

# RWHAP Subrecipient Meeting

Indiana State Department of Health

*September 25, 2018*

*9:00 – 4:00 pm*

welcome



Dennis Stover

Director

HIV/STD Viral Hepatitis Division



Indiana State  
Department of Health

# Agenda

9:00 – 4:00 pm

- Introductions
- Director's Report
- ISDH Program Update
- Subrecipient Monitoring Process
- Pass & Score!
- IN Care Continuum & Affinity Exercise
- Quality Management
- Snowball Exercise
- Wrap-up



# Subrecipient Meeting: Purpose & Goal

- Provide a routine forum for dialogue
- Share information and clarify expectations
- Create opportunities to share successes and best practices
- Identify training and TA needs
- Facilitate networking
- Build a community of practice that strengthens the statewide system of care



# Learning Environment

## Community Agreement



## Parking Lot



# Affinity Corners Introductions!

- The Facilitator will call out several categories of items and you are to select the category that best fits you
- Once you select the category, move to the “corner” representing that category
  - For example, if we said, “Green” or Yellow” – you would decide whether you are more in “green” or more “yellow” and go the corner representing that color
  - My favorite color is yellow so I would move to the “yellow” corner
- Once at your corner, introduce yourselves to one another by name and agency



# Affinity Corners Exercise



- Location: North, South or Central Indiana?
- Agency Type: Hospital, FQHC, CBO, Health Department?
- Nightlife: Night In or Night Out on the Town?
- Vacation: Mountains or Beach?





# Director's Report

# Accomplishments



# Funding & Infrastructure



- Secured funding to expand service delivery across the state
- Allocated more than \$13M in supplemental funding
  - 15 service categories across 25 agencies
- Crosswalk Part B-funded services to RWHAP service categories
- Expanded staffing for Part B Program (7 FTEs)
  - Contract & budget
  - Field finance fiscal analyst
  - Associate Program Director
  - Data program manager
  - Restructured/solely-dedicated Part B quality manager
  - Ryan White Services Specialist
- Developed federal compliance policies & procedures



# Technical Assistance



- Contracted with local and national consultants to assist with developing and improving statewide funding of services
- 1:1 TA focused on infrastructure, capacity building and integration of service models
- Implemented monthly TA webinars
- Upgraded HIVE to improve information exchange between ISDH, Care Coordinators and subrecipients
- Created tools related to service allocations decisions and tracking
- Clarified “funded” & “allowable” Part B services
- Completed site visit check-in with all funded agencies

# Programmatic & Fiscal

- Eligibility determination
  - Updated ACAPS to accommodate increased determination activities
  - Developed eligibility determination policies, procedures & forms
- Delineation of services and subservices
- Introduced core expectations of quality management
- Delineated invoicing & reimbursement processes
- Modified contract language
- Updated HIV Services website with new FAQ section
- Created Subrecipient Site Visit Monitoring Procedure & Protocol

# Data Management



- Provided high level review of data reporting requirements
- Conducted provider assessment regarding data collection reporting activities
- Developed interim data collection process & tool
- Foundational work for establishing ISDH-approved data system
  - Consulted with other states regarding approaches to data collection
  - Initiated discussions with Marion County about possible collaboration
  - Engaged ISDH IT, Data Security and legal representation into review of potential data systems
  - Conducting meetings with vendors to discuss data system implementation
  - Developed subservices and service units for use in data system





# Continue Building Team and Infrastructure

- Ryan White Services Program Manager
- Ryan White Services Specialist
- Data Administrator
- In collaboration with Part A, implement CAREWare



# Enhance the Service Delivery System

- Continue building collaboration across agencies
  - Regional Continuum of Care Committees
- Create Service Standards
- Continue building “One Stop Shop” service model
- New service categories are being considered
  - Legal, Linguistics and Medical Transportation



# Supporting the Subrecipients: Technical Assistance

- Provide financial, accounting and budgeting TA to agencies
- Continue utilizing consultants for further TA and capacity building
- Add “best practices” area to ISDH website
- Continue TA webinars
- Create virtual forums to develop collaboration & networking among agencies
- Quarterly subrecipient meetings

# Expand Programmatic Elements

- Continue development of Quality Management Program
- Establish subrecipient monitoring visit schedule
- Utilize Advisory Council for needs & feedback
- Develop ideas and plans for an “End the Epidemic” Campaign
- Develop a program to identify and eliminate HepC in co-infected PLWH



# ISDH Update

Plans & Priorities for 2018-2019

# Wrapping Up and Starting a New Year!

- Part B Supplemental grant has been awarded
- Contracts have been sent
  - Signed contracts are due by 9/28/18
  - Language has been added to improve federal compliance



- Final Invoicing for 2018 – **Due November 14**
- Monthly Reports are due by September 30
- Continue to collect data on clients served and services provided



# Monitoring and Reporting Requirements

- Data Reporting
  - Submit five elements for clients receiving services from 1/1/18-8/31/18
    - Due today
  - Submit five elements for clients receiving services from 9/1/18-12/31/18
    - Due 1/31/2019
  - Submit five data elements monthly with monthly progress report beginning February 2019 (for January monthly report)

# Monitoring and Reporting Requirements

- Ryan White HIV/AIDS Program Services Report (RSR)
  - Annual submission required of all Ryan White funded agencies
  - Subrecipients are required to complete the Provider Report and upload a client-level data XML file into the RSR Web System by the deadlines provided by ISDH
  - Approach this year will be slightly different because CAREWare has not yet been implemented
  - Required data to be reported is in your handouts
  - Additional guidance and interim deadlines will be provided but here are some initial dates
    - Provider report opens on February 4, 2019
    - Final submission is due March 25, 2019



# Monitoring and Reporting Requirements

- CAREWare Implementation
  - Shared ISDH/Marion County data collection system
  - Data will be required to be entered by the 15<sup>th</sup> of the month following the provision of services.
  - Includes all required data elements (see your handout for details)
  - Training will be provided
  - Estimated implementation is early-mid 2019
- Monthly Subrecipient Webinars will continue and are a great place to stay up-to-date about requirements



# ISDH Website

- The website is your resource to keep updated
  - <https://www.in.gov/isdh/17740.htm>
- Sections
  - Programmatic and Administrative
  - Fiscal
  - Data
  - Quality Management
  - Technical Assistance and Resources (including an FAQ)
  - Health Insurance Assistance Plan
  - AIDS Drug Assistance Plan
  - Early Intervention Plan
  - Medicare Part D Assistance Plan
  - Notice of Privacy Practices

# Materials & Resources

- Subrecipient manual
  - Overview of Part B HIV Services and Key ISDH Contacts
  - What you can expect from ISDH
  - What ISDH expects of you
  - Resources, including templates and policies
- Development and Implementation of HSP Policies and Procedures
  - Posted on the website
  - Will be reviewed on webinars
- Subrecipient Monitoring Procedure and Tools



TIME FOR A  
BREAK!





# Subrecipient Monitoring Process

# Presentation Objectives

- Understanding expectations of the monitoring process (including fiscal and programmatic)
- Review the documents used during the monitoring process
- Strengths and challenges of the monitoring process
- Hear the perspective of the sites that have been through the monitoring process

# Indiana State Department of Health's Requirements While Monitoring

- Conduct one annual on-site Programmatic/ Administrative and Fiscal visit to providers (sub-recipients)
- Monitor the sub-recipient program and uses of funding to check for compliance with federal requirements
- Provide technical assistance and strengthen collaborative relationships with sub-recipients
- Write a report of the visit and implement a corrective action plan if necessary





# Why Monitor?

- **It's a Federal Requirement!**

- ISDH has a mandate to understand and check on the award monies that we give to our sub-recipients
- ISDH must monitor to assure **compliance** with federal requirements and program objective
  - This process happens for EACH funded service category

- **Technical Assistance**

- Any findings in a monitoring site visit allow ISDH to provide on site assistance to help bring recipients into compliance.

- **Understanding Services**

- Funded services are great on paper, but we like to see them in action!
- Monitoring allows programs to have showcase of new and innovative ideas that are working to serve HIV+ clients across the state.

