CUYAHOGA COUNTY BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

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

Ryan White Part A – Program Updates Melissa Rodrigo Supervisor <u>mrodrigo@ccbh.net</u>

1



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

		PID:	5 Taktore	A Greater OF	and Chris	conduion For	JN Paning	Service of L	Duesa Duesa	Net	oteathnee	Acol Contex		
Core Services														
Early Intervention Services (EIS)			X			X				X		X		
HIPCSA										X			X	
Home and Community-Based Health Service	s				X									
Home Health Care					Χ									
Medical Case Management			X	X					Х	X	X	X	Χ	
Medical Nutrition Therapy										X		X	Χ	
Mental Health Services							X	X		X		X	X	
Oral Health Care			X							X			X	
Outpatient Ambulatory Health Services (OAF	Χ		X	X					Х	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			
Outreach Services				X									X	Deven Wilste Devet
Psychosocial Support Services										X		X	X	Ryan White Part

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

			N	AIN CURRENT	Diff	erence between
			в	UDGET - AT ALL		pproved and
Service	Provider Type	Request		TIMES		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



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 <u>vsundaram@ccbh.net</u>



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



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 <u>vsundaram@ccbh.net</u>



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
 <u>Vsundaram@ccbh.net</u>

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 zlevar@ccbh.net



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



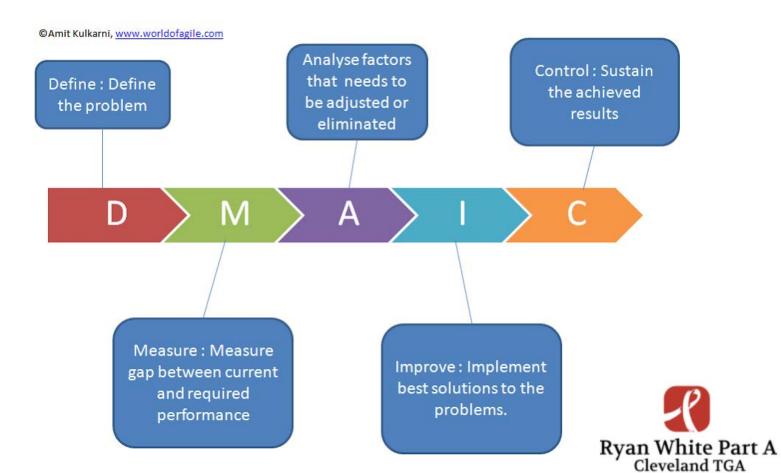
- 4 in-person meetings
- Passive QI approach
- Group training



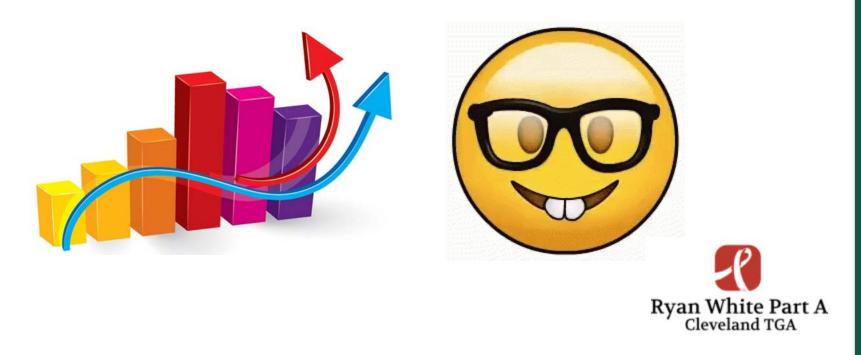
- 1 in-person meeting (November 18th 1pm – stop by)
- Hands on approach
- Individualized training and assistance



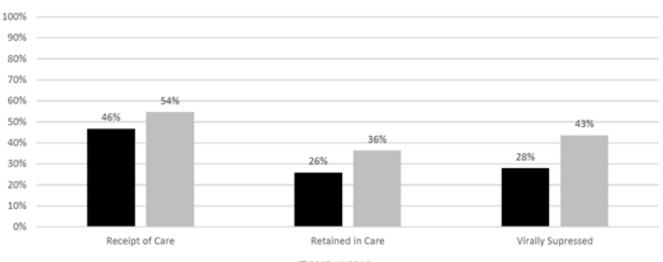
2019 Project Tool



Cleveland TGA Data



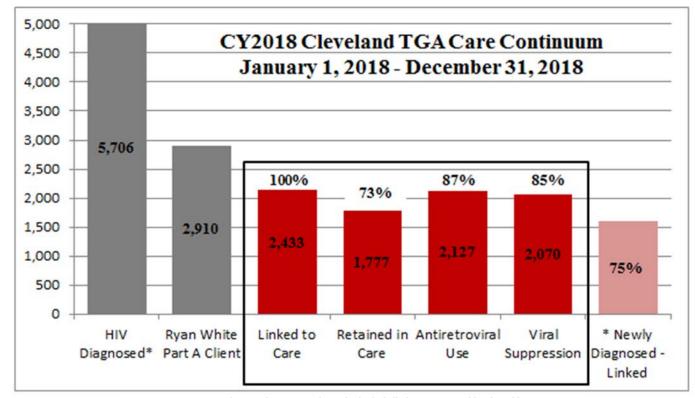
Persons Living with Diagnosed HIV Infection-Continuum of Care, Part A-Cleveland, 2015-2016



^{■2015 ■2016}

	Nume rator:	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 =>13 years living with HIV infection in the Part A-Cleve and area through the end of each year, and still living in the Part A-Cleve and area at the end of the next year(e.g., living with HIV as of 12/31/16 in the Part A-Cleve and area and still living in the Part						
		A-Cleveland area as of 12/31/2017)						
		Having at least two CD4 and/or VL tests at least three months apart through the end of the						
	Nume rator:							
	rumerator:	lowing 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		The number of persons aged =>13 years living with HIV infection in the Part A-Cleveland area						
	Denominator:	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		The number of persons aged =>13 years living with HIV infection in the Part A-Cleveland area						
virai suppression	_	through the end of each year, and still living in the Part A-Cleveland area at the end of the next						
	Denominator:	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)						
	1							





• 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	Prescrib	ed ART	Virally Su	ippressed	Newly Dia Link	-
	2,910	2,433	100%	1,777	73%	2,127	87%	2,070	85%	79	75%
Core Service Category	Part A	Linked	to Care	Retained	in Care	Prescrib	ed ART	Virally Su	ıppressed	Newly Dia Link	-
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%	763	86%	19	58%
Early Intervention Services (EIS)	187	172	92%	96	56%	115	67%	111	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%	85	94%	0	0%
Home/Community Based Health	35	24	69%	21	88%	24	100%	24	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	ppressed	Newly Dia	-
									·· .	Link	
Medical Transportation Services	1,308	1,083	83%	848	78%	939	87%		86%	37	76%
Emergency Financial Assistance (EFA)	44	42	95%	27	64%	29	69%		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%		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	Prescrib	ed ART	Virally S	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 Prescribed ART		Virally Suppressed			
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		Prescrib	ed 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	l in Care	Prescrib	ed ART	Virally S	uppressed
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	d in Care	Prescrib	ed ART	Virally S	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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