



RWHAP TA Webinar

Indiana State Department of Health

May 15, 2018

11:00 am – 12:00 pm



Indiana State
Department of Health



zoom

- Please enter the agency name and list all participants in the "chat" room

Helpful Hints

- Press esc to exit full screen
- Hover over the top to change "view" options
- Place yourselves on "mute" until you're ready to pose a question or make a comment
- Use the "chat" room to pose questions and make comments
- Meeting will be **recorded** and available for sharing after the meeting



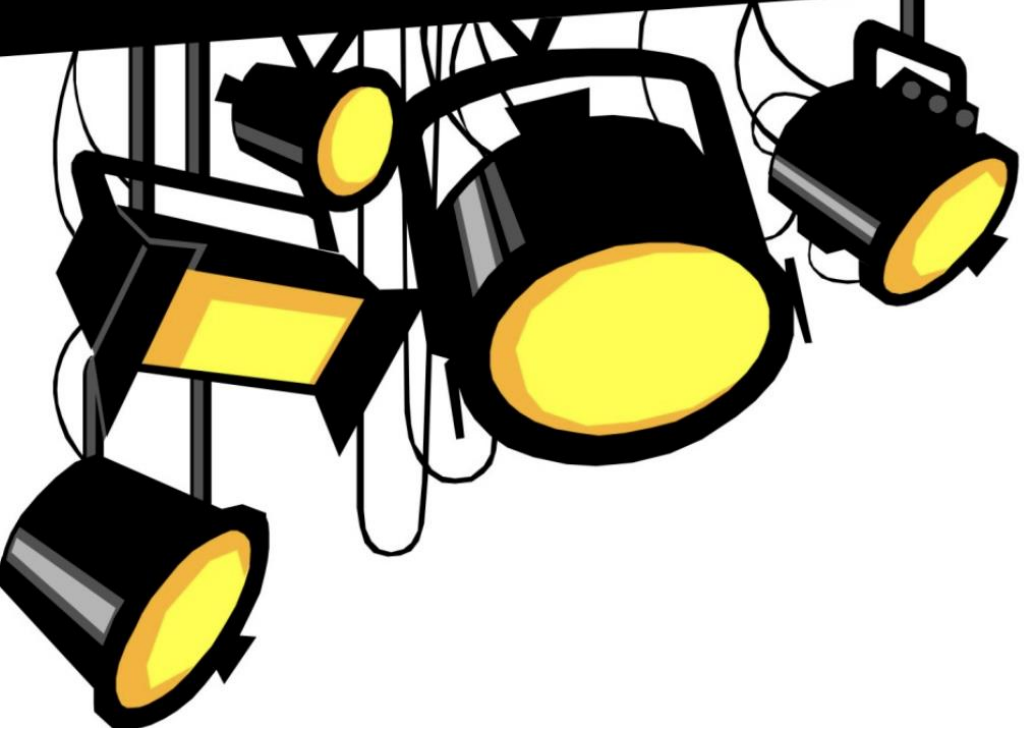
Indiana State
Department of Health

Agenda

- Introductions
- Agency Spotlight: Meals on Wheels
- Monthly Progress Report
- Announcements
- Q & A
- Next call







Agency Spotlight:

Meals on Wheels



Indiana State
Department of Health



Ryan's Meals for Life statewide pilot

**Funded by
the Ryan White Part B
Supplemental Grant from ISDH**





Our mission

Meals on Wheels of Central Indiana innovates, advocates and collaborates to end hunger and malnutrition for our senior, disabled and chronically ill neighbors.



PREVENTING PERMANENT HOMEBOUNDING

CHRONIC ILLNESS

Cardiovascular
Cancer
Stroke
Diabetes
Pre-diabetes
Arthritis
HIV
Osteoporosis

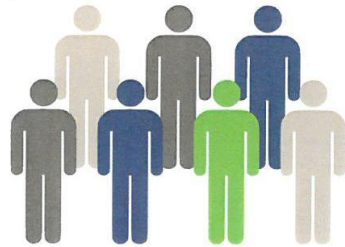


INTRODUCTION OF MEDICALLY-TAILORED MEALS



COMMUNITY ENGAGEMENT

Employment
Socializing
Consumer Access
Financial Stability





Client Story: Trina

Trina is a 50 year old female.
Her CD4 count is 749
and her viral load is undetectable.





Both Trina and her husband, who are both PLWH, receive medically-tailored frozen meals.

They are shipped to their home near South Bend.





Trina is anemic and is trying to gain weight. She has trouble chewing/swallowing and has dry mouth.

In the past year, Trina's weight recently dropped to an alarming 35 lbs. Although she is 4' 1", her average weight is 53 lbs.

She likes our frozen meals and has enjoyed eating them. She has struggled with finding food that she likes and is beneficial to her health.