- **Partnership Power!**

- There is power in understanding services being done across the state
- Collaboration and Trust





What are the steps?

# Step One: Before the Visit

- At least four weeks before the visit, we will let you know who is coming onsite, the proposed dates of the visit, the list of documents we will need, and our monitoring tool
  - There is a pre-screening tool used by ISDH staff to determine need and risk per site. *An example of that can be found in your manual.*
- Two weeks before the visit, we will set up a call with you.
  - This call is to establish:
    - The purpose of visit
    - The site visit agenda
    - Determine if multiple sites need to be visited (satellite sites, administrative offices, etc.)
    - Discuss entrance/exit conferences and determine who should be present
    - Answer questions about requested documents
    - Confirm meeting with consumers (if this is something that is needed)
    - Review process for selecting client charts and making them available

# Step Two: Onsite

- Entrance Meeting
  - ISDH reviews purpose of visit
  - Sub-recipient presents
    - 1-hour agency overview
    - How Part B services have been implemented
    - Successes and challenges of the program
- Monitoring Activities
  - Use review tools
  - Staff discussion and document review
- Exit Meeting
  - Inform sub-recipient of compliance issues and opportunities for improvement
  - Make every effort to communicate findings that will be reflected in report – no surprises!



Day 1:			
<b>Entrance Conference</b>  <u>ISDH:</u> Introductions Purpose of the visit.  <u>Sub recipient:</u> Provide an overview of the program, describing how Part B services have been implemented and any successes/challenges of the program. A short slide presentation is welcomed, but not necessary.	Recipient Staff:	ISDH HSP Site Visit Team:	

10:00 AM – 10:30 AM	Tour of the Facility		
10:30 AM – 12:00 PM	Concurrent Activities: Staff interviews and document reviews.  For the purposes of this Pilot Phase Site Visit, the entire team will be involved with the Administrative and Fiscal review process. A typical site visit would have Administrative review and Fiscal review occurring in two separate rooms.		
Room Location: North Room, 1 <sup>st</sup> floor	Recommend we begin with Administrative/Programmatic Review, then to Fiscal Review, then to Chart Reviews over the course of the visit.		

# Onsite Continued

- There are **TWO** parts to each monitoring visit: programmatic and fiscal
- Both have specific monitoring tools and requirements
- Each department also has specific staff designated to each area
- Compliance isn't just for one area, its for both!
  - Monitoring will look at the compliance factors for both programmatic and fiscal requirements

Programmatic + Fiscal =



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# What are some things we look for?

## **Programmatic**

- Compliance with federal requirements
- Compliance with policies and procedures
- Eligibility verification
- Payor of last resort verification
- Credentialing and Medicaid status verification if required
- Referral Relationships
- Over access to services and service standards

## **Fiscal**

- Policies and implementation
- Program income
- Financial management
- Property standards
- Auditing requirements
- Fiscal Procedures

# The Review Process

- There is a blended discussion along with document review
  - We make note if there is a need for Technical Assistance
- Compliance is checked with “Met”, “Not Met”, “Yes”, “No”
  - Partial compliance is noncompliance!
- Client files will be requested for review
- There is also a strong chance that we will want to sit with a group of clients
  - This focus group will allow clients to give their feedback on services, unmet needs, and any barriers they have



# Step Three: After the Visit

- Monitoring reports will be compiled by ISDH
  - ISDH has 45 days from the last day of the visit to get the final report to the sub-recipient
  - These reports are generated and approved by ISDH leadership
- Corrective Action Plan
  - To address findings in the monitoring reports sub-recipient will submit a CAP within 10 working days
  - ISDH approves/modifies the CAP within 7 working days and returns the plan back to the sub-recipient
  - ISDH monitors resolution of corrective actions
- Follow-up Visits
- Site Visit Evaluation

# What have we learned so far?

- We all have a learning curve!
- Ryan White funding has a lot of pieces, that we need to work together to maintain
- Our sub-recipients are very open to learn the process and very willing to help develop our monitoring process
- We have a way to go yet.
  - We have done three site visits so far, but ISDH's training wheels are officially off!
  - We will begin to implement our system as we roll out the next sites to be monitored.

# What's next?

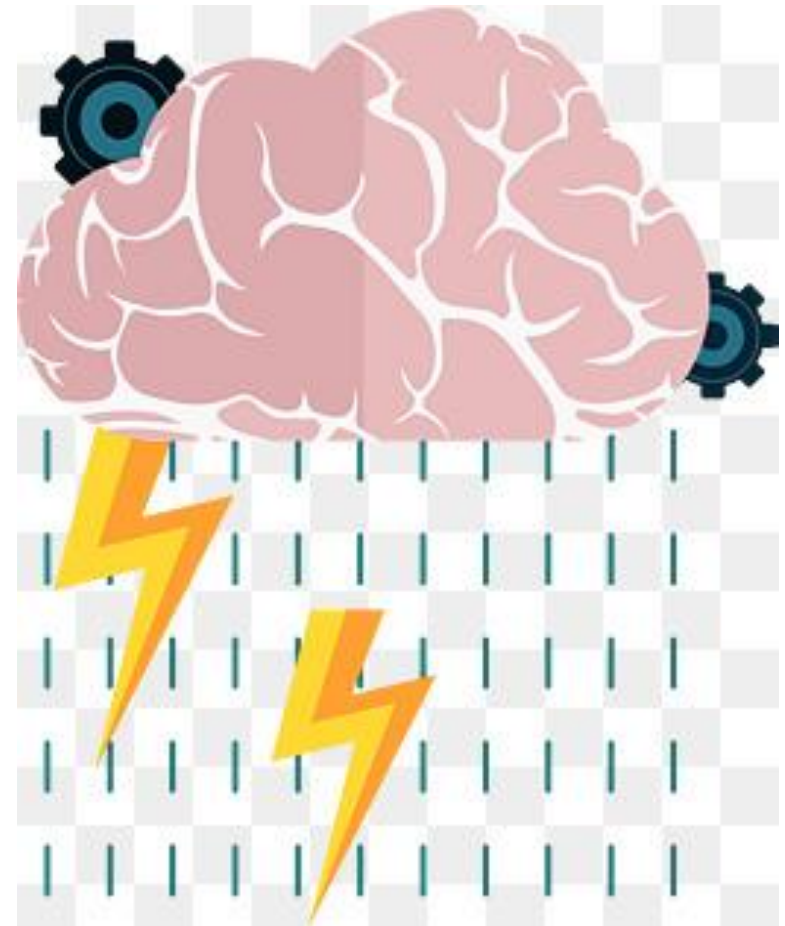
- ISDH is developing a policy a site visit schedule
  - We are waiting to hear back about a site visit exemption
- Quality management is an upcoming development that will be reflected on monitoring site visit
- ISDH will be in contact with each sub-recipient to give them their monitoring timeline





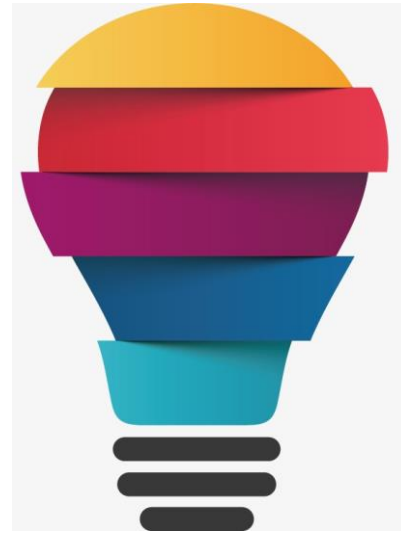
# Pass and Score!

