FY23 Annual Providers Meeting

June 23, 2023

Department for HIV Elimination
WELCOME PARTNERS
The purpose of this session is to learn from each other, share updates, review DHE processes and to go over useful tools and resources to help us successfully provide Ryan White Part A and EHE services.
No resident of the Atlanta Eligible Metropolitan Area (EMA) acquires HIV.

Persons in the Atlanta EMA who are living with HIV will receive high quality, culturally appropriate medical and support services through a system that respects and values individuals as they access care, remain in care, and reach viral suppression.
Our mission is to provide a coordinated response to the HIV epidemic in the Metropolitan Atlanta Area.

Our Core Values

- **EMPOWERMENT** – Persons Living with HIV will be empowered and supported in actively participating in their care and treatment.

- **REPRESENTATION** – The Metropolitan Atlanta HIV Health Services Planning Council will be reflective, representative, and diverse.

- **HEALTH EQUITY** – Eliminating health disparities.

- **TRUST** – Effectively and efficiently administering Ryan White Part A funds.
AGENDA

- Breakfast/Registration
- Introductions
- Leadership Updates
- **Break**
- Data & Evaluation
- Agency Spotlights
- **Lunch**
- Programmatic
- Fiscal
- **Break**
- Quality Management
- Open Forum Discussion
- Closing
Wi-Fi code: GeorgianTerrace

Restrooms

Phone Etiquette
  - Put phone on mute/vibrate;
  - Take calls outside of room in hallway

Picture Etiquette
  - Ensure no unintended people are in your pictures/selfies

Parking - Don’t forget to validate!

Parking lot questions
  - Use sticky notes on table

Covid Etiquette
  - Masks optional
  - Hand sanitizer at stations

Materials from Today's Session
  - On jump drive and will be on www.ryanwhiteatl.org

Be respectful of comments or questions by others
Team DHE
SUBRECIPIENT
INTRODUCTIONS
<table>
<thead>
<tr>
<th>Subrecipient Introductions</th>
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</thead>
<tbody>
<tr>
<td>AID Atlanta</td>
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<tr>
<td>AIDS Healthcare Foundation</td>
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<tr>
<td>ANIZ</td>
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<tr>
<td>Atlanta Legal AID Society</td>
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<tr>
<td>Carl Bean Men’s Health Center</td>
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<td>Cherokee County Board of Health</td>
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<td>Clarke County Board of Health</td>
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<td>Clayton County Board of Health</td>
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<td>DeKalb County Board of Health</td>
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<td>Emory Midtown</td>
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<td>Fulton County Board of Health</td>
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<td>Georgia Harm Reduction Coalition</td>
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<td>Grady Ponce Center</td>
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<td>Heather Ivy Society</td>
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<td>Here’s To Life</td>
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<td>HOPE Atlanta</td>
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<td>Mercy Care</td>
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<td>NAESM</td>
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<td>Open Hand Atlanta</td>
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<td>Positive Impact Health Centers</td>
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<td>Someone Cares</td>
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<td>Southside Medical Center</td>
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<tr>
<td>THRIVE SS</td>
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<tr>
<td>To Our Shores</td>
</tr>
</tbody>
</table>
DHE LEADERSHIP

JEFF CHEEK
DIRECTOR

BRIDGET HARRIS
DEPUTY DIRECTOR
GY2023 AWARDS
GY2023 FUNDING

- **Ryan White Part A**: $30,441,668
- **Ending the HIV Epidemic**: $1,989,159
- **TOTAL**: $34,417,414

- **2022 Award**: $885,592
- **Increase**: $31,327,260

- **2022 Award Increase**: $5,079,313
- **Increase Increase**: $36,406,573
GY2023 Award
Stay tuned for improved website rollout later this year.
Address for website will change.
FISCAL ISSUES
...electronically submit for reimbursement via e2Fulton for the previous month’s expenses not later than the 20th business day of each month with four exceptions:

- **FPPN-009: Advance Payment to Subrecipients.**
  
- The first reimbursement submission shall be entered no later than 45 business days after contract effective date
  
- **A final reimbursement submission may be entered no later than 45 days after the last day of February.**

- November may be entered in two parts:
  
  - Pre-Bill may be submitted (date TBD). Regular monthly expenditures (e.g. salary, fringe, and rent) at an amount equal to 1/12th of the line item.
  
  - Post-Bill submission would then be made by the 20th business day of December. This submission would be for the remainder of expenditures accrued in November.
Paragraph 8.27. Subrecipient shall provide County with projected spending plans as detailed in FPPN-002: Budget Spend Plan.

FPPN-002 Budget Spend Plan:
- Subrecipients are expected to expend funds in accordance with approved budget and identify funds projected to be unexpended in a timely manner which would allow for redistribution of the funds.
- Should a subrecipient indicate that all funds will be expended but ends the fiscal year with unexpended funds in an amount greater than $1,000 the subrecipient’s budget in the next immediate fiscal year shall be reduced by the amount unexpended.
COMMUNITY ADVISORY BOARDS (CABs)
CONSUMER ADVISORY GROUPS

- Contract: **Paragraph 8.12.** Subrecipient agrees to implement and maintain a Consumer Advisory Board to obtain input from clients in the design and delivery of services. Subrecipient shall provide, with each quarterly report, documentation of Consumer Advisory Board meetings, membership, and minutes.

- CAB Manual – On TRAIN
Viral Load Suppression
ATTACK FROM ALL FRONTS

**SUBRECIPIENTS**
Through CQI Projects and Impact Now Collaborative.

**CONSUMER CAUCUS**
Identify ways of addressing barriers.

**QM COMMITTEE**
Collaborative effort among all providers

**DHE**
DHE support of subrecipient projects as well as Departmental efforts (e.g., Tap-In).
### CQM Budget: GY2018 – GY2022

- **FY18**: $307,117
- **FY19**: $484,709
- **FY20**: $536,752
- **FY21**: $1,006,348
- **FY22**: $1,095,029

**257% increase**

**746% increase in CQM funding to subrecipients**
- **GY2018**: $100,056
- **GY2019**: $101,455
- **GY2020**: $212,740
- **GY2021**: $610,000
- **GY2022**: $676,999
- **GY2023**: $1,297,053

**Provide resources and tools for quality management**
CELEBRATING SUCCESSES
In 2023, the Department For HIV Elimination (DHE) began developing Agency Scorecards for DHE subrecipients. Score cards are designed to:

- Evaluate progress on Subrecipients’ Key Performance Indicators related to consumer health outcomes
- Highlight successes, best practices, and exemplary efforts
- Engage consumers, understand barriers to success, and receive buy-in from community members
- Encourage transparency and accountability between service providers and consumers.
VIRAL LOAD SUPPRESSION

PRESCRIBED ART

ANNUAL RETENTION IN CARE

BADGES
Subrecipient meets or exceeds the EMA goal of 90%

Subrecipient achieves 85%-89% VLS

Subrecipient achieves 81%-84% VLS

VLS rate less than 81%
ANSWERING QUESTIONS
Can Ryan White Part A Case Managers assist clients with housing issues/obtaining stable housing?
Medical Case Management, including Treatment Adherence Services: is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum.

Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments.

Requires the development of a comprehensive, individualized care plan.
Non-Medical Case Management is the provision of a range of client-centered activities focused on improving access to and retention in needed core medical and support services. This would include access to housing.

NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services.

Requires the development of a comprehensive, individualized care plan.
Activities provided under the Medical Case Management service category have as their objective improving health care outcomes whereas those provided under the Non-Medical Case Management service category have as their objective providing guidance and assistance in improving access to needed services.
Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. Activities provided under this service category may include referrals to assist HRSA RWHAP-eligible clients to obtain access to other public and private programs for which they may be eligible. This could include housing referral.
EXTERNAL CHART REVIEW: MCM, N-MCM
Is there a deadline for the completed transfer of data?
DATA ENTRY PPPN-008 DATA MANAGEMENT TIMELINES

- Subrecipients must have Policies and Procedures detailing the step-by-step process for data entry, responsibility for monitoring, and ensuring that data policy timelines are met.

- Client eligibility data must be scanned and uploaded into e2Fulton within three (3) business days.

- Client service data must be entered into e2Fulton within 10 business days of service date.

- For agencies submitting client-level data through a Provider Data Import, the PDI must be submitted at least every 2 weeks (10 business days).
TRAIN – A GREAT RESOURCE

From the Public Health Foundation
What can DHE do to reduce the burden of Ryan White administrative responsibilities required of subrecipients?
Federal funds come with numerous requirements – Legislative, Programmatic, Fiscal, Universal Guidance – more each month

- Fulton County contractual requirements

- HRSA’s requirements of DHE – National Monitoring Standards, Performance Standards
We have reduced frequency of Project Officer Calls, quarterly reports changed to remove items available from e2Fulton

e2Fulton – replaced paper documents, allow for visual analytics, replaced CAREWare
Was the administrative burden/duplicated effort considered for the transferring of data from the subrecipient EMR systems to e2Fulton?
- e2Fulton will continue to be used for client level data, documenting eligibility, invoicing, reporting, etc.
Options:

• Subrecipients may elect not to contract for RWPA and EHE services
• Subrecipients may need to hire more staff to be able to submit client level data and invoices timely
• Subrecipients may need to evaluate whether they have the right people assigned to these tasks and whether they have the necessary technologic skills to allow the agency to meet contractual requirements
Options:
• Enter required data elements into e2Fulton and assume own costs for transferring data to EMRs
• Look for other grants to support infrastructure
• TAP-In assistance available for EHE funded entities
QUESTIONS
Break Time!!

See you in 10-minutes
DATA & EVALUATION UPDATES
EVALUATION TEAM

• DARBY FORD, HEALTH PROGRAM ADMINISTRATOR

• SUMMER FROST, HEALTH PROGRAM MANAGER
E2FULTON/DATA TEAM

• VANESSA CACERES, DATA ADMINISTRATOR

• Verna Richelieu, DATA MANAGER
VIRAL LOAD SUPPRESSION

Achieving a viral load less than 200 copies within the measurement year
Our goal for 2023 and beyond is to achieve a 90% Viral Load Suppression rate
<table>
<thead>
<tr>
<th>Strategy 1</th>
<th>Strategy 2</th>
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<tr>
<td>Internal Efforts</td>
<td>Trainings &amp; Resources for Providers</td>
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<tr>
<td><strong>Strategy 3</strong></td>
<td><strong>Strategy 4</strong></td>
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<tr>
<td>Community Outreach Efforts</td>
<td>Marketing Campaigns</td>
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**VIRAL LOAD SUPPRESSION EFFORTS**
Best Practices Reported within the EMA

✓ Building rapport/relationships with patients
✓ Following up on clients who missed appts/out of care or are not virally suppressed
✓ Referring for supportive services
✓ Treating the whole patient
✓ Bringing up viral load and treatment at every visit
✓ Same day walk in appointments – OAHS, mental health, oral health, etc.
✓ Coordination with pharmacy → Following up on patients who didn’t pick up prescriptions
KEY POLICIES & REPORTS
KEY POLICIES - DATA

- PPPN-006 Use of e2Fulton in Documenting Eligibility
- PPPN-007 Confidentiality
- PPPN-008 Data Management Timelines
- PPPN-009 Client-Level Data Eligible Services Requirements
- PPPN-010 Data Management Subrecipient Internal Policies
- PPPN-011 Data Quality Review
- PPPN-077 Referrals*
# Available Data Reports in e2Fulton

**Reports**

<table>
<thead>
<tr>
<th>Quality Management Reports</th>
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<tbody>
<tr>
<td>e2 Visual Analytics</td>
<td>HAB Performance Measures</td>
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<tr>
<td>Client Satisfaction Visual Analytics</td>
<td>Referrals Report</td>
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<tr>
<td>Client Services Count Report</td>
<td>Eligibility Status Report</td>
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<table>
<thead>
<tr>
<th>Client Management</th>
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<tbody>
<tr>
<td>Referrals Report</td>
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<tr>
<th>Federal Reports</th>
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<tbody>
<tr>
<td>Ryan White Service Report (RSR)</td>
<td>COVID-19 Data Report (CDR)</td>
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<tr>
<td>HAB Performance Measures</td>
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<tr>
<th>Client Data Exports</th>
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<tr>
<td>Data Extract</td>
<td>Excel Extract</td>
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</table>

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<table>
<thead>
<tr>
<th>Report</th>
<th>Type of Data Available</th>
<th>Internal tracking recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAB Performance Measures</td>
<td>• Performance Measures (PMs)</td>
<td>Monthly for Viral Load Suppression, Prescribed ART, Annual Retention Quarterly for all other measures</td>
</tr>
<tr>
<td>e2Visual Analytics</td>
<td>• Client Demographics&lt;br&gt;• Drill down on 5 PMs&lt;br&gt;• Export non-compliant lists</td>
<td>Use filters/breakdowns to explore disparities quarterly</td>
</tr>
<tr>
<td>Client Satisfaction Visual Analytics</td>
<td>• Responses from Client Satisfaction Survey</td>
<td>Quarterly (comments will come from DHE biannually)</td>
</tr>
<tr>
<td>Client Services Count Report</td>
<td>• Number of clients served&lt;br&gt;• Number of service units&lt;br&gt;• Eligible vs. Ineligible services</td>
<td>Monthly</td>
</tr>
<tr>
<td>Referrals Report</td>
<td>• Internal and external referrals</td>
<td>Daily</td>
</tr>
<tr>
<td>Ryan White Services Report (RSR)</td>
<td>• “Preview” of patient data for the RSR&lt;br&gt;• Warnings for incomplete data</td>
<td>Monthly</td>
</tr>
<tr>
<td>Eligibility Report</td>
<td>• Monitor eligibility periods for clients&lt;br&gt;• Stay on top of expiring eligibilities</td>
<td>Monthly</td>
</tr>
<tr>
<td>Excel or Data Extract</td>
<td>• Raw data</td>
<td>As needed</td>
</tr>
</tbody>
</table>
WHY SHOULD I RUN MY AGENCY’S DATA?

