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
FY2023 Kick Off Meeting

Ending the HIV Epidemic

Presented by:

Monica Baker, Anastassia Idov,
La'Keisha James, Danielle LeGallee,
Alisha Cassady, Erin Lark, Brian Lutz

Ryan White Part A
Cleveland TGA

Meeting Agenda

- Welcome & Introductions
- General Program Updates
- Epi Overview
- CQM Overview
- Standards of Care
- Website & CAREWare
- Ending the Epidemic (EHE)
- Requirements
- Questions

Welcome & Introductions

CUYAHOGA COUNTY BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

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

Monica Baker
Ryan White Part A Grant Supervisor
mbaker@ccbh.net
216-201-2001 x1535

What's new at CCBH?

- **Deputy Director**
- **Grant Supervisor**
- **Program Manager**
- **Dedicated Epi staff**
- **EHE Program Expansion**

HIV Services at CCBH

Population Health		Nursing and Clinical Services
Martha Halko - Interim Director		**Brandy Eaton - Director**
Zach Levar - Deputy Director		
Monica Baker - RW Part A Supervisor	**Gloria Agosto Davis - EHE Supervisor**	**Ade Elisha - HIV/STI Prevention Supervisor**
Anastassia Idov - Program Manager	Erin Lark Turcoliveri - Program Manager	Melissa Kolenz - Program Manager
La'Keisha James - Program Manager		LaJuanna White - DIS Program Manager
Danielle LeGallee - Grant Coordinator	Brian Lutz - Program Manager	7 FTE DIS
		3 vacant DIS positions
Toni Mallory - Admin. Specialist	**vacant - Grant Coordinator**	

HIV/AIDS Services at CCBH

Ryan White Part A

- Part A services (core and support)
- Planning Council

EHE

- Care
- Community Advisory Group

Questions?

CUYAHOGA COUNTY

BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

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

Cleveland TGA Epidemiology Overview

Alisha Cassady
Epidemiologist
acassady@ccbh.net

Ryan White Part A
Cleveland TGA

2021 Cleveland TGA Epidemiology Summary

Incidence/New Cases

- 202 new cases in the TGA in 2021
  - 7% decrease from 2020
- Males made up 85% of new cases in the grant area.
  - More specifically, 56% of new cases were African-American males.
- Highest number of new cases was in the 20 – 24 year old age group.
- 43% of new cases were males who had sexual contact with a male in the last 12 months.

Ryan White Part A
Cleveland TGA

CCBH

2022* Cleveland TGA Epidemiology Summary

Incidence/New Cases

- 172 new cases in the TGA in 2022
  - 15% decrease from 2021
- Males made up 83.7% of new cases in the grant area
  - More specifically, 40.6% of new cases were African-American males.
- Highest number of new cases was in the 20 – 24 year old age group.
  - 43% of new cases were below the age of 30.
- 31.3% of new cases were males who had sexual contact with a male in the last 12 months.

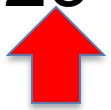
Ryan White Part A
Cleveland TGA

CCBH

*2022 data as of 2/14/2023; data is preliminary and subject to change

2022* Epidemiology
Western Counties: Lorain and Medina

Incidence/New Cases

- 29 new cases in the 2 counties
  -  32% increase from 2021
- 93% of cases were male
  - Both Black and White males separately each comprised 38% of cases
- 2 new cases identified as Hispanic/Latino
- 55% of cases were in those 20 – 29 years old
- 38% of cases were males who had sexual contact with a male in the last 12 months.

Ryan White Part A
Cleveland TGA

CCBH

*2022 data as of 2/14/2023; data is preliminary and subject to change

2022* Epidemiology
Eastern Counties: Lake, Geauga, Ashtabula

Incidence/New Cases

- 18 new cases in the 3 counties
  - 20% increase from 2021
- 68% of cases were male.
  - Black males comprised 11% of cases while white males comprised 61% of cases.
- 56% of cases were in the 20 – 24 and 30 – 34 year old age groups.
- 33% of cases were males who had sexual contact with a male in the last 12 months.

Ryan White Part A
Cleveland TGA

CCBH

*2022 data as of 2/14/2023; data is preliminary and subject to change

2022* Epidemiology: Cuyahoga County

Incidence/New Cases

- 125 new cases in the county in 2022
  - ↓ 24% decrease from 2021
- Males made up 81% of new cases in the county
  - Specifically African-American males made up 46% of new cases
- The highest number of new cases were in the 20 – 24 year old age group with 19% of the cases
  - 39% of cases are under 30 years old
- 30% of cases were males who had sexual contact with a male in the last 12 months.

Ryan White Part A
Cleveland TGA

CCBH

*2022 data as of 2/14/2023; data is preliminary and subject to change

Highlight: MPOX and HIV in Cuyahoga County*

- 156 MPOX cases in Cuyahoga County (data as of 3/6/2023)
  - Illness onset dates range from May 29, 2022 – November 10, 2022
- African-American males comprise 60% of MPOX cases
- 40% MPOX cases under 30 years old
- 44% of cases were also HIV+
  - 22% of those cases were hospitalized for complications with MPOX infection
- 2 deaths in Cuyahoga County
  - Both cases were HIV+

Ryan White Part A
Cleveland TGA

CCBH

*2022 data is preliminary and subject to change

Recommended Data-Driven Priority Populations Based on 2022* Epidemiology

Cuyahoga County

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

Eastern and Western Counties

- White males
- 20 – 24 year olds
- MSM

Ryan White Part A
Cleveland TGA

CCBH

*2022 data as of 2/14/2023; data is preliminary and subject to change

Priority Zip Codes for Testing and Outreach in Cuyahoga County

Top 5 by incidence*:

- 44111
- 44102
- 44121
- 44120
- 44109 / 44110 (tied)

Top 5 by prevalence of PLWH:**

- 44102
- 44107
- 44109
- 44111
- 44120

*2022 data as of 2/14/2023; data is preliminary and subject to change

**data from 2021

Ryan White Part A
Cleveland TGA

CCBH

Testing Ideas/Recommendations for Cuyahoga County

- Working with LGBT Center to offer testing and PrEP options
- Working with Community Development Centers
- Agencies working in CC continue to test in priority populations
- Bring more testing to places where high risk populations may frequent and during “off-hours”
- Utilize social media to promote education and testing

Ryan White Part A
Cleveland TGA

CCBH

Testing Ideas/Recommendations for Outlying Counties

- Working with LGBT Centers/Alliances
- Working with the jails/prisons
- Working in the Hispanic population

Ryan White Part A
Cleveland TGA

CCBH

Questions?