- Consider the following question:
- *What topic would you like to learn more about?*



# Materials

- 1 note card
- 1 pen
- Your brain and experience



# Directions

1. On the front side of the note card list your priority training topic
2. Take a pen, stand up, walk around, and exchange notecards with as many people as you can until the music stops. Don't read the cards (yet)
3. When music stops, read the front of the card, and make sure that you don't have your own card (or one you have already rated). Exchange as necessary.
4. Read the idea; rate the idea by writing a number on the back of the card (1-5)
5. Repeat x 4





# Rating Scale

Use the following scale and rate the topic suggestion on the card based on the following:

1. No—this topic is not of interest to me at all
2. This might be an interesting topic for me
3. Maybe yes/maybe no
4. Would like to learn about this topic
5. Yes!!!! Agree completely—great topic





# Indiana HIV Care Outcomes with Ryan White Services

Joseph Amlung

Epidemiology Informatics Integration Specialist

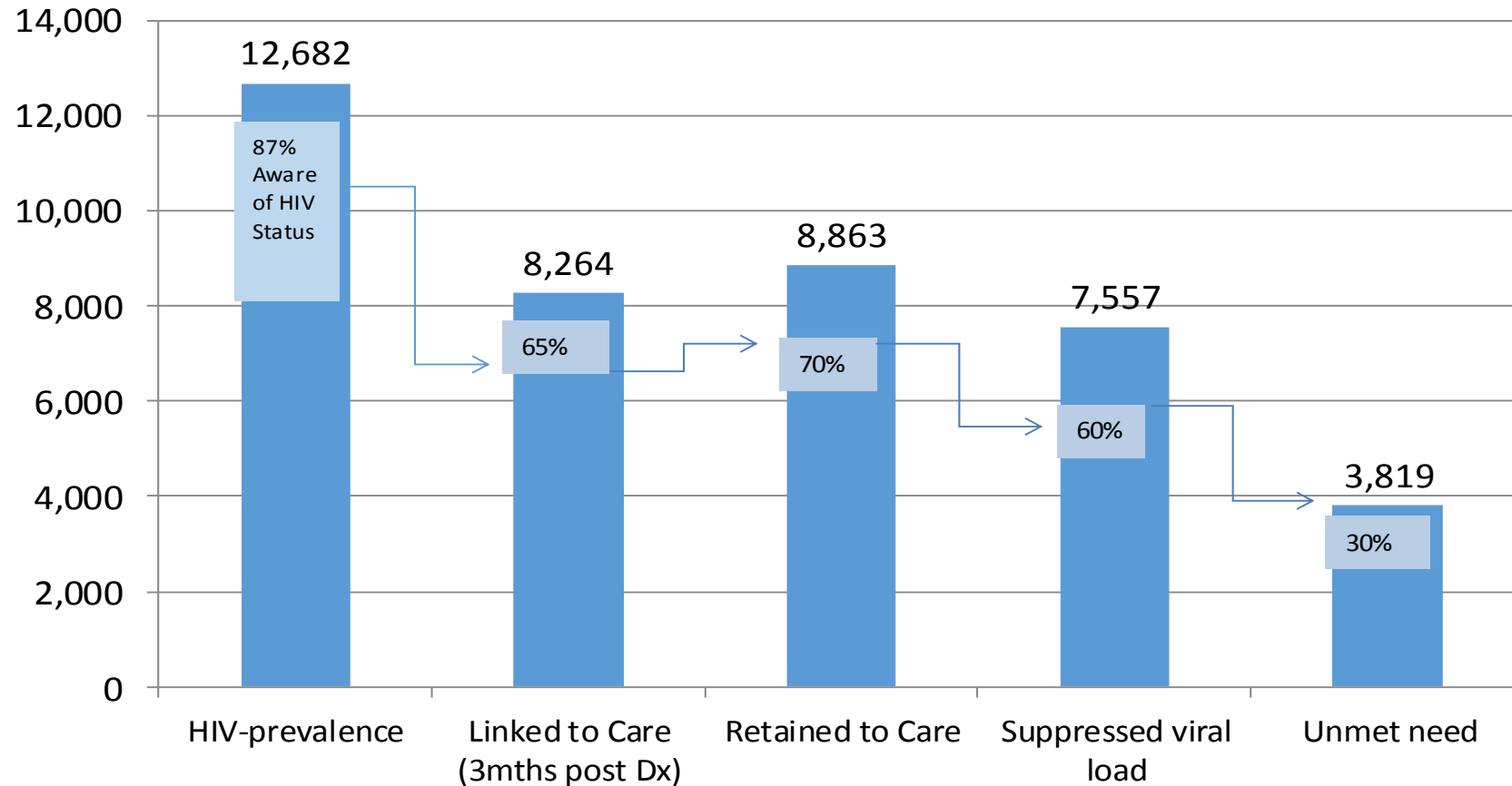
HIV/STD/Viral Hepatitis Division

Indiana State Department of Health



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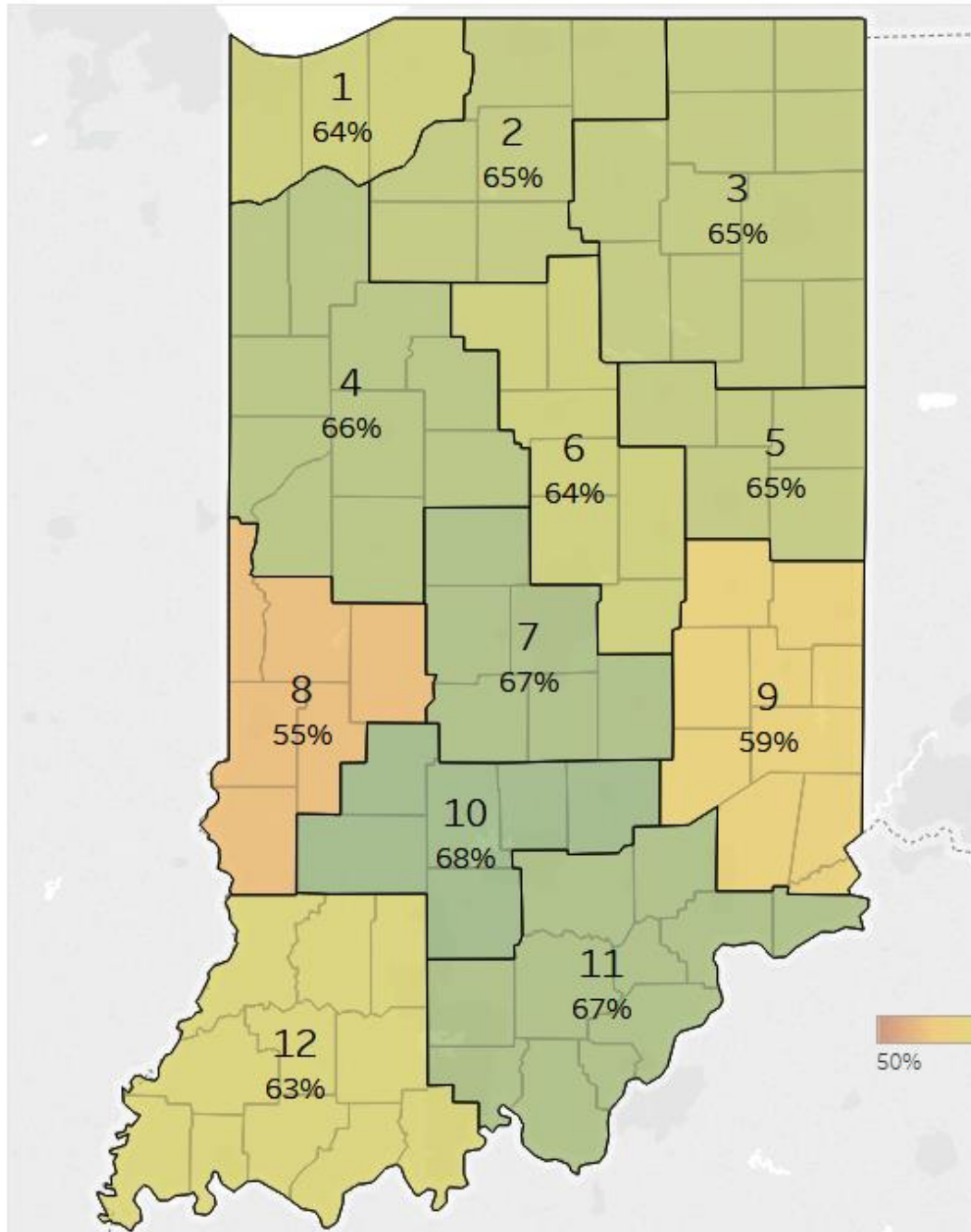
# The Continuum of HIV Care, Indiana, as of August 2018



