

# 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!

# Indiana HIV Care Outcomes with Ryan White Services

Joseph Amlung

Epidemiology Informatics Integration Specialist

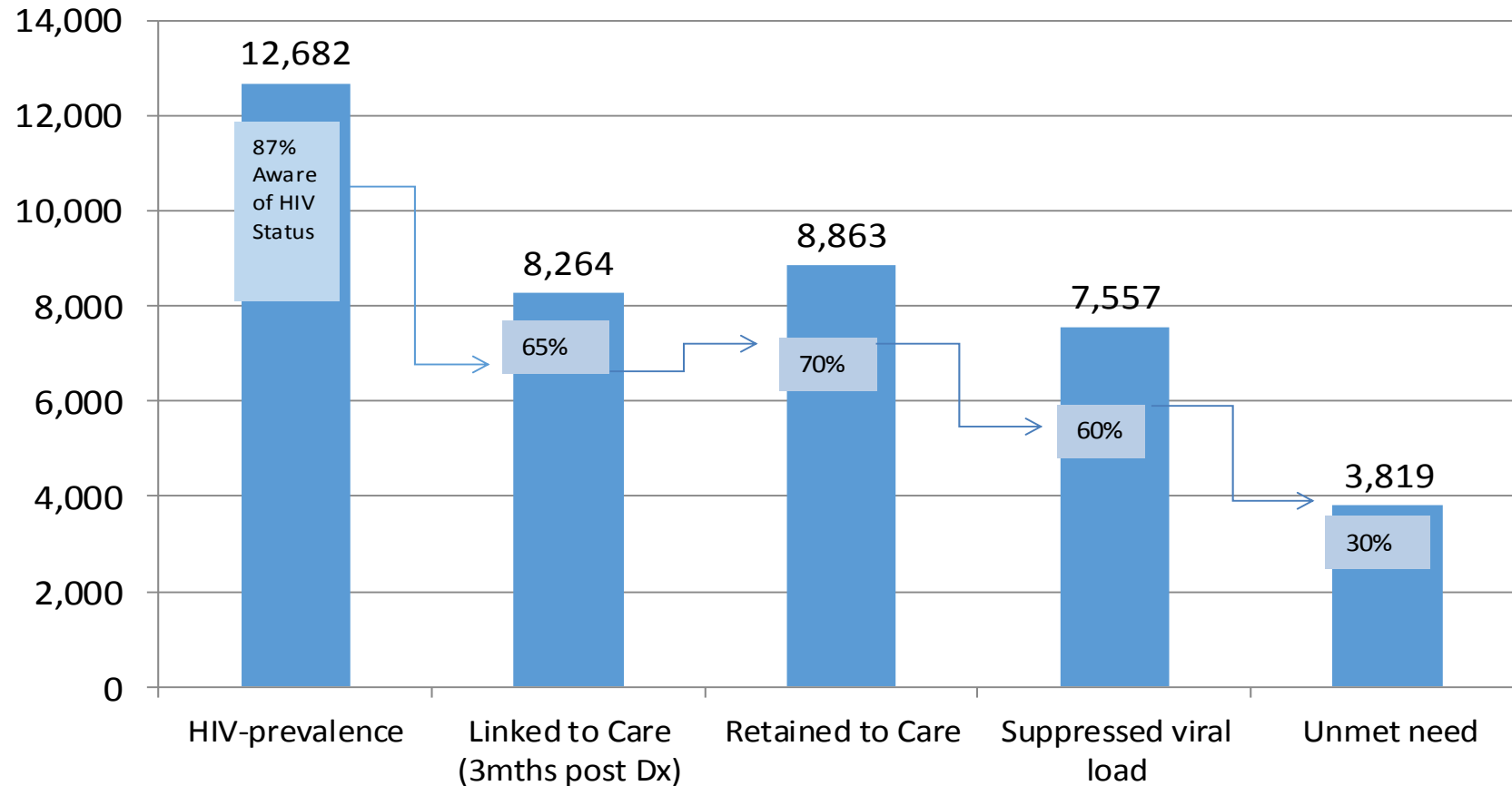
