Ryan White GY 34 Kick-Off Meeting

Program Expectations

February 15, 2024

Agenda

► Program Update

► Grant reporting requirements

► Grant monitoring practices

► 340B Requirements

► Policies and Procedures

► Case Management Operating Committee

► Status Neutral Program

► Capacity Building Assistance

► Fee- For-Value

Program Update

Minority AIDS Initiative (MAI) – Youth Reach

A targeted initiative created to provide a comprehensive set of core and support services to Youth of Color, ages 13 to 30.

- **Required services**
  - Outpatient/Ambulatory Health Services (on-sit or approved partnership)
  - Medical Case Management (on-site)
  - Mental Health (on-site)
  - Early Intervention Services (on-site)
  - Psychosocial Support Services (on-site

- **Optional**
  - Non-Medical Case Management (on-site)
  - Medical Transportation (on-site)
  - Substance Abuse Outpatient Care (on-site or approved partnership)

Grant Reporting Requirements

- **Program Narrative submission in EGMS** *– due the 15th day of each month*
  - Monthly Narrative Report
  - Monthly CAREWare Financial Report
- **CAREWare data entry**
  - Daily or monthly uploads
- **Invoice submission in EGMS** *– due the 15th day of each month*
  - Monthly CAREWare Financial Report
- **Payment Authorization Notice (PAN) submission in DC Vendor Portal** *– due within 3 business days of receipt*
- **Close-out**
  - Annual Narrative Report
  - Annual CAREWare Financial Report
  - Due 30 days after end of budget period

Grant Monitoring Practices

- CAREWare data review

- Monthly narrative review

- Invoice review

- Monthly check-ins (Program Officer/Grants Management Specialist/Quality Coach/Sub-recipient Staff)

- Provider Report Card (quarterly)

- Comprehensive Site Visit (Annual)

- Requests, Assessments, and Trainings

- Remediation and Corrective Action Plans

340B Requirement

Annual Recertification

Sub-recipients shall disclose all 340B contract pharmacy arrangements and statuses with the Office of Pharmacy Affairs within 15 business days of receipt of the grant award and any changes in status/arrangements within 15 business days to their Program Officer.

A letter must be submitted on letterhead and must include the following:

- 340B ID in the OPAIS database

- The name of their primary contact in the database

- Contract pharmacy participation

- Period for participation (start and end date if applicable)

- Ryan White Part A grant number

- Signature of authorizing official

POLICIES AND PROCEDURES

HAHSTA uses policies and procedures to provide sub-recipients with expectations and the framework for making decisions when providing Ryan White services.

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POLICIES AND PROCEDURES

Policies

- General guidelines used to reach compliance
- Explain *why* things are done
- Can be based on federal, state, and local laws and regulations
- Are flexible to allow for modifications

Procedures

- Focus on specific tasks
- Explain *how* things are done
- Can be based on lessons learned from previous experiences
- Are rigid and must be followed as prescribed

CURRENT POLICIES

Policy/Guidance	Effective Date
Salary Cap Limitations on Exec. Leve II	2/5/2024
Customer Incentives	1/31/2024
Occupancy	1/31/2024
Retroactive Medicaid Billing	12/13/2023
Enrollment and Eligibility	10/6/2023
Remediations/Corrective Actions	10/6/2023
GAIN SS	8/10/2023
Sub-recipient Report Cards	6/14/2022
Program Income	3/12/2022
Imposition of Charges & Sliding Fee Scale	3/10/2022

Case Management Operating Committee (CMOC)

- Meetings are held the 3rd Thursday of each month.

- Trainings are held quarterly and mandatory for all Ryan White Medical and Non-Medical Case Managers.

- To get on the listserv email twana.holmes@dc.gov

LinkU

DOH'S ONLINE RESOURCE AND REFERRAL GUIDE

Ryan White GY 34 Kick-Off Meeting

Status Neutral Program

February 15, 2024

Status Neutral Program

HAHSTA's Ryan White Part B program uses status neutral care coordination to prioritize the engagement of both people living with HIV and persons who are behaviorally vulnerable to HIV. This patient-centered model views individuals holistically regardless of their HIV status allowing a broader population to engage in the improvement of their health outcomes. This approach is a necessary pivot in DC Health's efforts to end the HIV epidemic in the District of Columbia.

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Status Neutral Program

Components

The status-neutral approach to HIV care coordination uses four components to deliver high-quality, culturally affirming health care:

- Linkage to care/navigation services.

- Rapid initiation of ART/PrEP.

- Treatment adherence and retention strategies.

- Customer re-engagement and recapture efforts.

Status Neutral Program

Funded Service Categories

- Health Education Risk Reduction

- Medical Case Management*

- Medical Transportation

- Mental Health

- Non-Medical Case Management*

- Outpatient/Ambulatory Health Services*

- Psychosocial Support Services

*Indicates required services that sub-recipients must provide directly and allocate at least 60% of their total grant award.

Status Neutral Programs

Benefits

- Helps to address many barriers that may keep people from being engaged in HIV care.

- Enhances access to services.

- Advances health equity and drive down disparities by embedding HIV prevention and care into routine care, treatment adherence and retention strategies.

- Increases efficiency.

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Status Neutral Program

CAREWare Update

- Service Category: O/AHS

- Update (GY34):
  - CAREWare(CW) subservices have been updated.
  - Sub-recipients are advised to refer to data collection and reporting documents for detailed service categories and definitions.

- Applicability:
  - Information is relevant exclusively to providers with Status Neutral Program Contracts.
  - For specific inquiries, please send email to care.ware@dc.gov

Ryan White GY 34 Kick-Off Meeting

Capacity Building Assistance

February 15, 2024
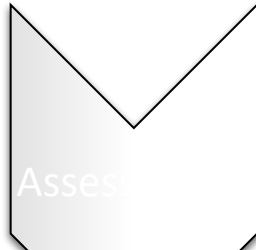
Capacity Building Assistance

Focus Areas

HAHSTA works to build the capacity of its sub-recipients and focuses on five main areas to improve programmatic standardization, quality, and compliance:

- Organizational Infrastructure

- Program Management

- Fiscal Management

- Data Collection, Reporting, and Use

- Quality Management

Capacity Building Assistance

How We Get There

Assess
- Annual Integrated Assessment.
- Identify capacity needs.
- Help determine Capacity Building Assistance (CBA) work plans.

Train
- Powered by HealthHIV under the Ryan White Training Center (RWTC).
- Delegated staff take self-paced trainings.
- Certificates are provided with a successful post test score of 80% or more.
- https://effibarryinstitute.org/ryan-white/training/.
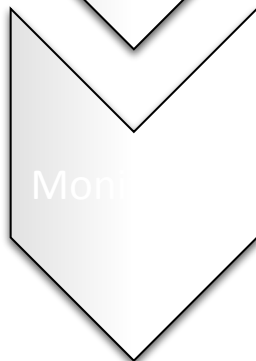
Monitor
- Program Officers monitor the completion of trainings.
- HAHSTA team monitors performance in areas identified in work plans.
- Sub-recipients re-assessed each year.