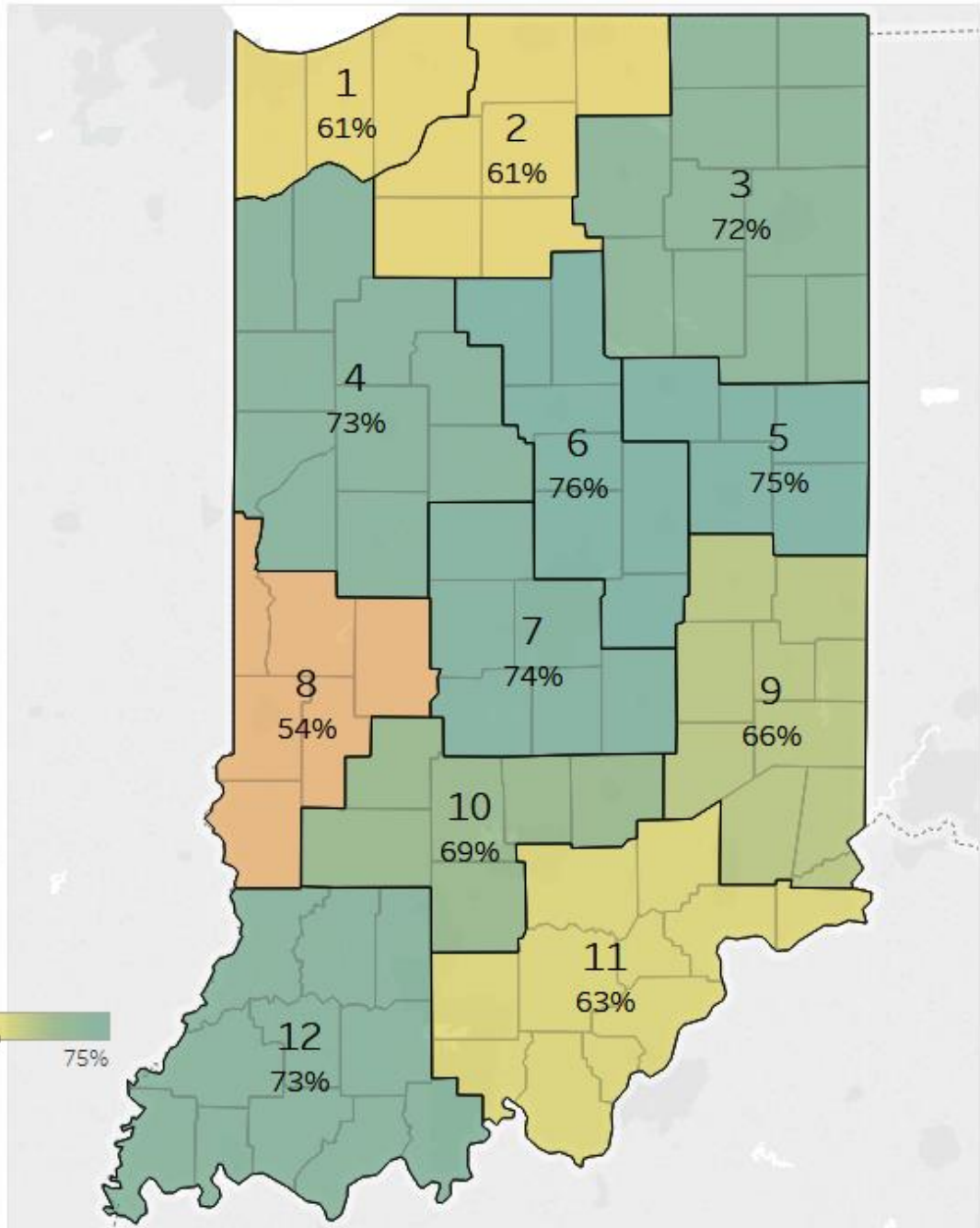
- HIV-prevalence represents those aware of their HIV status (**87%**)
- Of those aware of their HIV status, **61%** are retained in care (past 12mths)
- Of those aware of their HIV status, **49%** have a suppressed VL
- CDC. Prevalence of Diagnosed and Undiagnosed HIV Infection — United States, 2008–2012. MMWR 2015; 64:657-662



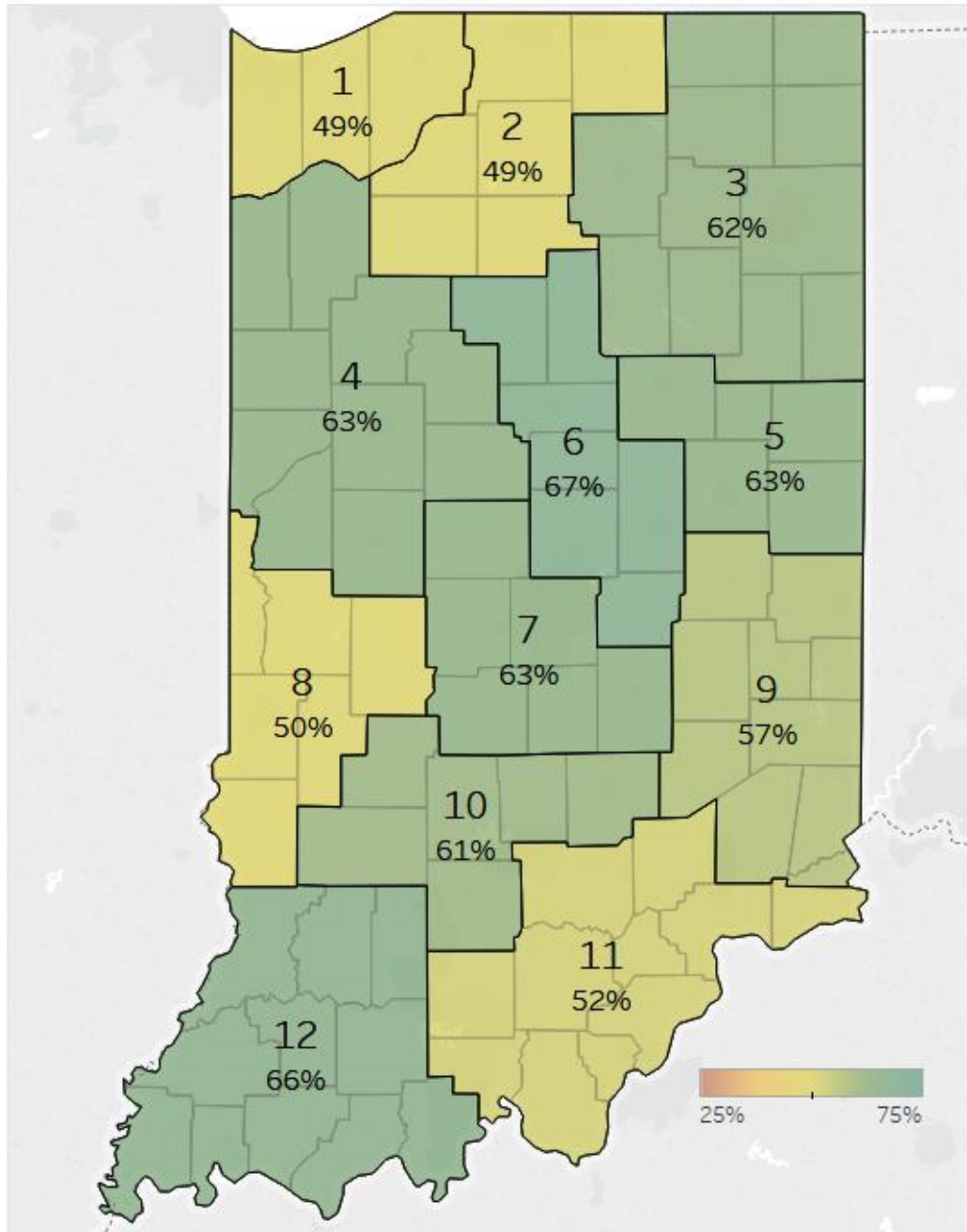
Linked to Care - Up to 3 months after Diagnosis



