknown/unreported	0	0
Total	3064	1

27. Race/Ethnicity:

a. HIV-positive/indeterminate:

Number of clients:	Hispanic	Non-Hispanic
American Indian or Alaskan Native	1	5
Asian	0	5
Black or African American	23	1672
Native Hawaiian or Other Pacific Islander	0	0
White	244	1052
More than one race	13	44
Unknown/unreported	3	2
Total	284	2780



CAREWare and the Ryan White Part A Program

1 Service Categories	2 Check if service was offered	3a Total # of unduplicated clients		3b Check if # of clients unknown	4a Total # of visits during reporting period		4b Check if # of visits unknown
		HIV+	Affected		HIV+	Affected	
CORE SERVICES							
a. Outpatient/ambulatory medical care	<input checked="" type="checkbox"/>	2196			7762		
b. Local AIDS Pharmaceutical Assistance/dispense pharmaceuticals	<input checked="" type="checkbox"/>	302					
c. Oral health care	<input checked="" type="checkbox"/>	425			980		
d. Early intervention services (Parts A and B)	<input checked="" type="checkbox"/>	425			1593		
e. Health Insurance Premium & Cost Sharing	<input type="checkbox"/>						
f. Home health care	<input checked="" type="checkbox"/>	32			131		
g. Home and community-based health services	<input checked="" type="checkbox"/>	27			799		
h. Hospice services	<input checked="" type="checkbox"/>	2			63		
i. Mental health services	<input checked="" type="checkbox"/>	147			936		
j. Medical nutrition therapy	<input checked="" type="checkbox"/>	259			378		
k. Medical case management (including treatment adherence)	<input checked="" type="checkbox"/>	1916			10751		
l. Substance abuse services-outpatient	<input checked="" type="checkbox"/>	28			377		
SUPPORT SERVICES							
m. Case management (non-medical)	<input type="checkbox"/>	0	0				
n. Child care services	<input type="checkbox"/>	0	0				
o. Pediatric developmental assessment/early intervention services	<input type="checkbox"/>	0	0				
p. Emergency financial assistance	<input type="checkbox"/>	0	0				
q. Food bank/home-delivered meals	<input checked="" type="checkbox"/>	304	0				
r. Health education/risk education	<input type="checkbox"/>	0	0				
s. Housing services	<input checked="" type="checkbox"/>	554	0				
t. Legal services	<input type="checkbox"/>	0	0				
u. Linguistics services	<input type="checkbox"/>	0	0				
v. Medical transportation services	<input checked="" type="checkbox"/>	1199	1				
w. Outreach services	<input checked="" type="checkbox"/>	413	0				
x. Permanency planning	<input type="checkbox"/>	0	0				
y. Psychosocial support services	<input checked="" type="checkbox"/>	3	0				
z. Referral for health care/support services	<input type="checkbox"/>	0	0				
aa. Rehabilitation services	<input type="checkbox"/>	0	0				
ab. Respite care	<input type="checkbox"/>	0	0				
ac. Substance abuse services-residential	<input checked="" type="checkbox"/>	15	0				



CAREWare and the Ryan White Part A Program

This section should be completed by ALL MEDICAL SERVICE PROVIDERS funded through the Ryan White HIV/AIDS Program Parts A, B, C, or D. This section should include only clients who were HIV-POSITIVE/INDETERMINATE and had at least one outpatient/ambulatory medical care visit during the reporting period. It is expected that grantees who contract with multiple fee-for-service medical providers will report the medical information for all providers that do not complete a Data Report.

42. Total number of unduplicated clients with visits for ambulatory medical care by gender:

1689	Male
487	Female
20	Transgender
0	Unknown/unreported
2196	Total

43. For all clients with visits for outpatient/ambulatory medical care (total in Item 42 above), indicate the number of clients with:

565	1 outpatient/ambulatory medical care visit
518	2 visits
588	3-4 visits
505	5 or more visits
0	Number for whom visit count is unknown
2196	Total

44. Total number of clients who were HIV-positive/indeterminate with each of the listed risk factors for HIV infection:

Clients with more than one reported mode of exposure to HIV are counted in the exposure category listed first in the hierarchy, except for males with a history of both sex with men and injection drug use. They are counted in the separate category, 'MSM and IDU'.

1251	Men who have sex with men (MSM)
101	Injection drug user (IDU)
16	Men who have sex with men and injection drug user (MSM and IDU)
1	Hemophilia/coagulation disorder
769	Heterosexual contact
10	Receipt of transfusion of blood, blood components, or tissue
20	Mother with risk for HIV infection (perinatal transmission)
11	Other
7	Undetermined/unknown/risk not reported or identified
2196	Total

45. Number of clients (reported in Item 42) who received HIV-outpatient/ambulatory medical care from your agency for the first time during this reporting period:

439	New clients
426	CD4 Count
427	Viral Load

47. Latent Tuberculosis (TB) testing

a. Number of clients for whom a latent TB test (skin or blood) was indicated during this reporting period:

2140	
------	--

b. Of those clients reported in Item 47a above, list the number of clients who received a TB test (skin or blood) during this reporting period:

728	
-----	--

c. Of those clients reported in Item 47b above, how many were:

671	Negative
52	Positive
0	Indeterminate
5	Unknown (did not return for reading; lost to follow-up)

d. Of those clients who tested positive in Item 47c above, how many received:

0	Treatment of Latent Tuberculosis infection (LTBI)
0	Treatment for active TB disease
52	Unknown/lost to follow-up

e. Of those listed who started treatment (in Item 47c), how many:

0	Completed treatment of LTBI
0	Completed treatment for active TB disease
0	Are currently undergoing treatment for either LTBI or active TB disease
0	Are unknown, lost to follow-up, or did not complete treatment



