

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

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Program Requirements Updates

- Prevention Services for Region 3 at CCBH
- Ending the HIV Epidemic
- FY2020 Funding Status
- Data – What's new FY2020
- Fiscal Review
- Eligibility
- Contracts
- Communication
- Reporting
- Exceptions
- Planning Council
- Grievances
- Expectations
- Ongoing Program Initiatives

New at CCBH

- As of February 1, 2020 CCBH became the Region 3 STI/HIV Prevention grantee
- Working with ODH to ensure state processes are followed
- CCBH released an RFP for CTR sites (7)
- Staffing the program throughout the 1st 5 months identifying training needs
- Combined EIIHA meetings will contin

Ending the HIV Epidemic

- Supported ODH RFP to secure a contractor (July 2019)
- Submitted an RFP to HRSA October 2019 for EtHE Care
- Awarded \$750,000 (March 1st)
- Contractor Community Solutions was selected as EtHE contactor (March 9th)
- Prevention RFP being submitted in a couple weeks (March 25th)
- Planning should start April 2020

Ryan White HIV/AIDS Program Parts A and B". Cuyahoga County is one of the 48 counties eligible to apply for the funding. The goal is to reduce new HIV infections by 75% within five years, and 90% within 10 years.



Diagnose all people with HIV as early as possible.

Treat people with HIV rapidly and effectively to reach sustained viral suppression.



Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



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FY2020 Potential Providers

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



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FY2020 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
- MCM clients should have VLS data entered in CAREWare

Fiscal Summary

Allocation and Request FY2019-2020 and FY2020-2021

Service	Core/Support	2019-2020 Final Allocation	2020-2021 Initial Request
TOTAL PROVIDER TOTAL BUDGET	TOTAL BUDGET	\$ 4,262,449.00	\$ 5,378,798.44
TOTAL OUTPATIENT/AMBULATORY HEALTH SERVICES	TOTAL CORE	\$ 1,073,807.00	\$ 1,487,285.84
TOTAL MEDICAL CASE MANAGEMENT	TOTAL CORE	\$ 946,595.00	\$ 1,272,949.07
TOTAL ORAL HEALTH CARE	TOTAL CORE	\$ 321,508.00	\$ 363,688.41
TOTAL MENTAL HEALTH SERVICES	TOTAL CORE	\$ 351,880.00	\$ 588,967.11
TOTAL MEDICAL NUTRITION THERAPY	TOTAL CORE	\$ 53,568.00	\$ 52,811.67
TOTAL HIPCSA	TOTAL CORE	\$ 278,404.00	\$ -
TOTAL EARLY INTERVENTION SERVICES	TOTAL CORE	\$ 251,135.00	\$ 401,652.96
TOTAL HOME HEALTH CARE SERVICES	TOTAL CORE	\$ 11,136.00	\$ 13,122.22
TOTAL HOME/COMMUNITY BASED HEALTH CARE	TOTAL CORE	\$ 59,624.00	\$ 66,877.78
TOTAL MEDICAL TRANSPORTATION	TOTAL SUPPORT	\$ 106,301.00	\$ 122,192.05
TOTAL EMERGENCY FINANCIAL ASSISTANCE	TOTAL SUPPORT	\$ 38,966.00	\$ 74,349.50
TOTAL NON-MEDICAL CASE MANAGEMENT SERVICES	TOTAL SUPPORT	\$ 366,893.00	\$ 529,741.05
TOTAL PSYCHOSOCIAL SUPPORT	TOTAL SUPPORT	\$ 51,430.00	\$ 81,469.15
TOTAL FOOD BANK/HOME DELIVERED MEALS	TOTAL SUPPORT	\$ 100,723.00	\$ 107,819.17
TOTAL OUTREACH	TOTAL SUPPORT	\$ 61,813.00	\$ -
TOTAL OTHER PROFESSIONAL SERVICES	TOTAL SUPPORT	\$ 188,666.00	\$ 215,872.46



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Fiscal Requirements

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

Eligibility

- Sub-Recipient has policies in line with the TGA policies
- Train new staff
- 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

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

Planning Council FY2020 Directive

- To require Housing Staff funded by Part A to provide in person quarterly reports of service delivery based on specific Planning Council guidance
- Direct Grantee to request yearly Positive Action Housing Alliance (PAHA) meeting and schedule
- Direct the Grantee to invite the AIDS Education & Training Center (AETC) to provide an overview to the Planning Council to their programs and services



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Core 75% V Support 25%

- Early Intervention Services
- 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)
- Psychosocial Support



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Grievances

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



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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.