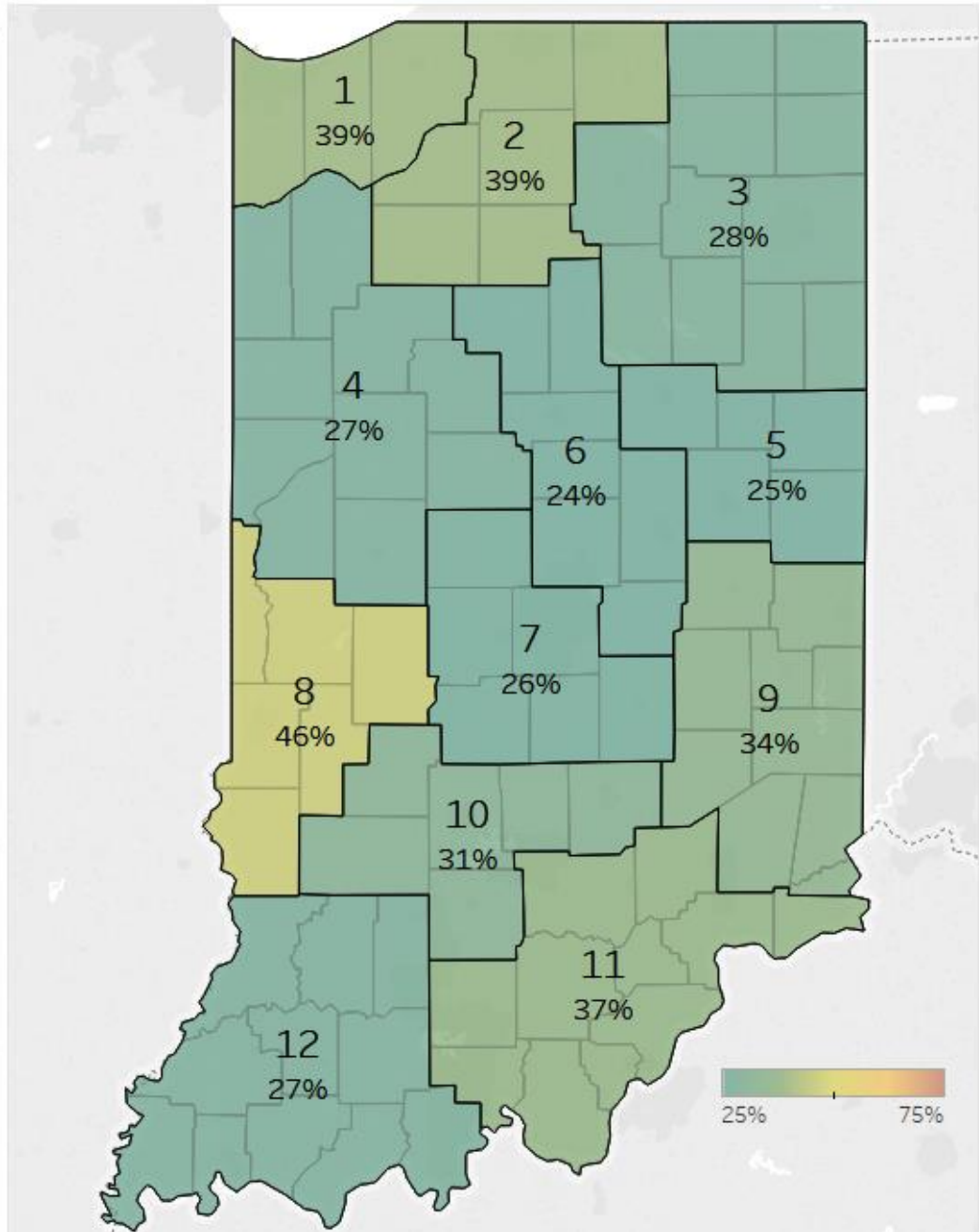
Retained to Care



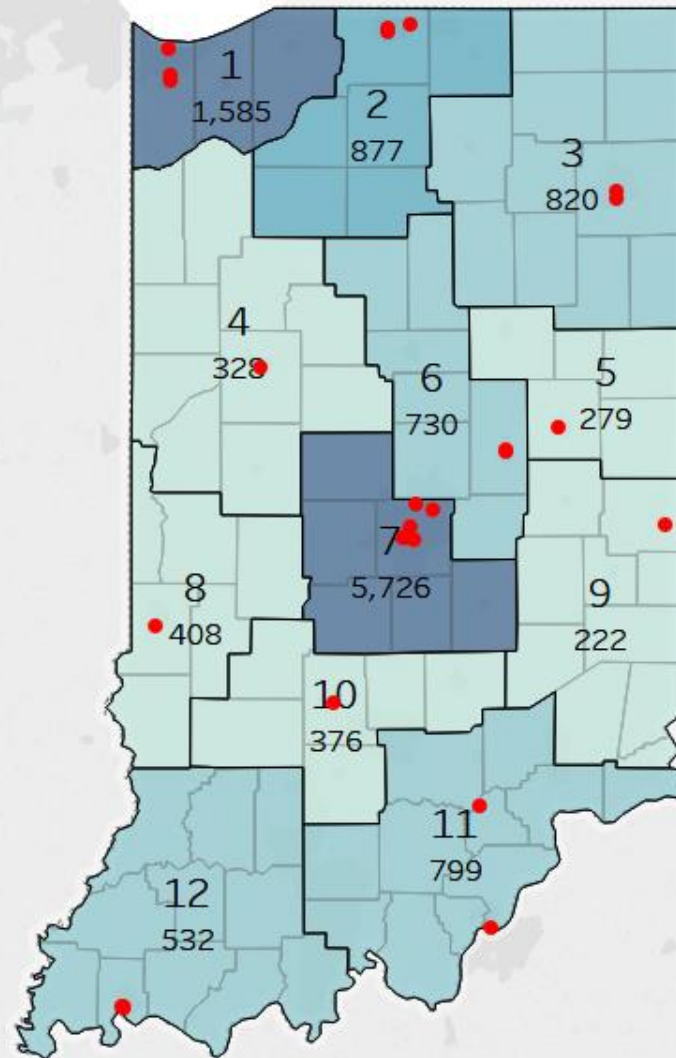
Suppressed viral load



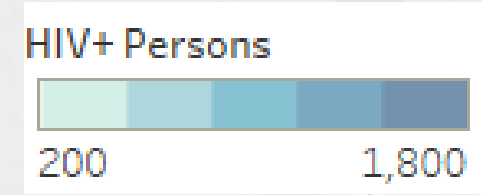
Unmet need - No CD4 or viral load in 12 months