HIV/STD/Viral Hepatitis Division

Indiana State Department of Health



Indiana State  
Department of Health

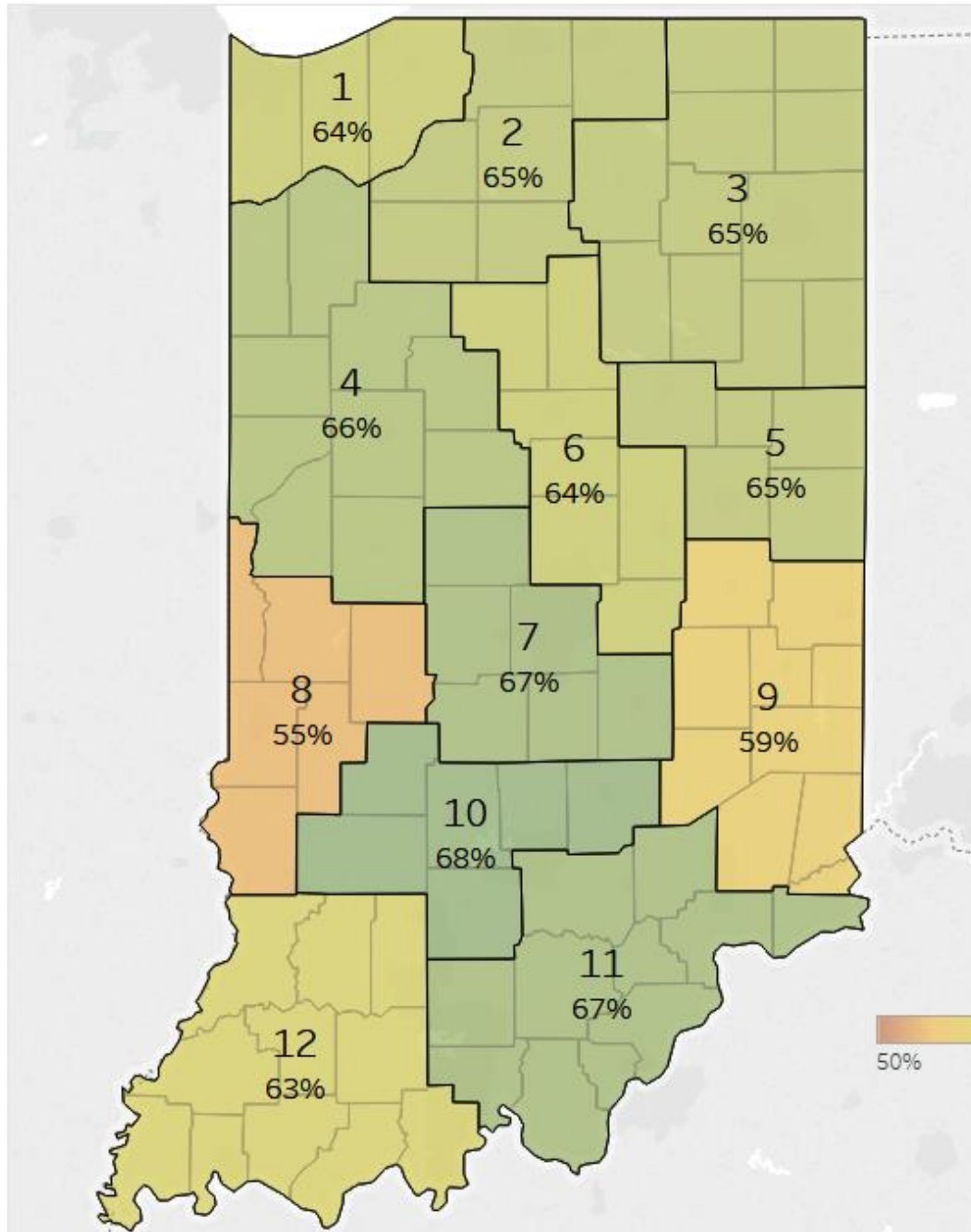
# The Continuum of HIV Care, Indiana, as of August 2018