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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/New in FY2020

- Data to Care Initiative
- Ending the HIV Epidemic Planning
- TGA Release of Information TGA wide
- Formal Referral process
- Acuity scale implementation
- Coordinating with the new Prevention team
- No HIPSCA or Outreach

Visit Our Program

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



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Cleveland TGA Epidemiology Overview

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2018 Ryan White Part A- Epidemiology Summary

Incidence/New Cases

- Males made up 88% of new cases in the grant area; more specifically, 51% of new cases were African-American males.
- Highest number of new cases was in the 25-29yrs of age group.
- 66% of new cases were in the Men that have Sex with Men (MSM) exposure category.



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2018 Epidemiology

Western Counties: Lorain and Medina

Incidence/New Cases

- In 2018, there were 19 new cases. 74% were male; 42% were White males.
- 26% of cases were in the age 20-24yo age group.
- 43% of cases were in the MSM exposure category.



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2018 Epidemiology

Eastern Counties: Lake, Geauga, Ashtabula

Incidence/New Cases

- In 2018, there were 6 new cases in the three counties. 100% were male, more specifically, White males made up 83% of the cases.
- 28% of cases were in the age 35-39yo age group.
- 83% of cases were in the MSM exposure category.



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Recommended Data-Driven Priority Populations Based on 2018 Epidemiology

Cuyahoga County

- **African-American**
- **Men who have sex with men (MSM)**
- **Under Age 30**

Eastern and Western Counties

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



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2018 Cuyahoga County Epidemiology

Incidence/New Cases

- Males made up 89% 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.
- 48% of new cases were below the age of 30.
- 60% of new cases were in the MSM exposure category



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State Joint HIV Needs Assessment Update

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Year 2

- Survey to assess needs among PLWHA and high-risk negatives (HRN)
- Can be taken on smartphone, computer, or pen-and-paper
- Survey can be taken only one time per IP address
- If you would like to assist multiple clients from your IP address, please contact Vino to obtain a case manager link.



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Year 2 Update

Survey link

<http://bit.ly/HLTHOH>



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Standards of Care (SOC) Update

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- Standards of Care for the service categories can be found here: <http://www.ccbh.net/ryan-white-provider-resources/>
- Changes:
 - Early Intervention Services/Outreach
 - HIPCSA
 - Medical Case Management – acuity scale and U=U

Please review the SOC's for the categories your agency is funded for.

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Data to Care (D2C) Update

Vino Panakkal
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Update

- February 2020 NIC list has been released to CCBH, CCBH staff are in the process of vetting and sorting the list
- Agency NIC lists should be out to agencies in the next few weeks
- Thank you to all who have been assisting with this project!