Ryan White Part A Clinical Quality Management Program

FY23 Kickoff Meeting

La'Keisha James, MPH
CQM Program Manager

Background

Title XXVI of the PHS Act requires RWHAP Part A recipients to establish a CQM program to:

- Assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines (or HHS guidelines) for the treatment of HIV disease and related opportunistic infections; and
- Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services.

Components of a CQM program

- Infrastructure
- Performance Measures
- Quality Improvement

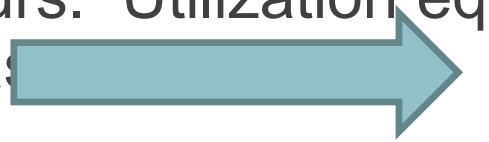
Infrastructure

- Appropriate and sufficient infrastructure is needed to plan, implement, and evaluate CQM program activities.
- The Cleveland TGA infrastructure is made up of:
  - Leadership
  - CQM committee
  - Dedicated staffing
  - Dedicated resources
  - Clinical Quality Management Plan
  - PLWHV involvement
  - Stakeholder involvement
  - CQM program evaluation

Performance Measurement

- Definition:
  - Process of collecting, analyzing, and reporting data regarding patient care, health outcomes on an individual or population level, and patient satisfaction.

Each year, the RWHAP Part A selects at least two performance measures for each funded service category where greater than or equal to 50% utilization occurs and at least one performance measure where greater than 15% and fewer than 50% utilization occurs. Utilization equal to or 15% or fewer do not require a performance meas



Let's take a look at 2021 data on the next slide….

Core Services (3,140 eligible)*		
	Utilization** (%) by Eligibility	Number of Performance Measures Required
Early Intervention Services (EIS)	559 (18%)	1
HIPCSA	0 (0%)	0
Home and Community-Based Health Services	33 (1%)	0
Home Health Care	32 (1%)	0
Medical Case Management	1,021 (33%)	1
Medical Nutrition Therapy	170 (5%)	0
Mental Health Services	498 (16%)	1
Oral Health Care	225 (7%)	0
Outpatient Ambulatory Health Services (OAHS)	2,284 (73%)	2
Support Services (3,140 eligible)*		
	Utilization** (%) by Eligibility	Number of Performance Measures Required
Emergency Financial Assistance	16 (1%)	0
Food Bank/Home Delivered Meals	358 (11%)	0
Medical Transportation	988 (31%)	1
Non-Medical Case Management Services	1,720 (55%)	2
Other Professional Services	169 (5%)	0
Psychosocial Support Services	73 (2%)	0

*3,140 eligible - means the number of clients that were enrolled in the Part A program during the grant year

**Utilization - means the number of clients that had at least one service in that given category in the grant year

PCN 15-02 Key	
% RWHAP eligible clients receiving at least one service per category	Minimum # Performance Measures Required
≥ 50%	2
16-49%	1
≤ 15%	0

Additional sources

- Performance measure data is also collected from sub recipients, CAREWare and patient satisfaction surveys to assess quality of care and health disparities, then used to inform quality improvement activities.

- Data Quality Improvement Projects!

Quality Improvement

- The coordination of activities aimed at improving:
  - patient care
  - health outcomes
  - patient satisfaction.

- Quality improvement activities should be implemented in an organized, systemic fashion using a defined approach (DMAIC or PDSA).

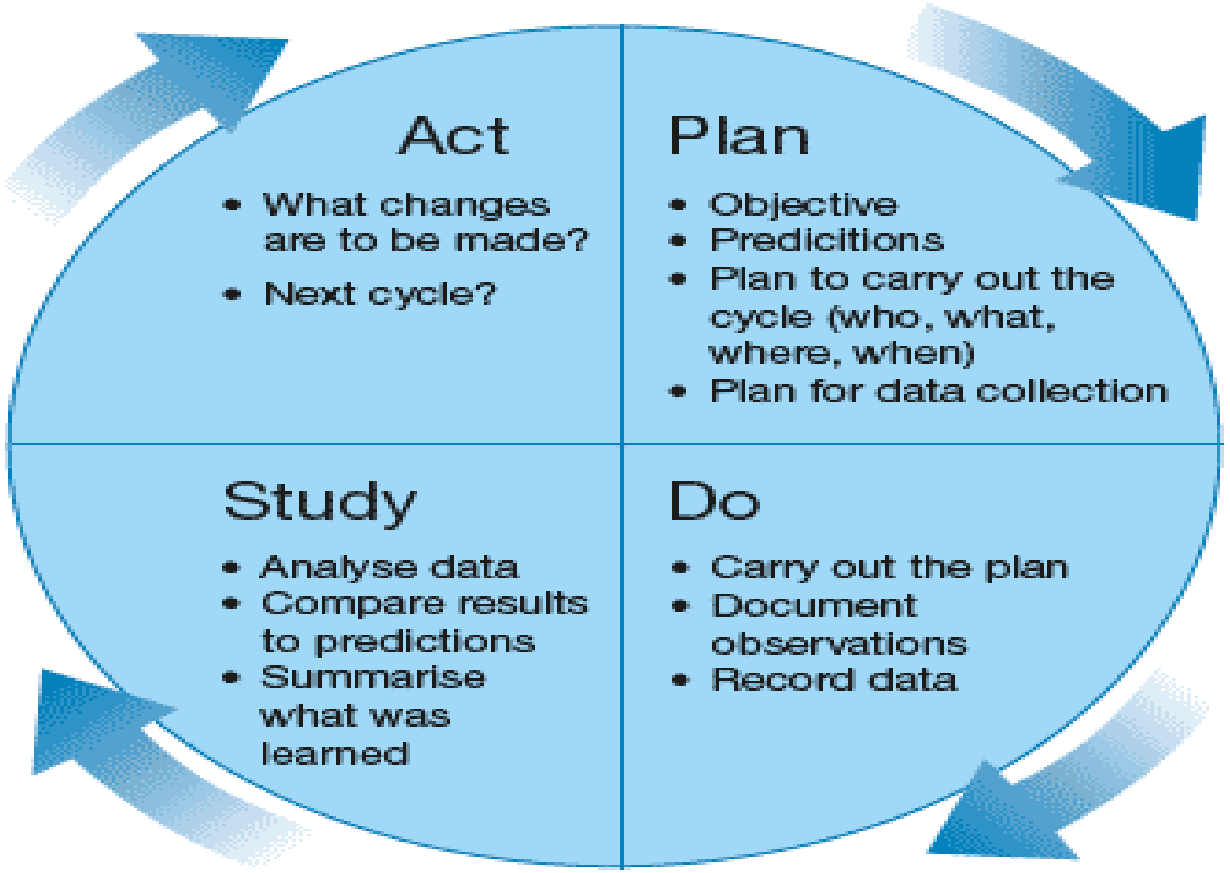
****All QI activities should be documented****

Project Methodology:DMAIC

DEFINE	MEASURE	ANALYSE	IMPROVE	CONTROL
D	M	A	I	C
Define the problem	Measure the gap between the current and required performance	Analyze the factors that need to be adjusted or eliminated	Implement the best solutions to the problem.	Sustain the achieved results

"Process-based, data-driven approach to improving the quality of a product or service."

