

Cleveland TGA Newsletter Issue #1 June 2018 Ryan White Part A HIV/AIDS Program Cuyahoga County Board of Health





Meet Your Part A Grantee Staff

Melissa Rodrigo serves as the Supervisor of the Part A program. Along with program supervision, she is also responsible for contracts, fiscal, and subrecipient budgets. Melissa can be reached at mrodrigo@ccbh.net.

Vino Sundaram serves as a Program Manager for the Part A Program. Her responsibilities include policy, research, and data. Vino can be reached at vsundaram@ccbh.net.

Melissa Kolenz serves as Grant Coordinator for the Part A program. Her responsibilities include eligibility, Early Intervention Services, Medical Transportation, and Outreach. Melissa can be reached at mkolenz@ccbh.net.

Zach Levar serves as Grant Coordinator for the Part A program. His responsibilities include Clinical Quality Improvement (CQI), monitoring, and viral suppression data. Zach can be reached at zlevar@ccbh.net.

Have you seen our website? Standards of Care, reports, forms, and data can all be found at www.ccbh.net/ryan-white

Epidemiology Profile for Cleveland TGA



INCIDENCE

In 2016, there were 227 new cases in the Cleveland TGA. 29% of cases were in the 20-24yo age group; 57% of the cases were under the age of 30 at time of diagnosis. 53% of cases were African-American. 70% of male cases were MSM.



Clinical Quality Management



• HIV-Diagnosed: Diagnosed HIV prevalence in the jurisdiction as reported by the Ohio Departement of Health. *Please note: The most recent available prevalence data from the Ohio Department of Health is as of December 31, 2016.

• Ryan White Part A Clients: Number of diagnosed individuals who received a Ryan White Part A funded service in the measurement year.

• Linked to Care: Number of HIV positive individuals that had at least one Ryan White Part A funded medical visit, viral load test, or CD4 test in the measurement year.

• Retained in Care: Number of HIV positive individuals who had two or more Ryan White Part A funded medical visit, viral load test, or CD4 test performed at least three months apart during the measurement year.

• Antiretroviral Use: Number of HIV positive individuals receiving Ryan White Part A funded medical care who have a documented antiretroviral therapy prescription on record in the measurement year.

• Viral Suppression: Number of HIV positive individuals receiving Ryan White Part A funded medical care whose most recent HIV viral load within the measurement year was less than 200 copies/mL.

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

CQM Quarterly QI Report Due Dates: June 1, 2018 (data April 1, 2017 - March 31, 2018) September 3, 2018 (data July 1, 2017 - June 30, 2018) December 3, 2018 (data October 1, 2017 - September 30, 2018) March 1, 2019 (data January 1, 2018 - December 31, 2018) June 3, 2019 (data April 1, 2018 - March 31, 2019)

CQM Committee Meetings June 18, 2018 September 17, 2018 December 17, 2018

EIHHA Early Identification of Individuals with HIV/AIDS

For the past 5 years HIV Care and Prevention have been meeting and working together to ensure a seamless transition from point of HIV diagnosis into HIV care. We meet bi-annually, with our next meeting to be held in October, 2018. Please keep an eye out for the exact date and meeting location TBD soon!

RTA Updates

The RTA fare increase that was scheduled to take place in August 2018 has been postponed. To stay up to date with the current fares, please visit http://riderta.com/fares

Eligibility



**Remember to make sure all elements of Eligibility are up to date and verified <u>prior</u> to entering into CAREWare. Faxing eligibility to agencies or requesting faxes of eligibility documents already uploaded into CAREWare is not permissible.