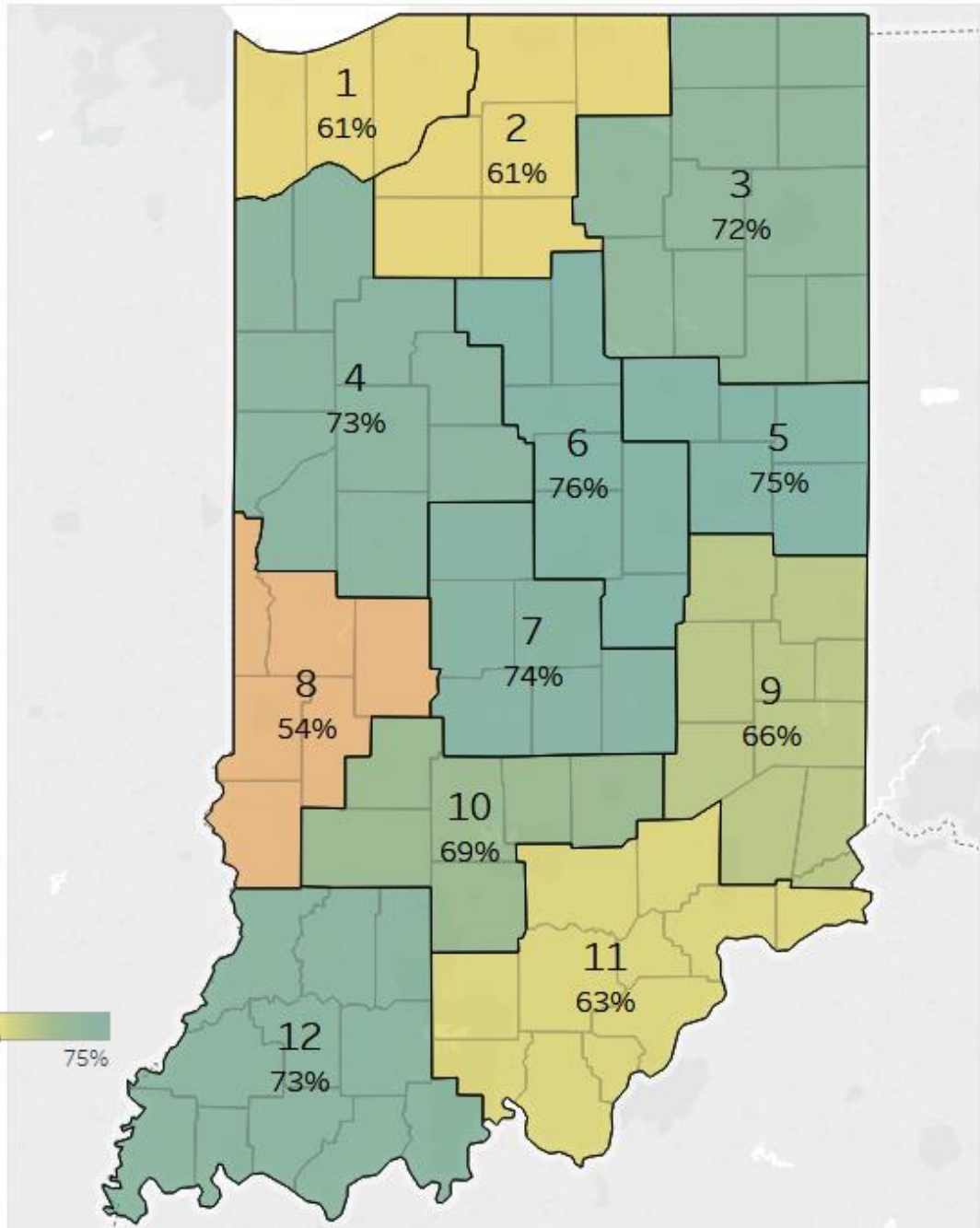
- HIV-prevalence represents those aware of their HIV status (**87%**)
- Of those aware of their HIV status, **61%** are retained in care (past 12mths)
- Of those aware of their HIV status, **49%** have a suppressed VL
- CDC. Prevalence of Diagnosed and Undiagnosed HIV Infection — United States, 2008–2012.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