Project Methodology:PDSA



2023 Project Overview

The quality improvement project this year will involve all MCM providers in the Cleveland TGA.

Remaining sub recipients will be provided with QI training in preparation to be engaged into a QIP at a later time.

An organizational assessment survey regarding quality improvement competency will be distributed in the next few weeks to all sub recipients and expected to be completed by at least 2 members of each agency.

Thank you for your time!

Questions?

Ryan White Part A
Cleveland TGA

CUYAHOGA COUNTY
BOARD OF HEALTH
YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

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

Standards of Care

Anastassia Idov, MPA

Grant Program Manager
Ryan White HIV/AIDS Part A
Cuyahoga County Board of Health
5550 Venture Drive
Parma, OH, 44130

Telephone: (216) 201-2001 x1446
Fax: (216) 676-1319
E-mail: AIdov@ccbh.net
Website: www.ccbh.net

Joined CCBH in August 2022

- Support the Ryan White Part A sub-recipients in providing HIV care and support services to underserved and underinsured clients living in six-county Cleveland Transitional Grant Area
- Responsible for administrative reports and contracts
- Assist in monitoring sub-grantee budgets
- Review requests for proposals
- Monitor program activities and processes
- Review semi-annual reports from sub-grantees
- Participate in annual monitoring
- Assist with TA coordination
- Provide MCMs with additional information and resources, based on requests and needs

Ryan White Part A
Cleveland TGA

Personal Plan for FY23

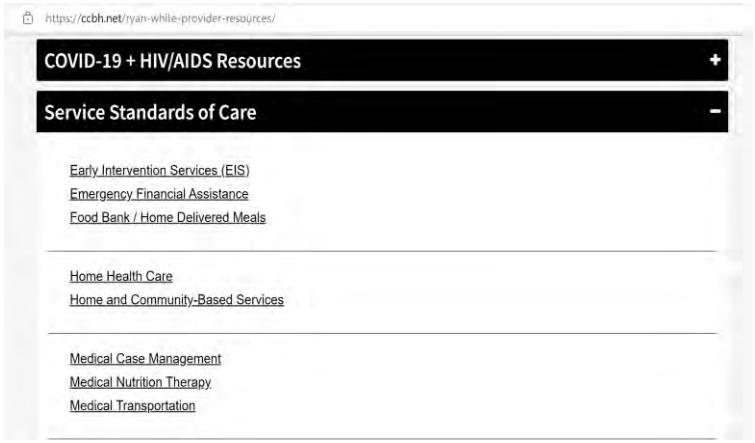
Collaboration:

- How can we work together?
- What can I do to support you?
- How can we make a bigger impact?

Cleveland TGA Standards of Care (SOC)

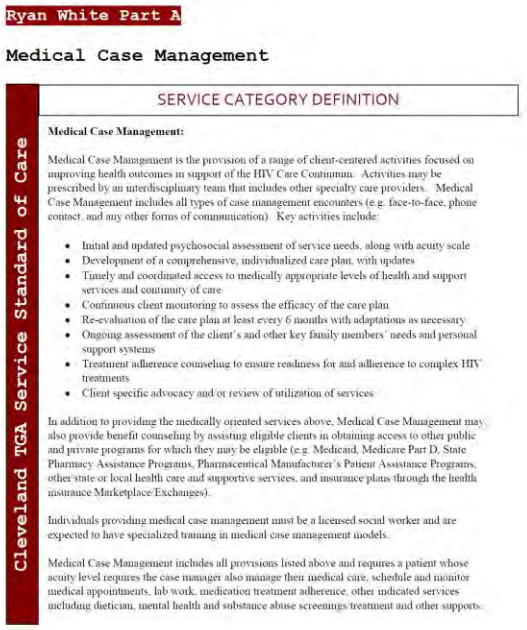
Access at:

https://ccbh.net/ryan-white-provider-resources/



- Each service category has standards and guidelines that all activities under that category must adhere to.
- The SOCs also provide the framework for the yearly monitoring that the Part A office conducts.
- Every few years the Part A office updates the SOCs based on feedback from the Part A-funded agencies and the community

SOC Core Services



Ryan White Part A

Medical Case Management

Cleveland TGA Service Standard of Care

SERVICE CATEGORY DEFINITION

Medical Case Management:

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV Care Continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g. face-to-face, phone contact, and any other forms of communication). Key activities include:

- Initial and updated psychosocial assessment of service needs, along with acuity scale
- Development of a comprehensive, individualized care plan, with updates
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client specific advocacy and/or review of utilization of services

In addition to providing the medically oriented services above, Medical Case Management may also provide benefit counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g. Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplace/Exchanges).

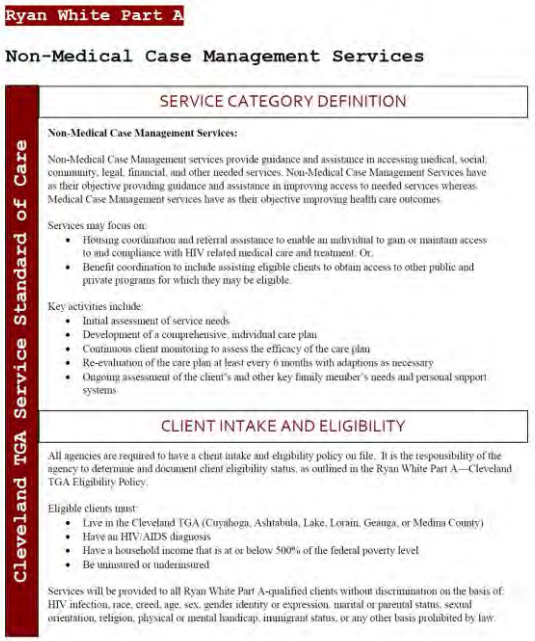
Individuals providing medical case management must be a licensed social worker and are expected to have specialized training in medical case management models.

Medical Case Management includes all provisions listed above and requires a patient whose acuity level requires the case manager also manage their medical care, schedule and monitor medical appointments, lab work, medication treatment adherence, other indicated services including dietician, mental health and substance abuse screenings/treatment and other supports.

At least 75% of service funds must be used for core medical-related services

- Early Intervention Services (EIS)
- Home and Community-Based Health Services
- Home Health Care
- Medical Case Management (MCM)
- Medical Nutrition Therapy
- Mental Health Services
- Oral Health Care
- Outpatient Ambulatory Health Services (OAHS)

SOC Support Services



Ryan White Part A

Non-Medical Case Management Services

Cleveland TGA Service Standard of Care

SERVICE CATEGORY DEFINITION

Non-Medical Case Management Services:

Non-Medical Case Management services provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services whereas Medical Case Management services have as their objective improving health care outcomes.