CAREWare and the Ryan White Part A Program

- Under-representation in Primary Medical Care – From FY2014 Grant Application

TABLE 6. UNDER-REPRESENTATION IN PRIMARY MEDICAL IN CLEVELAND TGA, CY2012

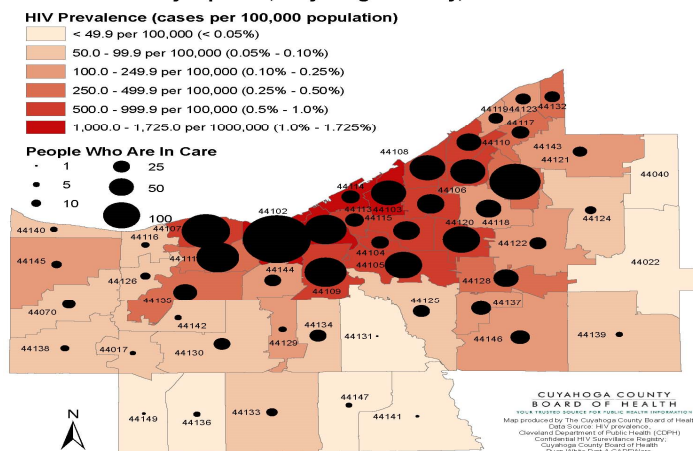
Race, Gender and Risk Group	Total Prevalence (HIV & AIDS) 12/31/12		Part A OAMC Utilization CY 2012		Part A Other Utilization CY 2012		Over/Under/Parity OAMC Utilization	Over/Under/Parity Other Service Utilization
	A		B		C			
	#	%	#	%	#	%		
Race/Ethnicity								
African American	2,338	54%	1,184	58%	1,603	54%	Over	Parity
White	1,528	35%	793	39%	1,119	38%	Over	Over
Hispanic	367	8%	208	10%	303	10%	Over	Over
Asian/Pacific Islander	15	<1%	5	<1%	7	<1%	Parity	Parity
Native American	4	<1%	4	<1%	6	<1%	Parity	Parity
Multi-race	0	0%	0	-	0	-	-	-
Gender								
Male	3,365	77%	1,570	77%	2,257	76%	Parity	Under
Female	982	23%	463	23%	709	24%	Parity	Over
Risk Exposure								
MSM	2,173	50%	1,117	55%	1,156	39%	Over	Under
IDU	307	7%	85	4%	96	3%	Under	Under
MSM/IDU	143	3%	19	1%	21	1%	Under	Under
Heterosexuals	921	21%	697	34%	701	24%	Over	Over



CAREWare and the Ryan White Part A Program

- Prevalence vs. Primary Medical Care through Cleveland TGA – FY 2014 Grant Application

Relationship Between HIV Prevalence and People Who Are In Care Through Ryan White Part A by Zipcode, Cuyahoga County, Ohio 2012



CAREWare and the Ryan White Part A Program

What can I get out of the data that my agency enters?



CAREWare and the Ryan White Part A Program

5. Ethnicity

Hispanic	36
NonHispanic	977
Unknown	0

6. Race (Duplicate Counts Possible)

White:	386
Black:	627
Asian:	2
Pacific Islander:	0
American Indian:	0
Unknown:	0

7. Gender

Male	756
Female	251
Transgender	6
Unknown	0

8. Transgender

Male to Female	6
Female to Male	0
Unknown	0

9. Poverty Level

Equal to or Below:	664
100 - 200:	200
200 - 300:	67
> 300:	79
Unknown:	3
Missing:	0



CAREWare and the Ryan White Part A Program

14. HIV Risk Factor (Duplicate Counts Possible)

MSM:	590
IDU:	51
Hemophilia:	1
Heterosexual Contact:	370
Transfusion:	5
Perinatal Transfer:	22
Other:	0
Unknown:	0

15. Medical Insurance

Private:	237
Medicare:	225
Medicaid:	291
Other Public:	2
No Insurance:	388
Other:	3
Unknown:	3
Missing:	0

16-25. Core Service Visits

Quarter 1:	1537 (587)
Quarter 2:	1556 (597)
Quarter 3:	1331 (557)
Quarter 4:	1306 (567)
Total Visits:	5730 (975)



CAREWare and the Ryan White Part A Program

16. Outpatient/Ambulatory Medical Care

Quarter 1:	432 (319)
Quarter 2:	427 (309)
Quarter 3:	426 (338)
Quarter 4:	563 (407)
Total Visits:	1848 (723)

17. Oral Health Care

Quarter 1:	80 (52)
Quarter 2:	61 (45)
Quarter 3:	65 (38)
Quarter 4:	67 (49)
Total Visits:	273 (123)

23. Medical Nutritional Therapy

Quarter 1:	23 (19)
Quarter 2:	11 (10)
Quarter 3:	12 (11)
Quarter 4:	12 (11)
Total Visits:	58 (34)

37. Transportation

Quarter 1:	29
Quarter 2:	17
Quarter 3:	21
Quarter 4:	22
Total unduplicated clients:	50



CAREWare and the Ryan White Part A Program

Demographics								
First Service Date	1386	1229	1229	100%	0	0%	0	0%
Vital/Enrollment Status	1386	1229	1229	100%	0	0%	0	0%
Date of Death	1386	9	9	100%	0	0%	0	0%
Year of Birth	1386	1386	1386	100%	0	0%	0	0%
Ethnicity	1386	1386	1386	100%	0	0%	0	0%
Race	1386	1386	1386	100%	0	0%	0	0%
Gender	1386	1386	1386	100%	0	0%	0	0%
Transgender Subcategory	1386	16	16	100%	0	0%	0	0%
Income	1386	1229	1229	100%	0	0%	0	0%
Housing Status	1386	1229	1229	100%	0	0%	0	0%
Geographic Unit Code	1386	1229	1229	100%	0	0%	0	0%
HIV / AIDS Status	1386	1229	1229	100%	0	0%	0	0%
AIDS Diagnosis Year	1386	523	523	100%	0	0%	0	0%
Risk Factor	1386	1229	1229	100%	0	0%	0	0%
Health Insurance	1386	1366	1366	100%	0	0%	0	0%
Core and Supportiv...								
Core Medical and Suppo...	1386	1386	1386	100%	0	0%	0	0%
Clinical Information								
HIV-Risk Reduction Scr...	1386	1111	1111	100%	0	0%	0	0%
First OAMC Visit	1386	1111	1111	100%	0	0%	0	0%
OAMC Visit Dates	1386	1111	1111	100%	0	0%	0	0%
CD4 Cell Counts	1386	1111	1081	97%	0	0%	30	3%
Viral Load	1386	1111	1082	97%	0	0%	29	3%
PCP Prophylaxis	1386	1111	1111	100%	0	0%	0	0%
HAART	1386	1111	1111	100%	0	0%	0	0%
TB	1386	1111	1111	100%	0	0%	0	0%
TB Since HIV Diagnosis	1386	1008	1008	100%	0	0%	0	0%
Syphilis	1386	1111	1111	100%	0	0%	0	0%
Hepatitis B	1386	1111	1111	100%	0	0%	0	0%