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Region 3 Outcomes

ODH released its report of outcomes for the August 2019 NIC list

Total number of persons on NIC list: 207

Total number of persons prioritized for investigation: 151

Total number of persons investigated: 149

Total number of persons contacted: 33

Total number of persons confirmed to be not in care: 29

Total number of persons linked to care: 14



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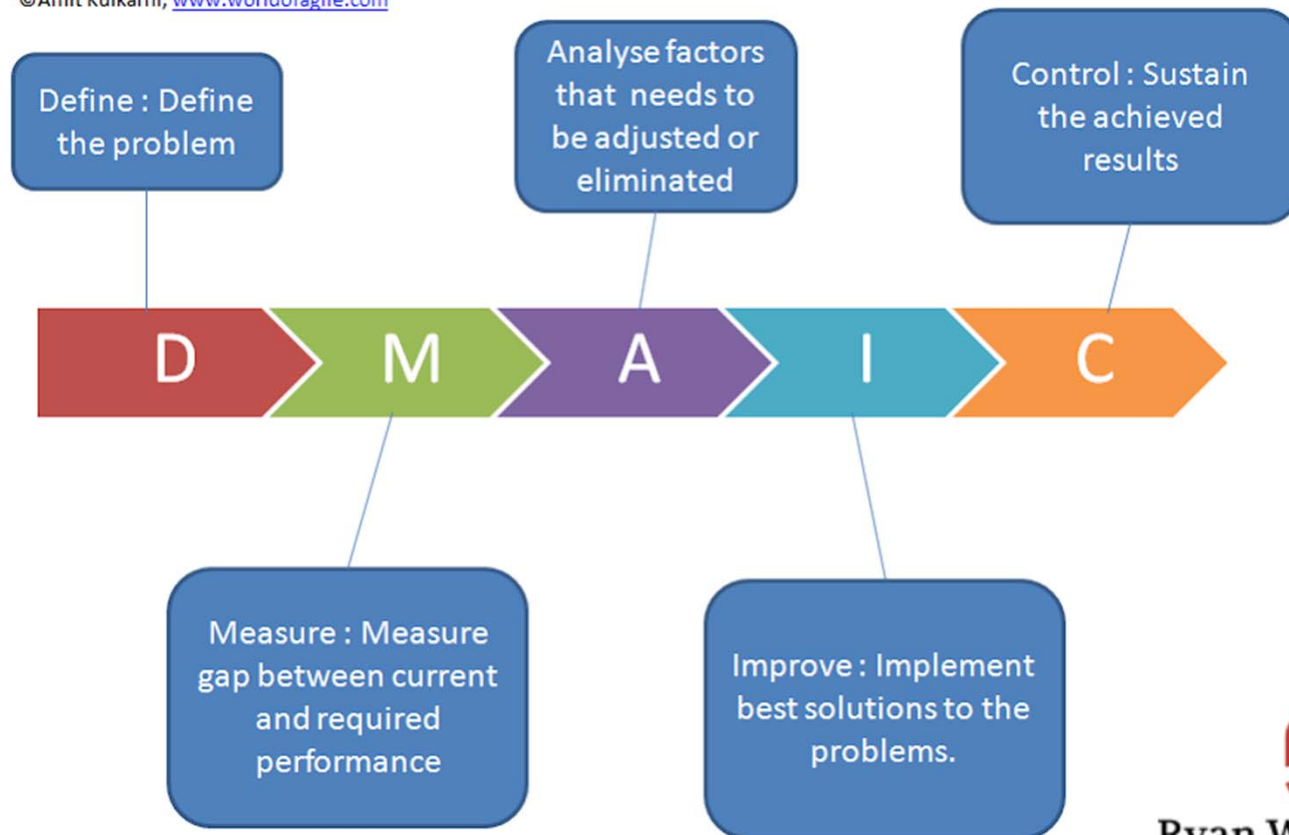
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CQMC Summary, Care Continuum, Acuity
Zach Levar – Program Manager – zlevar@ccbh.net

2019 Project Tool

©Amit Kulkarni, www.worldofagile.com



2019 Focus Populations

- All sub-recipients were given viral load suppression data for the following groups at the beginning of the year:
 - Agency Total - **7**
 - MSM of Color - **4**
 - Transgender - **0**
 - African American/Latina Women - **0**
 - Youth(Ages 13-24) - **2**



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2019 Project Overviews

- Agency Total Focus:
 - Improve clinic accessibility by offering evening clinics
 - Coordinating an effort to improve tracking of and preventing insurance lapses between MCM/Outreach
 - Implementing VLS questionnaire for home health aide visits + follow up procedure
 - Creating resource packet for Lorain county for newly diagnosed patients
 - Conducting HIV 101 staff trainings with medical expertise
 - Developing structured process to reach isolated clients
 - Addressing transportation barriers through implementation of Lyft



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2019 Project Overviews (Cont'd)

- MSM of Color
 - Intensive case management and offsite case management visits for newly diagnosed
 - Prevent insurance lapses & decrease time between depression diagnosis and initial counseling visit
 - Enhance intake process and focus on education of STIs at client visits
 - Enhancing partnerships with agencies to ensure no duplication of services & medication adherence training