Capacity Building Assistance

Trainings

- Strategic Planning to Enhance Sustainability

- Understanding Implicit Bias in Healthcare

- Assurance Requirements and Compliance

- Financial Forecasting

- Organizational Infrastructure and Program Management

- RSR Walk-through

- Basic Data Literacy: Foundational Competencies

- Data Security Basics Training

- The Quality Management Committee: Teamwork Makes the Dreamwork!

- Clinical Quality Management Program Performance Measures: Session 1

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Ryan White GY 34 Kick-Off Meeting

Fee-for-Value (FFV)

February 15, 2024

Purpose

- Summarize Fee for Value program.

- Provide clarity around program components

- Provide data on network performance.

Fee-for-Value

- A performance-based reimbursement model that offers sub-recipients financial incentives based on their performance using standardized variables.

- Value enhancement awards – performance payments based on quality of care, improved health outcomes, and organizational processes for providing care.

- Grant award - includes the base capacity funding and the value enhancement award.

Integrated Assessment Tool

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Integrated Assessment Tool

Purpose

- Replaces the redesign capacity assessment tool (RCAT) that was used to identify targeted capacity building needs and determine Fee for Value (FFV) eligibility.

- Replaces the Fee for Value (FFV) process assessment tool that was used to determine FFV enhancement awards.

- Used to evaluate the capacity and processes of Ryan White (RW) funded sub-recipients in DC Health's provider network in one tool.

- These assessments will be used to determine Fee for Value (FFV) eligibility, enhancement awards, and identify specific organizational capacity building needs for GY34.

Integrated Assessment Tool

Key Features

- Evaluates both capacity and processes within a single document.

- Covers a total of 9 areas, including 5 capacity-related areas and 4 process-related areas.

- Assesses Parts A and B grants.

- Uses objective criteria to conduct assessments.

- Utilizes existing monitoring tools to support the assessment of criteria.

- Sub-recipients were responsible for ensuring all reporting requirements through October 2023 were submitted and answering the Data survey by the established deadline.

- Plays a dual role by assisting RWHAP in making informed decisions for program planning.

Integrated Assessment Tool

Area of Review	Assigned Staff
Organizational Infrastructure	Program Officers
Fiscal Management	Grants Management Specialists
Program Management	Program Officers
Data Collection, Reporting, and Use	Data Management Specialists
Quality Management	Quality Management Specialist/Clinical Quality Improvement (CQI) Coaches
Outpatient Ambulatory Health Services	Program Officers
Medical Case Management/Non-Medical Case Management*	
Medical Nutrition Therapy	
Food Bank Home Delivered Meals	

*Either service area can be reviewed due to similar components and processes

Integrated Assessment Tool (cont.)

Scenario	# of Sections Reviewed	Sections Reviewed	Final Scores
w/ FFV service(s)	6 -9 sections	All five general sections and any FFV service area sections	Capacity & Process scores
w/o FFV services(s)	5 sections	All five general sections	Overall Comprehensive Score only

Integrated Assessment Tool

For Process Assessment

- The process assessment measurement is used to evaluate current practices at each organization.

- The measurement will be based on Ryan White Program deliverables and administered by HAHSTA staff.

- The process assessment is specific to each funded service category.

- Based on the criteria in the organizational capacity/process area, the assessed score uses either the capacity or process component.

- Process assessment scores are determined for all areas of the tool.

- Consistent and thorough completion of all process assessment components, such as the data survey, is crucial, as it directly influences eligibility for the value enhancement award.

Outcome Measures

Outpatient/Ambulatory Health Services (O/AHS) Outcome Measure - Viral Load Suppression

Current Outcome Measure - Percentage of customers, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement period.

- **Numerator**: Number of customers in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year (i.e400 out of 500 customers are virally suppressed).

- **Denominator:** Number of customers, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year (i.e. 500 customers).

- Customer Exclusions: None.

Outpatient/Ambulatory Health Services (O/AHS) Outcome Measure

Summary of GY 33 Viral Load Suppression data

- Based on the range of scores we received, the lowest score for this outcome measure was at 0%. The median score was 85.40%. The highest score was 95.51%.

- Analysis reveals a significant absence of viral load data for O/AHS customers.

- Viral suppression data at 0% illustrates that there is either incorrect data being submitted in CAREWare, or the sub-recipient is not entering data for this measure.

- The viral suppression goal is 95%. To meet this goal, we encourage sub-recipients to gather complete viral load data, routinely check the data that is entered into CAREWare and work with customers to address their barriers to care.

Medical Case Management (MCM) Outcome Measure - Viral Load Suppression

Current Outcome Measure - Percentage of Medical Case Management (MCM) customers with a diagnosis of HIV/AIDS with a viral load less than 200 copies/ml during the measurement period.

- **Numerator**: Number of MCM customers with viral load below limits of quantification at last test during the measurement period.

- **Denominator:** Number of customers, regardless of age, with a diagnosis of HIV with at least one MCM visit in the measurement period.

Medical Case Management (MCM) Medical Bundle Outcome Measure

Summary of GY 33 Viral Load Suppression data

- Based on the range of scores we received, the lowest score for this outcome measure was at 62.90%. The median score was 82.35%. The highest score was 90.70%.

- The viral suppression goal is 95%. To meet this goal, we encourage sub-recipients to gather complete viral load data, routinely check the data that is entered into CW and work with customers to address their barriers to care.

Medical Case Management (MCM) Non-Medical Bundle Outcome Measure

Summary of GY 33 Viral Load Suppression data

- Based on the range of scores we received, the lowest score for this outcome measure was at 71.43%. The median score was 76.92%. The highest score was 90.00%.

- The viral suppression goal is 95%. To meet this goal, we encourage sub-recipients to gather complete viral load data, routinely check the data that is entered into CAREWare and work with customers to address their barriers to care.

Non-Medical Case Management (NMCM) Outcome Measure - Care Plan

Current Outcome Measure - Percentage of active HIV Non-Medical Case Management (NMCM) customers who had a NMCM care plan developed and/or updated two or more times in the measurement period.

- **Numerator**: Number of NMCM customers who had a NMCM care plan developed and updated two or more times, at least three months apart, in the measurement period.

- **Denominator:** Active NMCM customers who had a NMCM service/encounter in the measurement period.

Non-Medical Case Management Medical Bundle Outcome Measure

Summary of GY 33 Care Plan data

- Based on the range of scores we received, the lowest score for this outcome measure was at 0%. The median score was 17.11%. The highest score was 94.74%.