Placed on
Medically-Tailored meals

Trina now weighs 57 lbs!





The key “ingredient”
to the success of the
Meals on Wheels program:

Medically-Tailored Meals





Medically-Tailored Meals (MTMs) are meals customized specifically for a client's chronic disease(s).

- ~ Involves nutritional therapy & education
- ~ Physician-directed

Though we have been providing these meals since 1971, the name was officially changed from physician-directed to MTMs several years ago.





A brief history of the Food is Medicine Movement

The movement emerged out of the AIDS crisis to provide home-delivered meals to individuals living with HIV/AIDS.

FIM Coalition is a volunteer association of nonprofit, medically-tailored food and nutrition services (FNS) providers seeking to preserve & expand coverage of FNS for the critically-ill.





Study at MANNA, our Food is Medicine Coalition sister organization from Philadelphia

MTMs and proper nutrition led to these findings:

- Adherence to HIV medications **increased by 23%** (from 47% to 70%)
- Food secure PLWH is **63% less likely** to be hospitalized and **36% less likely** to visit the ER
- Average monthly healthcare costs fell over 80% with the first three months of service, a cost savings of **\$30,000!**





Food is Medicine for HIV + and Type 2 Diabetes Patients

A study at the University of CA, San Francisco and Project Open Hand (San Francisco) showed that enrolled clients were:

- More likely to adhere to medications (from 47% to 70%)
- Less depressed
- Less likely to make trade-offs between food and healthcare.





HIV is an independent risk factor for:

- ~ Cardiovascular Disease
- ~ Liver and Kidney Disease
- ~ Cancer
- ~ Osteoporosis
- ~ Stroke





Food insecurity = **chronic stress**



chronic stress = immunological
function

chronic stress also negatively effects mental
health and adherence to medical treatment

Source: HIV/AIDS, Food & Nutrition Service Needs, CommunityHealth Advisory & Information Network, Columbia U.





HIV Over Fifty

Over 50% of those with HIV are over 50

- Many don't have family support
- Higher risk for age-related complications like diabetes, bone loss and cardiovascular disease (some conditions linked to their antiretroviral drug)

A proper diet can help manage HIV and prevent or postpone other health issues.

Source: *HIVPlusMag.com*, March 2017.





We can provide...

- ~ **Frozen Food:** choice of 15 different meals, to be eaten at client's convenience. Shipped directly to their door. Also working on 5 new breakfast meals.
- ~ **Meal Delivery:** As grant continues, may have the ability to offer this service through a local food provider.
- ~ **Food Pantry Boxes:** Shelf-stable food appropriate for the client's diet order delivered directly to their door or service site.
- ~ **Bulk meals:** located at your site for Ryan White enrolled clients. Like Meal Delivery, depends on food provider in your area.





Who is eligible?

Any client who is enrolled in Ryan White Part B, meaning...

- 1) Persons living with HIV (PLWH)
- 2) 300 % or below Federal Poverty Level
- 3) Lives in Indiana





All clients will have a referral intake (referral form) as well as a follow up every 30 days.





To Start the Process...

Scan the following to MOW:

- 1) MOW referral form (available on our website, under Programs tab/Ryan's Meals for Life)**
- 2) diet script (2nd page of referral form)**
- 3) Letter stating client is enrolled in Part B**

Upon receipt of referral, MOW will call client to set up delivery. Client is assigned one day a week to receive a box of 7 meals.





Clients are served in the order received.

However, please let us know if client is in an emergency situation so we can expedite the process.

As this is a new program and we are building it up, we appreciate your patience as we do our best to start clients on deliveries.





Criteria for referring a client may include the following (this is not an exhaustive list as there are reasons not listed below):

- Homebound.
- Unable to stand for extended time and cannot cook own meals.
- Recovering at home from a surgery or is going through medical treatment.
- Newly diagnosed and has AIDS diagnosis. Nutrition help while starting HIV medication.
- Additional help with daily nutrition and diet.
- Underweight and needs extra protein and calorie.





HIV Status Consciousness

Boxes will be shipped with minimal info, i.e. client's name & address,

Meals on Wheels return address label.

Nutrition educational materials occasionally in box.

Volunteers will only have access to the client's name, address, and diet type.

No other information is given.





Stories

Client called to tell us he is moving out-of-state and doesn't need meals anymore. We relayed this info to care site and they were not aware of the move!

“Team M.” – care coordinators from the Aliveness Project of NW Indiana and client coordinator Rosalyn Whitfield – 74 enrolled clients! Client M. weighs 89 pounds. MOWCI provided frozen food at discharge from the hospital by sending frozen meals to her friend's house. Client does not have a permanent home at this time.