Services may focus on:

- Housing coordination and referral assistance to enable an individual to gain or maintain access to and compliance with HIV related medical care and treatment. Or,
- Benefit coordination to include assisting eligible clients to obtain access to other public and private programs for which they may be eligible.

Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individual care plan
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptions as necessary
- Ongoing assessment of the client's and other key family member's needs and personal support systems

CLIENT INTAKE AND ELIGIBILITY

All agencies are required to have a client intake and eligibility policy on file. It is the responsibility of the agency to determine and document client eligibility status, as outlined in the Ryan White Part A—Cleveland TGA Eligibility Policy.

Eligible clients must:

- Live in the Cleveland TGA (Cuyahoga, Ashtabula, Lake, Lorain, Geauga, or Medina County)
- Have an HIV/AIDS diagnosis
- Have a household income that is at or below 500% of the federal poverty level
- Be uninsured or underinsured

Services will be provided to all Ryan White Part A-qualified clients without discrimination on the basis of: HIV infection, race, creed, age, sex, gender identity or expression, marital or parental status, sexual orientation, religion, physical or mental handicap, immigrant status, or any other basis prohibited by law.

Up to 25% may be used for support services that contribute to positive medical outcomes

- Emergency Financial Assistance (EFA)
- Food Bank / Home Delivered Meals
- Medical Transportation (MT)
- Non-Medical Case Management Services (NMCM)
- Other Professional Services
- Psychosocial Support Services

Early Intervention Services (EIS)

Target Population:

- Newly diagnosed
- Receiving other HIV/AIDS services but not in primary care
- Formerly in care
- Never in care
- Unaware of HIV status

Early Intervention Services (EIS)

Must include EIS Components:

- Targeted HIV testing (not funded through Ryan White Part A)
- Referral Services to improve care and treatment services as key point of entry
- Access and linkage to HIV care and treatment services
- Outreach services and Health education/ Risk Reduction related to HIV diagnosis

Early Intervention Services (EIS)

Transitioning out of EIS

- Local TGA standard: "*Clients are transitioned out of EIS once EIS objectives are met and/or client is proven to be in stable medical care*"
- Follow the transition protocol established by your agency
- Sample transition case note:

Client is being transitioned from EIS to MCM effective today as evidenced by the following:
-Attending medical appointments regularly with ID provider
-Consistent engagement with Ryan White program
-Taking ART medications as prescribed
-Viral Load Suppression as defined by CDC (<200 copies)
-Demonstration of basic understanding of HIV medical care
-Demonstration of basic understanding of U=U
-Last VL on [date] was [??] and CD4 was [??]

Questions?

CUYAHOGA COUNTY BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

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

Danielle LeGallee
Ryan White Part A Grant Coordinator
dlegallee@ccbh.net
216-201-2001 x1366

Background

- **Started at CCBH in July 2021**
- **My background**
  - Mental and behavioral health agency
  - Community-based Medical and Non-Medical Case Manager
  - Clients with severe and persistent mental illness
  - Minority and low-income populations
  - Leading support groups
  - Training new case managers

Ryan White Part A Grant Coordinator

- **CAREWare Lead**
  - Deleting & uploading documents
  - Ensuring eligibility requirements are met
  - Annual RSR (Ryan White Services Report) assistance

- **Medical Case Manager Network Lead**
  - Organizing quarterly meetings to address any service delivery barriers, or changes to the program
- **Monitoring Lead**
  - Annual check-in at each agency to monitor services provided in the previous fiscal year
  - Ensuring that services provided at each agency are standard across the board
  - Addressing any communication gaps between clients/providers/agencies/CCBH

Ryan White Part A Grant Coordinator

- **HIV Services Newsletter**
  - Creating & designing a bi-annual newsletter (sent in June & December)
  - Includes relevant content from HIV consumers, providers, and agencies in the Cleveland TGA
- **Bi-Weekly Info Share**
  - Bi-Weekly email sent to the HIV services network with trainings, events, and/or resources available to consumers and providers
- **CCBH Ryan White website updates**
  - Ensuring provider resources are up-to-date
  - Uploading all Planning Council documents

Ryan White Website

- https://ccbh.net/ryan-white/ – *Brief tutorial*
- **Get Care** – *Consumer resources*
- **Get Involved** – *Planning Council*
- **Info for Cleveland TGA Providers** – *Provider resources, Ryan White documents, forms, etc.*
- **Program Staff Contact Info**
- **Reports & Publications**

LET'S STOP HIV TOGETHER™

Reminders

- **Provider Services Meeting – *in person!***
  - Thursday, March 23, 2023 from 9:00 AM-12:00 PM
  - RSVP to me via email if you are planning on attending
  - PowerPoint slides due to me by this Thursday, March 16, 2023
- **Medical Case Manager Meeting**
  - Tuesday, April 18, 2023 from 10:00-11:00 AM
- **Eligibility Training**
  - Tuesday, May 2, 2023 from 9:00-10:00 AM (virtual)
  - Required for all CAREWare Users & direct service providers
  - Save the date email will be sent out soon

Questions?

Ending the HIV Epidemic

CCBH

EHE Program Contacts

Gloria Agosto Davis (*she/her*)
Ending the HIV Epidemic Program Supervisor
gagosto@ccbh.net
216.201.2001 x.1340

Erin Lark Turcoliveri (*she/her*)
Ending the HIV Epidemic Program Manager
elark@ccbh.net
216.201.2001 x.1326

Brian Lutz (*he/him*)
Ending the HIV Epidemic Program Manager
blutz@ccbh.net
216.201 2001 x. 1543

CCBH

Ending the HIV Epidemic

A PLAN FOR AMERICA

GOAL:

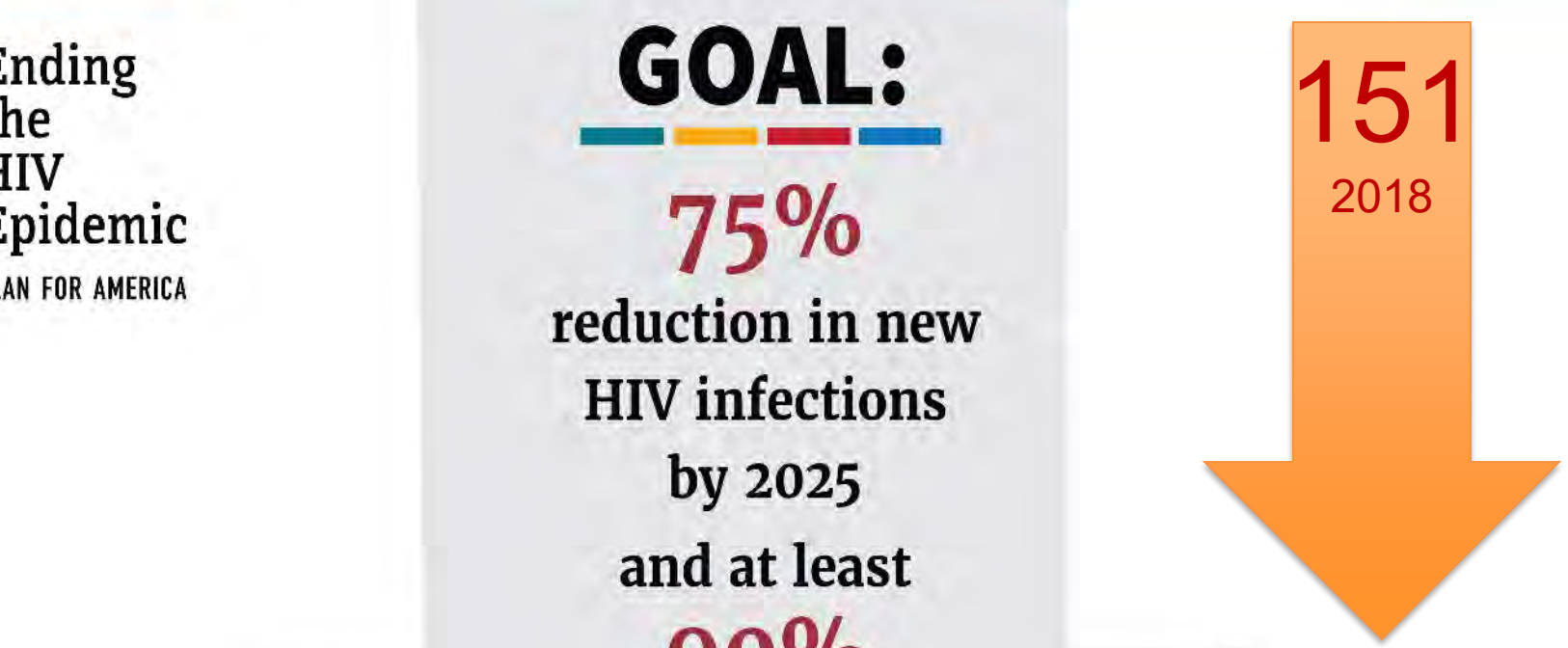
75%

reduction in new HIV infections by 2025

and at least

90%

reduction by 2030.

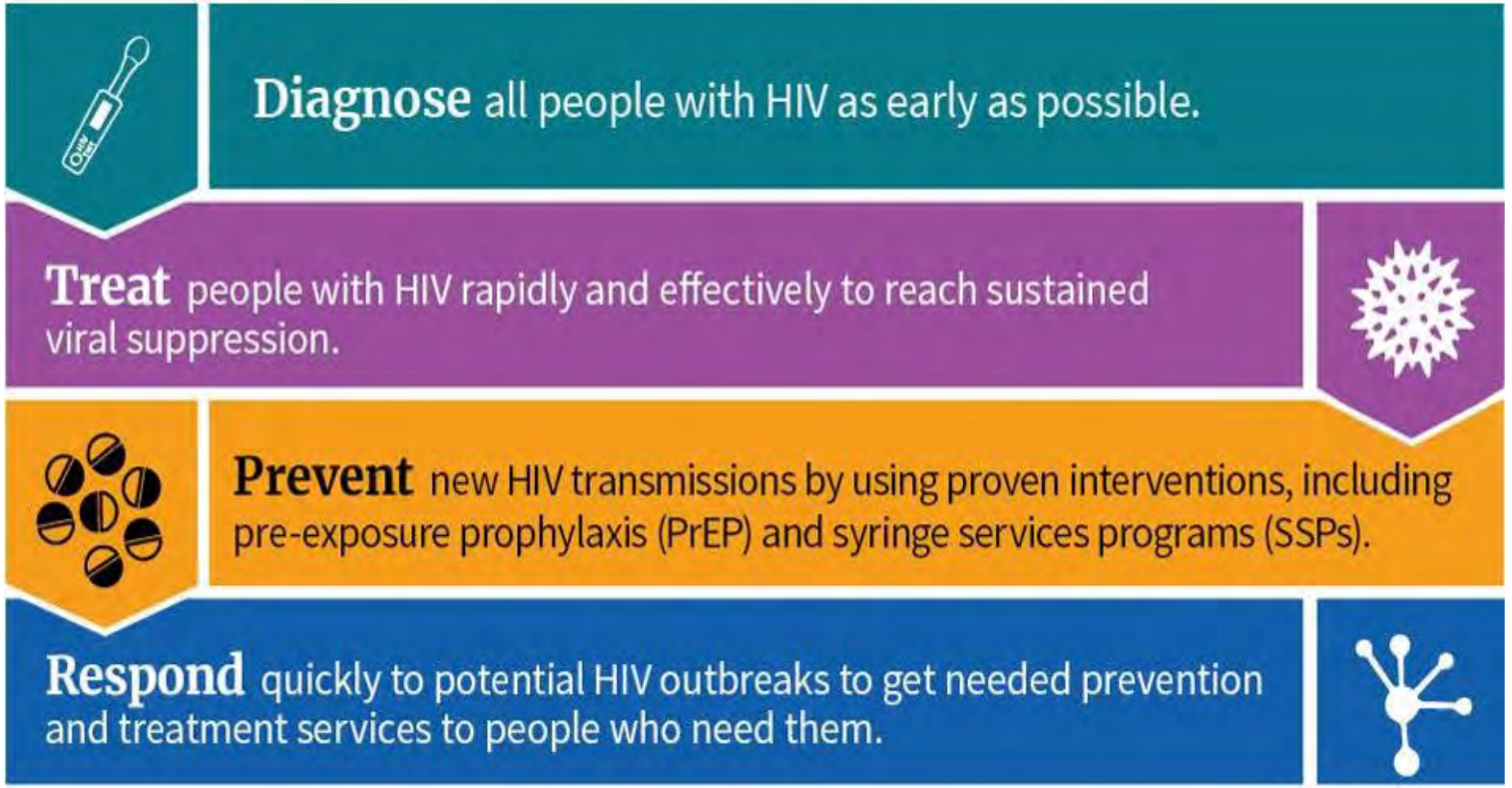


www.hiv.gov

CCBH

Federal Key Strategies

The Ending the HIV Epidemic initiative focuses on four key strategies that, implemented together, can end the HIV epidemic in the U.S.: **Diagnose, Treat, Prevent, and Respond.**