- Analysis reveals a significant absence of care plan data for NMCM customers.

- Care plan data at 0%, illustrates that there is either incorrect data being submitted in CAREWare, or the sub-recipient is not entering data for this measure.

- Sub-recipients are required to routinely check the data that is entered into CAREWare and adhering to the service standard of developing an individualized service plan for all customers receiving NMCM services.

Non-Medical Case Management Non-Medical Bundle Outcome Measure

Summary of GY 33 Care Plan data

- Based on the range of scores we received, the lowest score for this outcome measure was at 0%. The median score was 17.54%. The highest score was 77.14%.

- Analysis reveals a significant absence of care plan data for NMCM customers.

- Care plan data at 0%, illustrates that there is either incorrect data being submitted in CAREWare, or the sub-recipient is not entering data for this measure.

- Sub-recipients are required to routinely check the data that is entered into CAREWare and adhering to the service standard of developing an individualized service plan for all customers receiving NMCM services.

Medical Nutrition Therapy (MNT) Outcome Measure - Achievement

Current Outcome Measure - Percentage of customers received Medical Nutrition Therapy (MNT) services of the performance target during the measurement year.

- **Numerator**: Number of unduplicated customers with a diagnosis of HIV regardless of age who received MNT services during the measurement period.

- **Denominator:** Total number of unduplicated customers with HIV regardless of age targeted/planned to be provided with MNT services during the measurement period.

Medical Nutrition Therapy (MNT) Outcome Measure

Summary of GY 33 Achievement data

- Based on the range of scores we received, the lowest score for this outcome measure was at 72.59%. The median score was 110.22%. The highest score was 183.33%.

- The median and high scores for this measure were higher than 100%. This illustrates that the targets set for this service category were too low or demand has exponentially increased.

- To improve the percentages for the outcome we suggest the following: 1) Develop SMART targets, 2) Document services consistently in CAREWare, and 3) Routinely follow up with eligible customers to offer services.

Food Bank and Home-Delivered Meals (FB/HDM) Outcome Measure - Achievement

Current Outcome Measure - Percentage of Food Bank/Home-Delivered Meals (FB/HDM) service units of the performance target during the measurement period.

- **Numerator**: Number of FB/HDM service units completed/provided during the measurement period.

- **Denominator:** Total number of FB/HDM service units targeted/planned to be provided during the measurement period.

Food Bank and Home-Delivered Meals (FB/HDM) Outcome Measure

Summary of GY 33 Achievement data

- Based on the range of scores we received, the lowest score for this outcome measure was at 87.47%. The median score was 126.13%. The highest score was 126.93%.

- The median and high scores for this measure were higher than 100%. This illustrates that the targets set for this service category were too low or demand has exponentially increased.

- To improve the percentages for the outcome we suggest the following: 1) Develop SMART targets, 2) Document services consistently in CAREWare, and 3) Routinely follow up with eligible customers to offer services.

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Value Enhancement Awards

Value Enhancement Awards

- Consist of process assessment and outcome measure awards.

- Are funds awarded to sub-recipients based on their performance as a Ryan White sub-recipient and for providing funded services commensurate with service size and scope of their program.

- Are determined by HAHSTA staff who conduct an annual review of the processes and outcomes of each FFV sub-recipient.

- Are determined through annual reviews that occur in the third quarter (November) of the current grant, in preparation for future funding decisions.

Maximizing Your Value Enhancement Award

- Improve performance during the IAT and outcome measure review process.

- How do you do that???

  - Implement programming according to the service standards.

  - Establish realistic service targets.

  - Submit narrative reports and invoices on time.

  - Complete the data survey.

  - Submit all requested documentation.

  - Ensure all service encounter data is captured in CAREWare.

  - Review CAREWare data quarterly or semiannually.

Next Steps

Next Steps

- FFV Feedback Sheets

  - Provide a detailed summary of your FFV performance by service category.

  - Will be distributed in April 2024.

- FFV Advisory Group

  - Meets semi annually.

  - Next meeting will be held in April 2024.

- Integrated Assessment Tool

  - Assessment conducted annually in November.

Key FFV Contacts

- FFV Coordinator

    – Ekaji Osayande, Ekaji.Osayande@dc.gov

- Ryan White Program Manager

    – Ebony Fortune, Ebony.Fortune@dc.gov

Questions

DC EMA CAREWare

GY34 Plan

Messay Zerga(DOH)| Feb 2024

DC CAREWare website:

- https://carewaredc.ixn.com/careware/rs/index.htm

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What is New?

- CAREWare upgraded to build v.214 which is RSR 2023 ready

- Provider Data Import (PDIs) format change

- Providers are encouraged to export their old data for backup

- Please contact care.ware@dc.gov with specific inquiries

- EIS and Status neutral OAHS categories subservices update

What is New?...

- 2 –Factor Authenticator resetting

  - Providers will be able to reset their users 2-factor key

  - If you are a site admins, please email at care.ware@dc.gov for further guidance

- Automatic user Deactivation

  - Due to security concerns, users who didn't login for 180 days(used to be 90 days) will automatically be retired/Deactivated

  - New Account reactivation request must be submitted to reinstate the account

GY-34 CW contracts

- All your contract will be updated to reflect GY-34

  - Funding source_ProviderName_GY34

  - You may have more than one contract based on funding sources or specific programs

  - Additional non- HAHSTA funded contracts must be approved by Pos

  - Refer 2023-2024 Data collection and Reporting excel document for requirements and services category definition

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Status neutral program update

- Service Category: OAHS

- Update (GY34):

  - CAREWare(CW) Subservices have been updated.

  - Providers are advised to refer to data collection and reporting documents for detailed service categories and definitions.

- Applicability:

  - Information is relevant exclusively to providers with Status Neutral Program Contracts.

  - For specific inquiries, please send email to care.ware@dc.gov

Training

- Basic CW training for new users

  - Mid- April 2024

- Working with Reports in CW

  - June 2024

- Data Import and Export options

  - August 2024

- Provider Specific training upon request

  - Through out the year

How to request User account

- To access CAREWare User accounts Click here or scan QR code

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How to request TA

- We have electronic TA request form

    - Click DC CAREWare TA request form

    - Or scan the barcode

    - All trainings will be hosted virtually via Microsoft team

Our goal this grant year

- >97 % data completeness in all required data element areas

  - Viral Load

  - CD4

  - ART

  - FPL

  - Housing Status

  - Health coverage

  - Risk Factor & HIV status

Contact

- Email: Care.ware@dc.gov

- Phone: 202-671-4983/202-329-7294

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2023 RSR timeline and tips

Messay Zerga| February 2024

Content

- ▶ Tips
- ▶ 2023 RSR timeline
- ▶ 2023 RSR resources

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RSR tips

- **2023 RSR Guideline Review:**

  - Watch Preparing for 2023 RSR Reporting: Updates and Best Practices

  - Emphasize focus on the provider reporting section.