CAREWare and the Ryan White Part A Program

Performance Measures Worksheet						
Code	Name	Numerator	Denominator	Percent	Creating Pr	
F1: Single Performance Measure Client List						
F2: Single Performance Measure Agg. Report						
F3: Multiple Performance Measure Report						
F4: Client Tab Setup						
F5: Add New Performance Measure						
F6: Performance Measure Setup						
F7: Delete Performance Measure						
F8: Copy To New Performance Measure						
F9: Make File (Advanced)						
F10: Load From File (Advanced)						
F11: Refresh Counts						
F12: Refresh Single Performance Measure						
Print Performance Measure Worksheet						
Esc: Exit						
Core33T	HAB: HIV medical visit frequency: Transgen...	??	??	??	Central Ad	
Core33W	HAB: HIV medical visit frequency: White	??	??	??	Central Ad	
Core34O	HAB: HIV medical visit frequency: Other	??	??	??	Central Ad	
Core41B	HAB: Gap in HIV medical visits: Black	??	??	??	Central Ad	
Core41M	HAB: Gap in HIV medical visits: Male	??	??	??	Central Ad	
Core42F	HAB: Gap in HIV medical visits: Female	??	??	??	Central Ad	
Core42H	HAB: Gap in HIV medical visits: Latino	??	??	??	Central Ad	
Core43T	HAB: Gap in HIV medical visits: Transgender	??	??	??	Central Ad	
Core43W	HAB: Gap in HIV medical visits: White	??	??	??	Central Ad	
Core44O	HAB: Gap in HIV medical visits: Other	??	??	??	Central Ad	
HAB01	Two Antibody Tests 3 Months Apart	121	145	82.88%	Central Ad	
HAB02	Percentage with >=2 CD4 Counts	??	??	??	Central Ad	
HAB03	CD4<200 with PCP prophylaxis	??	??	??	Central Ad	
HAB04	AIDS Clients on HAART	71	73	97.26%	Central Ad	
HAB05	Percentage of pregnant women prescribed A...	??	??	??	Central Ad	
HAB06	Adherence Assessment	??	??	??	Central Ad	
HAB07	Cervical Cancer Screening	??	??	??	Central Ad	
HAB08	Hepatitis B Vaccination	??	??	??	Central Ad	
HAB09	Hepatitis C Screening	??	??	??	Central Ad	
HAB10	HIV risk counseling	??	??	??	Central Ad	
HAB11	Lipid Screening	??	??	??	Central Ad	
HAB12	Oral Exam	??	??	??	Central Ad	



CAREWare and the Ryan White Part A Program

How will CAREWare be used with invoicing in FY2014?



CAREWare and the Ryan White Part A Program

No more double entry into CAREWare and the agency invoicing data tracker

Ryan White Part A - FY 2013 Invoicing Data Tracking

Service Category: Local AIDS Pharmaceutical Assistance (LPAP)

Month of Service: Mar-13

CAREWare ID	Date of Service	Gender	Target Population	Drug Class	Formulary Drug Name	340B Unit Rate	Unit Cr
Local AIDS Pharmaceutical Assistance (LPAP)							
JESE1115821U	3/5/13	M	TP 4	RX for PCP Prophylaxis	Dapsone Tablet 100 MG	\$31.06	30
JESE1115821U	3/5/13	M	TP 4	RX for ART	Stribild Tablet 150-150-200-300 MG	\$1,703.83	30
BTGL1010512U	3/6/13	F	TP 4		Acyclovir Tablet 400 MG*	\$2.04	60
BTGL1010512U	3/6/13	F	TP 4	RX for ART	Isentress Tablet 400 MG	\$626.33	60
BTGL1010512U	3/6/13	F	TP 4	RX for ART	Norvir Capsule 100 MG	\$2.88	60
BTGL1010512U	3/6/13	F	TP 4	RX for ART	Prezista Tablet 800 MG	\$602.77	60
BTGL1010512U	3/6/13	F	TP 4	RX for Mental Health	Sertraline HCl Tablet 100 MG	\$0.87	30
BTGL1010512U	3/6/13	F	TP 4	RX for ART	Truvada Tablet 200-300 MG	\$458.38	30
BNGU0929771U	3/7/13	M	TP 4	RX for Mental Health	TrazODone HCl Tablet 100 MG	\$0.54	30
BNGU0929771U	3/8/13	M	TP 4		Gabapentin Capsule 300 MG**	\$9.72	270
BNGU0929771U	3/8/13	M	TP 4	RX for ART	Novir Tablet 100 MG	\$16.36	30
BNGU0929771U	3/8/13	M	TP 4	RX for ART	Reyataz Capsule 300 MG	\$616.83	30
BNGU0929771U	3/8/13	M	TP 4	RX for ART	Truvada Tablet 200-300 MG	\$458.38	30
RCDX0401651U	3/19/13	M	TP 4		Atorvastatin Calcium Tablet 40 MG	\$3.45	30
JNFT0413891U	3/20/13	M	TP 4	RX for ART	Novir Tablet 100 MG	\$16.36	30
JNFT0413891U	3/20/13	M	TP 4	RX for ART	Prezista Tablet 800 MG	\$671.02	30
JNFT0413891U	3/20/13	M	TP 4	RX for ART	Truvada Tablet 200-300 MG	\$458.38	30



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

Every agency received an FY2014 CAREWare Activity Description Spreadsheet in March.