✓ Ensure that data is being entered accurately in e2Fulton
  • Compare to internal data
✓ Track your progress for different grant objectives
✓ Ensure client eligibility at time of service
✓ Confirm accurate reporting for HRSA requirements
✓ Be prepared for quarterly check ins with the DHE team
During the Quarterly Monitoring Calls, we will discuss and send as follow up:

- Targets/Actuals for eligible clients (see PPPN-001 for criteria)
- % of eligible clients served
- Viral Load Suppression, Prescribed ART, Annual Retention in Care
  - OAHS will receive non-compliant lists for VLS and Prescribed ART
- Timeliness
- RSR data

We also may send you items for data cleaning (e.g., ineligible clients for MAI, labs with missing values or comparator issues, etc)

- **Agency Action Item:** For ineligible clients, you must address any ineligible clients. You should make any corrections to eligibility documents and identify provisionally enrolled clients.
Our website has training on each of these:

- e2Fulton Manual Data Entry **Guide**
- Performance Measures **Guide** and **Video**
- Client and Service Count Data
- Eligibility Status Report
- Customer Satisfaction Survey **Guide** and **Video**
- Referrals Entry & Reports **Guide** & **Video**
- Uploading Agency Documents **Guide**
- Ryan White Services Report **Video**
- EHE Triannual Report **Video**
- Using Extracts to Determine Out of Scope RSR Data **Video**
Global Consent

- PPPN-070 Global Consent
- **Required** to enter client data into e2Fulton; tied to eligibility

<table>
<thead>
<tr>
<th>Consent Type</th>
<th>GY2021</th>
<th>GY2022</th>
<th>% Change</th>
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</thead>
<tbody>
<tr>
<td>Agency Consent Revoke</td>
<td>3.23%</td>
<td>2.32%</td>
<td>-28.17%</td>
</tr>
<tr>
<td>Global Consent</td>
<td>95.81%</td>
<td>97.20%</td>
<td>1.45%</td>
</tr>
<tr>
<td>Global Consent Revoke</td>
<td>0.96%</td>
<td>0.48%</td>
<td>-50.00%</td>
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</tbody>
</table>
DATA THINGS TO KNOW

• Changes to EHE Triannual Report – updated Guide

• Clients Records Cannot Be Created Via Import

• Data Entry Training – August

• Data Policies Training – September
Support@e2Fulton.org

- e2Fulton Assistance & Inquiries
- Password Resets
- LKM Lockouts
- How To’s
Questions?
2-Minute Agency Spotlight
Lunch!
DHE PROGRAM UPDATES

PART A AND EHE
PART A TEAM

- C. NICOLE ANTOINE, HEALTH PROGRAM ADMINISTRATOR, PART A
- JASMINE RATTRAY, PROGRAM EVALUATION SPECIALIST, SENIOR
- RITANZA ABRON, PROGRAM EVALUATION SPECIALIST, SENIOR
- ALECIA HEAD, FISCAL SUPPORT SPECIALIST II
EHE TEAM

• TIFFANY LAWRENCE, HEALTH PROGRAM ADMINISTRATOR, EHE

• AVERY WYATT, EHE PROGRAM MANAGER

• TAVON HALL, COMMUNITY ENGAGEMENT SPECIALIST
FY23 PROGRAM MONITORING
MONITORING AND EVALUATION

- Quarterly
  - Quarterly Monitoring Call Report
  - Program Income (if applicable)
  - Maintenance of Effort (MOE)
  - CAB Meeting Minutes
  - QM Quarterly Report

- Other
  - Monthly Fiscal Invoices
  - Detailed Spend Plan
  - QM Plan
  - Data Reports (RSR, Triannual)
  - FY23 Accomplishments
<table>
<thead>
<tr>
<th>Reporting Period: March 1 – May 31</th>
<th>June 29, 2023</th>
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<tbody>
<tr>
<td>Quarterly Monitoring Call Report</td>
<td></td>
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<tr>
<td>Program Income (if applicable)</td>
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<tr>
<td>Maintenance of Effort (MOE)</td>
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<tr>
<td>CAB Meeting Minutes</td>
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<tr>
<td>Detailed Spend Plan</td>
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<tr>
<td>QM Quarterly Report</td>
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<tr>
<td>*QM Plan - (submit only in the 1st Qtr. Due May 1st)</td>
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QUARTERLY MONITORING CALL REPORT
# QUARTERLY MONITORING CALL REPORT FORM

**Reporting Period:** Choose an item.

## SUBRECIPIENT INFORMATION

<table>
<thead>
<tr>
<th>Agency Name:</th>
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<tr>
<td>Agency Contact:</td>
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## CALL INFORMATION

<table>
<thead>
<tr>
<th>Date &amp; Time:</th>
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<tr>
<td>DHE Project Officer:</td>
<td></td>
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<tr>
<td>Attendees:</td>
<td></td>
</tr>
</tbody>
</table>
PROGRAMMATIC/FISCAL UPDATE

Challenges to meeting goals and objectives:

Accomplishments:
(Increased numbers of people in care, new services added, and new access points to Part A care services, etc.)

Detail your agency’s impact on HIV Care Continuum to improving Health Outcomes and provide data to show progress on: Linkage to HIV Medical Care, Engaged in Care, Annual Retention in Care, Prescribed Antiretroviral Therapy (ART)

Describe your agency’s practices towards achieving Viral Load Suppression:

Do you have any staff vacancies (RWA/MAI/EHE)?

What staff trainings have your staff completed?

If your agency received a notice of a Corrective Action Plan, what is the status of the recommended improvements?
Complaints (against the agency through its grievance procedure):

Provide the names of the agency designees that attended this quarter’s required committee meetings:

- Assessment Committee –
- Comprehensive Planning Committee –
- Quality Management Committee –
## BUDGET–AT–A–GLANCE

*Complete the table below to include your agency expenditures to-date for ALL funding sources*

<table>
<thead>
<tr>
<th>Fund Source</th>
<th>Award Amount</th>
<th>Expenditures To-Date</th>
<th>Remaining Amount</th>
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</thead>
<tbody>
<tr>
<td>RWA</td>
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<td>EHE</td>
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<td><strong>Total:</strong></td>
<td><strong>$</strong></td>
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Do you have any (RWA/MAI/EHE) Budget Revision requests?

Summarize any budget re-allocations/changes to the goals and objectives:

GAD Compliance Review update on meeting conditions:
QUALITY MANAGEMENT UPDATE

How does leadership support your agency’s quality management program?

Detail your agency’s process in conducting quality checks to ensure that all eligible documents in your agency’s database system is uploaded in e2fulton:

Are these documents up to date? If no, please explain:
If you have OAHS funding, please pull internal reports from your EMR (Ryan White Part A, MAI, & EHE clients only) to prepare for this discussion. Be prepared to speak on the following:

- Target vs. actuals for number of clients served and services provided
- Agency performance measures
- Viral Load Suppression
- Prescribed ART
- Annual retention in care
- Progress on RSR
- Speak in depth on:
  - Unmet goals
  - Low performance measures
  - Missing & untimely data submissions
### TECHNICAL ASSISTANCE NEEDS

Any Technical Assistance (TA) needs?