  - Ensure access to EHB or registration for seamless navigation.

- **Data Validation Process:**

  - Run, review, clean and validate your 2023 RSR data using CW early.

  - Ensure accuracy and compliance with guidelines.

RSR tips..

- **Custom Report Check:**
  - Verify functionality of the "Client by Zip Code" report on your custom report list.
  - Confirm that the report is working effectively.
- **RSR Contact Person Survey:**
  - Complete the RSR contact person survey if not done already.
  - Email request sent by your PO

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2023 RSR timeline

2023 reporting period (January 1, 2023, through December 31, 2023)

- All providers received communication about the 2023 RSR season.
- The information was disseminated by your respective Program Officer(PO).

Date	Activity
Monday, February 5, 2024	**RSR Provider Report Start Date** (All providers/Sub-recipients)
Monday, March 4, 2024	**RSR Provider Report Target Deadline** (RSR Provider Reports should be in "Review" or "Submitted" status)

2023 RSR resources

- Ryan White HIV/AIDS Program Services Report (RSR) Instruction Manual

  - Download here

- Training and upcoming webinars

  - https://targethiv.org/library/topics/rsr

- TA Resources for the Ryan White HIV/AIDS Program Services Report (RSR)

- Preparing for 2023 RSR Reporting: Updates and Best Practices

- Care.ware@dc.gov

Contact

- Care.ware@dc.gov

2022-2023 DC EMA Needs Assessment Findings

District of Columbia Eligible Metropolitan Area

Julie Orban, MPH

February 15, 2024

HIV Positive

43.4%
were HIV Positive

89.4%
saw medical provider

59.5%
saw case manager

95%
taking ART

80.2%
virally undetectable

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HIV Disparities by Jurisdiction: HIV Positive
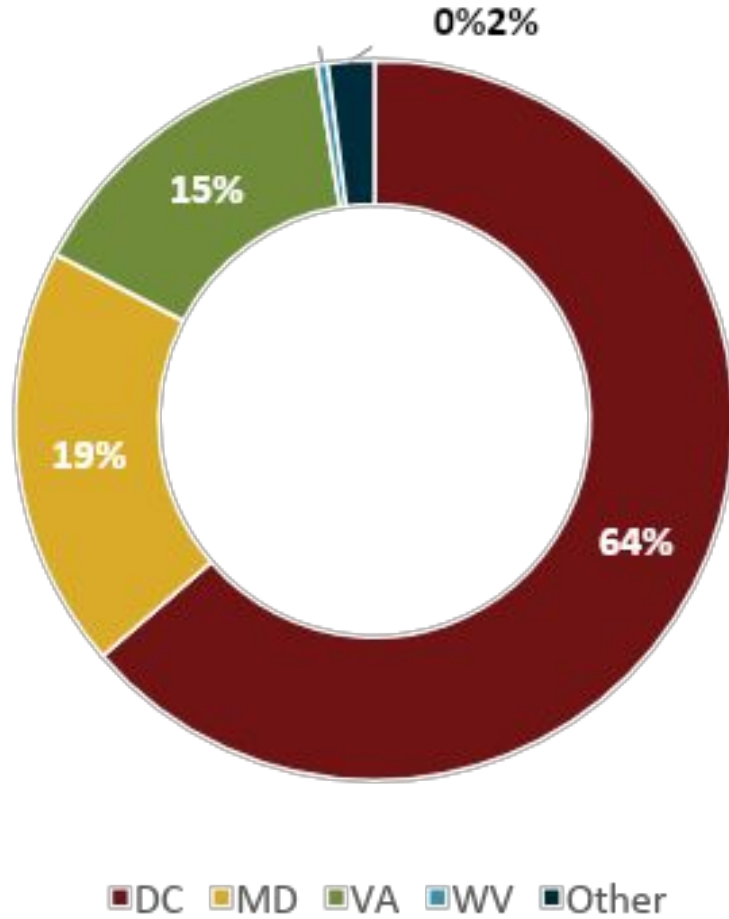
HIV Disparities By Jurisdiction: Race
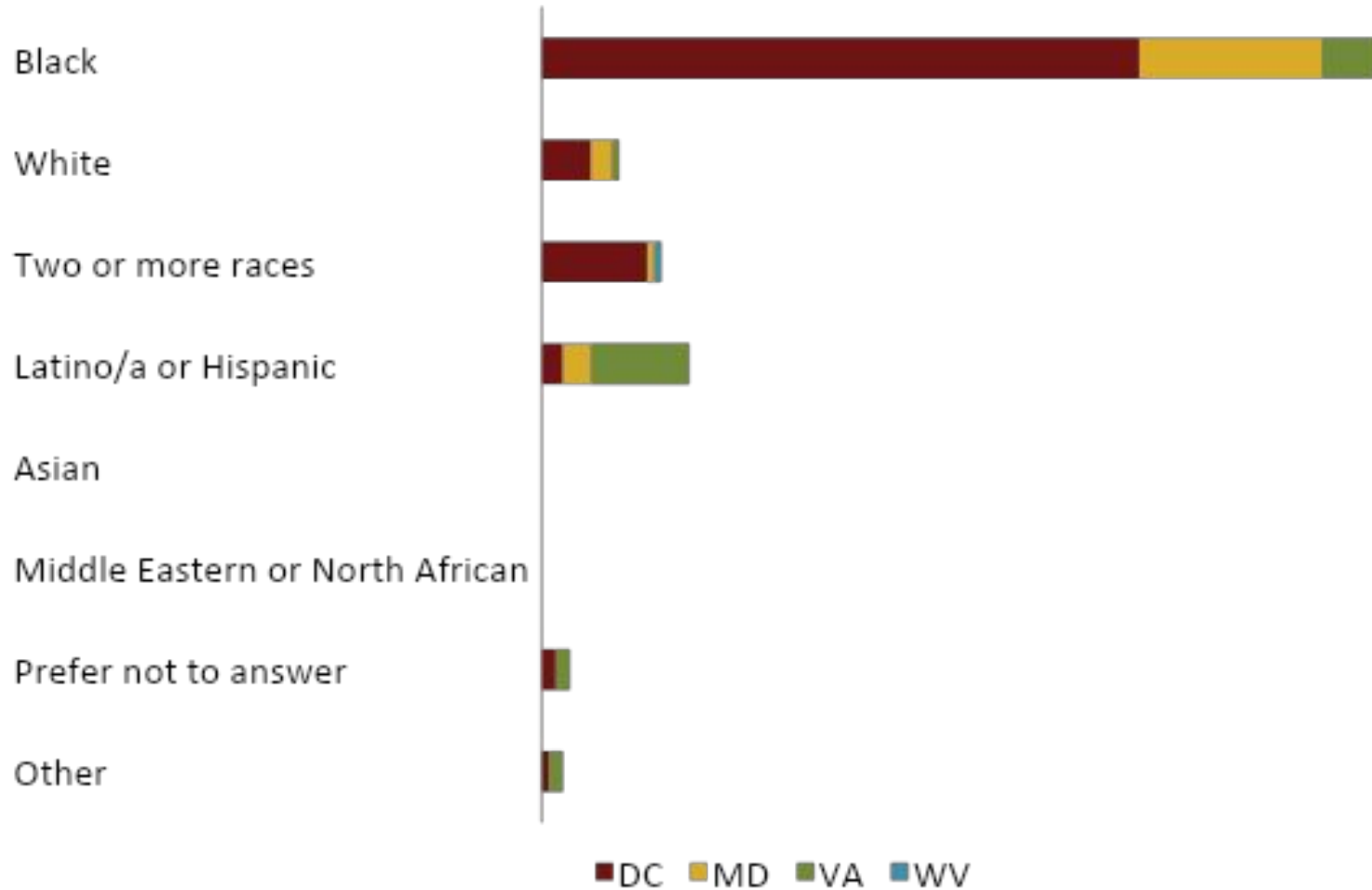
HIV Disparities by Age: Years with HIV
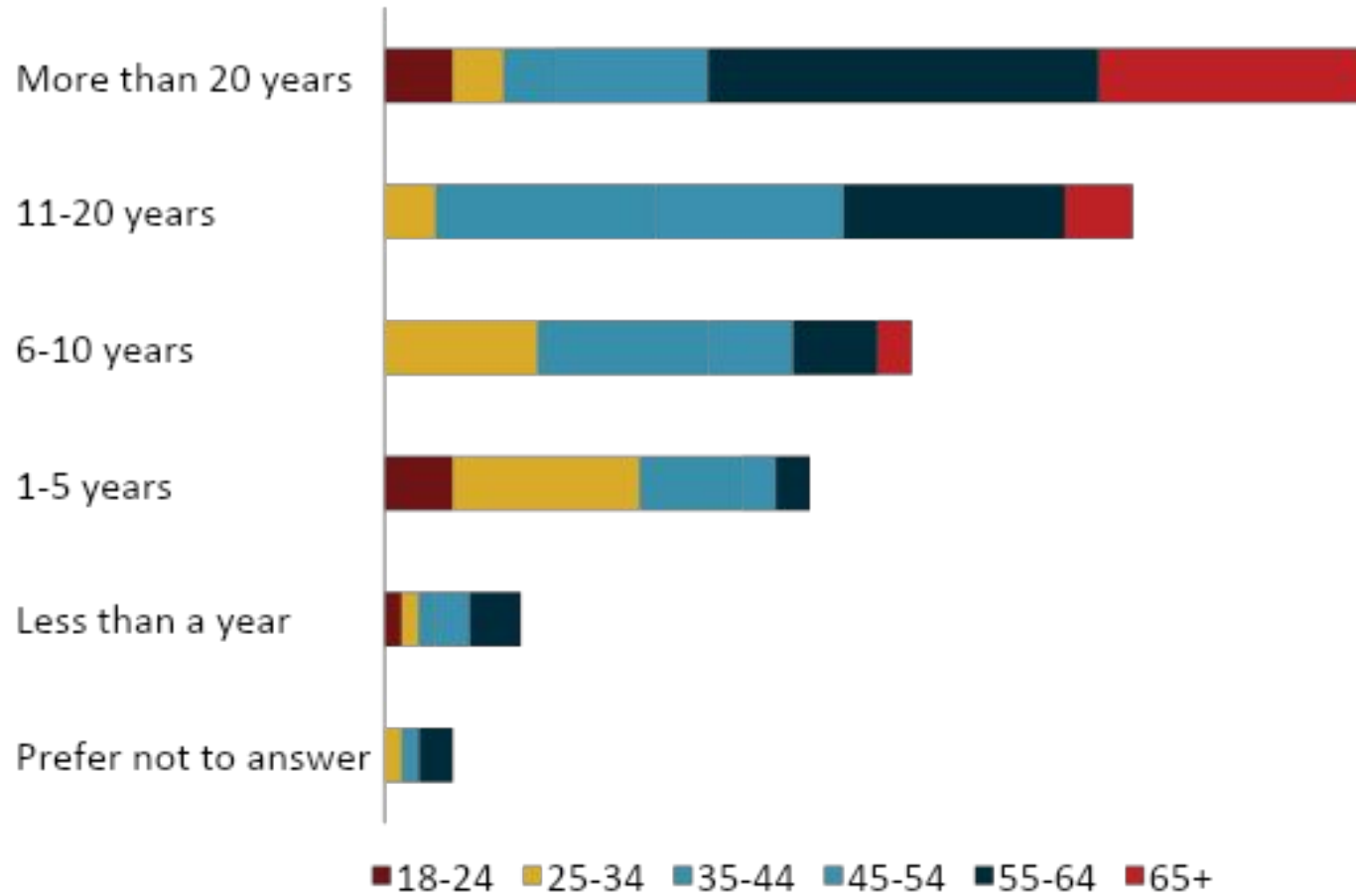
HIV Negative

