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Ryan White Part B GY33 Sub-Recipient Meeting

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Part B GY33 Sub-Recipient Meeting

- Part B Program updates
- Reporting requirements
- Ryan White Program monitoring practices
- Program income, imposition of charges and cap on charges

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Ryan White Part B Program Updates

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Capacity Building Assistance (CBA)

Work Plans

- Based on RCAT Lite results
- Developed across 5 categories
- Done in collaboration with Ryan White Program Officer

Trainings

- Powered by HealthHIV
- Link provided by Program Officers
- Sub-recipients delegate appropriate staff to targeted, self-paced trainings
- Certificates are provided with a successful post test score of 80% or more

Next Steps

- Program Officers monitor the completion of trainings
- HAHSTA team monitors performance in areas identified in work plans
- Sub-recipients re-assessed for improvement in January 2024

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Data to Care

- **Identifies** people living with HIV who are out of care (OOC)
- **Links** or **reengages** persons in HIV medical care
- **Supports** the HIV Care Continuum
- **DC Health** enlists investigators to follow-up on patients lost to care

Please contact **Patrice Ward** Patrice.ward@dc.gov or **Kate Drezner** kate.drezner@dc.gov for more information about D2C or to submit an out of care list.

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Policies and Procedures

Provide sub-recipients with expectations and the framework for making decisions when providing Ryan White services. Each Polices and Procedures document is standardized to include the following main components:

- Subject
- Purpose
- Definitions and Acronyms
- Procedures
- Related documents, forms, and tools

HAHSTA Ryan White Policies and Procedures
Program Income
Client Incentives
Report Cards
Enrollment and Eligibility
Site Visits
Occupancy
Training, Travel and Conferences
Grant Closeouts
Remediation/Corrective Actions

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Case Management Operating Committee (CMOC) Program Expectations

The Case Management Comprehensive Trainings provided by HAHSTA and the CMOC leadership happens quarterly through a virtual format. Attendance is required for all Ryan White medical and non-medical case managers. Below are the scheduled training dates for this year.

- Thursday, January 19, 2023
- Thursday, April 20, 2023
- Thursday, July 19, 2023, and
- Thursday, October 20, 2023

Case Management Operation Committee (CMOC) has virtual business meetings monthly on the 3rd Thursday of the month, from 10:00 am – 12:00 pm.

- Please contact your program officer if you are not already on the CMOC Listserv

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Reporting Requirements

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Grant Reporting Requirements

- Monthly Packet for reimbursement: ***Submitted by the 15th of each month in EGMS 2.0***
  - ❑ CAREWare Financial Report
  - ❑ Invoice
  - ❑ Program Narrative
- Quarterly
  - ❑ Program Income Report
- Payment Authorization Notice (PAN) submission in DC Vendor Portal - ***Due within 3 business days of receipt***
- Closeout Reports - ***Due 30 days after close of grant (via email)***
  - ❑ Grant Annual Narrative Report summary (see template)
- ShareFile
  - ❑ Secured portal for support documents containing Protected Health Information (PHI)

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Quality Reporting Requirements

- HAHSTA provides sub-recipients with a CQI coach, access to Ryan White HIV/AIDS Program Center for Quality Improvement and Innovation (CQII), and regional quality resources/learning opportunities.
- HAHSTA requires sub-recipients to have a Quality Program. This includes the following activities:

CQM Program Components	Expectations
Infrastructure	Quality Management Committee Quality Management Plan Consumer Involvement/Satisfaction Quality Management Evaluation & Assessment
Performance Measures	Percent of RWHAP eligible clients receiving at least one unit of service for a RWHAP-funded service Category: Minimum number of performance measures >=50%: 2 >15% to <50%: 1 <=15%: 0
Quality Improvement	Quality Improvement Projects – development and implementation of activities to make changes to the program in response to performance data results

Quality Requirements Timeline

Frequency	Deliverable	Due Date(s)
Quarterly	Quality Improvement Project (QIP) Summary Report	1st Quarter, by 15th business day of June 2nd Quarter, by 15th business day of September 3rd Quarter, by 15th business day of December 4th Quarter, by 15th business day of March
	Performance Measure Summary (including data updates and analysis)	1st Quarter, by 15th business day of June 2nd Quarter, by 15th business day of September 3rd Quarter, by 15th business day of December 4th Quarter, by 15th business day of March
	QM Committee Meeting Minutes & Documentation of Customer Involvement	1st Quarter, by 15th business day of June 2nd Quarter, by 15th business day of September 3rd Quarter, by 15th business day of December 4th Quarter, by 15th business day of March
Annually	Quality Management Plan (including work plan)	Within 30 days of the beginning of the Grant Program Year

RW Required Data Elements Per Funded Service Category

• report the data element Client-Level Data Elements	Outpatient/Ambulatory Health Services	Medical Case Management	Oral Health Care	Early Intervention Services	Home Health Care	Home and Community-Based Health Services	Hospice Services	Mental Health Services	Medical Nutrition Therapy	Substance Abuse Outpatient Care	AIDS Pharmaceutical Assistance	Health Insurance Premium and Cost-Sharing Assistance	Non-Medical Case Management	Child Care Services	Emergency Financial Assistance	Food Bank/Home-Delivered Meals	Health Education/Risk Reduction	Housing	Linguistics Services	Medical Transportation	Outreach Services	Other Professional Services	Psychosocial Support Services	Referral for Health Care and Support Services	Rehabilitation Services	Respite Care	Substance Abuse Services (residential)	EHE	Rationale
Client Demographics																												
Year of birth	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2,6
Ethnicity	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2,3,6
Hispanic subgroup	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2,3,6
Race	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	3,6
Asian subgroup	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	3,6
NHPI subgroup	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	3,6
Gender	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2,3,6
Sex at birth	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2,3,6
Health coverage	•	•	•	•	•	•	•	•	•	•	•	•	•														•	2,6
Housing status	•	•											•					•									•	2,6
Housing status collection date	•	•											•					•									•	2,6
Federal poverty level percent	•	•											•														•	2,6
HIV/AIDS status	•	•											•														•	2,3
Client risk factor	•	•											•														•	6
Vital status	•	•											•														•	4,5
HIV diagnosis year (for new clients)	•	•											•														•	2,3
New Client	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	1,6
Received services previous year	•	•											•														•	3,4,6
Client Clinical Data																												
First outpatient/ambulatory health service visit date	•																											2,3,4
Outpatient ambulatory health service visits and dates	•																											3,4
CD4 counts and dates	•																											3,4
Viral load counts and dates	•																											3,4
Prescribed ART	•																											3,4
Screened for syphilis	•																											3
Pregnant	•																											2,3,4
Date of first positive HIV test (for clients with new HIV diagnosis)	•																											1,3,4,5,6
Date of OAHS visit after first positive HIV test	•																											1,3,4,5

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Annual Data Reporting Timeline

- ***Client-Level Data Report (Monthly)*** - due no later than 15th business day for preceding month
  - ***Submitted to HAHSTA only***
- ***Mid-Year Ryan White Services Report (bi-annually)*** - Due last Thursday in August
  - ***Submitted to HAHSTA only***
- ***Annual Ryan White Services Report (annually)**** - Due Last Thursday in February
  - ***Submitted to HRSA/HAB in the Electronic Handbook (EHB)***
- ***Data Improvement Project (annually)-*** Due 30 days before the end of the program year

* Inclusion criteria for this requirement. All providers are recommended to participate.

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