Expenditures

Fiscal Year 2017 - March 1, 2017 through Fe				
		Total	Unduplicated	Service Priority
Service Category		Expenditures	Clients Served	Ranking
OUTPATIENT/AMBULATORY HEALTH SERVICES	CORE	\$ 1,036,082.48	2082	#1
MEDICAL CASE MANAGEMENT	CORE	\$ 889,361.20	1022	#3
ORAL HEALTH CARE	CORE	\$ 389,349.52	336	#7
SUBSTANCE ABUSE OUTPATIENT CARE	CORE	\$ 23,502.15	26	#12
MENTAL HEALTH SERVICES	CORE	\$ 127,174.82	270	#9
MEDICAL NUTRITION THERAPY	CORE	\$ 49,791.51	229	#16
HIPCSA	CORE	\$ 434,075.05	96	#17
EARLY INTERVENTION SERVICES	CORE	\$ 201,496.83	227	#4
HOME HEALTH CARE SERVICES	CORE	\$ 7,675.61	33	#19
HOME/COMMUNITY BASED HEALTH CARE	CORE	\$ 41,910.05	34	#18
MEDICAL TRANSPORTATION	SUPPORT	\$ 82,010.69	1520	#2
EMERGENCY FINANCIAL ASSISTANCE	SUPPORT	\$ 79,632.50	69	#5
NON-MEDICAL CASE MANAGEMENT SERVICES	SUPPORT	\$ 369,382.34	1663	#10
PSYCHOSOCIAL SUPPORT	SUPPORT	\$ 42,003.78	113	#14
SUBSTANCE ABUSE SERVICES - RESIDENTIAL	SUPPORT	\$ 23,720.70	5	#20
FOOD BANK/HOME DELIVERED MEALS	SUPPORT	\$ 102,608.03	412	#8
OUTREACH	SUPPORT	\$ 98,495.93	640	#11
OTHER PROFESSIONAL- LEGAL	SUPPORT	\$ 172,692.56	234	#13
TOTAL		\$4,170,965.75	3140	

During the FY2017, the Cleveland TGA Part A grant funds provided services for 3140 unduplicated clients at fourteen service providers. Annually, the HIV Regional Planning Council ranks and funds the service categories for the grantee's office to administer. There must be at least 75% of funds spent on Core services and no more than 25% spent on Support service categories. In addition to the FY2017 Part A grant award, the Ohio Department of Health Part B program contributed an additional \$187,275.40. This dollar amount is included in the total expenditures.

REWare Data

Did you know that the data you enter into CAREWare has a huge impact on grant activities and decision-making?



The data helps to: Justify continuation of services Allocate resources and funding Identify disparities and any client needs

It is expected that providers complete data entry monthly to ensure data is up to date in CAREWare.

Below are the five data quality reports that agencies are expected to run, along with some tips for running them in CAREWare. If you have any questions, please contact Melissa Rodrigo at mrodrigo@ccbh.net.

1) TLSMissingRyanWhiteEligibility – clients listed have been reported as, Not Eligible for Ryan White; however, a Ryan White funded service was entered during the reporting period. (Note: clients listed on this report will not be included on the annual RSR report until corrections are made. As a result, your agency will not get full credit for client services or medical tests and screenings provided.)

2) RSR Client Report Viewer – run for the current calendar year, Report Year: 2018, the number of client records with missing data will be listed under the "count" column for each category.

3) TLSMissingAnnualReview (non-medical providers) – clients listed are missing insurance, income, or housing arrangement.

TLSMissingAnnualReviewMedical (medical providers) - clients listed are missing insurance, income, housing arrangement; and/or risk counseling, mental health screening or substance abuse screening.

 TLSMissingClientStatus – clients listed are missing enrollment date, or if discharged "case closed date", vital status, HIV status, HIV risk, and/or date of HIV+ and/or AIDS diagnosis.

