CUYAHOGA COUNTY BOARD OF HEALTH

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

Ryan White Part A – Program Updates

Melissa Rodrigo

Supervisor

mrodrigo@ccbh.net



Program Requirements Updates

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



FY2019 Providers Funded

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Core Services Early Intervention Services (EIS)			X			X				X		X		
HIPCSA			71			/ A				X		<u> </u>	X	
Home and Community-Based Health Services	s				X									
Home Health Care					X									
Medical Case Management			X	X					X	X	X	X	X	
Medical Nutrition Therapy										X		X	X	
Mental Health Services							X	X		X		X	X	
Oral Health Care			X							X			X	
Outpatient Ambulatory Health Services (OAF	X		X	X					X	X		X	X	
Support Services														
Emergency Financial Assistance			X	X						X		X	X	
Food Bank / Home Delivered Meals		X									X			
Medical Transportation		X		X		X	X	X	X	X	X	X	X	
Non-medical Case Management Services		X								X	X			
Other Professional Services											X			47
Outreach Services				X									X	Dyan White
Psychosocial Support Services										X		X	X	Ryan White

FY2019 DATA Requirements

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

FY2019 Fiscal Summary

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



Fiscal Requirements

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



Eligibility

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



Contracts

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



Communication

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

Reports/Submissions

Deadlines:

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



Exception Requests

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

Planning Council FY2019 Directive

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

Core 75% V Support 25%

- Early Intervention Services
- HIPSCA
- Home Health
- Home and Community
- Medical Case Management
- Medical Nutrition Therapy
- Mental Health
- Oral Health
- Outpatient Ambulatory Health Services

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



Grievances

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

Ryan White Part A

Grievances Continued

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



Expectations

Required activities:

- Staffing vacancies report within 3 days of notification
- Upload Eligibility within 3 business days of completion
- New staff require job descriptions, credentials and resumes sent to Grantee –
 Ensure staff meet requirements within Local Standard of Care
- Jump drive will be passed along to staff that need it
- Medical Transportation, eligibility and grievance policies are on file at our office
- New staff training before seeing clients
- Standard of Care development
- Statewide Integrated planning efforts as subject matter experts
- Participation in the Clinical Quality Management program
- Data is cleaned monthly
- EIIHA/Prevention meeting
- Training and Technical Assistance
- Needs Assessment activities
- Budget Meetings
- Staff attend required meeting attendance tracked



Continuing from FY2018

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



New in FY2019

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

Visit Our Program

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



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Cleveland TGA Epidemiology Overview

Vino Sundaram
Program Manager

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2017 Ryan White Part A-Epidemiology Summary

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

2017 Epidemiology Western Counties: Lorain and Medina

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



2017 Epidemiology Eastern Counties: Lake, Geauga, Ashtabula

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

Recommended Data-Driven Priority Populations Based on 2017 Epidemiology

Cuyahoga County

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

Eastern and Western Counties

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



2017 Cuyahoga County Epidemiology

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



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State Joint HIV Needs Assessment Update

Vino Sundaram Program Manager

vsundaram@ccbh.net



Year 1 Recap

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



Year 1 Recap

 Focus groups touched on the following topics:

Diagnosis

Linkage to Care

Retention in Care

Viral Suppression

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

Year 2 Update

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



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Standards of Care (SOC) Update

Vino Sundaram Program Manager

vsundaram@ccbh.net



Recap

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



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

Medical Transportation

Medical Case Management

Outpatient Ambulatory Health Services

Non-Medical Case Management

Early Intervention Services

Emergency Financial Assistance

Outreach

Nutrition



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

vsundaram@ccbh.net

Where to find the new standards of care?