Service Category	Subservice Description/s	Unit Description	Unit Increments	Unit Cost/s	Partial Award #1
Emergency Financial Assistance	EFA Prescription	1 Prescription	1 prescription = 1 unit	Fill-in	\$10,000.00
Medical Case Management	FTF ISP / Client Assessment	1 Client Encounter	15 minutes = 1 unit	FTE	\$20,000.00
	FTF Eligibility / Recertification	1 Client Encounter	15 minutes = 1 unit	FTE	
	FTF Core Service Coordination	1 Client Encounter	15 minutes = 1 unit	FTE	
	FTF Support Service Coordination	1 Client Encounter	15 minutes = 1 unit	FTE	
	NFTF ISP / Client Assessment	1 Client Encounter	15 minutes = 1 unit	FTE	
	NFTF Eligibility / Recertification	1 Client Encounter	15 minutes = 1 unit	FTE	
	NFTF Core Service Coordination	1 Client Encounter	15 minutes = 1 unit	FTE	
Medical Transportation	NFTF Support Service Coordination	1 Client Encounter	15 minutes = 1 unit	FTE	
	Bus Pass - Regular Daily	1 Medical Transportation Voucher	1 voucher = 1 unit	\$0.00	\$0.00
	Bus Pass - Disabled Daily	1 Medical Transportation Voucher	1 voucher = 1 unit	\$0.00	
	Gas Card	1 Medical Transportation Voucher	1 voucher = 1 unit	\$0.00	
Oral Health	Dental Procedure	1 Procedure	1 procedure = 1 unit	Fill-in	\$2,000.00
	D7140 Oral Health	1 Procedure	1 procedure = 1 unit	\$60.00	
	D2392 Oral Health	1 Procedure	1 procedure = 1 unit	\$155.00	
	D0270 Oral Health	1 Procedure	1 procedure = 1 unit	\$20.00	
	D0210 Oral Health	1 Procedure	1 procedure = 1 unit	\$378.00	
	D0150 Oral health	1 Procedure	1 procedure = 1 unit	\$65.00	
	Outpatient Ambulatory Medical Care (OAMC)	Primary Care Visit - Physician	1 Visit	15 minutes = 1 unit	\$341.00
Primary Care Visit - NP		1 Visit	15 minutes = 1 unit	\$341.00	
Labs		1 Lab	1 lab = 1 unit	Fill-in	



CAREWare and the Ryan White Part A Program

Year: 2014 Vital Status: Alive Deceased Date: Enrl Status: Active Enrl Date: 2/19/2014 Case Closed:

Date	Service Name	Contract	Units	Total	Receive
4/22/2014	99204 Mental Health Assessment	Part A FY 13	1	\$532.00	\$0.00
4/17/2014	Taxi fare)	Part A FY 13	1	\$25.00	\$0.00
4/17/2014	99202 Physician Visit Pro Charge	Part A 14-15	1	\$36.05	\$0.00
4/17/2014	FTF Support Service Coordination	Part A 14-15	4	\$0.00	\$0.00
4/9/2014	Bus Pass Disabled Daily	Part A 14-15	1	\$0.00	\$0.00
3/27/2014	D0120 Oral Health	Part A 14-15	1	\$46.00	\$0.00
3/27/2014	Dental Procedure	Part A 14-15	1	\$67.50	\$0.00
3/27/2014	Bus Pass Disabled Daily	Part A 14-15	1	\$0.00	\$0.00
3/27/2014	Benefits Coordination	Part A 14-15	1	\$0.00	\$0.00
3/21/2014	NFTF Support Service Coordination	Part A 14-15	2	\$0.00	\$0.00



CAREWare and the Ryan White Part A Program

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

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

- Add Client
- Find Client
- Reports **1 Outgoing Referral**
- Drug Inventory System
- Appointments
- Orders
- Administrative Options
- My Settings
- Rapid Service Entry
- Log Off
- Exit

System Messages

User Messages

About CAREWare

Refresh Messages

Reminder: All Calendar Year 2013 Data Must Be Completed by Friday, January 24, 2014. Thank you.



CAREWare and the Ryan White Part A Program

The screenshot shows the 'Reports' menu in the CAREWare application. The menu is open, displaying a list of report options. Two red arrows point to 'Custom Reports' and 'Financial Report'. The background shows the 'Main Menu' with options like 'Add Client' and 'System Messages'. A reminder message at the bottom states: 'Reminder: All Calendar Year 2013 Data Must Be Completed by Friday, January 24, 2014. Thank you.' The CCBH logo is visible in the bottom right corner.

CAREWare and the Ryan White Part A Program

Financial Report

The screenshot shows the 'RW CAREWare 5.0 - Financial Report' dialog box. The 'Date Selection' section has 'From' and 'Through' fields with red arrows pointing to the date dropdowns (3/1/2014 and 4/30/2014). The 'Funding Source' table shows 'Part A' with 'RW Funded?' set to 'Yes'. Two red arrows point to the 'Include Subservice Detail' and 'Include Provider Information' checkboxes, both of which are checked. The 'Run Report' button is circled in red. The CCBH logo is visible in the bottom right corner.

CAREWare and the Ryan White Part A Program

Financial Report

Saturday, March 01, 2014 through Wednesday, April 30, 2014

Report Criteria:

Provider(s): Test
 Funding Source: Part A
 Group By Providers: True
 Include subservice detail: True
 Include provider detail: True

Test

Phone:

Address:

Cleveland, Ohio

	Clients:	Units:	Total:	Amount Received:	Not Received:
AIDS Pharmaceutical Assistance					
LAPA Prescription	1	30	\$440.00	\$0.00	\$440.00
AIDS Pharmaceutical Assistance Totals:	1	30	\$440.00	\$0.00	\$440.00
Case Management (non-medical)					
Benefit Coordination	2	2	\$0.00	\$0.00	\$0.00
Case Management (non-medical) Totals:	2	2	\$0.00	\$0.00	\$0.00
Medical Case Management					
FTF Core Service Coordination	1	1	\$0.00	\$0.00	\$0.00
FTF Support Service Coordination	1	4	\$0.00	\$0.00	\$0.00
NFTF Support Service Coordination	1	2	\$0.00	\$0.00	\$0.00
Medical Case Management Totals:	2	7	\$0.00	\$0.00	\$0.00
Medical Transportation Services					
Bus Pass Disabled Daily	2	3	\$0.00	\$0.00	\$0.00
Gas Card	1	4	\$0.00	\$0.00	\$0.00
Taxi (fare)	1	1	\$25.00	\$0.00	\$25.00