What Topic(s) would you like discussed during a webinar type training?

Any feedback regarding Quarterly Monitoring Call Schedule? (Is every quarter sufficient for monitoring calls or is there a need for more frequent monitoring calls?)

<table>
<thead>
<tr>
<th>Programmatic Designee</th>
<th>Date</th>
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<tr>
<th>Fiscal Designee</th>
<th>Date</th>
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<th>Data Designee</th>
<th>Date</th>
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</table>
Detailed Spend Plan
DETAILED SPEND PLAN

Subrecipient: ________________________________

Priority Category: ________________________________

PART A Non MAI: □ MAI: □

For each line item (e.g., Salary, Fringe, Supplies, etc.), what is the reason for the current UNDERspending?

For each line item (e.g., Salary, Fringe, Supplies, etc.), how do you expect this to change?

If underspending would be off-set by a budget revision, please attach the required Budget Revision Form.

III. Was spending activity low as a result of billing to other funding source(s)?

Yes □ No □

If yes, attach documentation of monthly bills, amount billed, source of funds and the administrative agent.

For each line item (e.g., Salary, Fringe, Supplies, etc.), what is the reason for the current OVERspending?
BUDGET REALLOCATION FORM
# BUDGET REALLOCATION FORM

## Subrecipient Budget Reallocation Request Form

<table>
<thead>
<tr>
<th>Priority Subcategory</th>
<th>Line Item</th>
<th>Current Allocation</th>
<th>Expenditure as of</th>
<th>Requested Reduction</th>
<th>New Requested Allocation</th>
<th>Clients Served To Date</th>
<th>Corresponds to Goal # &amp; Objective #</th>
<th>Current Client Goal</th>
<th>New Client Goal</th>
<th>Change in Client Goal</th>
<th>Units Provided to Date</th>
<th>Current Units Goal</th>
<th>New Units Goal</th>
<th>Change in Unit Goal</th>
<th>Percent Administrative</th>
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</tbody>
</table>

Total Reduction (Must match total increase below) $ - 

## Enter the requested INCREASE in allocation by service category below. Insert additional rows as needed.

<table>
<thead>
<tr>
<th>Priority Subcategory</th>
<th>Line Item</th>
<th>Current Allocation</th>
<th>Expenditure as of</th>
<th>Requested Increase</th>
<th>New Requested Allocation</th>
<th>Clients Served To Date</th>
<th>Corresponds to Goal # &amp; Objective #</th>
<th>Current Client Goal</th>
<th>New Client Goal</th>
<th>Change in Client Goal</th>
<th>Units Provided to Date</th>
<th>Current Units Goal</th>
<th>New Units Goal</th>
<th>Change in Unit Goal</th>
<th>Percent Administrative</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Total Increase (Must match total reduction above) $ - 

---

85
Client Eligibility
## DHE Program Comparison

<table>
<thead>
<tr>
<th>Component</th>
<th>Part A</th>
<th>EHE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Area</td>
<td>• 20-counties</td>
<td>• 4-counties*</td>
</tr>
<tr>
<td>Service Categories</td>
<td>• Core and Support Services</td>
<td>• Core and Support Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Capacity Building</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Effective Behavioral Interventions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Innovative Project Support</td>
</tr>
<tr>
<td>Eligibility Requirements</td>
<td>• Proof of Status</td>
<td>• Proof of Status</td>
</tr>
<tr>
<td></td>
<td>• Proof of Income</td>
<td>• Proof of Insurance or Other Payers</td>
</tr>
<tr>
<td></td>
<td>• Proof of Residency</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Proof of Insurance or Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Payers</td>
<td></td>
</tr>
</tbody>
</table>
# Updated PPPN 001 - Client Eligibility

<table>
<thead>
<tr>
<th>Eligibility Category</th>
<th>Initial Eligibility Determination</th>
<th>Recertification with No Changes (Periodically but no greater than 12 months)</th>
<th>Recertification with Changes (Periodically but no greater than 12 months)</th>
<th>Complete Eligibility Recertification (At least every 24 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Status</td>
<td>Documentation Required</td>
<td>No Documentation Required</td>
<td>No Documentation Required</td>
<td>No Documentation Required</td>
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<tr>
<td>Income</td>
<td>Documentation Required</td>
<td>No Documentation Required</td>
<td>No Documentation Required</td>
<td>No Documentation Required</td>
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<tr>
<td>Residency</td>
<td>Documentation Required</td>
<td>No Documentation Required</td>
<td>No Documentation Required</td>
<td>No Documentation Required</td>
</tr>
<tr>
<td>Insurance Status</td>
<td>Documentation of Coverage, Coverage Denial, or Agency's On-going Efforts to Vigorously Pursue Benefits Required</td>
<td>Documentation of Coverage, Coverage Denial, or Agency's On-going Efforts to Vigorously Pursue Benefits Required</td>
<td>Documentation of Coverage, Coverage Denial, or Agency's On-going Efforts to Vigorously Pursue Benefits Required</td>
<td>Documentation of Coverage, Coverage Denial, or Agency's On-going Efforts to Vigorously Pursue Benefits Required</td>
</tr>
</tbody>
</table>

*Updated March 2023*
• RYAN WHITE AND EHE SERVICES CAN BE PROVIDED REGARDLESS OF IMMIGRATION STATUS

• THE RYAN WHITE PROGRAM IS EXEMPT FROM THE PUBLIC CHARGE RULE
Scenario 1: Tammy is a newly enrolled client trying to gather her eligibility documents. Tammy has her proof of income and residency but she’s having a hard time getting her spouse’s income documents. She is married to Paul, but Paul does not want to provide proof of his income. She has asked Paul multiple times and he will not budge. It is now 30 days since she was provisionally enrolled. What would you advise Tammy to do?
Scenario 2: This is Christine. She is married, has two kids, and is currently in a long-term relationship with her partner. She is 47, works at Target and has provided you with her last two paychecks. She identifies as a strong independent American woman who refuses to be confined by stereotypical racial and ethnic definitions. Which program can you enroll Christine in as a client?
Scenario 3: Yvette is an African American 34-year-old Transgender Woman. Yvette currently lives in Augusta, where she works at the local school. She has provided you proof of her residency (in Richmond county), income (405% FPL), and employer insurance card. She wants to receive mental health care and hormone therapy in Decatur, what would you advise her to do?
PROVIDERS & SERVICES
DHE AGENCY REFERRALS

Clarke County Board of Health
700 Sunset Dr., Suite 501
Athens, GA 30606
Ph: (706)425-2935
Web: publichealthathens.com/scs/services/primary-medical-care/

Available Services: Case Management; Home-Delivered Meals; Medical Transportation; Oral Healthcare; Outpatient Care

Cherokee County Board of Health
130 Riverstone Terrace, Ste. 102
Canton, GA, 30114
Ph: (706)345-7371
Web: nghd.org

Available Services: Medical & Non-Medical Case Management; Oral Healthcare; Medical Transportation; Outpatient Care