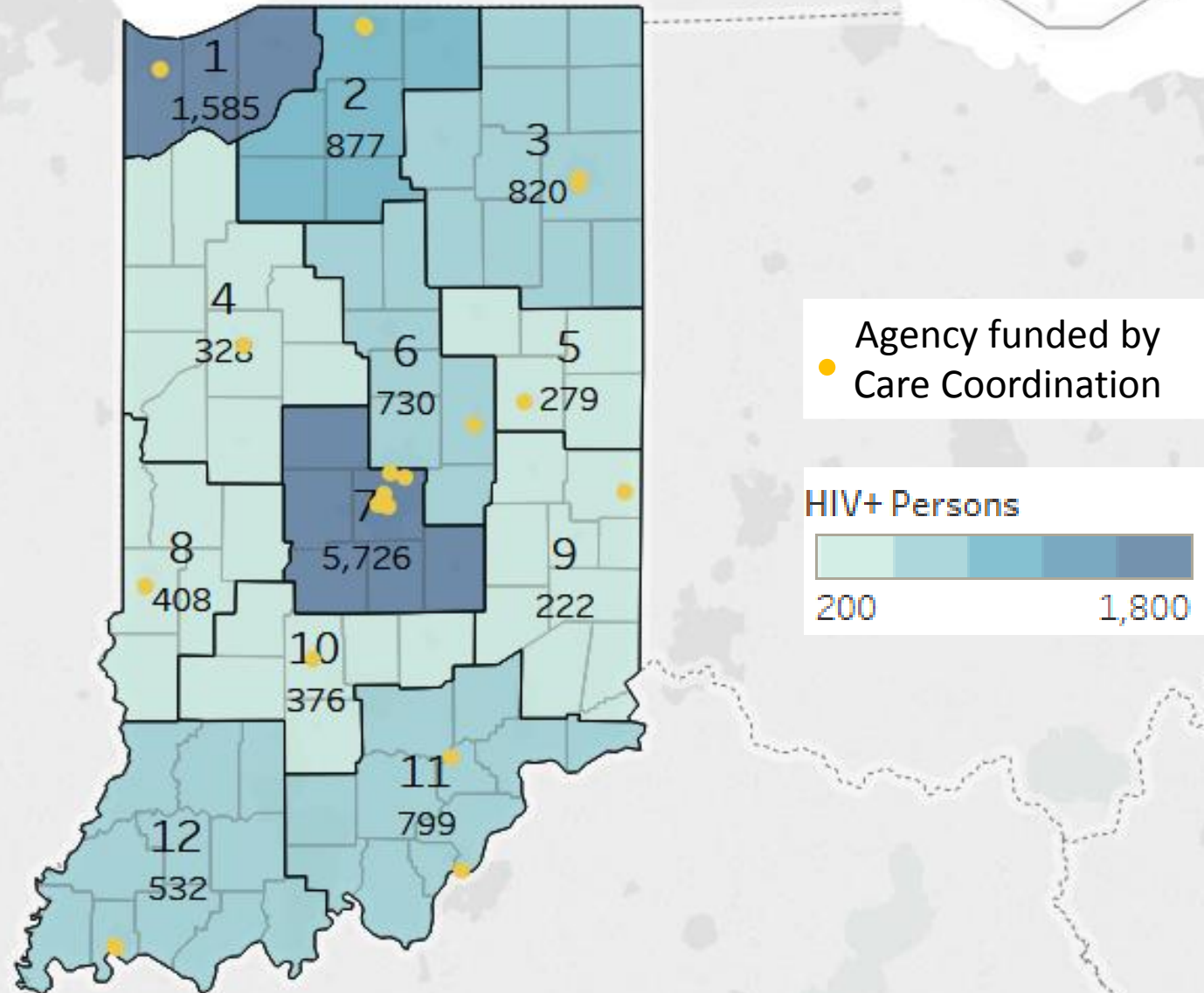
# HIV Prevalence by Care Coordination Region – August 2018



● Ryan White-funded Agencies



# HIV Prevalence by Care Coordination Region – August 2018





# Thank you!

Joseph Amlung

[jamlung@isdh.in.gov](mailto:jamlung@isdh.in.gov)



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# Linkage to Care Affinity Exercise

# What is an Affinity Exercise?

- Combine the power of individual and group creativity to innovate solutions to problems of all kinds
- Five Steps:
  1. Using hard data and your own experience talk among yourselves about what it means to you – what stands out – what are contributing factors
  2. Put one idea at a time on post-it notes that answer key questions
  3. Place all your ideas on the wall in categories related to the key questions
  4. Group similar ideas together and actively talk about what you are doing and why it makes sense to you
  5. Converse with your colleagues at the wall about ideas that resonate most with you (be sure to write them down!)



# Step 1: Putting Available Information to Use

- Use the Care Continuum presentation and the handouts on the table as hard data
- Thinking about your own experience with HIV services, HIV patients, and unmet need in Indiana:
  - What strategies make the biggest difference in linking clients to care?
  - What opportunities are available to increase awareness of services?
  - What barriers to linkage to care have you been successful in resolving?
- Spend the next 10 minutes discussing these issues with people at your tables

# Step 2: Key Questions for Post-Its

- By yourselves, reflect on the conversations you were just having and answer these questions using the Post-It notes
- ONE IDEA PER POST-IT!
  1. What strategies or action can be taken to help link clients to care?
  2. How do we raise awareness regarding services available?
  3. How do we reduce barriers to care?
  4. What challenges are being faced and how do we minimize these challenges?
- You have 10 minutes to write your ideas (if you finish early you can start to place them up on the wall)

# Steps 3-5: Wall of Affinities

- Place your ideas in the categories that respond to the questions you answered with your ideas (5 minutes)
  - Try to place your ideas near other ideas within the category that are similar or seem to match
- Interact with your colleagues (10 minutes)
  - Feel free to move around other people's ideas and talk about why you are doing it to spark conversation
- Report out on the types ideas included in each category and general discussion (10 minutes)

# Next Steps

- This exercise will be written up and all the content in our Wall of Affinities will be included
  - Use this information to drive discussions around linkage to care at your home organizations
  - Think of ways the ideas on our Wall of Affinities can drive quality improvement and capacity building at your home organizations
  - Think of new collaborations you can create to bring some of these ideas to life



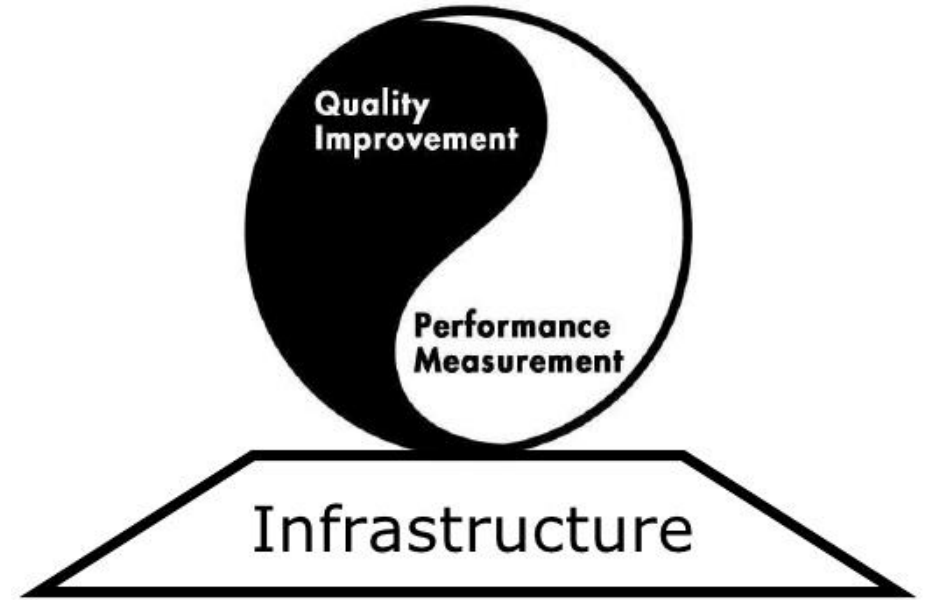


# Quality Management

# Discussion Objectives

- Name the core components of CQM programs
- Understand the difference between grant administration and CQM
- Describe your role in statewide CQM as a subrecipient
- List the Division expectations for CQM among subrecipients in the coming grant year