56.6%
were HIV Negative

19.1%
taking PrEP

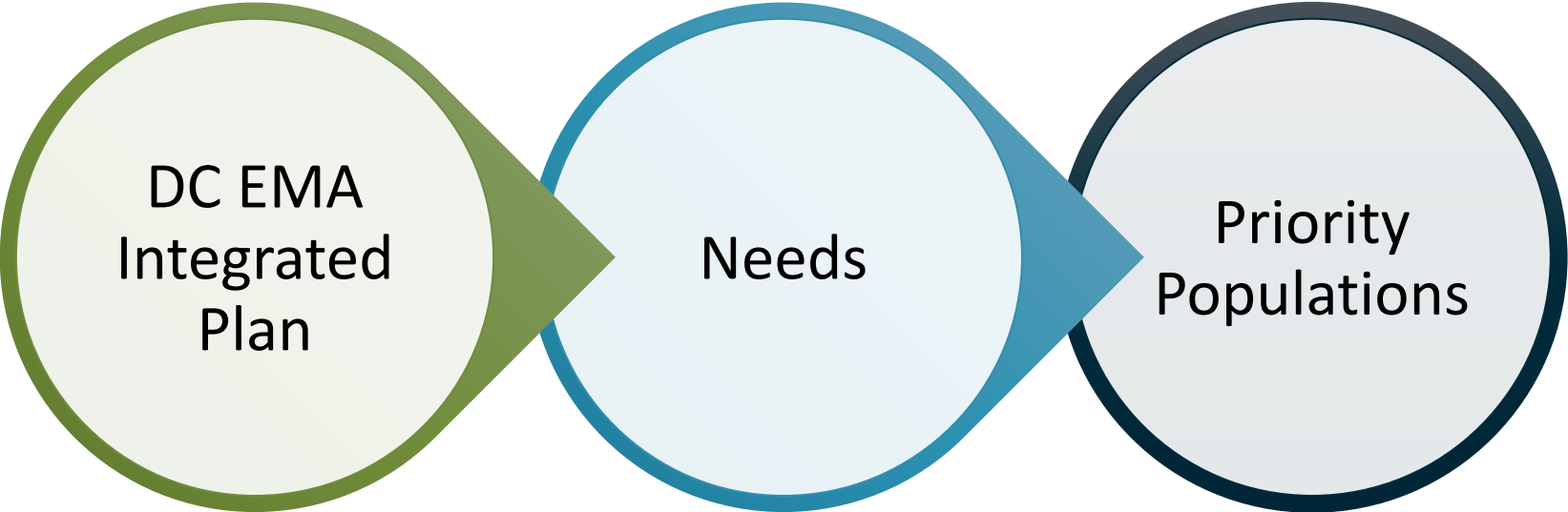**69.8%**
were adhering to PrEP
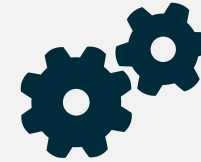
60.7%
believe PrEP not needed

17.8%
never heard of PrEP

Met and Unmet Needs
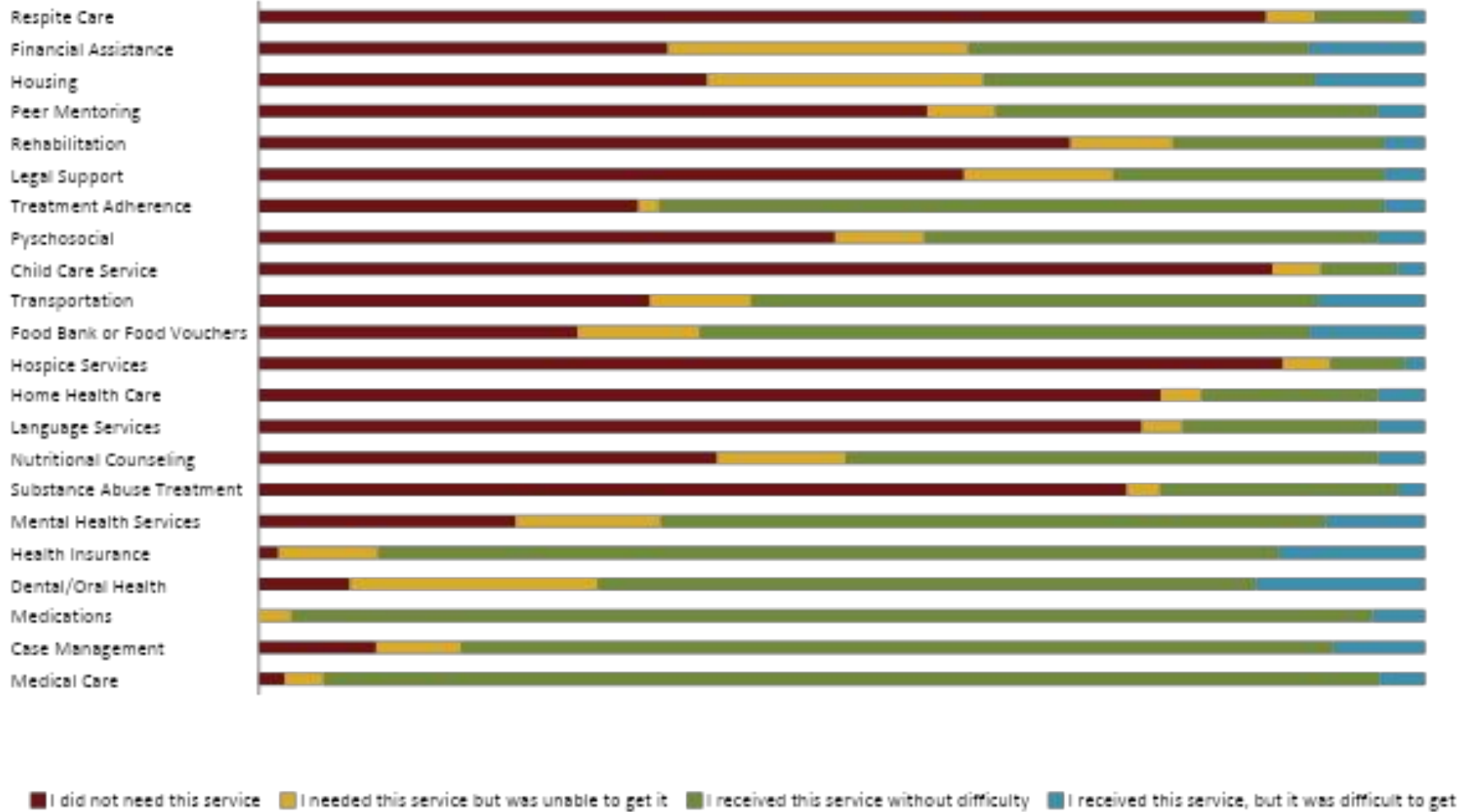
Consistent Needs and Priorities

DC EMA Integrated Plan

Needs

- Education
- Prevention
- Treatment
- Wellness
- Youth engagement

Priority Populations

- Black and Latino MSM
- Black heterosexual men and women
- People who inject drugs
- Transgender individuals
- Youth 13-24

Questions?

Customer Satisfaction Survey

Planning and Engagement

Courtney Middlebrook – February 15, 2024

Survey Background

- Customer involvement is required per HRSA's PCN 15-02

- Previous survey (conducted Aug 7-Sept 8, 2023) was based on the last version that was done in 2019

- Total of 22 questions

- Survey platform: Microsoft Forms

- 174 responses in a one-month period

- English version translated into Spanish and Amharic

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Planning and Engagement

- Purpose: The purpose of this survey is to ensure our customers' voices are heard and their input is factored into our quality improvement initiatives.

- Sub-recipient participation is required

- HAHSTA will provide gift cards (digital and hard copy) to customers who complete the survey

Planning and Engagement

- Launch date: planning for late April 2024 (specific date TBD)

- Survey platform: digital – either Microsoft Forms or Qualtrex

- Survey will be in English and translated to the following six languages:

  - Amharic

  - Chinese

  - French

  - Korean

  - Spanish

  - Vietnamese

Response Team

Planning and Engagement

Courtney Middlebrook – February 15, 2024

What is the Response Team?