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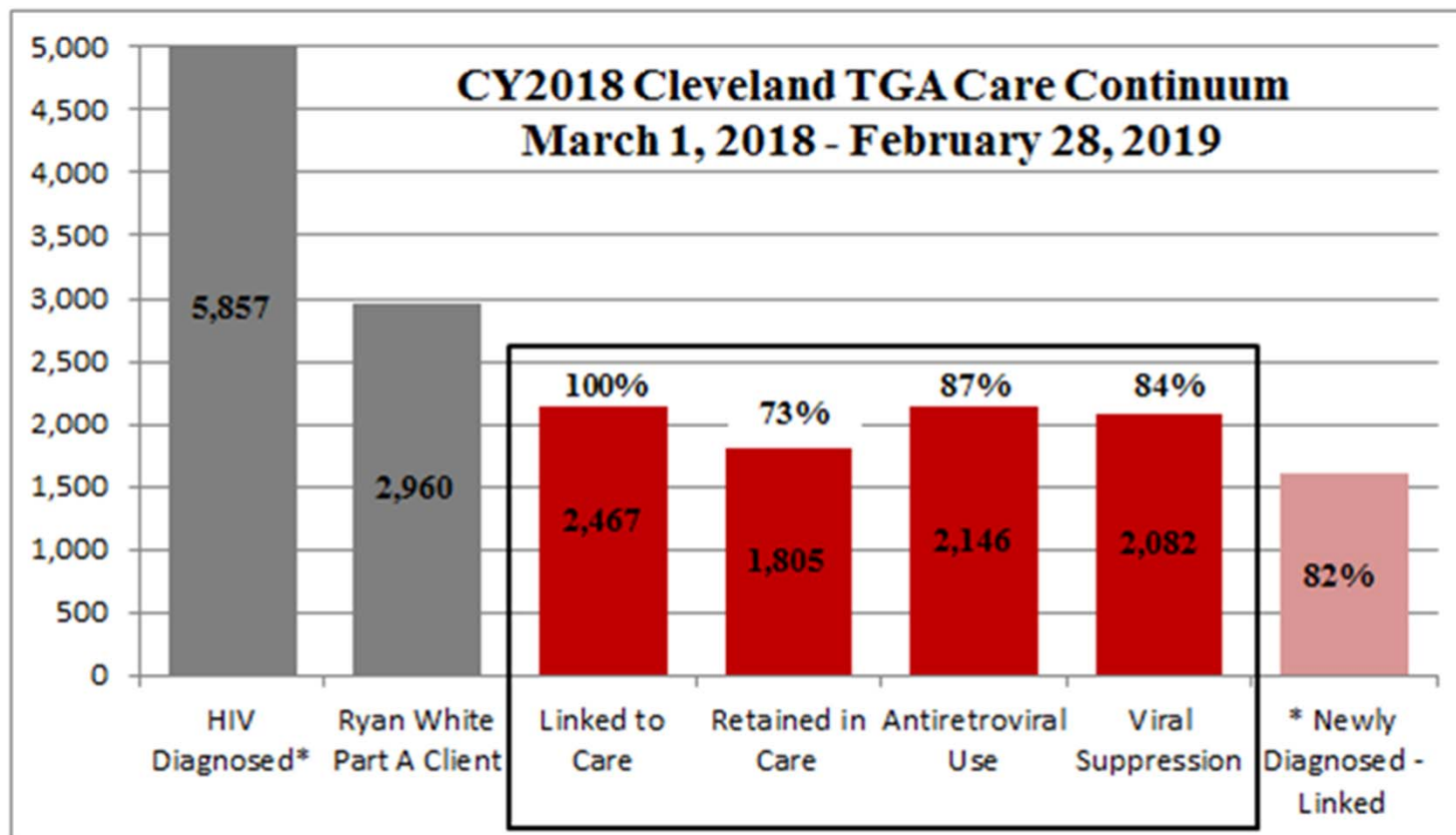
2019 Project Overviews (Cont'd)

- Youth
 - Addressing transportation barriers through implementation of Lyft
 - Intensified case management and nurse care coordination for non-suppressed youth & monthly youth team meetings

CLEVELAND TGA CONTINUUM



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● **HIV-Diagnosed:** Diagnosed HIV prevalence in the jurisdiction as reported by the Ohio Department of Health. *Please note: The most recent available prevalence data from the Ohio Department of Health is as of December 31, 2018.

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

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

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

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

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

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



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Numbers as of 9/30/19

Date:	3/1/18 - 2/28/19	%	10/1/18 - 9/30/19	%
Ryan White Clients	2960	-	3001	-
Linked to Care	2467	-	2514	-
Retained in Care	1805	73%	1804	72%
ART Prescription	2146	87%	2185	87%
Viral Suppression	2082	84%	2188	87%



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Cleveland TGA Treatment Cascade by Service Category