5) TLSMissingDemographics – clients listed are missing ethnicity, race, street address, city, county, state, or zip code.

leveland TGA 12018 Service Providers

Ryan White Part A Cleveland TGA

		Sei	rvice \$	Summ	ary B	y Pro	vider	- FY20	018					
	MDS	a treatment of	outstone of	Steam Cle	inter line b	OF SCHOOL FREE	A ABIL Societ	New Cases	DIESO ALES	Sillean Mark	alleally Aug	Sal Contra	ALLE LEAD	and the state of t
Core Services		ř				-			r		()			
Early Intervention Services (EIS)			X			X				X		X		
HIPCSA										X			Х	
Home and Community-Based Health Services					Х									
Home Health Care					Х									
Medical Case Management			Х	X					X	X	Х	X	X	
Medical Nutrition Therapy										X		X	X	
Mental Health Services				X			X	X		X		Х	Х	
Oral Health Care			Х							X			X	
Outpatient Ambulatory Health Services (OAHS	Х		X	Х					X	X		X	Х	
Substance Abuse Outpatient Care										X		X		
Support Services														
Emergency Financial Assistance	X		Х	X						X		X	X	
Food Bank / Home Delivered Meals		X									х			
Medical Transportation		Х		X		X	X	X	X	X	X	X	X	
Non-medical Case Management Services		X								X	Х			
Other Professional Services											X			
Outreach Services				X						X		X	X	
Psychosocial Support Services				X						X		X	X	
Substance Abuse Services (Residential)												X		



HIV Testing Updates

According to the Ohio Department of Health, a new HIV testing algorithm is on its way. The new testing algorithm will incorporate a rapid-rapid-referral process, with the hopes of linking newly diagnosed individuals to care immediately. The new testing protocols will call for two simultaneous HIV positive results from two rapid HIV tests from different manufacturers. Once the HIV Tester assesses that both results are, in fact, positive, the hope is that they will be able to call one of their care partners to secure a new patient appointment either the same day or the next day.

Each ODH designated Prevention Region will begin transitioning testing technologies in May/June. All testing sites should be transitioned by end of July, 2018. With this being said, all Ryan White Care providers should be aware that in order to assist with this process, many HIV testing sites may be looking for a care provider to partner with, to assist with the rapid linkage.

Ohio Medicaid Work Requirement - What You Need to Know

In February 2018, Ohio Medicaid proposed a work requirement for individuals enrolled in the Medicaid expansion group. To comply with the work requirement, enrolles would need to demonstrate they work at least 20 hours a week or are engaged in other allowable activities, including job search, education and training, or unpaid work in certain areas. Individuals exempt from the requirement are the following: over the age of 55, enrolled in school/occupational program, participating in alcohol/drug addiction program, or have an intensive physical health care need or serious mental illness. The proposal is still in the comment period. For any questions, please contact Vino Sundaram at vsundaram@ccbh.net.

State Joint HIV Needs Assessment

The Cleveland TGA will be participating in a statewide joint needs assessment being conducted by the Ohio University Voinovich School of Leadership and Public Affairs on behalf of the Ohio Department of Health. The needs assessment will be a three-year project involving focus groups and surveys among high-risk negatives, PLWHA, and healthcare professionals who work with PLWHA. Information from the needs assessment will be used to prioritize and allocate future funding. Client and provider engagement is critical, therefore client recruitment and marketing is expected from agencies. Currently, the project is in Year One which consists of focus groups across the state of Ohio. There will be four focus groups in the Cleveland TGA: at Circle Health Services, St. Augustine Manor, Signature Health, and MercyHealth. The grantee office will provide additional details as specific arrangements are made in the TGA. For any questions, please contact Vino Sundaram at vsundaram@ccbh.net.

Planning Council Corner

Cuyahoga County HIV Health Services Ryan White Planning Council Annual Priority Setting and Resource Allocation (PSRA) Meeting Date: <u>Wednesday, June 27, 2018</u> 12:00– 4:00pm St. Augustine's 7801 Detroit Avenue Cleveland,OH 44102 The Commons Room

The meeting will be Planning Council working sessions to establish service priorities and allocate funding for People living with HIV/AIDS in the Cleveland TGA for the upcoming grant year.

If you have questions please contact: Sharron Harris sharris@promesacgi.com 301-807-2196

This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under Ryan White Part A; grant number H89HA23812. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