- **Purpose**: To create and sustain a mechanism to systematically monitor, evaluate, and continuously improve the quality of HIV care and services provided to all persons living with HIV/AIDS (PLWHA's) in the Washington DC Metropolitan Area.

- Interdisciplinary leadership committee that guides the DC Collaborative's (HAHSTA's DC EMA sub-recipient network) strategic decisions, goal setting, and management.

- Provides: expertise, decision making, and oversight for implementation of activities to achieve the DC Collaborative objectives.

- Serves as a bridge between providers and HAHSTA to foster communication and collaboration.

Engagement

- Meeting frequency: once per quarter at minimum, with ad hoc meetings as needed

- Model:

  - 7 roles total

  - 4 of the 7 are co-lead roles: community member partnering with a HAHSTA staff member

- Role Selection Process: HAHSTA will provide an application and select from applicants to fill the roles

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Interested in joining the Response Team?

If you are interested, please contact your Quality Coach or
rw.quality@dc.gov and we will send you the application

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Ryan White Clinical Quality Management Program Requirements

HAHSTA Quality Coaches (Laura Whittaker, Brittany Tarver, Arielle Hart)
Quality Management
February 15, 2024

Objectives

- Quality Improvement Expectations and Importance

- Clinical Quality Management (CQM) Program Overview

- Role of HAHSTA QI Coaches

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What is Quality Improvement?

- Quality Improvement (QI) consists of systematic and continuous actions that lead to measurable improvement in healthcare services and the health status of targeted patient groups.

- The Institute of Medicine defines quality in health care "as a direct correlation between the level of improved health services and the desired health outcomes of individuals and populations."

Difference Between QA and QI

	Quality Assurance	**Quality Improvement**
Motivation	Measuring compliance with standards	Continuously improving processes to meet and exceed standards
Strategy	Reactive – "fixes" identified problems	Proactive – prevents problems by creating and refining processes
Means	Inspection	Prevention
Focus	Corrective action for individuals	Implementing and improving processes and systems
Responsibility	Quality Staff, Management	Everybody!

HIV/AIDS (HAB) Expectations for QI?

- Implement QI activities centered on improving care for customers, health outcomes, and customer satisfaction.

- QI activities use a systematic evidence-informed methodology, using quarterly reviewed and analyzed data. .

Quality Improvement Is:
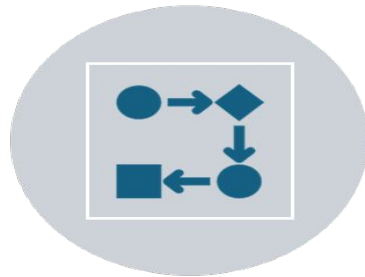
Why is Quality Improvement Important?

- It directly impacts our customer's lives

- It can help us reach organizational goals

- It has an overall benefit to communities and regions

- It can make the job or task more streamlined, enjoyable, and meaningful

- **It is mandated by the Health Resources & Service Administration HIV/AIDS Bureau (HRSA HAB) – legislation and Policy Clarification Notice 15-02 (PCN 15-02)**

The Ryan White Quality Program

- HAB calls the quality program for Ryan White recipients the **Clinical Quality Management (CQM) Program**

- It's composed of a multi-disciplinary team
  - It may have multiple quality improvement committees to execute projects

- The program writes a plan and establishes measures
  - It analyzes the measures and uses them to guide QI activities

- It conducts QI Projects
  - Using a defined methodology and QI tools

What Does This Mean?

- Subrecipients are to identify the specific CQM program activities for their service area or network:

  - CQM activities include performance measure portfolio, frequency of performance measure data collection, and identification of quality improvement activities, among other items

- Subrecipient need to ensure services have the:

  - Capacity to contribute to the CQM program

  - Resources to conduct CQM activities in their organizations

  - Implement a CQM program in their organizations

What Do We Need To Do?

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

What Is A Quality Committee?

- Designated team members who meet at least quarterly to review performance data, identify areas in need of improvement and monitor progress

- Improvement activities should use a defined methodology based on available data

- QM Work Plan and Performance Measures should be reviewed **at least quarterly**

- May be part of the overall quality program

- In smaller organizations, your team may be small – but you still must have a team

Quality Committee Meeting Minutes

- Submit quarterly proof of your committee meetings by providing meeting minutes.

- Document the following in your CQM meeting minutes:

  - Quality Improvement Project progress

  - Customer involvement - do not include name of customer(s), just note 'customer' when a customer is in attendance

  - Performance measure updates/progress; include baseline and quarterly updates

  - Follow-up/action items

 - Annual review of CQM Plan – update as needed

What is a Quality Management (QM) Plan?

- QM Plan is an annual key document for a Quality Program

- QM Plan should include the following elements:

    - **Quality Statement:** Vision

    - **Quality Committee Structure:** Leader, roles and responsibilities, resources, etc.

    - **Measure Portfolio and Outcomes:** Data

    - **Goals and Objectives:** SMART Goals

    - **QI Projects and Activities:** Documented with appropriate tools

    - **Engagement of Stakeholders:** Meaningfully involved

    - **Workplan:** Detailed action steps

Quality Improvement (QI) Projects

- Include any of the following in your QI projects documentation:

    - PDSA Worksheets

    - QI Tools

    - Data Dashboards

    - Storyboards, Posters, etc.