4/22/2014 2:46:27 PM

Page 1 Of 3

CAREWare and the Ryan White Part A Program

Medical Transportation Services Totals:		3	8	\$25.00	\$0.00	\$25.00
Mental Health Services	Clients:	Units:	Total:	Amount Received:	Not Received:	
99204 Mental Health Assessment	2	2	\$1,064.00	\$0.00	\$1,064.00	
Mental Health Services Totals:	2	2	\$1,064.00	\$0.00	\$1,064.00	
Oral Health Care	Clients:	Units:	Total:	Amount Received:	Not Received:	
D0120 Oral Health	1	1	\$46.00	\$0.00	\$46.00	
Dental Procedure	2	2	\$206.50	\$0.00	\$206.50	
Oral Health Care Totals:	2	3	\$252.50	\$0.00	\$252.50	
Outpatient/Ambulatory Medical Care	Clients:	Units:	Total:	Amount Received:	Not Received:	
99202 Physician Visit Pro Charge	1	1	\$36.05	\$0.00	\$36.05	
99212 Physician Visit Level 2	1	1	\$71.96	\$0.00	\$71.96	
MAI Labs	1	1	\$42.00	\$0.00	\$42.00	
Primary Care Visit - RN	1	1	\$71.00	\$0.00	\$71.00	
Outpatient/Ambulatory Medical Care Totals:	2	4	\$221.01	\$0.00	\$221.01	
Psychosocial Support	Clients:	Units:	Total:	Amount Received:	Not Received:	
Psychosocial Support Group	1	5	\$0.00	\$0.00	\$0.00	
Psychosocial Support Totals:	1	5	\$0.00	\$0.00	\$0.00	
Service Outreach	Clients:	Units:	Total:	Amount Received:	Not Received:	
Outreach Newly Diagnosed	1	1	\$0.00	\$0.00	\$0.00	
Service Outreach Totals:	1	1	\$0.00	\$0.00	\$0.00	
Provider Total	3	62	\$2,002.51	\$0.00	\$2,002.51	

CAREWare and the Ryan White Part A Program

Custom Report

Custom Reports

View/Edit

Data Scope

Show Shared Service Records

Show Shared Clinical Records

Show Shared Custom Subform Records

Filter by Report Type:

Date Span

From: 3/1/2014 Through: 4/30/2014

Clinical Review Year:

Show New Clients Only Show Specifications Sum Numeric Fields

Report Name:	Report Type:	Custom/Crosstab:
ClientList	Demographics	Custom
Fee for Service Detail (Financial Backup)	Service	Custom
Fee for Service Detail (w/Names)	Service	Custom
Medications (O/A/Null or Other)	Medication	Custom
TLSMissing (Bus Pass Number)	Service	Custom
TLSMissing (Gas Card Number)	Service	Custom

Run Report

New Report

Delete Report

Edit Report

Copy Report

Import From File

Export To File

Close

CCBH

CAREWare and the Ryan White Part A Program

TLS Fee for Service Detail (Financial Backup)

Data Scope:	Test	URN:	Srv Date:	Unit Price:	Quantity:	Service Category:	Subservice:	Service Total:
		JHDE021185IU	4/17/2014	\$36.05	1	Outpatient/Ambulatory Medical Care	99202 Physician Visit Pro Charge	\$36.05
		JHDE021185IU	4/22/2014	\$532.00	1	Mental Health Services	99204 Mental Health Assessment	\$532.00
		JHDE021185IU	3/27/2014	\$00.00	1	Case Management (non-medical)	Benefit Coordination	\$00.00
		JHDE021185IU	3/27/2014	\$00.00	1	Medical Transportation Services	Bus Pass Disabled Daily	\$00.00
		JHDE021185IU	4/9/2014	\$00.00	1	Medical Transportation Services	Bus Pass Disabled Daily	\$00.00
		JHDE021185IU	3/27/2014	\$46.00	1	Oral Health Care	D0120 Oral Health	\$46.00
		JHDE021185IU	3/27/2014	\$67.50	1	Oral Health Care	Dental Procedure	\$67.50
		JHDE021185IU	4/17/2014	\$00.00	4	Medical Case Management	FTF Support Service Coordination	\$00.00
		JHDE021185IU	3/21/2014	\$00.00	2	Medical Case Management	NFTF Support Service Coordination	\$00.00
		JHDE021185IU	4/17/2014	\$25.00	1	Medical Transportation Services	Taxi (fare)	\$25.00
		JNDE0202872U	4/22/2014	\$71.96	1	Outpatient/Ambulatory Medical Care	99212 Physician Visit Level 2	\$71.96
		JNDE0202872U	4/22/2014	\$00.00	1	Case Management (non-medical)	Benefit Coordination	\$00.00
		JNDE0202872U	4/22/2014	\$139.00	1	Oral Health Care	Dental Procedure	\$139.00
		JNDE0202872U	4/17/2014	\$00.00	4	Medical Transportation Services	Gas Card	\$00.00
		JNDE0202872U	4/22/2014	\$14.67	30	AIDS Pharmaceutical Assistance	LAPA Prescription	\$440.00
		JNDE0202872U	4/22/2014	\$42.00	1	Outpatient/Ambulatory Medical Care	MAI Labs	\$42.00
		JNDE0202872U	4/22/2014	\$00.00	1	Service Outreach	Outreach Newly Diagnosed	\$00.00
		JNDE0202872U	4/22/2014	\$71.00	1	Outpatient/Ambulatory Medical Care	Primary Care Visit - RN	\$71.00
		MNDI0101802U	4/22/2014	\$532.00	1	Mental Health Services	99204 Mental Health Assessment	\$532.00
		MNDI0101802U	4/22/2014	\$00.00	1	Medical Transportation Services	Bus Pass Disabled Daily	\$00.00
		MNDI0101802U	4/22/2014	\$00.00	1	Medical Case Management	FTF Core Service Coordination	\$00.00
		MNDI0101802U	3/27/2014	\$00.00	4	Psychosocial Support	Psychosocial Support Group	\$00.00
		MNDI0101802U	4/22/2014	\$00.00	1	Psychosocial Support	Psychosocial Support Group	\$00.00
Numeric Totals:				\$1,577.98	62.00			\$2,002.51