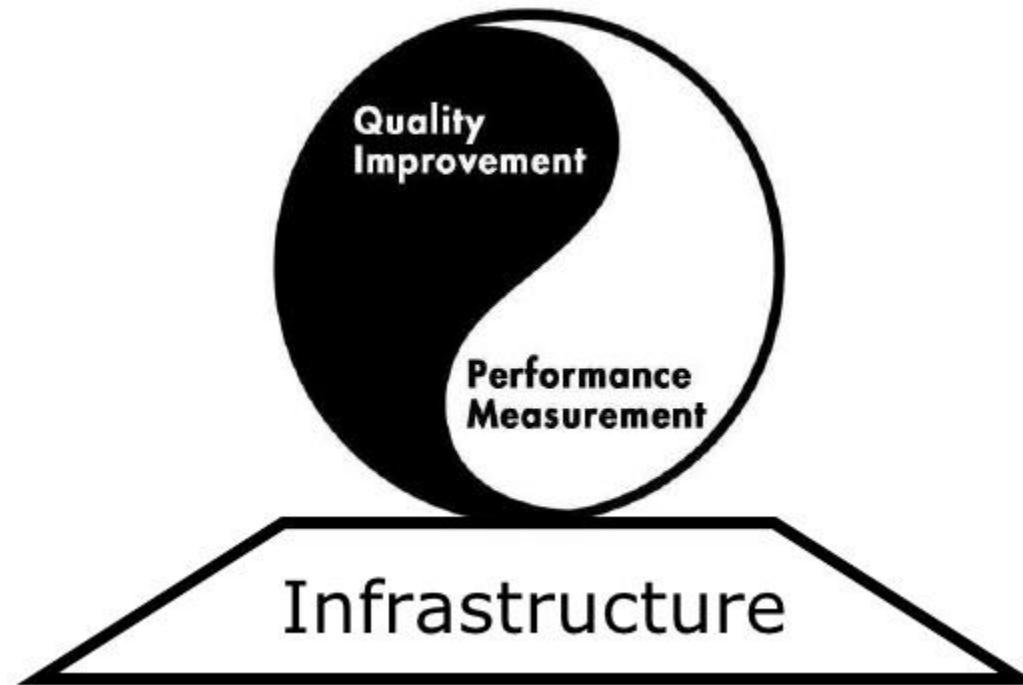




# Quality Management Basics

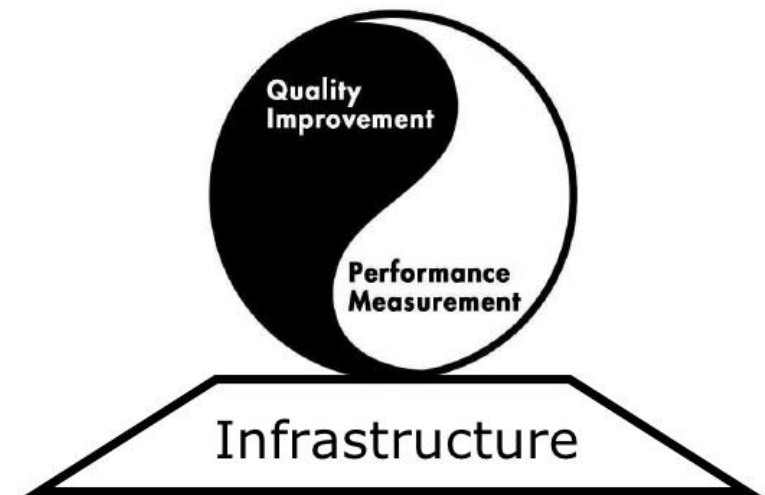
An overall picture of what CQM is and is not for the Ryan White HIV/AIDS Program

# Quality Management Framework



# Components of a CQM Program

- CQM programs coordinate activities aimed at improving patient care and patient satisfaction to drive health outcomes improvement
- CQM activities should be continuous and fit within and support the framework of grant administrative functions
- Components of a CQM program
  1. Infrastructure
  2. Performance measurement
  3. Quality improvement



# HRSA-HAB Policy Clarification Notice 15-02

- The HIV/AIDS Bureau's requirements regarding clinical quality management based on the Ryan White HIV/AIDS Program legislation
- Applies to recipients of all Parts funding and their subrecipients
- The focus is on improving HIV health outcomes
  
- Available at: <https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/clinicalqualitymanagementpcn.pdf>



# Grant Administration

- Grant administration refers to the activities associated with administering a RWHAP grant or cooperative agreement.
- The intent of grant administration is not to improve health outcomes. Therefore, they are not CQM activities.

Grant Administration ≠ Clinical Quality Management

# Quality Assurance vs Quality Improvement

## Quality assurance:

- Refers to a broad spectrum of activities aimed at ensuring compliance with minimum quality standards.
- Include the retrospective process of measuring compliance with standards.
- Part of the larger administrative function of a recipient or subrecipient's program or organization and informs the clinical quality management program.

Quality Assurance  $\neq$  Quality Improvement



# Examples – QA vs. QI

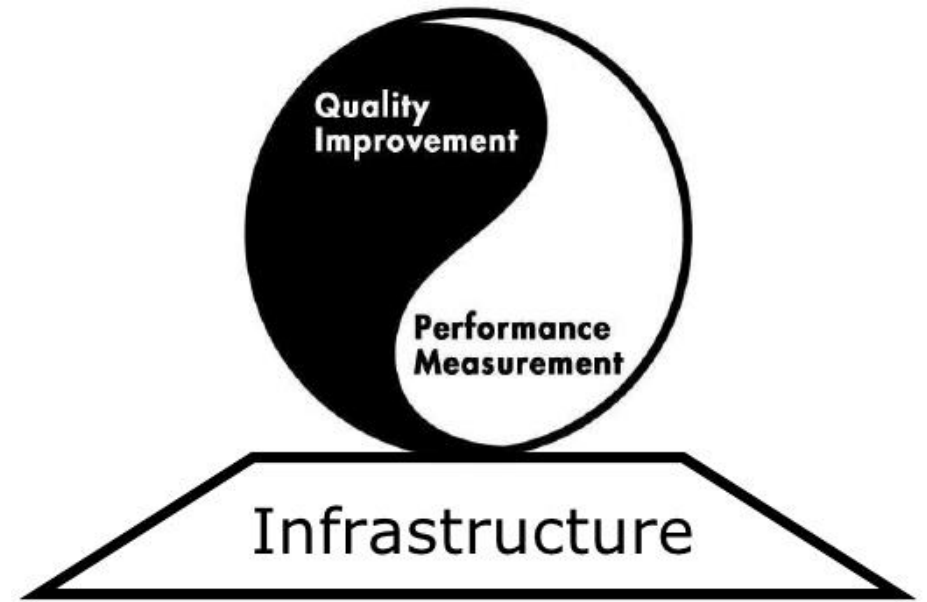
- Quality Assurance

- Measuring compliance with standards / Contract monitoring / Chart reviews
- Focused on individual “bad apples”
- Responsibility of a few to carryout

- Quality Improvement

- Continuously improving performance beyond minimum service standards
- Focuses on health systems and processes
- Responsibility of all





# Statewide QM

A look at the statewide infrastructure for quality that ISDH is creating

# ISDH Internal QM Team!

- Jasmine Black
- Dexter Etter
- Jeremy Turner (leadership support)

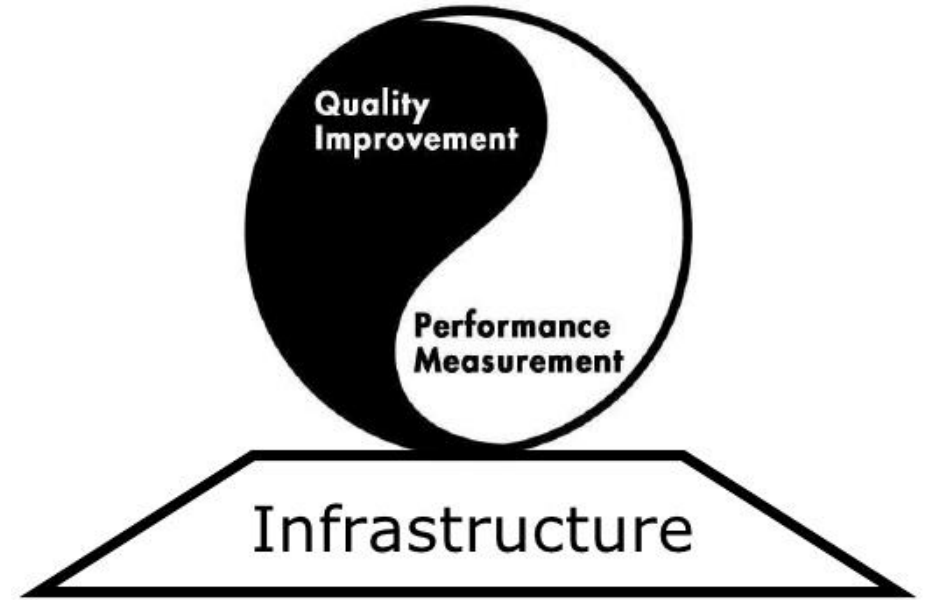


# Statewide QM Plan

- Lays out the structure for CQM in Indiana across Division Programs
  - Internal activities (Internal QM team, capacity building, etc.)
  - External (QM committee, capacity building, etc.)
- Brings subrecipient expectations to life through narratives and tables
  - Infrastructure
  - Performance Measurement
  - Quality Improvement