March 1, 2018 - February 28, 2019

Treatment Cascade Totals	Part A	Linked to Care	Retained in Care	Prescribed ART	Virally Suppressed	Newly Diagnosed Linked
	2,960	2,467 100%	1,805 73%	2,146 87%	2,082 84%	84 82%
Core Service Category	Part A	Linked to Care	Retained in Care	Prescribed ART	Virally Suppressed	Newly Diagnosed Linked
Outpatient Ambulatory Health Services (OAHS)	2,064	2,034 99%	1,594 78%	1,826 90%	1,744 86%	68 93%
Medical Case Management	1,101	903 82%	694 77%	826 91%	755 84%	24 71%
Early Intervention Services (EIS)	197	183 93%	103 56%	120 66%	119 65%	29 91%
Oral Health Care	320	281 88%	237 84%	257 91%	261 93%	2 100%
Mental Health Services	247	238 96%	187 79%	204 86%	199 84%	6 100%
Substance Abuse Outpatient Care	2	1 50%	1 100%	1 100%	1 100%	- 0%
Medical Nutrition Therapy	228	222 97%	194 87%	217 98%	211 95%	3 75%
Health Insurance Premium Cost Sharing Assistance (HIP)	108	92 85%	73 79%	80 87%	85 92%	0 0%
Home/Community Based Health	35	23 66%	21 91%	23 100%	23 100%	- 0%
Home Health Care Services	37	24 65%	22 92%	24 100%	24 100%	- 0%
Support Service Category	Part A	Linked to Care	Retained in Care	Prescribed ART	Virally Suppressed	Newly Diagnosed Linked
Medical Transportation Services	1,422	1,189 84%	908 76%	1,022 86%	1,018 86%	43 81%
Emergency Financial Assistance (EFA)	48	46 96%	30 65%	30 65%	33 72%	3 100%
Food Bank / Home Delivered Meals	388	290 75%	224 77%	250 86%	227 78%	3 75%
Non-Medical Case Management Services	1,584	1,386 88%	1,027 74%	1,119 81%	1,125 81%	50 88%
Outreach Services	400	284 71%	156 55%	246 87%	194 68%	10 56%
Other Professional Services	231	172 74%	142 83%	153 89%	140 81%	2 67%
Psychosocial Support	132	120 91%	97 81%	103 86%	97 81%	3 75%
Substance Abuse Services - Residential	1	0 0%	0 0%	0 0%	0 0%	- 0%



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Where can we focus VLS discussion?

- Below are service categories that displayed more than a 5% variance between ART prescription and VLS rates for FY2018:

FY2018	ART %	VLS%
Medical Case Management	91%	84%
Food Bank/ Home Delivered Meals	86%	78%
Outreach Services	87%	68%
Other Professional Services	89%	81%
Psychosocial Support	86%	81%



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Cleveland TGA Treatment Cascade by Demographics

March 1, 2018 - February 28, 2019

FY2018 Treatment Cascade Totals	Part A	Linked to Care		Retained in Care		Prescribed ART		Virally Suppressed	
	2,960	2,467	83%	1,805	73%	2,146	87%	2,082	84%

Race	Part A	Linked to Care		Retained in Care		Prescribed ART		Virally Suppressed	
Black Non-Hispanic	1,758	1,434	82%	1,003	70%	1,205	84%	1,159	81%
Hispanic	330	296	90%	210	71%	231	78%	242	82%
White Non-Hispanic	832	705	85%	540	77%	627	89%	617	88%
More Than One Race/Other	39	33	85%	22	67%	25	76%	27	82%

Age	Part A	Linked to Care		Retained in Care		Prescribed ART		Virally Suppressed	
2-12	5	5	100%	3	60%	2	40%	3	60%
13-24	127	108	85%	56	52%	70	65%	67	62%
25-44	1,083	901	83%	555	62%	699	78%	689	76%
45-64	1,525	1,268	83%	1,001	79%	1,140	90%	1,111	88%
65+	219	186	85%	160	86%	177	95%	175	94%

Gender	Part A	Linked to Care		Retained in Care		Prescribed ART		Virally Suppressed	
Male	2,188	1,806	83%	1,288	71%	1,522	84%	1,494	83%
Female	708	613	87%	452	74%	527	86%	512	84%
Transgender	63	49	78%	35	71%	39	80%	39	80%

HIV Risk Factor	Part A	Linked to Care		Retained in Care		Prescribed ART		Virally Suppressed	
MSM	1,625	1,335	82%	947	71%	1,118	84%	1,102	83%
IDU	143	112	78%	81	72%	95	85%	98	88%
MSM and IDU	25	23	92%	13	57%	21	91%	21	91%
Heterosexual	1,252	1,060	85%	765	72%	897	85%	873	82%



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MCM ACUITY



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Medical Case Management Acuity

- All Medical Case Management providers have started using the CLE TGA approved Psychosocial Assessment as of March 1st
- This tool will calculate a clients overall need based off 17 functional areas
- Will assist in documentation of need and referrals
- Will ensure clients that need the most assistance will get the most assistance
- Will balance caseloads amongst case managers



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