DeKalb County Board of Health
Richardson Health Center
445 Wrin Way, Room 119
Decatur, GA, 30030
Ph: (404)508-9586
Web: dekalbhealth.net

Available Services: Same-Day Appointments; Medical & Non-Medical Case Management; Linguistics Services; Transportation; Mental Health; Oral Healthcare; Outpatient Care; Peer Support and Counseling

Positive Impact Health Centers (PIHC)
523 Church Street
Decatur, GA, 30030
Ph: (404)523-1171
Web: positiveimpacthealthcenters.org

Available Services: Same-Day Appointments; Case Management; Home-Delivered Meals; Linguistics Services; Nutrition Support; Medical Transportation; Mental Health; Oral Healthcare; Outpatient Care; Telehealth; HIV Medication Adherence; Peer Support and Counseling

To Our Shores
250 Langley Dr, Ste. 1101
Lawrenceville, GA 30046
Ph: (706)954-3997
Web: toourshores.org

Available Services: Linguistic Services; Medical Transportation; Outpatient Care

AIDS Healthcare Foundation (AHF)
5700 Hillendale Dr.
Lithonia, GA, 30038
Ph: (404)393-6684
Web: aidshealth.org

Available Services: Same-Day Appointments; Medical Transportation; Oral Healthcare; Outpatient Care; Peer Support and Counseling

Positive Impact Health Centers (PIHC)
1450 County Services Parkway
Marietta, GA, 30093
Ph: (770)514-2300
Web: positiveimpacthealthcenters.org

Available Services: Same-Day Appointments; Case Management; Home-Delivered Meals; Linguistics Services; Nutrition Support; Medical Transportation; Mental Health; Oral Healthcare; Peer Support and Counseling

Someone Cares, Inc. of Atlanta
1950 Spectrum Circle, Suite 200
Marietta, GA, 30067
Ph: (678-921-2706
Web: slcads.org

Available Services: Medical Transportation; Mental Health; Substance Abuse Support; Peer Support and Counseling; Outpatient Care

Clayton County Board of Health
34 Upper Riverside Road, Suite 200
Riverdale, GA, 30276
Ph: (770)926-7199
Web: claytoncountypublichealth.org

Available Services: Case Management; Nutrition Support; Medical Transportation; Mental Health; Outpatient Care; Peer Support and Counseling

Fulton County Government Department for HIV Elimination
Empowerment * Representation * Health Equity * Trust
Ph: (404)612-8285
Web: ryanwhiteatl.org
Email: rwhiteprogram@fultoncountyga.gov

FULTON COUNTY HIV ELIMINATION
Working to End the HIV Epidemic
40 Years of Loss, Hope, and Life

96
Knowledge is Power!
Advances in prevention and treatment are bringing us closer to ending HIV.
FIND OUT HOW

HIV care, treatment and other support services – including housing, transportation, peer support, mental health care and more – for individuals who are uninsured and underinsured in Metro Atlanta.
LEARN MORE
**PART A/ EHE FUNDED PRIORITY CATEGORIES**

**Part A**
- Child Care Services
- Emergency Financial Assistance
- Food Bank/Home Delivered Meals
- Health Insurance Premium and Cost Sharing Assistance
- Linguistic Services
- Medical Case Management
- Medical Nutrition Therapy
- Medical Transportation
- Mental Health
- Non-Medical Case Management
- OAHS
- Oral Health
- Other Professional Services
- Psychosocial Support
- Referral - Health Insurance Navigation
- Referral General
- Substance Abuse

**EHE**
- Emergency Financial Assistance
- Food Bank/Home Delivered Meals
- Housing Services
- Initiative Services
- Linguistic Services
- Medical Case Management
- Medical Nutrition Therapy
- Medical Transportation
- Mental Health
- Non-Medical Case Management
- OAHS
- Oral Health
- Outreach Services
- Psychosocial Support
- Referral General
- Substance Abuse
SUBRECIPIENT DESIGNEES
CONTRACT DESIGNEES’ ROLES AND RESPONSIBILITIES

• PROGRAMMATIC DESIGNEE
  • Key contact on issues related to programmatic other than financial or data. This person is responsible for signing all e2fulton invoices, spend plans, budget revisions and for submitting all tri-annual reports

• FISCAL DESIGNEE
  • Key contact for all issues related to financial matters. This person is responsible for signing all e2fulton invoices, spend plans, and budget revision.

• DATA DESIGNEE
  • Key contact for all issues related to data. This person is responsible for ensuring client data is entered into e2fulton and performs routing quality checks.

• QUALITY DESIGNEE
  • Key contact on all quality management activities. This person attends all quality management meetings.
METROPOLITAN ATLANTA HIV HEALTH SERVICES PLANNING COUNCIL
COMMITTEE RESPONSIBILITIES

▪ **Assessment Committee**: The Assessment Committee identifies the needs of the Atlanta EMA populations, identifies unmet needs of specific populations, and provides that information to the Priorities Committee on an annual basis and to the appropriate Planning Council Committee on a regular basis.

▪ **Comprehensive Planning Committee**: The Comprehensive Plan Committee monitors the Atlanta EMA’s HIV Health Services Comprehensive Plan to guide the Metropolitan Atlanta HIV Health Services Planning Council in its work to deliver HIV services throughout the EMA.

▪ **Quality Management Committee**: The Quality Management Committee has the responsibility for the development of standards of care, evaluation of the quality management plan to ensure access to and retention in care, quality of services and related outcomes and linkage of social support services to medical services. HRSA Quality Measures will serve as the basis for the quality evaluation.
All subrecipient representatives of the Planning Council Committees should complete a Planning Council membership application in order to receive meeting notices and materials.

Please note that alternates are not allowed.
PROGRAM
GUIDANCE
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- PPPN-013 e2Fulton Expenditures Report (Cumulative Contract Expenditures)
- PPPN-034 Programmatic Site Visits
- PPPN-064 Corrective Action Plan
- PPPN-055 Quarterly Monitoring Reports
- PPPN-074 Non-Traditional Hours
HRSA Resources

- HRSA National Monitoring Standards
  

- Policy Notices and Program Letters
  
  https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters

- Clinical Care Guidelines and Resources
  

- TargetHIV - Tools for HRSA’s Ryan White HIV/AIDS Program
  
  Program Management - https://targethiv.org/library/topics/program-grant-management
  
  Fiscal Management - https://targethiv.org/library/topics/fiscal-management
Questions?
FISCAL UPDATES
FISCAL TEAM

• JANE MOSLEY, FISCAL PROGRAM MANAGER

• FREDERICK CARTER, FISCAL PROGRAM MANAGER

• HOLLISIA JIGGETTS, EHE DEPARTMENTAL ACCOUNTANT

• KIMBERLY WALKER, GRANTS ADMINISTRATION DIVISION
FY2020-FY2023 RECAP

- RWA AWARD TREND ANALYSIS FY2020-FY2023
- EHE AWARD TREND ANALYSIS FY2020-FY2023
EHE Award Trend Analysis FY2020-FY2023