# Statewide QM Committee

- Subcommittee of the Indiana HIV/STD Advisory Committee
  - Created in August 2018
  - Made up of subrecipients, consumers, and other stakeholders
  - Includes participants from all regions, all Division Programs, and is demographically diverse
- Provides input on statewide CQM activities, including QI Projects
- Opportunity to share best practices and address common challenges



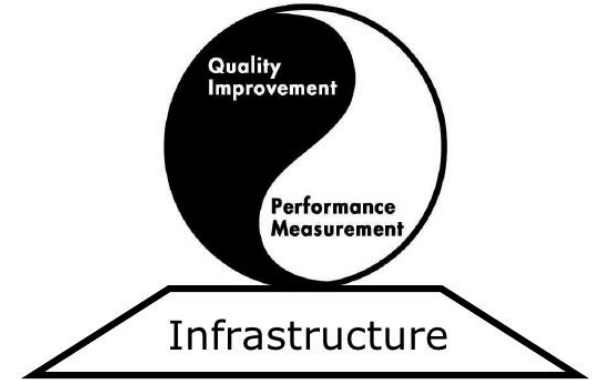
# Subrecipient CQM Expectations

A close-up look at your expectations over the next year as a Division subrecipient

# Infrastructure – QM Committee

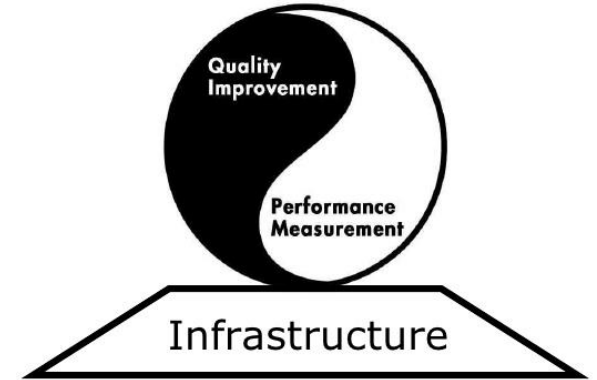
- Quality Management Committee

- Best place to start when beginning fresh in CQM
- Include a cross-section of staff, if possible, and ideally consumers
- First task will be to draft and finalize the QM Plan



# Infrastructure – QM Plan

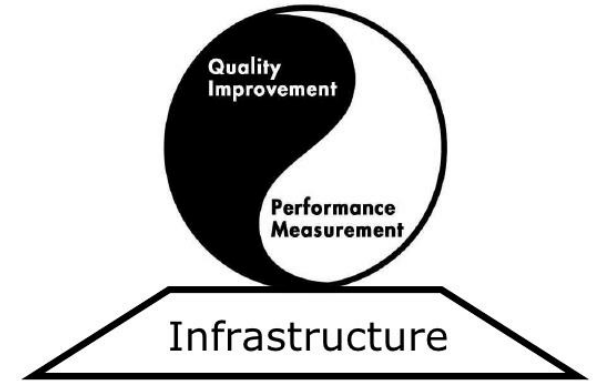
- QM Plan
  - QM Statement
  - Quality Goals
  - Describe your quality infrastructure (who is involved?)
  - Describe your quality process (how is it done?)
  - What is your capacity building plan for quality?
  - Describe performance measurement in a table





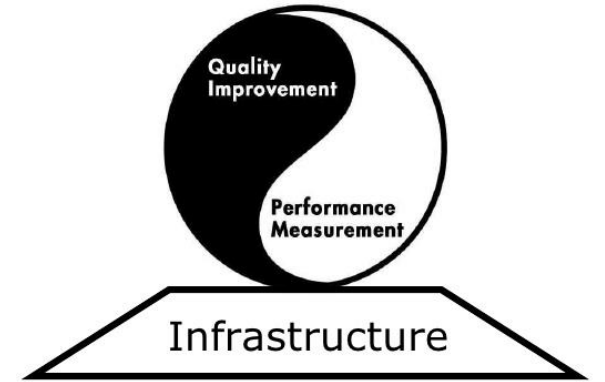
# Performance Measurement

- Performance measures are selected by the Division
  - The Statewide QM Plan contains the list of measures subrecipients will be expected to report on
  - This will occur within CAREWare when finalized
- Include measures important to your organization and its stakeholders
  - Consider inclusion of experience evaluation as part of performance measurement



# Quality Improvement

- Participate in statewide training offerings
- Align subrecipient QI projects with overall statewide projects
  - Use an accepted QI Methodology
- Join group learning activities, like learning collaboratives, Kaizen, and other activities produced by ISDH



# Technical Assistance and Resources

- Subrecipient Manual
- Individualized TA!
  - Report on QM activities and challenges in your monthly reports!
  - Use the ISDH Internal QM Team!



# Indiana CQM Milestones

# ISDH CQM Progress Fall 2017 to Fall 2018

CQM Element	Fall 2017	Fall 2018
Statewide QM Plan		REVIEW
Internal QM Team		
Statewide QM Committee		
Statewide QM Performance Measurement		CAREWare
Statewide QI Projects		PRE-PLANNING
Staff Training in QM		MORE TO COME!
Subrecipient Training in QM		MORE TO COME!
Consumer Involvement in QM		
Cross-Part Involvement in QM		

# Subrecipient Next Steps

- Prepare a QM Plan
  - Templates are available on request to ISDH
- Create a QM Committee
  - Use QM Plan creation as the first group task
- CQM TA Visits
  - Starting in the fall going into winter
  - QM team travels to your site to provide TA on your QM infrastructure

# Snowball Exercise

- On a blank piece of paper, write down a question that you want answered related to this program
- Crumple it into a ball
- Throw the balls in the air and keep them moving until told to stop
- Ensure everyone has a ball
- In groups of 5-6, read the questions and answer them. If you can't answer a question, put it aside.



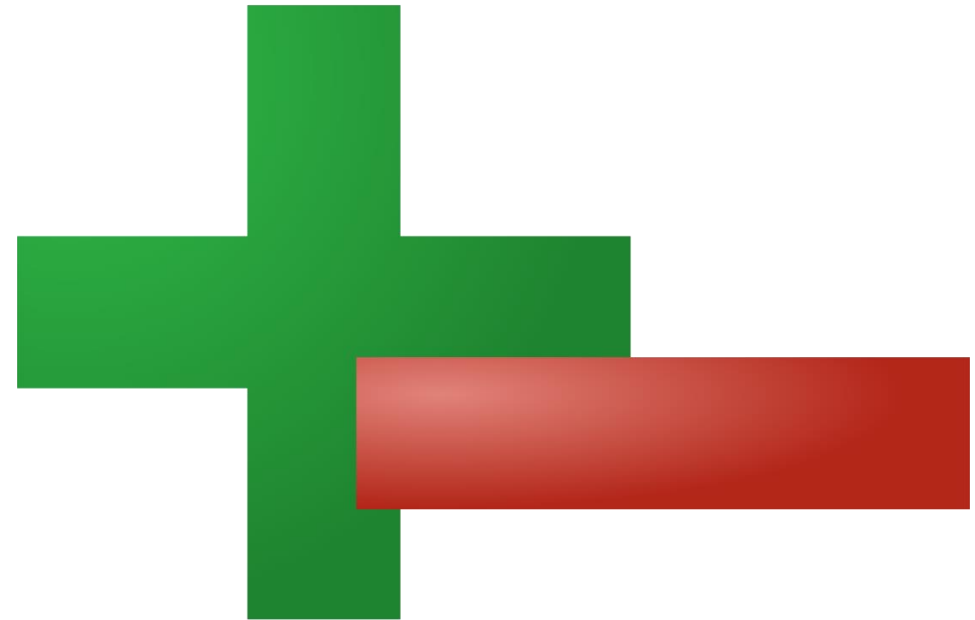


# UPCOMING EVENTS



# Keep or Change

Thinking back on today's program, what things would you **keep** about today and what things would you **change** for tomorrow or next time?



# Aha Moments

Thinking back over today, was there anything you learning or heard that made you stop and think, “Aha!”









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