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



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Cleveland TGA CQM Committee & TGA Data

Zach Levar Program Manager



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2018 CQM Training Topics

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





2018 Project Highlights

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



2019 CQM Direction

Training

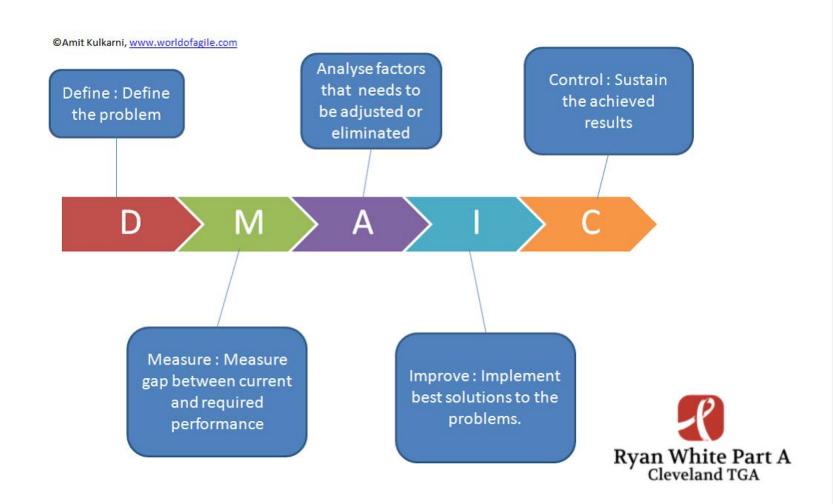
- 4 in-person meetings
- Passive QI approach
- Group training



Action

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

2019 Project Tool



Cleveland TGA Data





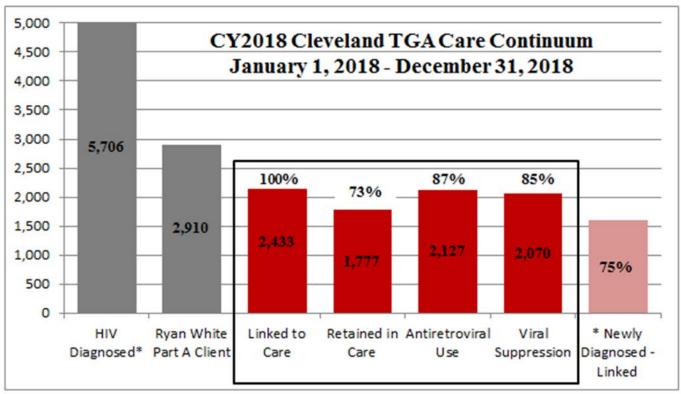
Ryan White Part A Cleveland TGA

Persons Living with Diagnosed HIV Infection-Continuum of Care, Part A-Cleveland, 2015-2016 100% -90% 70% 60% 54% 46% 50% 43% 40% 36% 28% 26% 30% 20% 10% 0% Receipt of Care Retained in Care Virally Supressed

■2015 ■2016

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





- HIV-Diagnosed: Diagnosed HIV prevalence in the jurisdiction as reported by the Ohio Department
 of Health. *Please note: The most recent available prevalence data from the Ohio Department of Health is as of December 31,
 2017
- Ryan White Part A Clients: Number of diagnosed individuals who received a Ryan White Part A
 funded service in the measurement year.
- Linked to Care: Number of HIV positive individuals that had at least one Ryan White Part A funded medical visit, viral load test, or CD4 test in the measurement year.
- Retained in Care: Number of HIV positive individuals who had two or more Ryan White Part A
 funded medical visits, viral load or CD4 tests performed at least three months apart during the
 measurement year.
- Antiretroviral Use: Number of HIV positive individuals receiving Ryan White Part A funded medical care who have a documented antiretroviral therapy prescription on record in the measurement year.
- Viral Suppression: Number of HIV positive individuals receiving Ryan White Part A funded medical care whose most recent HIV viral load within the measurement year was less than 200 copies/mL.
- *Newly Diagnosed Linked: Number of HIV positive individuals receiving a diagnosis of HIV in the measurement year that had at least one Ryan White Part A funded medical visit, viral load test, or CD4 test within ninety days of diagnosis. *Please note the denominator for Newly Diagnosed Linked is different from the denominators used to calculate other steps in the continuum.