<table>
<thead>
<tr>
<th></th>
<th>FY 2020</th>
<th>FY 2021</th>
<th>FY 2022</th>
<th>FY 2023</th>
<th>Total Award Amount Per Grant Year</th>
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<tbody>
<tr>
<td>Administration</td>
<td>296,641.00</td>
<td>243,874.99</td>
<td>368,613.00</td>
<td>497,732.00</td>
<td>1,987,476.00</td>
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<td>Initiative Services</td>
<td>680,985.00</td>
<td>811,517.00</td>
<td>866,450.00</td>
<td>899,237.00</td>
<td>3,313,122.00</td>
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<td>EHE Quality Management</td>
<td>42,894.00</td>
<td>74,630.00</td>
<td>92,640.00</td>
<td>179,270.00</td>
<td>3,975,746.00</td>
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<td>Planning &amp; Evaluation</td>
<td>0</td>
<td>200,381.01</td>
<td>192,835.00</td>
<td>205,125.00</td>
<td>3,079,513.00</td>
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<td>RWHAP Services</td>
<td>966,956.00</td>
<td>1,620,060.00</td>
<td>2,216,123.00</td>
<td>3,052,443.00</td>
<td>3,624,659.00</td>
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<tr>
<td>Infrastructure</td>
<td>0</td>
<td>362,659.00</td>
<td>239,085.00</td>
<td>245,706.00</td>
<td>5,079,513.00</td>
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</tbody>
</table>

Award Amount
KEY FISCAL POLICIES FY2023
KEY POLICIES - FISCAL

- FPPN-002 Budget Spend Plan
- FPPN-006 Financial Management 45 CFR 75- Uniform Administrative Requirements, Cost Principles and Audit Requirements for HHS Awards
- FPPN-007 Fiscal Site Visits
- FPPN-010.1 Sliding Fee Scale and Cap on Client Charges
- FPPN-011 Program Income/Income from Fees for Services Performed
- FPPN-016 Subrecipient Maintenance of Effort
GAD is managed by the Grants Administrator (GA), who oversees the acquisition and administration of grants awarded to the County.

GAD is divided into three sections:
- Grants Development Section
- Grant Accounting and Reporting Section
- Grant Compliance and Monitoring Section
Responsible for providing pre- and post-award services throughout the grant life cycle, such as:

✓ Identifying funding sources and application assistance.
✓ Financial and budget management.
✓ Internal and external monitoring.
✓ Training and technical assistance.

All grant activity must be routed through GAD.
A risk assessment must be performed prior to making a subaward.

- **Identify**: Identify risks associated with the agency
- **Assess**: Assess risks in terms of their probability
- **Prioritize**: Prioritize risks in terms of consequences
- **Perform**: Perform a risk assessment annually thereafter
The risk assessment should include:

- A technical review
- A financial review
- An internal controls review

GAD will rate the agency’s risk (i.e., low, medium, high)
THE LAST DAY OF THE GRANT CYCLE IS FEBRUARY 28, 2024

AGENCIES MUST HAVE ALL EXPENDITURES/INVOICES TO DHE BY MARCH 28, 2024

IF YOU DO NOT HAVE THESE ITEMS IN BY MARCH 28, 2024, YOU RISK NOT HAVING YOUR INVOICES PAID

ALL HIGH-TICKET ITEMS (LIKE BULK PURCHASE OF MEDICATIONS, ETC) MUST BE PURCHASED BY JANUARY 31, 2024
The Fulton County Grant Administration Division (GAD) is a partner with the Department of Elimination to support successful grant management to federal compliance standards.

Key Partnership Functions:
• Formal Risk Evaluation - Annual
• Subrecipient Monitoring – Annual
• Compliance Technical Assistance

GADCompliance@fultoncountyga.gov
FULTON COUNTY RYAN WHITE PART A PROGRAM

PROGRAM INCOME SUMMARY WORKSHEET

FY2022 (March 1, 2023 - February 28, 2024)

Completion and submission of this form is required for all Department For HIV Elimination funded Subrecipients regardless of the amount of program income.

Enter Subrecipient Info:
(1) Subrecipient Name: AGENCY NAME
(2) Contact Person: Name: FISCAL DESIGNEE
Phone: 404-123-4567
E-mail: FISCAL DESIGNEE@EMAIL.COM

(3) Ryan White (RYW) Part A Grant Award Amount: $1,400,450.00

QTR 1 Report Due by June 28, 2023

Step 1:
Enter the source of income/revenue of the program supported by Ryan White Part A funds ONLY:

<table>
<thead>
<tr>
<th>Row</th>
<th>No.</th>
<th>Source of Income</th>
<th>Amount of</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>Patient Co-Pays</td>
<td>$743.31</td>
<td>0.05%</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>Private Insurance</td>
<td>$21,998.59</td>
<td>1.57%</td>
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<tr>
<td>3</td>
<td></td>
<td>Medicaid</td>
<td>$4,898.86</td>
<td>0.35%</td>
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<tr>
<td>4</td>
<td></td>
<td>340b Rebates</td>
<td>$13,458.00</td>
<td>0.96%</td>
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<tr>
<td>5</td>
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<td>Medicare (including the Part D prescription drug benefit)</td>
<td>$13,568.00</td>
<td>0.97%</td>
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<tr>
<td>6</td>
<td></td>
<td>State Children’s Health Insurance Programs (SCHIP)</td>
<td>$8,698.00</td>
<td>0.62%</td>
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<tr>
<td>7</td>
<td></td>
<td></td>
<td>$</td>
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</tr>
<tr>
<td>8</td>
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<td>0.00%</td>
</tr>
<tr>
<td>9</td>
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<td>0.00%</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td>$</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

(7) Gross Program Income Total: $63,364.76  4.52%
<table>
<thead>
<tr>
<th>Row</th>
<th>No.</th>
<th>Disbursements/Expenditures</th>
<th>Amount of Disbursement</th>
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<tbody>
<tr>
<td>1</td>
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<td>Disbursements/Expenditures Total</td>
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Step 3: Calculation of Net Program Income

(11) Gross Program Income
$ 63,364.76

(12) Less Disbursements
$ -

(13) Net Program Income
$ 63,364.76

(14) CERTIFICATION
I hereby certify that I have reviewed this Program Summary Worksheet and that all items shown are in accordance with applicable laws and regulations, been classified properly according to this financial accounting. All records necessary to these items are available for monitoring. I further that all Federal program income was obligated project approval date and prior to the termination have not been reported previously.

Signature: FISCAL DESIGNEE
Print Name: FISCAL DESIGNEE
Title: Sr. Accountant
Date: 02/27/2023. Revised 02/27/23
MAINTENANCE OF EFFORT
# MAINTENANCE OF EFFORT SUMMARY WORKSHEET

**Sub recipient Name:**  
**Contact Person:**  
**Email:**  
**Phone:**

**Reporting Quarter:** Qtr 1 (Mar - May)  
**Report Date:** 3/31/2023

No Maintenance of Effort to Report for the Quarter

## Services Category

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<tr>
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<th>Previous FY Total Amount</th>
<th>Current FY Total Amount</th>
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<td><strong>Support Services</strong></td>
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<td>Food Bank / Home-Delivered Meals</td>
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<td>Psychosocial Support Services</td>
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<td>Linguistics Services</td>
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<td><strong>Total Support Services</strong></td>
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### Maintenance of Effort Previous Year Data

#### Core Medical Services

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#### Support Services

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<th>Expense Description</th>
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<th>Non-Medical Case Management</th>
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<td>Core Medical Services</td>
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• All Subrecipients Financial statement Audits are due 120 days after the Subrecipients calendar or fiscal year-end whichever is appropriate.