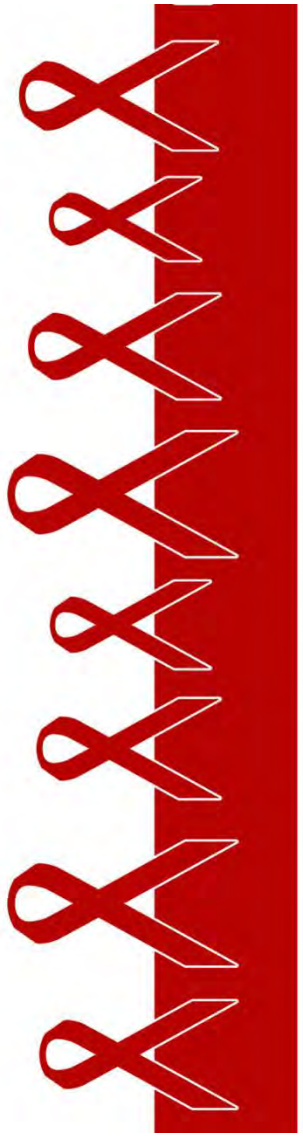
CCBH

Two key components of EHE are America's HIV Epidemic Analysis Dashboard (AHEAD) and the Ready, Set, PrEP program.

Ending the HIV Epidemic

AHEAD
America's HIV Epidemic Analysis Dashboard

READY SET PrEP



EHE Care Projects

- Intensive Medical Case Management
- Medical Transportation
- Rapid Start of Art
- Community Health Worker
- Psychosocial Support Services
- Emergency Financial Assistance
- Social Media Campaigns

*EHE Care Projects funded by CCBH/HRSA; not representative of all regional EHE efforts.

Intensive Medical Case Management

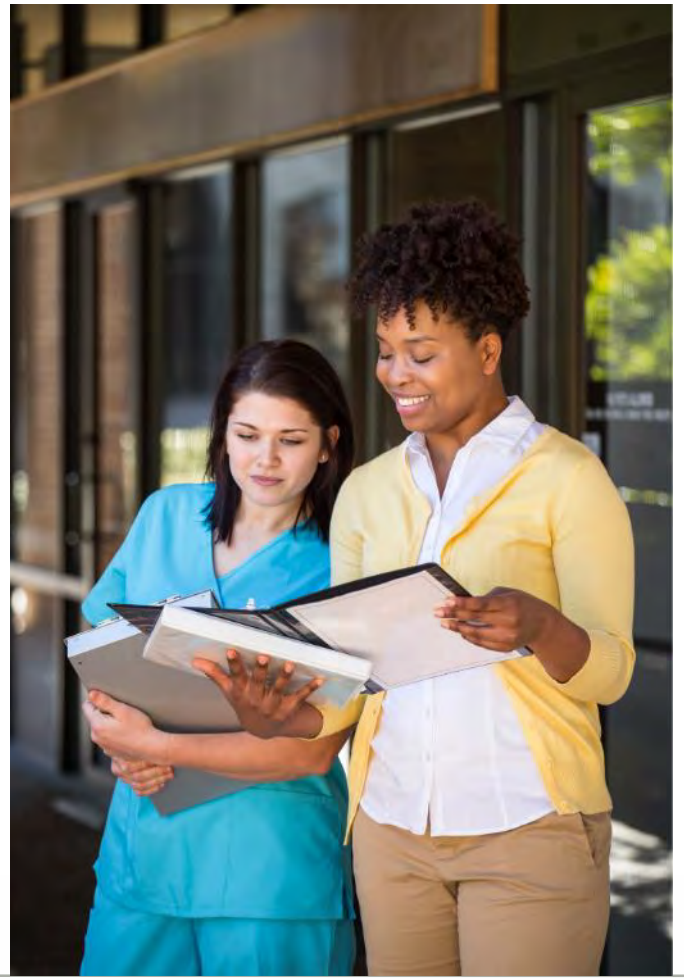
- Extension of RW MCM
- Smaller caseload to address more time intensive needs such as behavioral & mental health.
- Does not need to qualify for RW-A
- Effort to streamline identification of clients, transition process & client satisfaction with services.
- EHE Funded Partners: MetroHealth, Signature Health, Cleveland Clinic & University Hospitals

Medical Transportation

- Transportation Assistance for non-virally suppressed clients
- Includes non-traditional options like ride-share (ex. Lyft) or gas cards
- Enhances other projects like D2C, IMCM & Rapid ART
- EHE Funded Partners: AIDS Healthcare Foundation, Cleveland Clinic, Signature Health & University Hospitals

Rapid Start of ART

- Same day meds (or within the week) for newly diagnosed or re-engaged in care clients
- Follow up outreach (frequency varies) but starts soon after treatment and continues for a period of time (ex. 6 mts.)
- Collaboration with ED, satellite clinics & community testing sites to “fast track” patients
- CCBH Title X clinic has 7 day supply
- EHE Funded Partners: Cleveland Clinic, MetroHealth & University Hospitals



CHW's as Peer Navigators

- 2 Cohorts completed CSU training
- CHW training & recruitment will resume FY 2023.
- Continued focus on service hours, agency placement & obtaining CHW credential for those trained
- Peer Navigators at: MetroHealth, Signature Health & University Hospitals

Psychosocial Support Services

Psychosocial Support Services provides individual and/or group support and counseling services to address clients' continuing behavioral and physical health concerns.

Key activities include:

- Support and counseling activities
- HIV support groups
- Pastoral care/counseling services
- Caregiver support

Exclusions: Funds under this service category may not be used for social/recreational activities or to pay for a client's gym membership.

EHE funded Partners**:** Nueva Luz Urban Resource Center & the Sankofa Initiative

