

The Model

- Is like the grant-funded model, with inputs to determine total award
- Ties funding to performance and varies year to year Employs a fair comparison to similar sub-
- recipients
- Rewards strong processes and programs Scales emerging best practices across network Includes the voice of sub-recipients



The Model Pays for the percentage of RW network customers the sub-recipient serves. Pays for the quality of service and program the sub-recipient provides, relative to network. Includes an additional value enhancement award opportunity for sub-recipients with the highest outcomes. DC **HEALTH**

Fee-For-Value Service Categories	
Outpatient Ambulatory Health Services	
Medical Case Management	
Non-Medical Case Management	
Medical Nutrition Therapy	
Food Bank/Home Delivered Meals	
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	Fee-For-Value Service Categories/Bundles
	Medical Care Coordination Bundle:
	OAHS, MCM, NMCM
	Non-Medical Care Coordination Bundle:
	MCM, NMCM
	Medical Nutrition Therapy
	Food Bank/HDM
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Value Enhancements

- Consists of process assessment and outcome measure awards
- Fee For Value(FFV) sub-recipients will be awarded funds based on their performance as a Ryan White sub-recipient and for providing funded services commensurate with service size and scope
- HAHSTA will conduct an annual review of the processes and outcomes of each FFV sub-recipient
 The reviews will occur in the fourth quarter (December)
- The reviews will occur in the fourth quarter (December of the current grant in preparation for continuation funding decisions



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Process Assessment

- Sub-recipients will be awarded for performance commensurate with size and scope of service program
- Evaluates current best practices based on deliverables
- Is administered by HAHSTA staff
- All sub-recipients will receive a process assessment award

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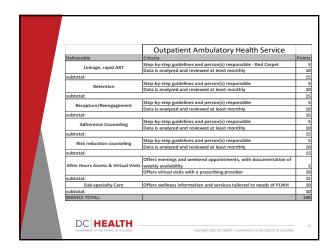
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Process Assessment

- Each FFV service category has unique protocols and standards as they relate to:
 - Patient Care
 - Performance Measurement
 - Infrastructure
 - Chart Audits
- The assessment tool will only measure the elements determined by HAHSTA to be most valuable
- The process assessment consists of a review of each FFV sub-recipient's overall quality management, fiscal and program reporting elements.

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	Fiscal Process Assessment - Criteria	Points
	Agency's initial budget is submitted on time AND any necessary revisions for approval are submitted within 3 business days from notification of GMS' comments.	10
	Agency manages spending according to the approved budget	25
	Burn rate of overall award is between 20-30% by end of Q1	20
	Renews and submits all expired assurances within 5 business days of expiration	5
	Single Audit submitted to the Federal Audit Clearinghouse within nine months after organization's fiscal year (those who expend \$750K federal funds) OR Audited Annual Financial Statements (those who expend less than \$750K federal funds) with no findings	15
	Sub grantee submits complete monthly invoice package, without errors, and by 10th business day for 4/4 months July (9/9 months Dec)	25
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Outcome Measure Award

- Grouped and assessed commensurate with size and scope of service program
- Only the top performers will be awarded Max 2
- The top performing sub-recipient is eligible to receive 65% of available funds
- The second highest sub-recipient is eligible to receive 35% of available funds
- Outcome metrics will be shared in advance.
- Data for these metrics must be submitted into CAREWare

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Outcome Measure Examples

OAHS

- Viral Load HAB Core 01
- Rapid Start ART
- Rapid Re-start Linkage to HIV care within 7 days %

MCN

- MCM Viral Load Suppression
- Care Marker Retention Measure

NMCM

- NMCM Viral Load Suppression
- NMCM Care Plan



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Value Enhancements

- In Year One Only the process assessment will be conducted in July 2022 to determine value enhancement awards.
- Sub-recipients will be notified in August 2022.
- Funding will be made available Oct 1.
- Subsequent process and outcome assessments will be conducted in December to determine award funding for the next grant year.
- Sub-recipients will be notified in January and funding made available March 1.



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FFV Award Breakdown – GY32 Capacity (80%) Baseline: Will be equally split amongst total network Service Size: Award split amongst similar sized subrecipients. Based on proposed customers from applicant's Scope of Service (Table A) Value Enhancement (20%) Process assessment award: 100% of the value enhancement awarded according to performance, amongst similar sized sub-recipients Outcome measure award – not applicable in GY32

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FFV award breakdown – GY33 (planned)

Capacity (70%)

- Baseline: Will be equally split amongst total network
- Service Size: Award split amongst similar sized subrecipients. Based on customers served in CAREWare.

Value Enhancement (30%)

- Process assessment award 15% split amongst ALL subrecipients within network
- Outcome measure award 15% split amongst top 2 performers per network

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FFV Reimbursement structure (cont.)

Year One (3/1/22 - 2/28/23)

- Capacity awards will be made available March 1, 2022
- Value enhancements will be made available October 1, 2022
 - Process assessments conducted July 2022

Subsequent Years

- Capacity & value enhancements awards will be made known and available at the beginning of the Grant Year, March 1
 - Process and Outcome measure assessments will be conducted in December



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Fee for Value Award Recap

Year One

Capacity 80% Process 20%

Year Two

- Capacity 70% Process & Outcome 30%

After Year One, Network Acuity will be considered in subsequent funding decisions

HAHSTA will notify subrecipients at the beginning of the award period if/when changes are made to the FFV program

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Value Enhancement - Budget Facts

- Year one value enhancement awards will be made through HAHSTA initiated budget modifications
- Budget and workplan submissions are required for all value enhancement awards
- The value enhancement award is program dollars
- The value enhancement award is a part of the total grant award but is not guaranteed
- · All budgeted activities are cost reimbursable

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Questions?

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