

**Ending the HIV Epidemic-Cuyahoga County
Monitoring Tool**

Emergency Financial Assistance

Service Provider:	Review Date:
Reviewer:	

Point of Review:		Met	Unmet	N/A	Comments:	
Standard:	Measure:					
1	Service providers dispensing medications adhere to all local, state, and federal regulations, and maintain current licenses required to operate as a medication dispensary in the State of Ohio (<i>Clinical sub-recipients only</i>).	Documentation of current pharmacy license for the State of Ohio is reviewed (<i>Clinical sub-recipients only</i>).				
2	Service provider is enrolled in the Federal 340B Drug Pricing Program (<i>Clinical sub-recipients only</i>).	Documentation of current 340B certification is reviewed (<i>Clinical sub-recipients only</i>).				
3	Client file includes an assessment of presenting problem/need requiring EFA services.	Documentation of eligibility and need evident in the client chart.				
4	Client file includes a description of the date and type of EFA provided.	Documentation of date and description of EFA distributed evident in the client chart.				

5	Drugs distributed under EFA are included on the approved Ohio Drug Assistance Program formulary or the agency has received prior approval through the exception request process with the Grantee (<i>Clinical sub-recipients only</i>).	Documentation that distributed drug(s) is/are on the approved formulary or have received prior-approval evident in the client chart (<i>Clinical sub-recipients only</i>).				
6	Client did not receive EFA services for longer than 90 days.	Documentation that EFA services were limited to 90 days or less, evident in client chart.				
7	Client is linked to medical care.	Documentation that the client had at least one medical visit, viral load, or CD4 test within the measurement year evident in client chart (<i>can be a client report</i>).				
8	Client file has documentation supporting payment with EFA services.	Documentation such as most recent utility bill, number of household members, income information (if applicable), state ID, medical information (if applicable), records describing current & housing needs, description of financial need, and receipt of payment.				

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Early Intervention Services (EIS-CHW/Peer Navigation)

Service Provider:	Review Date:
Reviewer:	

Point of Review:		Met	Unmet	N/A	Comments:
Standard:	Measure:				
1 Peer Navigation clients are linked to medical care.	Documentation that the client had at least one medical visit, viral load, or CD4 test within 90 days of first EIS visit/service.				
2 Peer Navigation clients are prescribed ART.	Documentation that client was prescribed ART in the measurement year.				
3 Peer Navigation clients are virally suppressed.	Documentation that the client has a viral load <200 copies/ml at last test.				

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Intensive Medical Case Management

Service Provider:	Review Date:
Reviewer:	

	Point of Review:	Measure:	Met	Unmet	N/A	Comments:
Standard:						
1	Client is assessed and determined to be eligible for IMCM (Intensive Medical case management) services.	Evidence of need for IMCM is documented through assessment score(s) (ex. Acuity, PHQ9, etc.)				
2	Intensive MCM clients have a completed comprehensive individual care plan.	Documentation of completed comprehensive individual care plan is included in the file of all clients receiving services in the measurement year.				
3	Intensive MCM clients are continuously monitored to assess the efficacy of their individual care plan.	Documentation of case management meeting and/or attempted client contact occurred at least monthly. Client assessment and progress notes are documented in the client chart as evidence.				
4	Intensive MCM Clients are linked to medical care.	Documentation that the client had at least one medical visit, viral load, or CD4 test within the measurement year as documented by the intensive medical case manager.				
5	Intensive MCM Clients are prescribed ART.	Documentation that client was prescribed ART in the 12-month measurement year as documented by the intensive medical case manager.				

6	Intensive MCM Clients are virally suppressed.	Documentation that the client has a viral load <200 copies/ml at last test as documented by the intensive medical case manager.				
7	Client is successfully transitioned from IMCM to MCM/Non-MCM as needed.	Documentation that the goals of the individual care plan have been satisfied and IMCM is no longer needed.				

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Rapid Start ART

Service Provider:	Review Date:
Reviewer:	

Point of Review: Met Unmet N/A Comments:

Standard:	Measure:	Met	Unmet	N/A	Comments:
1 Care is provided by health care professionals certified in Ohio to prescribe medications in an outpatient setting such as a clinic, medical office, or mobile van	Documentation of all applicable licensures, certifications, registrations, or accreditations is available for review.				
2 Clients receiving Rapid Start services are linked to medical care.	Documentation that the client had at least one medical visit, viral load, or CD4 test within the measurement year.				
3 Clients receiving Rapid Start services are prescribed ART at first appointments or interaction with provider.	Documentation that client was prescribed ART at onset of care.				
4 Clients receiving Rapid Start services are virally suppressed. (Not applicable if client is newly diagnosed within 6 months of the measurement year end.)	Documentation that the client has a viral load <200 copies/mL after 6 months of care.				
5 A treatment plan is established that is appropriate to each client's age, gender, and specific needs, and that both provider and client have reviewed.	Applicable documentation in service records.				

6	Clients receiving Rapid Start services are provided follow up by a peer navigator, social worker or medical provider within 90 days of initial linkage to care appointment.	Documentation of contact made, contact attempt(s), follow up medical visit, viral load and/or CD4 test 90 days post diagnosis.				
7	Clients receiving Rapid Start services are provided follow up by a peer navigator, social worker or medical provider within 180 days of initial linkage to care.	Documentation of contact made, contact attempt(s), follow up medical visit, viral load and/or CD4 test 180 days post diagnosis.				
8	Staff follow-up with clients who miss medical visits to address barriers and to reschedule the appointment.	Applicable documentation in service records				

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Medical Transportation

Service Provider:	Review Date:
Reviewer:	

Point of Review:		Met	Unmet	N/A	Comments:
Standard:	Measure:				
1 Subrecipient shall conduct an initial transportation assessment for all persons receiving transportation services	Documentation of transportation service in client's record signed and dated by client and agency staff Agency medical transportation policy on file				
2 Subrecipient shall determine whether the client has known upcoming health care appointments for which there is no other source of transportation.	Client appointment verification record				
3 Documentation of transportation service in client's record signed and dated by client and agency staff	Agency mileage/voucher/token logs. Agency rideshare account on file. Documentation of transportation service in client's record signed and dated by client and agency staff. CW data entry reflecting provision of medical transportation service.				
4 Clients receiving medical transportation services are linked to medical care.	Documentation that the client had at least one medical visit, viral load, or CD4 test within the measurement year.				
5 Medical transportation clients are prescribed ART.	Documentation that client was prescribed ART in the measurement year.				

6	Clients receiving medical transportation services are virally suppressed. (Not applicable if client is newly diagnosed within 6 months of the grant year end.)	Documentation that the client has a viral load <200 copies/mL after 6 months of care.				
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Psychosocial Support Services

Service Provider:	Review Date:
Reviewer:	

Point of Review:		Met	Unmet	N/A	Comments:
Standard:	Measure:				
1	Psychosocial Support services are provided by qualified professionals or peers				
2	Documentation is maintained of all topics discussed through support group with correlating sign-in sheets.				
3	Access and engagement in primary care topics were discussed with the client at least once in a 3-month period.				
4	Access and engagement in medical case management was discussed with the client at least once in a 6-month period.				
5	Psychosocial client clients are prescribed ART.				
6	Psychosocial client is linked to medical care.				

7	Psychosocial client is virally suppressed. (Not applicable if client is newly diagnosed within 6 months of the grant year end.)	Documentation that client had less than 200 copies/mL at last HIV Viral Load test during the measurement year (can be client report).				
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