Emergency Financial Assistance

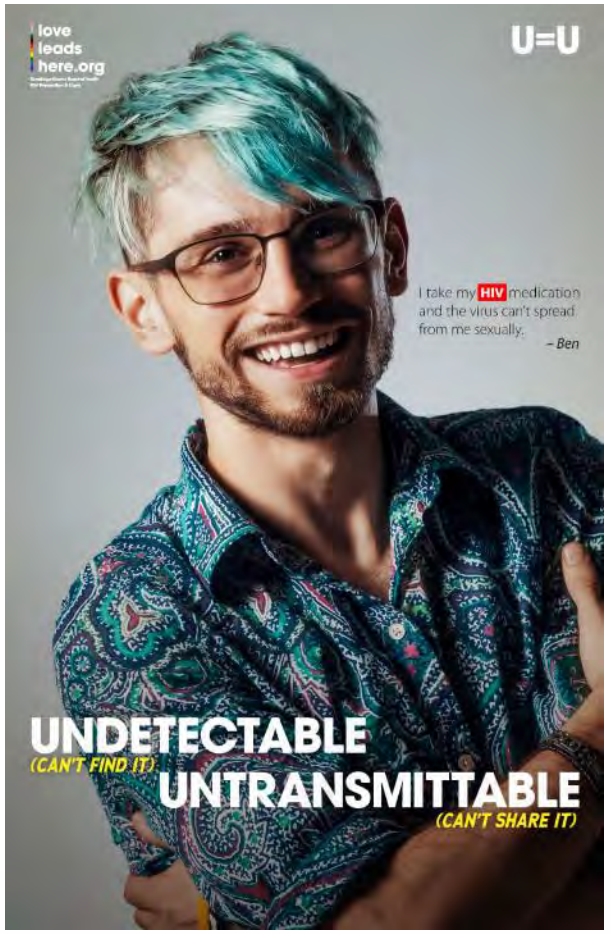
Emergency Financial Assistance (EFA) provides limited one-time or short-term payments to assist the client with an emergent need for paying for essential items or services to improve health outcomes

EFA activities are composed of the following eligible services:

1. Emergency rental assistance (first month's rent, past due rent)
2. Emergency utility payments (gas, electric, and water)
3. Emergency telephone services payments
4. Emergency food vouchers
5. Emergency moving assistance
6. Emergency medication

EHE-funded partners: The AIDS Taskforce of Greater Cleveland, We Think 4 A Change

Love Leads Here!
Social Media Campaigns



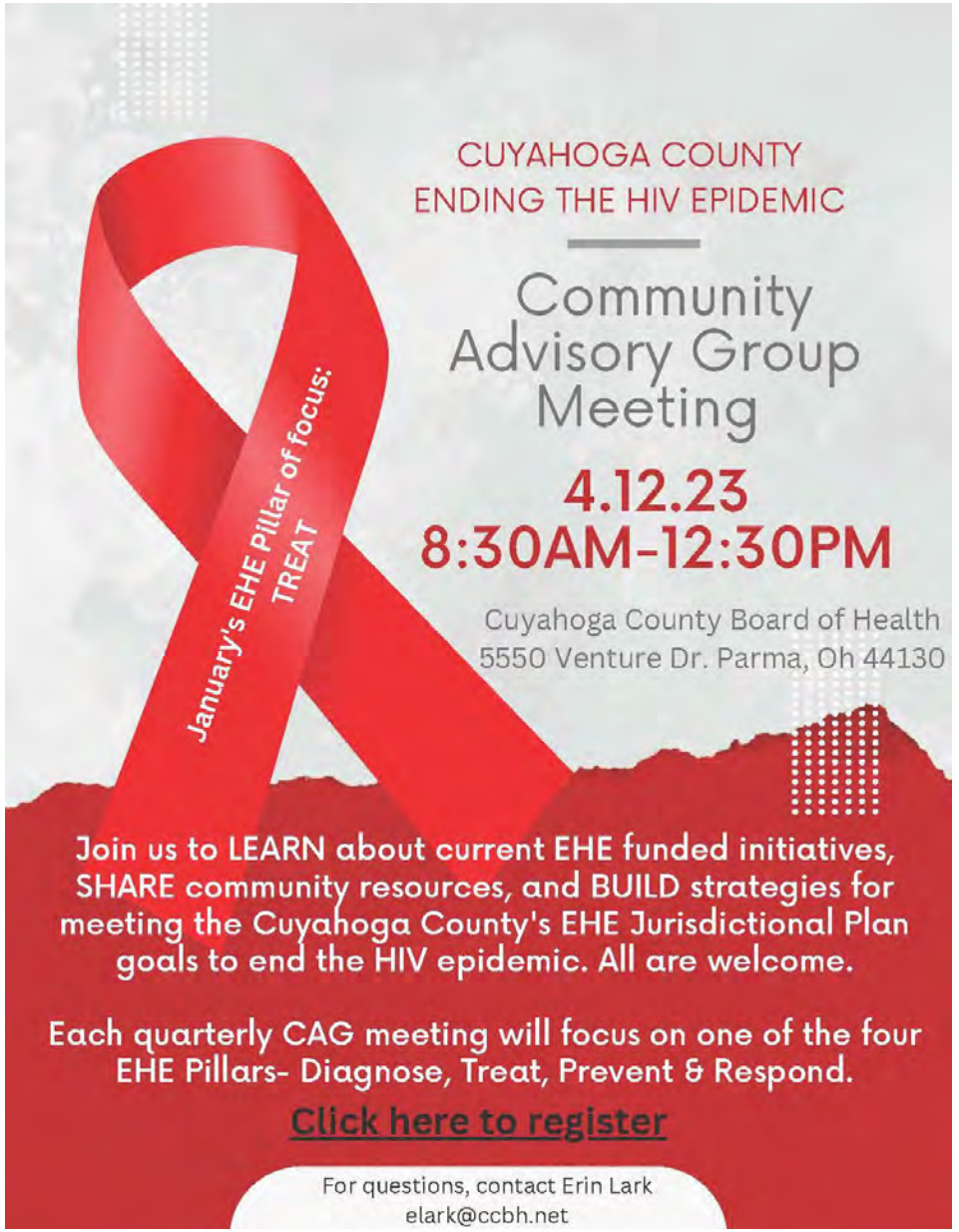
Model Call


Seeking:
Women who take PrEP
If you use PrEP, be a model in the *I Take PrEP* ad campaign. Look good, do good and receive $200.
To participate please visit: tinyurl.com/3xfr8hck
love leads here.org
Cuyahoga County Board of Health
HIV Prevention & Care

Looking Ahead

- EHE Year 4 Implementation Plans, Due April 14th
- EHE Standards of Care Manual was updated for the FY2023 fiscal year. The manual can be found on the flash drives distributed after this meeting.
- EHE Monitoring Tools have been updated to reflect lessons learned during the pilot site visits. EHE Monitoring Tools will be used at EHE site visits moving forward. Monitoring tools can be found on the flash drives.
- FY2023 Psychosocial Support Services and Emergency Financial Assistance partners will be required to report in CAREWare. See Standards of Care Manual for more information.