Number of Records 23

CAREWare and the Ryan White Part A Program

MONTHLY FINANCIAL REPORT FORM						
Due Date: 25th day of the month				Ryan White Part A - Fiscal Services 5550 Venture Dr. Parma, OH 44130 (Ph) 216.201.2001 (FAX) 216.698.6434		
A. Service Provider:		Sample Service Agency		D. Grantee: CCBH Street Address: 5550 Venture Drive City, State Zip: Parma, Ohio 44130		
B. Report Period Ending:		April 30, 2014		E. Providing Agency: Sample Service Agency Street Address: Sample Dr City, State Zip: Cleveland, Ohio 44107		
C. <input type="checkbox"/> Check Box/Marked "F" if Final Report for this Grant.				Monthly Payment Request: \$ 4,002.51		
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	221.01	-	221.01	99,778.99
Primary Care			108.01			
RN			71.00			
Labs			42.00			
Medical Case Management	CR	\$10,000.00	500.00	-	500.00	9,500.00
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
AIDS Pharmaceutical Assistance Program	340B	\$10,000.00	440.00	-	440.00	\$9,560.00
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
TOTAL COST		\$ 172,000.00	\$ 4,002.51	\$ -	\$ 4,002.51	\$ 167,997.49
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.	

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.

- 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

Local AIDS Pharmaceutical Assistance Service Detail
March 1, 2014 - April 30, 2014
Sample Service Agency

	CAREWare ID	Date of Service	Formulary Drug Name	340B Unit Rate	Unit Qty	Dispensing Fee (If Applicable)	Total Rx Cost
Local AIDS Pharmaceutical Assistance (LPAP)							
SAMPLE	ABCD0000891	1/1/2013	TRUVADA 200-300 MG	\$14.50	30	5	\$440.00
Total LPAP Direct Service Charges							\$440.00



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

Supplemental description for services falling outside of the invoice period.

CAREWare ID	Date of Service	Service Description	CPT code	Unit Rate	Unit Qty.	Total Cost
Outpatient / Ambulatory Medical Care - Diagnostic Laboratory Testing						
SAMPLE ABCD0000891	1/15/2014	Full Lipid Panel	86240	\$17.00	1	\$17.00
SAMPLE ABCD0123902	1/19/2014	HIV Quant RNA	83251	\$183.00	1	\$183.00
Total Additional Invoice Costs						\$200.00



CAREWare and the Ryan White Part A Program

MONTHLY FINANCIAL REPORT FORM						
Due Date: 25th day of the month			Ryan White Part A - Fiscal Services 5550 Venture Dr. Parma, OH 44130 (Ph) 216.201.2001 (FAX) 216. 698.6434			
A. Service Provider:	Sample Service Agency		D. Grantor: CCBH Street Address: 5550 Venture Drive City, State Zip: Parma, Ohio 44130			
B. Report Period Ending:	April 30, 2014		E. Providing Agency: Sample Service Agency Street Address: Sample Dr City, State Zip: Cleveland, Ohio 44107			
C. <input type="checkbox"/> Check Box/Marked "F" if Final Report for this Grant.						
Monthly Payment Request:	\$ 4,202.51					
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			71.00			
Labs			242.00			
Medical Case Management	CR	\$10,000.00	500.00	-	500.00	9,500.00
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
AIDS Pharmaceutical Assistance Program	340B	\$10,000.00	440.00	-	440.00	\$9,560.00
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
TOTAL COST		\$172,000.00	\$ 4,202.51	\$ -	\$ 4,202.51	\$167,797.49
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.		

CAREWare and the Ryan White Part A Program

Beginning with your March 1, 2014 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)



CAREWare and the Ryan White Part A Program



Ryan White Part A Cleveland TGA

CUYAHOGA COUNTY
BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

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



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 Rodrigo
Supervisor



Fiscal Overview

Fiscal Overview

- Approved Budgets
- Submitting Invoices
- Supporting Documentation

Approved Budgets

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

Fee Schedule

* ensure RW has a copy

Unit Rate

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

Cost Reimbursement

* established with RW, documentation required monthly

Cost Reimbursement

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

Financial Reports

Report required for each month

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

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

Sign and date

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
- Cost Reimbursement: Support documentation for each service provided – **DIRECT**
- Cost Reimbursement: Support documentation for each service provided – **ADMINISTRATIVE**
- CAREWare** and service level reports
 - CAREWare generated Financial Report
 - Fee For Service Detail Custom Report
 - Where Applicable: Service description excel sheet
 - Where Applicable: Excel sheet for services performed outside of invoicing period
- Submit via email to RWinvoices@ccbh.net

Email subject line to read: **Provider Name, Invoice Month, Date (4-25-2014)**

Invoice On Agency Letterhead

April 10, 2014

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

Dear Ms. Rodrigo,

Attached please find out FY2014 Ryan White Part A Financial Report for the period of _____
 2014 to _____ 2014 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) 216.698.6434		
A. Service Provider:		Care Hospital		D. Grantee: CCBH		
B. Report Period Ending:		March 31, 2014		Street Address: 5550 Venture Drive		
				City, State Zip: Parma, Ohio 44130		
C. <input type="checkbox"/> Check Box/Marked "F" if Final Report for this Grant.				E. Providing Agency: Care Hospital		
				Street Address: 123 Ryan White ST		
				City, State Zip: Parma, Ohio 44130		
Monthly Payment Request:				\$ 17,250.00		
F. BUDGET COST	G. PAYMENT TYPE	H. APPROVED BUDGET	I. CURRENT EXPENDITURES	J. PRIOR YTD EXPENDITURES	K. TOTAL YTD EXPENDITURES	L. AVAILABLE BALANCE
Core Services						
	OAMC	FEE	\$30,000.00	6,000.00	-	24,000.00
	Primary Care			4,500.00		
	Labs			1,500.00		
	Medical Case Management		CR	\$15,000.00	4,800.00	10,200.00
	Local AIDS Pharmaceutical Assistance		340B	\$10,000.00	6,000.00	4,000.00
Support Services						
	Medical Transportation		CR	\$1,500.00	450.00	1,050.00
TOTAL COST			\$ 56,500.00	\$ 17,250.00	\$ -	\$ 39,250.00
M. PROGRAM INCOME			CURRENT PROGRAM INCOME	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.				Report Reviewed and Approved By Internal Use Only:		
Signature:						
Date: 4-10-14						
Typed Name and Title:						