• To get an extension subrecipients will have to get a representation letter from their engaged auditor stating the reason why the 120-day requirement cannot be met.
Break Time!!

See you in 15-minutes
QUALITY MANAGEMENT
QUALITY MANAGEMENT TEAM

ADEWALE ADESANMI
CQM PROGRAM MANAGER

EVAN PITTS
QM SPECIALIST

PAMELA PHILLIPS
QM SPECIALIST

ASHLEY BROWN
QM SPECIALIST
QM Role & Policies

QM Specialist Role

• Ensure quality expectations and requirements are met

• Provide guidance and support for your QM Program

• Monitor implementation, evaluation and track CQI project progress

• Make recommendations for improvement

• Aid in QM Planning and QM Program implementation

• Provide technical assistance

Key Policies/Guides

• PPPN 031 - Consumer Input

• PPPN 032 – Clinical Quality Management

• PPPN 033 - Quality Improvement Projects

• PPPN 038 - Compliance with Standards

• Atlanta EMA Standards of Care

• HRSA National Monitoring Standards
Client Satisfaction Survey (CSS) in e2Fulton aims to measure patient satisfaction in order to assess the quality of health care delivery.

Agencies should encourage clients to provide feedback by completing the Client Satisfaction Survey. Clients who complete the survey will be entered into a monthly drawing for an incentive.

DHE will provide CSS data to agencies bi-annually.

DHE reaches out to patient’s who indicate being highly dissatisfied or request a call.

Agencies are also able to run your own data through Client Satisfaction Visual Analytics.

Please note: Qualitative feedback such as comments is not available in Client Satisfaction Visual Analytics. It will be provided to you by a member of the DHE staff bi-annually or by request.
**Quality Management Monitoring & Timeline (Reviews)**

**CY22 Service Categories**
- Medical Nutrition Therapy
- Health Insurance Premium
- Food Bank/Home Meals
- Referral for Health/Support Services
- Housing Services

**CY22 QM Chart Review Process**
- Client Eligibility desk audit
- Schedule a virtual or in-person chart audit
- Reports will start being sent to agencies within 60 days of the conclusion of the entire chart review.

**FY23 Programmatic Site Visits**
- Schedule a virtual or in-person chart audit
- QM Site Visits

**Timeline Diagram**
- Jun.
- Jul.
- Aug.
- Sept.
- Oct.
- Nov.

- Chart Review Desk Audit
- Site Visit Document Request
- Site Visit
QI Initiative: Viral Load Suppression

- Agencies must have a viral load suppression project if:
  - Performance is lower than the EMA goal (90%) by more than 5%
  - Has declined over the previous year by more than 5%
  - A subrecipient measured as one of the lowest five performers for a funded service category
  - Disparities exist among priority populations
- Utilize an evidence-informed intervention to improve health outcomes among priority populations.
- Short-term project metric may differ from VL Suppression measure

QI Initiative: Agency-Specific

- Agency is only funded for a support service
- Improve patient care, outcomes, and satisfaction
- If a subrecipient is performing at EMA goal (90% for viral load suppression), and disparities do not exist among priority populations, the subrecipient may select a QI project on any other measure of interest based on performance data.
- Subrecipients who only provide support services must select a QI project that reflects how they are influencing viral load suppression efforts (i.e., social determinants of health – Housing, MH, SA, Substance abuse, and Legal)
Trainings Offered

1) Allow subrecipients and staff access to relevant trainings and content
2) Allow our community members/PWH access to relevant trainings and content
3) House and track completion of all DHE required annual trainings (DHE Training Expectations)
4) House all previous DHE trainings for subrecipients to access as needed
5) Host live trainings/courses
6) Allow users to gain access to courses that provide CEU’s, CME’s, etc.

Evan Pitts, QM Specialist – DHE TRAIN liaison
Evan.pitts@fultoncountyga.gov
Answering Questions
What does Viral Load Suppression (VLS) and QI efforts look like for agencies that do not provide OAHS?

As stated earlier, VLS should be attacked from all fronts, as such non-clinical providers can adopt and tailor any of the following strategies in embarking on a VLS QI project:

• Provide educational training on what VLS is, how to attain and sustain it etc.
• Marketing Campaigns
• Community outreach events
QM INFRASTRUCTURE FOR EHE AGENCIES

Are EHE-funded agencies expected to have a QM infrastructure by the start of the new FY? If not, what is the expected date for EHE agencies to have quality measures in place?

Yes, all EHE-funded agencies expected to have a QM infrastructure by the start of the new FY. However, in developing your QM infrastructure, ensure to utilize PCN 15-02 as your guide. When in doubt, reach out to your DHE assigned QM specialist.
What flexibility does DHE have to grant subrecipients additional QM funding to increase agency and/or service capacity?

As mentioned earlier, DHE is committed to increasing QM spending by 25% to support agencies. However, in developing your budget justification for the requested increase in funding, ensure to utilize PCN 15-02 as your guide. When in doubt, reach out to your DHE assigned QM specialist.
Is there any flexibility around DHE covering the cost for trainings on DHE Train that have a fee? (i.e., anything Continuing Education (CE) related has a fee. This is a barrier for those seeking continuing education.)

Training fees can be included in budget requests to account for associated costs as some of the trainings outside of what DHE offers have a fee especially those that offer CE credits.
Fees for External Trainings

Can DHE help cover costs for external trainings/certifications not available on the platform?

Agencies should utilize RW Part F, AETC, for any training needs that DHE does not cover. Considerations may be made for subrecipients experiencing unique challenges.
Next Steps
**IMPORTANT DATES TO REMEMBER**

- **June – August** - QM Chart Reviews
- **June 29** - Quarterly Progress Report
- **August 15-17** – EHE HRSA Site Visit
- **September - November** – DHE Programmatic Site Visits
- **October 15** - Triannual Data Report
Please Complete the Evaluation of Today’s Session!

https://www.surveymonkey.com/r/providersFY23
Closing Remarks
Thank you
FY22 Clients Served
In FY2022, a total of **17,181** clients received services.