CLE TGA Treatment Cascade by Service Category

January 1, 2018 - December 31, 2018

Treatment Cascade Totals	Part A	Linked to Care		Retained in Care		Prescribed ART		Virally Suppressed		Newly Diagnosed Linked		
	2,910	2,433	100%	1,777	73%	2,127	87%	2,070	85%	79	75%	
										Newly Dia	amosod	
Core Service Category	Part A	Linked	to Care	Retained	in Care	Prescrib	ed ART	Virally Su	ıppressed		Linked	
Outpatient Ambulatory Health Services (OAHS)	2,034	2,020	99%	1,588	79%	1,805	89%	1,745	86%	62	87%	
Medical Case Management	1,076	884	82%	689	78%	821	93%		86%	19	58%	
Early Intervention Services (EIS)	187	172	92%	96	56%	115	67%		65%	26	84%	
Oral Health Care	303	266	88%	219	82%	241	91%	248	93%	1	50%	
Mental Health Services	195	189	97%	147	78%	166	88%	162	86%	3	100%	
Substance Abuse Outpatient Care	4	3	75%	3	100%	3	100%	2	67%	0	0%	
Medical Nutrition Therapy	233	227	97%	203	89%	222	98%	215	95%	3	75%	
Health Insurance Premium Cost Sharing Assistance (HIP	104	90	87%	71	79%	77	86%		94%	0	0%	
Home/Community Based Health	35	24	69%	21	88%	24	100%		100%	0	0%	
Home Health Care Services	37	26	70%	21	81%	26	100%	26	100%	0	0%	
Support Service Category	Part A	Linked	to Care	Retained	in Care	Prescrib	ed ART	Virally Su	ippressed	Newly Dia Link	_	
Medical Transportation Services	1,308	1,083	83%	848	78%	939	87%	932	86%	37	76%	
Emergency Financial Assistance (EFA)	44	42	95%	27	64%	29	69%	31	74%	3	100%	
Food Bank / Home Delivered Meals	401	306	76%	224	73%	264	86%		82%	2	100%	
Non-Medical Case Management Services	1,496	1,306	87%	957	73%	1,053	81%		81%	47	82%	
Outreach Services	403	288	71%	157	55%	250	87%		73%	11	55%	
Other Professional Services	243	183	75%	144	79%	161	88%	153	84%	4	80%	
Psychosocial Support	123	109	89%	94	86%	95	87%	89	82%	4	80%	
Substance Abuse Services - Residential	5	3	60%	2	67%	3	100%	3	100%	0	0%	



CLE TGA Treatment Cascade by Demographics

January 1, 2018 - December 31, 2018

CY2018 Treatment Cascade Totals	Part A	Linked to Care		Retained	l in Care	Prescribe	d ART	Virally Suppressed		
	2,910	2,433	84%	1,777	73%	2,127	87%	2,070	85%	
Race	Part A	Linked	to Care	Retained	in Care	Prescribe	d ART	Virally Su	ppressed	
Black Non-Hispanic	1,732	1,422	82%	991	70%	1,242	87%	1,166	82%	
Hispanic	321	284	88%	205	72%	228	80%	237	83%	
White Non-Hispanic	820	698	85%	534	77%	631	90%	606	87%	
More Than One Race/Other	37	29	78%	22	76%	26	90%	24	83%	
Age	Part A	Linked to Care		Retained in Care		Prescribed ART		Virally Suppressed		
2-12	7	7	100%	3	43%	2	29%	3	43%	
13-24	124	101	81%	52	51%	73	72%	64	63%	
25-44	1,066	881	83%	541	61%	714	81%	691	78%	
45-64	1,505	1,262	84%	1,002	79%	1,168	93%	1,108	88%	
65+	208	182	88%	154	85%	170	93%	167	92%	
Gender	Part A	Linked	to Care	Retained in Care		Prescribed ART		Virally Suppressed		
Male	2,145	1,772	83%	1,254	71%	1,543	87%	1,476	83%	
Female	705	615	87%	466	76%	542	88%	518	84%	
Transgender	60	46	77%	32	70%	42	91%	39	85%	
HIV Risk Factor	Part A	Linked to Care		Retained in Care		Prescribed ART		Virally Suppressed		
MSM	1,593	1,317	83%	930	71%	1.137	86%	1,101	84%	
IDU	143	112	78%	82	73%	102	91%	97	87%	
MSM and IDU	23	20	87%	14	70%	19	95%	18	90%	
Heterosexual	1,229	1,038	84%	756	73%	916	88%	859	83%	



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