A client who was referred through the Little Red Door, and whose cancer treatment had ended, has now switched to the Ryan's Meals for Life program so his food is still paid for. Another client came to us via his HIV care site, and also has brain cancer.

A client who receives frozen meals decided to buy a separate freezer for his meals, so he can receive a large amount at one time. We bring him up to 30 meals at a time. These meals are there for him at his convenience. He lives in a rural area and is homebound, so these meals allow him to be more food secure and to get proper nutrition.





**Thank you for
YOUR essential part
in this grant project!**



Indiana State
Department of Health



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Indiana State
[Department of Health](http://www.in.gov/health)



Monthly Progress Reports



What Are They?

- Routine reporting requirement
 - You may do similar reporting for other funds you receive
- Contractual requirement
 - Your current contracts refer to progress reports to ISDH
- **Brief** reports
 - Provides information about most significant issues/successes
 - Should take minimal time to complete
 - Communicates consistently to ISDH, who is monitoring statewide system of care



How Are They Helpful?

- Identify successes and issues as they occur
- Identify emerging needs
- Communicate possible needs for changes in scopes of work or funding
- Identify areas of Peer to Peer support
- Communicates needs for technical assistance



What is the Reporting Schedule?

- Reports are due to ISDH by the **30th of each month** following the month of activity
- ISDH will return a response by the 15th of the following month
- First Report: Due June 30
 - Beginning of Contract through May 31.
- Subsequent reports are due by the 30th of each month
 - June progress report due by July 30



ISDH Monthly Report

ISDH Ryan White Part B Progress Report

This report communicates progress, challenges and successes to the Indiana State Department of Health (ISDH) HIV Services Program (HSP), as well as needs for technical assistance.

Please submit this report to ISDH by the 30th of each month.

Sub-recipient Name:

Contract #:

Report Month/Year:

Highlights: Identify key activities that occurred under your Ryan White Part B-funded contract for the reporting period (i.e., hired new staff, saw 5 new clients for intake, established new mental health referral source, status of quality management plan, etc.). Please identify any significant over or under expenditures (and reasons for this), and any significant differences between projected and actual service units provided or clients served.

Problems or Barriers Encountered, and Action Steps Taken to Address: Discuss any barriers related to client access to services, delivery of services, or program operations including fiscal, data, quality management or administration of the contract. (i.e., understaffed, long eligibility approval wait times, invoice issues, data system problems, collecting/entering data, problems meeting quality management goals, etc.). Specify actions taken to overcome barriers, including how client input is used to solve problems.



ISDH Monthly Report

Successes: Discuss any successes related to client access to services, delivery of services, or program operations.

Waitlist or Delayed Waiting Period Status: Please report any waitlists or long waiting periods for services, first appointments, and/or any changes in wait lists experienced. A "Delayed Waiting Period" is defined as a wait time of two weeks or more for an initial appointment or service. A waitlist is defined as a growing list of clients needing a service that is unavailable.

Service Delivery Need Changes: Please discuss any emerging or changing service needs. (i.e., a sudden increased need for medication assistance due to a high number of newly diagnosed clients, less food bank assistance requested than anticipated, a need for dental services not previously requested in contract, etc.)

Technical Assistance Needs: Discuss any assistance you need with Programmatic, Administrative, Fiscal, Data or Quality Management activities. Note the problem, the type of need (i.e. Fiscal, Data, etc.) and what type of assistance would be helpful.



ISDH Monthly Report (future use)

DATA SUMMARY									
[A report from your data system (i.e., CAREWare) containing the requested information may be attached]									
As of [MONTH/YEAR]:									
Service Category	GY [2018] Reported Service Units				GY [2018] Unduplicated Clients				Comments
	Projected	Current	YTD	% to goal	Projected	Current	YTD	% to goal	
Core Services				#DIV/0!				#DIV/0!	
				#DIV/0!				#DIV/0!	
				#DIV/0!				#DIV/0!	
				#DIV/0!				#DIV/0!	
				#DIV/0!				#DIV/0!	
Support Services				#DIV/0!				#DIV/0!	
				#DIV/0!				#DIV/0!	
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				#DIV/0!				#DIV/0!	
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				#DIV/0!				#DIV/0!	

We Want Your Feedback!



- ISDH wants to keep this process as helpful and time efficient as possible
- Revisions may be made based on your experience
- Note your experiences during the next 2 to 3 months
- Any revisions will be implemented by October 1, the beginning of the new contract year.





IMPORTANT

ANNOUNCEMENT



- Part B Supplemental Grant Submission
- Piloting Annual Site Visits
- Statewide Sub-recipient Face-to-Face Meeting: 9/25/2018
- [ISDH Website](#)
- CAREWare

- Next TA call
 - June 19, 2018 11-12 pm ET







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