MONTHLY FINANCIAL REPORT FORM						
Due Date: 10th day of the month			Ryan White Part A - Fiscal Services 5550 Venture Dr. Parma, OH 44130 (Ph) 216.201.2001 (FAX) 216.698.6434			
A. Service Provider:		Care Hospital		D. Grantee: CCBH		
B. Report Period Ending:		April 30, 2014		Street Address: 5550 Venture Drive City, State Zip: Parma, Ohio 44130		
C. <input type="checkbox"/> Check Box/Marked "F" if Final Report for this Grant.				E. Providing Agency: Care Hospital Street Address: 123 Ryan White ST City, State Zip: Parma, Ohio 44130		
Monthly Payment Request:			\$ 13,675.00			
F. BUDGET COST	G. PAYMENT TYPE	H. APPROVED BUDGET	I. CURRENT EXPENDITURES	J. PRIOR YTD EXPENDITURES	K. TOTAL YTD EXPENDITURES	L. AVAILABLE BALANCE
Core Services						
	OAMC	FEE	\$30,000.00	5,900.00	6,000.00	18,100.00
	Primary Care			3,900.00		
	Labs			2,000.00		
	Medical Case Management	CR	\$15,000.00	6,000.00	4,800.00	4,200.00
	Local AIDS Pharmaceutical Assistance	340B	\$10,000.00	1,500.00	6,000.00	2,500.00
Support Services						
	Medical Transportation	CR	\$1,500.00	275.00	450.00	775.00
TOTAL COST			\$ 56,500.00	\$ 13,675.00	\$ 17,250.00	\$ 30,925.00
M. PROGRAM INCOME				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.						Report Reviewed and Approved By Internal Use Only:
Signature:						
Date: 5-10-14						
Typed Name and Title:						

Submitting Monthly Invoices & Paperwork

- Submit via email:
- In PDF:
 - Cover Page, signed
 - Financial Report, signed
 - Support Documents – payroll, proof of payment bills, etc.
- If you submit any hard copy, the same documents are required,
Attention: J. Lewison
- Email all documents to Rwinvoices@ccbh.net
- Email subject line should read:
Provider Name, Invoice month, Date submitted(4-25-2014)

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

Direct/Administrative Forms for Cost Reimbursement Services

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

Invoice Highlights

- Invoice match approved budgets
- Ensure using newest budget
- FTE % match 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
- Resubmit entire invoice if documentation is wrong
- Timely invoices to get PC data
- Submit to new email

Ongoing Communication with Grantee Office

- Staffing vacancies and potential new staff require job descriptions, and resumes
- Expenditure updates under and over spending
- Audits and management letters
- Invoice late submittal

Ryan White Part A Cleveland TGA

CUYAHOGA COUNTY
BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

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



CUYAHOGA COUNTY
BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

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

Gigi Martin, RN
TMartin@ccbh.net
216-201-2001 Ext. 1545

FY2014 Monitoring



National Monitoring Standards (NMS)

- Designed to help Ryan White HIV/AIDS Program A and B grantees comply with federal requirements on proper use of federal grant funds.
- Provide grantee clarity on HRSA/HAB expectation regarding the level, scope and frequency of sub grantee monitoring
- Provide a single document that includes the minimum expectation for both fiscal and program monitoring
- Communicate applicable requirements to subgrantees and monitoring them for compliance

NMS

- Universal Monitoring Standards – covers both fiscal and program requirements that apply to Part A and Part B
- Fiscal Monitoring Standards – separate versions for Part A and Part B
- Program Monitoring Standards – separate for versions for Part A and Part B

HRSA expects grantees to ensure that

all standards are implemented

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

Standard	Performance Measure/Method	Grantee Responsibility	Provider Subgrantee Responsibility	PHS 2604 (c)(3)(G)
<p>6. Support for Home Health Care services provided in the patient's home by licensed health care workers such as nurses; services to exclude personal care and to include:</p> <ul style="list-style-type: none"> • The administration of intravenous and aerosolized treatment • Parenteral feeding • Diagnostic testing • Other medical therapies 	<p>Assurance that:</p> <ul style="list-style-type: none"> • Services are limited to medical therapies in the home and exclude personal care services • Services are provided by home health care workers with appropriate licensure as required by State and local laws 	<p>Include in the RFP, contract, MOU/LOA and/or statement of work a clear definition of services to be provided and staffing and licensure in the client records, with the provider's signature included requirements.</p> <p>.Review client records to determine compliance with contract conditions and Ryan White program requirements</p> <ul style="list-style-type: none"> • Review licenses and certificates. 	<p>Document the number and types of services</p> <p>.Document the number and types of services in the client records, with the provider's signature included</p> <ul style="list-style-type: none"> • Maintain on file and provide to the grantee on request copies of the licenses of home health care workers. 	

QUALITY REVIEW TOOL

Quality Review-Home Health Care				
Points of Review	Met	Unmet	N/A	Comments
Documentation that home health care services are provided in the client's home by licensed health care workers, such as nurses. <i>HRSA/HAB Program Monitoring Standards Part A, Section B, # 6, pgs. 13-14, April 2013, Cleveland TGA local Standard of Care updated January 2014.</i>				
Documentation that services are limited to medical therapies, exclude personal care and include: administration of intravenous and aerosolized treatment; parenteral feeding; diagnostic testing; other medical therapies <i>HRSA/HAB Program Monitoring Standards Part A, Section B, # 6, pgs. 13-14, April 2013, Cleveland TGA local Standard of Care updated January 2014.</i>				

Each Standard has four related components

- Performance Measures and Methods to determine whether the standard is being met - action to take and data to collect and analyze
- Grantee Responsibility for meeting each standard – suggested actions, and data requirements for the grantee
- Provider/ Sub grantee responsibility for meeting the standard – suggested actions the provider/sub grantee should be expected to take and data to be collected and maintained
- Citations that provide the source for each standard – legislative federal regulations, federal or HRSA/HAB Policy, and guidance users are able to find and review the source document that states the requirement.