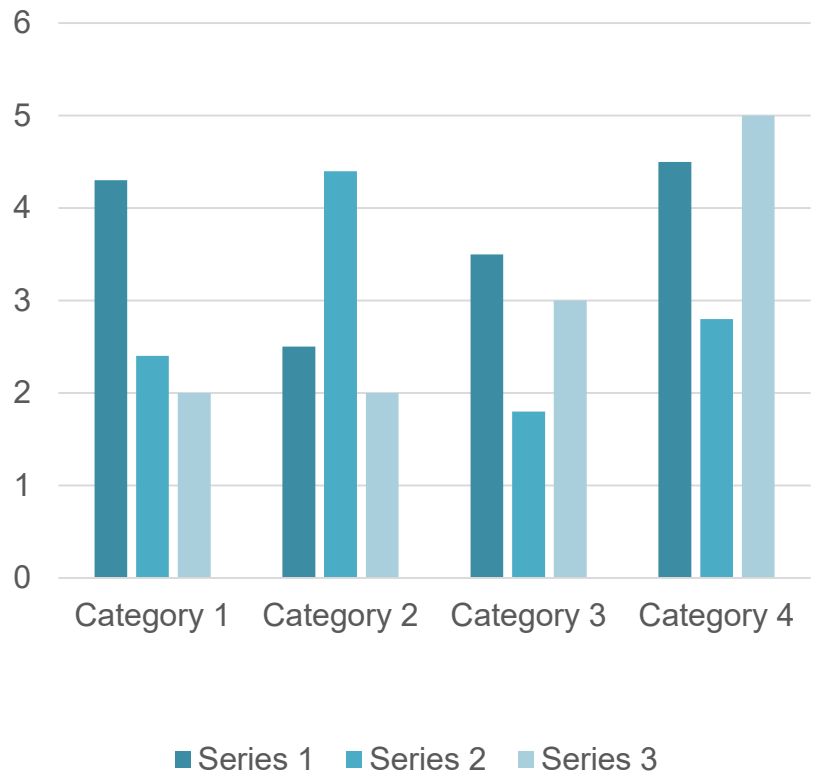
Save the Date



Questions?

Cleveland TGA Program Requirements

Data Requirements



- ***Enter service and clean data monthly***
- Refer to CAREWare Manual to resolve issues; DLeGallee@ccbh.net
- Ryan White Services Report (RSR) – annual client level data report submitted to HRSA
- Program lead should monitor time and effort between budgets and CW units

Fiscal Summary

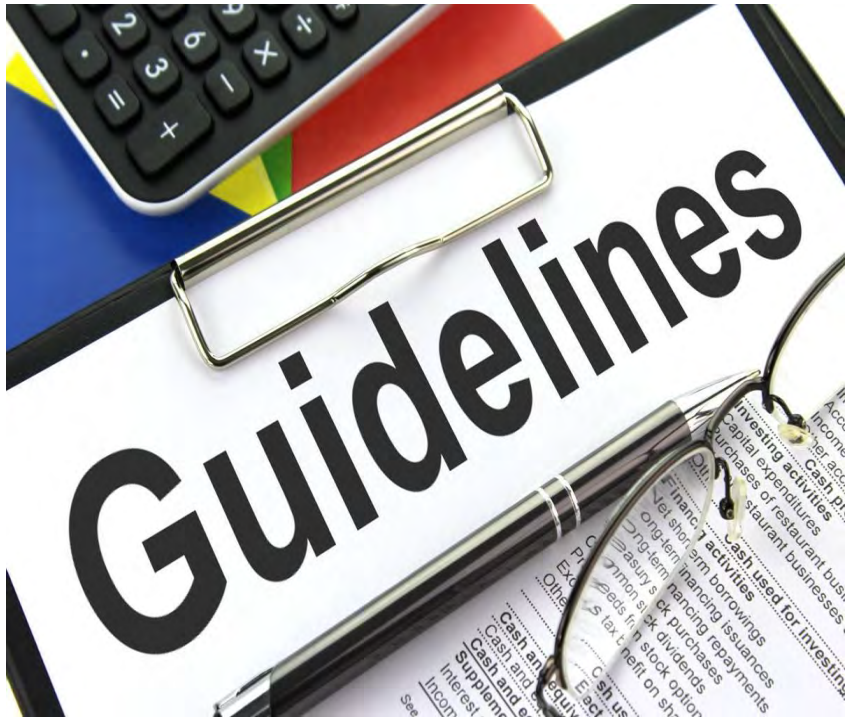
- Awaiting FY2023 Full Part A and EHE Care awards
  March/April timeline (estimated)
- Partial Contracts sent out 1st week in March to comply with legislative requirements
- Budget meetings will be scheduled after full award is received and allocated
- When a contract is revised, an updated budget should be submitted within 2 weeks of execution
- Administrative costs cannot exceed 10% of total invoice
- Cannot pay FTE percentages higher than what is listed on the approved budget

CCBH

Invoices

- Invoices are due monthly
- Request approval from Recipient for late invoice submissions and reasons for extension request
- Back up documentation must be included with all invoices and must align with data reported in CAREWare
- Designate a fiscal contact from your agency
- gburtin@ccbh.net

Eligibility



- Sub-Recipient eligibility policies should align with TGA guidance
- Train new staff as applicable
- Staff should upload eligibility documents within 3 business days
- Refer to CAREWare manual
- Request TA as needed
- New as of November 2021- ***6 month no change is no longer required***

Primary Contact Person

Designate a Program Contact

- This individual acts as the liaison between CCBH and respective agency
- Responsible for dissemination of materials to applicable staff
- This team member is responsible for all requirements of the program being accomplished

Reporting and Submissions

- Semi-Annual reports; September 2023 and March 2024
- Invoices submitted by 4:00pm on the date noted in the contract
- Quality Improvement activities – required participation
- Monthly data cleaning deadlines – required prior to invoice submission
- Ryan White Services (RSR) due February 2023

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
- Grievance process available on CCBH RW Website
- Grievance policy should be reviewed with the client during eligibility and annually with a signed copy the in client file
- Agencies should maintain file of clients who are refused services with reasons specified; including any backup documentation from client/agency and outcome

Expectations and Requirements

Activities

- Staffing vacancies must be reported within *3 days of notification*
- New staff job descriptions, credentials and resumes should be sent to Recipient; ensure staff meet requirements within Standard of Care
- New staff training on programs/services prior to seeing clients
- Standard of Care review by all staff
- Participation in the Clinical Quality Management program/projects
- Staff attend various required meetings/trainings throughout year, as requested

Documentation

- Flash drive will be provided
- Medical Transportation, eligibility and grievance policies are on file at our office
- All staff resumes and credentials on file at the respective agency
- All Part A funded staff must have updated HIV/AIDS related training documented on file at the respective agency
- Please submit Exception Requests to Monica Baker (form is on the flash drive)

CCBH

Monitoring

- FY2023 Monitoring
  - Barring waiver from HRSA, monitoring will be in person

    (monitoring schedule to be released in April 2023)
  - Agencies should ensure client files and program binders are all up to date
  - Designate staff to assist with logistics of monitoring visits
  - Prepare your data platforms and passwords ahead of time
  - Communicate with the recipient about any issues you have, ***before*** the site visit
- Remember we are here to help!

CCBH

Questions?

CUYAHOGA COUNTY

BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

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