QI Projects Example
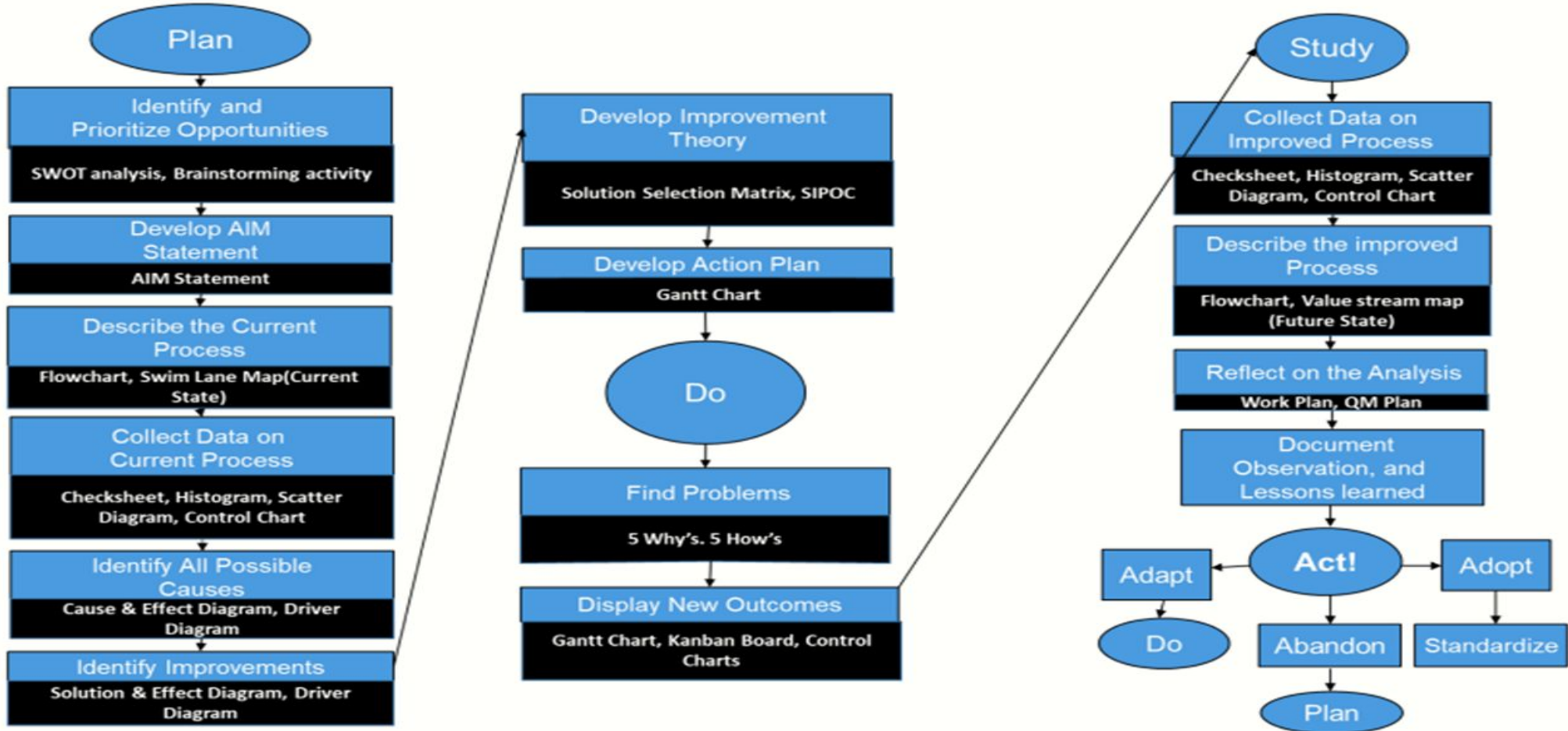
Evaluation and Assessment

- Every RW recipient and sub-recipient is required to evaluate their own CQM program – recommended to use the following to do this:

  - Quality Management Plan – Annual Quality Goals

  - Quality Management Plan Workplan (includes action steps, action owners, and timeframe)
    - Compare annual quality goals with year-end results
    - Use findings to plan next year's activities; learn and respond from past performance
  - Data Analysis
    - Examples include run charts, control charts, data dashboards, storyboards, etc.

Role of Coaches

► Assessment
  - Review QM Plan and Quarterly Deliverables
  - Site visits; Gemba walks

► Capacity Building
  - Provide training on QM topics

► QI Project Coaching
  - Provide technical assistance

► Evaluation
  - Analyze data for improved clinical outcomes
  - Gauges progress in meeting QI goals
  - Gather qualitative data via survey from staff and customers

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Deliverables

Frequency	Deliverable	Due Date(s)
Annually	Quality Management Plan (with work plan)	Within 30 days of start of Grant Year
Quarterly	Quality Improvement Project (QIP) Summary Report	1st Quarter, July 1, 2024 2nd Quarter, October 1, 2024 3rd Quarter, January 1, 2025 4th Quarter, April 1, 2025
	Performance Measure Summary (including baseline, target, quarterly data updates and analysis)	1st Quarter, July 1, 2024 2nd Quarter, October 1, 2024 3rd Quarter, January 1, 2025 4th Quarter, April 1, 2025
	QM Committee Meeting Minutes	1st Quarter, July 1, 2024 2nd Quarter, October 1, 2024 3rd Quarter, January 1, 2025 4th Quarter, April 1, 2025
	Documentation of Customer Involvement	1st Quarter, July 1, 2024 2nd Quarter, October 1, 2024 3rd Quarter, January 1, 2025 4th Quarter, April 1, 2025

Questions?

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Enterprise Grants Management System

Commonly referred to as EGMS

Enterprise Grants Management System (EGMS)

EGMS is an enterprise-level grants management system designed to enhanced coordination, increased standardization, and the ability to holistically manage risk across grant programs

The cloud-based automated system enables users to get real-time access to grant records and follow up on their task lists using on any electronic device, which radically changes the timeliness and accuracy of data inputs.

For access to the EGMS External Users Resource Guides, please visit https://dchealth.dc.gov/service/grants-management.

EGMS Budget Adjustments

Modifying the budget within a specific service area requires both programmatic and fiscal approval before updating EGMS. *Reprogramming the budget* involves transferring funds between service categories and necessitates programmatic approval prior to entering the change into EGMS.

These actions become necessary when expenditures deviate from the approved budget and workplan. All budget-related documentation must be submitted to the Program Officer (PO) and Grants Management Specialist (GMS) for approval before entering the information into EGMS. Once approved, the initiation of change requests can be undertaken by the sub-recipient, PO, or GMS.

EGMS Payment Request/Invoice Processing

EGMS simplifies the payment process by automatically generating a monthly payment request task on the last day of each month or billing period. An email notification and a corresponding task in the portal will be created for your convenience. Sub-recipients are no longer required to initiate a payment request; instead, please check your email or the supplier portal for the assigned task.

The Primary User holds the exclusive capability to submit the monthly invoice. To ensure a seamless process, sub-recipients must complete any outstanding tasks before proceeding with the current ones. Once the payment request receives approval in EGMS, the Payment Authorization Notice (PAN) will be sent to all active users.

For any inquiries, please consult the EGMS 2.0 Reference Guide, specifically Section 07a - Payment Request for Primary Users, accessible through the provided link.

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District Integrated Financial System

Commonly referred to as DIFS

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DIFS Supplier Portal

- Effective October 2023, all NOGAs and payments are processed through DIFS.

- All suppliers are required to complete the registration process in the system. After registration, suppliers can easily manage and update contact details, addresses, banking information, and business classification, as necessary. To initiate the registration process, please visit https://cfo.dc.gov/supplier_portal and click on 'New Supplier Registration.' For subsequent updates, select 'Existing Suppliers.' It's important to be aware that only OCP has the authority to update the headquarters address.

- If you need additional assistance, please contact your assigned GMS.

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DIFS Supplier Portal

- For questions regarding registration, please call (202) 442-870 or send an email to suppliers@dc.gov

- Please refer to the Submit NOGA Invoices and View Payments in the DIFS Supplier Portal Self-Service Job Aid provided for any assistance or visit https://cfo.dc.gov/supplier_portal and click on Resources.

Questions?