LINKS AND RESOURCES

The source documents for the National Monitoring Standards are online: Manuals and other policies, expectations and guidance HRSA/HAB:

<http://hab.hrsa.gov/Resources/partamanual/index.html>

<http://hab.hrsa.gov/manageyourgrant/policiesletters.html>

www.careacttarget.org

www.ccbh.net/Ryan-White



MONITORING VISIT

- An electronic notification and description of the site visit will be sent out to sub grantee staff at least 10 days prior to the visit
- No later than 2 days prior to the visit grantee will provide a list of charts to be reviewed
- Pre-Monitoring and Post-Monitoring meeting
- Goal to get all questions answered on-site
- Within 30 days of visit a written report summarizing monitoring results will be sent to providers



Random Sampling Methodology

The sample population is randomly selected from a pool of unduplicated Ryan White clients during the designated audit period. The number of charts selected for review is based on suggested sizes provided through a National Monitoring Standards technical assistance webinar.

- 100% for service categories with ≤ 50 clients
- 25-50% for service categories with ≥ 51 but ≤ 100 clients
- 10% for service categories with ≥ 101 but ≤ 999 clients
- 3-5% for service categories with $\geq 1,000$ clients



Fiscal Monitoring

- Attachment A – Documents Requested before visit w/ 1 week of notification letter
- Document review conducted before attending site visit for FY2013
- On-site reserved for questions, review of processes and testing
- Appropriate fiscal staff **must** be available
- A-133 should be provided within 30 days of audit release with management letter

CCBH

Ryan White Part A Cleveland TGA

CUYAHOGA COUNTY
BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

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




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
Ryan White Part A



Policy Update

- **Service Exception Form**
- **Linkage Agreements**
- **Local AIDS Pharmaceutical Assistance Policy**
- **Healthcare Reform**
 - ACA
 - Medicaid Expansion
 - Core Waiver Guidance
- **Ryan White Eligibility**



Written Linkage Agreements

- **Ryan White Statue:**

XXVI Public Health Service Act, 2605 (a) (3), 42 U.S.C. § 300ff-11

- **HRSA Ryan White Part A FOA**

CEO Written Assurances Requirement

Includes 2605 (a) (3)- Maintenance of appropriate referral relationships with key points of entry.



Provider/Subgrantee Responsibility

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

Performance Measure

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

Cleveland TGA Agency-Level Requirement

By August 31, 2014, submit copies of (at least) four linkage agreements to the grantee office. Keep easily accessible for monitoring visits.



Key Points of Entry

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



Key Points of Entry

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

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



Linkages and Referrals

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



Written Agreement Options

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



Written Agreement Components

At a minimum, must include:

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



Linkage Summary

- **By August 31, 2014- Have at least four linkage agreements in place and submitted to the Grantee**
- **Technical Assistance Available**
 - Sign-up sheet or contact Molly Kirsch



Cleveland TGA LPAP Policy

- **Addresses approved utilization of funds and structure of LPAP program**
 - Above OHDAP income guidelines; and
 - Medication on TGA formulary, not on OHDAP formulary.

- **Pharmaceutical needs that fall outside of policy parameters, for which there is no third-party payer, are assigned to EFA.**
 - Emergency or short-term
 - Applications pending



Pharmaceutical Assistance

Ohio Drug Assistance Program (OHDAP)

- Part B

Patient Assistance Programs (PAP)

- Pharmaceutical Companies

Emergency Financial Assistance (EFA)

- Part A: Support Services

Local Pharmaceutical Assistance Program (LPAP)

- Part A: Core Medical Service



Ryan White Client Eligibility

Not changed in 2014:

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



Ryan White Clients Insurance Status/Federal Poverty Level

Ryan White Part A - Cleveland TGA
FY2012 - CAREWare Data

Federal Poverty Level	Number of Clients	Medicaid Insurance	Medicare Insurance	No Insurance	Other Insurance	Other Public Insurance	Private Insurance	Unknown Insurance
Up to 100%	2,060	887	367	920	15	26	131	4
101-200%	516	75	189	204	2	2	107	0
201-300%	159	4	13	56	0	0	94	0
301-400%	85	1	3	19	1	1	64	0
401-500%	42	0	2	7	0	0	34	0
Unknown	137	0	1	1	0	0	24	0
Total	2,999	967	575	1,207	18	29	454	4

Federal Poverty Level	Number of Clients	Medicaid Insurance	Medicare Insurance	No Insurance	Other Insurance	Other Public Insurance	Private Insurance	Unknown Insurance
Up to 138%	2,353	945	496	1,028	16	28	174	4



ACA/Marketplace

- **Cost Sharing-** 100 - 400% FPL
 - Premium tax credit
 - Other cost sharing assistance
- **2014 enrollment period** closed March 31, 2014
- **2015 enrollment period:**
 - November 15, 2014 – February 15, 2015.
 - Special enrollment periods outside of open enrollment if an individual experiences certain events.



Ohio Medicaid Expansion

Effective January 1, 2014

- Adults (18-64 years old) without children living at or below 138% Federal Poverty Level.
- MAGI & no asset test
- Online, in-person, over-the-phone
- Ohio Benefits Portal



ACA-Related Policy & Technical Assistance

Technical Assistance- Overview of Medicaid, Marketplace, and MAGI income/FPL determination. Training in June 2014.

Agency Policies-

- 1) Fiscal- Document process for assessing clients for every potential private and public third-party payer.
- 2) Program- Document process for strategically and vigorously pursuing client enrollment in third-party payers. Client files should show consistent, pattern of communication and effort.

CAREWare- Goals and progress assessments



Core Waiver Guidance

- Core spending requirement- at least 75%,
- Waiver required under statute,
- Guidance published, effective Fall 2013,
- All core medical services must be available to all eligible individuals in the TGA who want them,
- Grantee staff preparing for potential future need; investigating other regions.



Ryan White Part A Cleveland TGA

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

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