Our demographics reflect the state of the epidemic in Atlanta:

- 76% of the population served in FY22 are male, 21% are female, and 3% are transgender.
- 53% of clients served were 40+
- 25% are vulnerable populations: 
  - Black Males 24-35 years old
  - Black Females 24-35 years old
  - Transgender Men and Women 24-35 years old

Data source: e2Fulton, 4/10/23
OVERVIEW: CLIENTS SERVED

• The majority (79%) of clients were African American
  • 60% are Male
  • 18% are Female
  • 2% are Transgender

• 9% of clients were Hispanic (any race)

• HIV Risk Factor: 57% report Male to Male sexual contact (MSM) and 32% report Heterosexual contact
<table>
<thead>
<tr>
<th>Service Category</th>
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<tr>
<td>Outpatient Ambulatory Health Services (OAHS)</td>
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<td>Health Insurance Program &amp; Cost Sharing</td>
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Data source: e2Fulton, 4/11/23
## Clients Served, FY22 – EHE

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Data source: e2Fulton, 4/11/23
APPENDIX B

FY22

OUTCOMES
OUTCOMES IMPROVED IN FY22

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<th>Outcome</th>
<th>FY21</th>
<th>FY22</th>
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<tr>
<td>Engaged in Care</td>
<td>93%</td>
<td>94%</td>
</tr>
<tr>
<td>Retained in Care</td>
<td>73%</td>
<td>76%</td>
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<tr>
<td>Prescribed ART</td>
<td>94%</td>
<td>95%</td>
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<tr>
<td>Viral Load Suppression (VLS)</td>
<td>78%</td>
<td>82%</td>
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<tr>
<td>VLS among Retained</td>
<td>86%</td>
<td>88%</td>
</tr>
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</table>

Data source: e2Fulton, 6/13/23
Viral Load Suppression Among Vulnerable Populations

- AA Males 24-35: 76%
- AA Females 24-35: 78%
- Transgender 24-35: 75%

Average: 82%

Data source: e2Fulton, 6/13/23
DATA DEFINITIONS

• **Engaged Care**
  • Numerator: Number of patients, in the denominator, with a diagnosis of HIV who had at least one HIV medical encounter during the measurement year.
  • Denominator: Number of patients with a diagnosis of HIV who had at least one service during the measurement period.

• **Annual Retention in Care**
  • Numerator: Number of patients in the denominator who had at least two HIV medical care encounters at least 90 days apart within a 12-month measurement year. At least one of the two HIV medical care encounters needs to be a medical visit with a provider with prescribing privileges.
  • Denominator: Number of patients, regardless of age, with a diagnosis of HIV who had at least one HIV medical encounter within the 12-month measurement year.
  • Exclusions: Clients with a Vital Status equal to deceased at any time during the measurement year.

• **Prescribed Antiretroviral Therapy (ART)**
  • Numerator: Number of patients, in the denominator, prescribed HIV antiretroviral therapy during the measurement year.
  • Denominator: Number of patients, regardless of age, with HIV with at least 1 medical visit during the measurement year.

• **Viral Load Suppression**
  • Numerator: Number of patients, in the denominator, with a HIV Viral Load less than 200 copies at last HIV Viral Load test during measurement year.
  • Denominator: Number of patients, regardless of age, with HIV with at least 1 medical visit during the measurement year.

• **Viral Load Suppression Among Retained**
  • Numerator: Number of patients, in the denominator, with a HIV viral load less than 200 copies at last HIV viral load test during measurement year.
  • Denominator: who had at least two HIV medical care encounters at least 90 days apart during the measurement year.
  • Exclusions: Patients who died at any time during the measurement year. Vital Status does not equal "deceased" at any time during the measurement year.
COMMONLY USED ACRONYMS

- Department for HIV Elimination (DHE)
- Programmatic Policy and Procedure Notice (PPPN)
- Fiscal Policy and Procedure Notice (FPPN)
- Recipient Policy and Procedure Notice (RPPN)
- Policy Clarification Notice (PCN)
- Ryan White Part A (RWPA)
- Ryan White HIV/AIDS Program (RWHAP)- HRSA
- Ending the HIV Epidemic (EHE)
- Persons Living with HIV (PLWH)
- Black Men who have Sex with Men (BMSM)
- Young Black Men who have Sex with Men (YBMSM)
- Same Gender Loving Men (SGL)
- Persons Who Inject Drugs (PWID)
- Georgia Department of Public Health (DPH)
- Atlanta Eligible Metropolitan Area/Atlanta EMA (EMA)
- Metropolitan Atlanta HIV Services Planning Council (PC)
- Electronic Contract Management (ECM)
APPENDIX D

QUALITY MANAGEMENT PERFORMANCE GOALS & RESOURCES
### FY2023 EMA Clinical Performance Goals

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Target Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engaged in Medical Care</td>
<td>95%</td>
</tr>
<tr>
<td>Retained in Medical Care (12 months)</td>
<td>79%</td>
</tr>
<tr>
<td>Prescribed ART</td>
<td>95%</td>
</tr>
<tr>
<td>Viral Load Suppression</td>
<td>90%</td>
</tr>
<tr>
<td>Viral Load Suppression among those who are retained</td>
<td>90%</td>
</tr>
<tr>
<td>Viral load Suppression among those prescribed ART</td>
<td>90%</td>
</tr>
<tr>
<td>HAB: Gap in Medical Visits</td>
<td>18%</td>
</tr>
<tr>
<td>Medical Visit Frequency</td>
<td>55%</td>
</tr>
<tr>
<td>Cervical Cancer - 3 years</td>
<td>35%</td>
</tr>
<tr>
<td>Oral Exam</td>
<td>18%</td>
</tr>
<tr>
<td>Chlamydia Screening</td>
<td>87%</td>
</tr>
<tr>
<td>Gonorrhea Screening</td>
<td>87%</td>
</tr>
<tr>
<td>Syphilis Screening</td>
<td>67%</td>
</tr>
<tr>
<td>Substance Abuse Screening</td>
<td>95%</td>
</tr>
<tr>
<td>Mental Health Screening</td>
<td>95%</td>
</tr>
</tbody>
</table>
## FY2023 EMA Performance Goals Based on Service Utilization

<table>
<thead>
<tr>
<th>Category</th>
<th>Performance Measure</th>
<th>Target Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient Ambulatory Health Services</strong></td>
<td>OAHS: HIV Viral Load Suppression</td>
<td>90%</td>
</tr>
<tr>
<td></td>
<td>OAHS: HAB Annual Retention in Care</td>
<td>79%</td>
</tr>
<tr>
<td><strong>Medical Transportation</strong></td>
<td>MT: HAB Annual Retention in Care</td>
<td>85%</td>
</tr>
<tr>
<td><strong>Medical Case Management</strong></td>
<td>MCM: HAB Annual Retention in Care</td>
<td>79%</td>
</tr>
<tr>
<td><strong>Referral for Health Care &amp; Support Services</strong></td>
<td>Referral for Health Care &amp; Support Services: HAB Annual Retention in Care</td>
<td>79%</td>
</tr>
</tbody>
</table>
ONLINE RESOURCES

• Telehealth.HHS.gov can empower health care providers by offering Spanish-language resources about HIV prevention, diagnosis, and treatment.

• Visit the National Clinician Consultation Center to obtain timely and confidential clinician-to-clinician consultation related to treatment of people with HIV infection and substance use (Substance Use Warmline).

• The RWHAPQuality@hrsa.gov is an online user group forum.

• AIDS Education & Training Center (AETC)

• AETC National HIV Curriculum

• Center for Quality Improvement and Innovation (CQII)

• TargetHIV

• HIV/AIDS Treatment Guidelines | Clinicalinfo.HIV.gov
THANK YOU