Linked to Care - Up to 3 months after Diagnosis

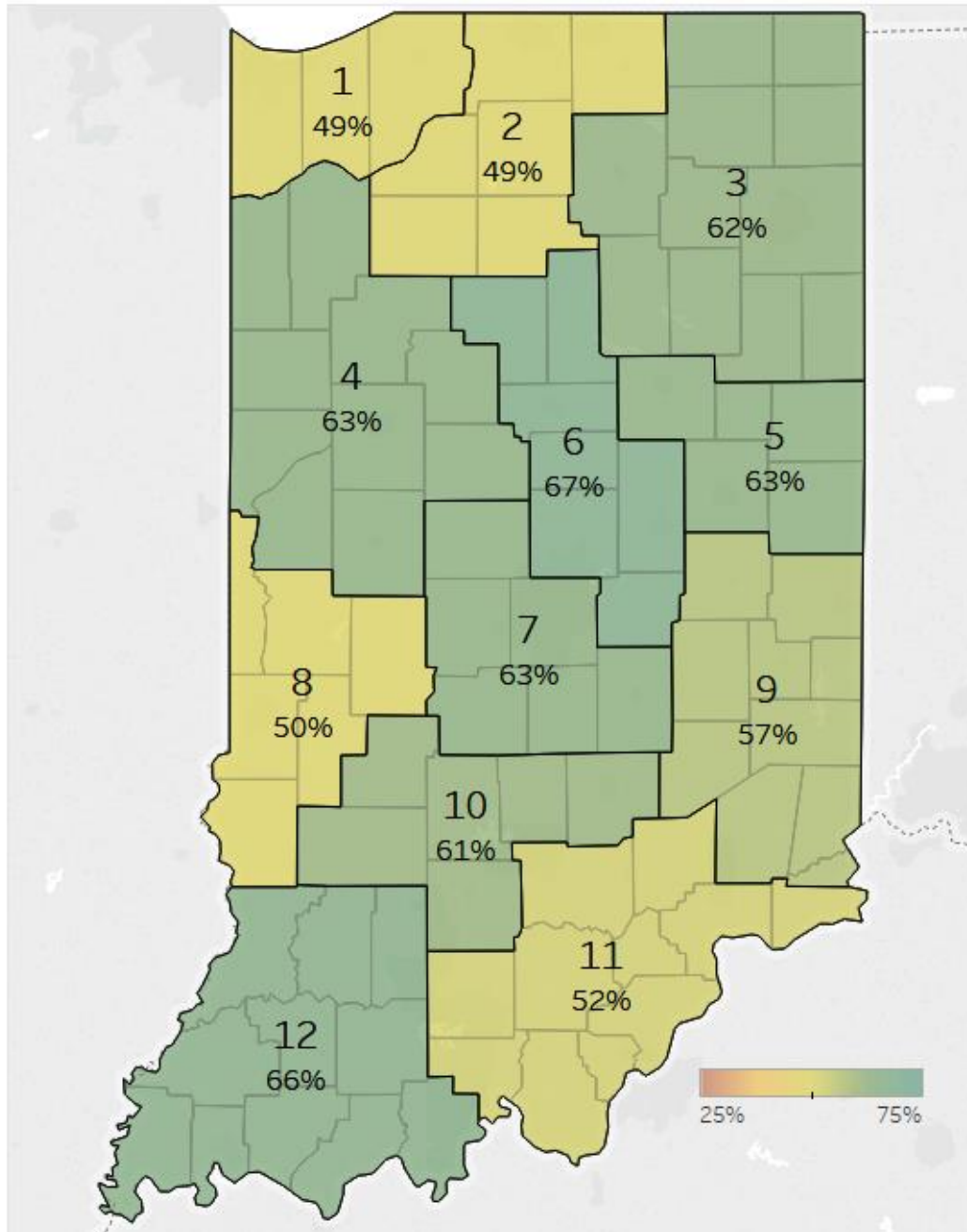


Retained to Care

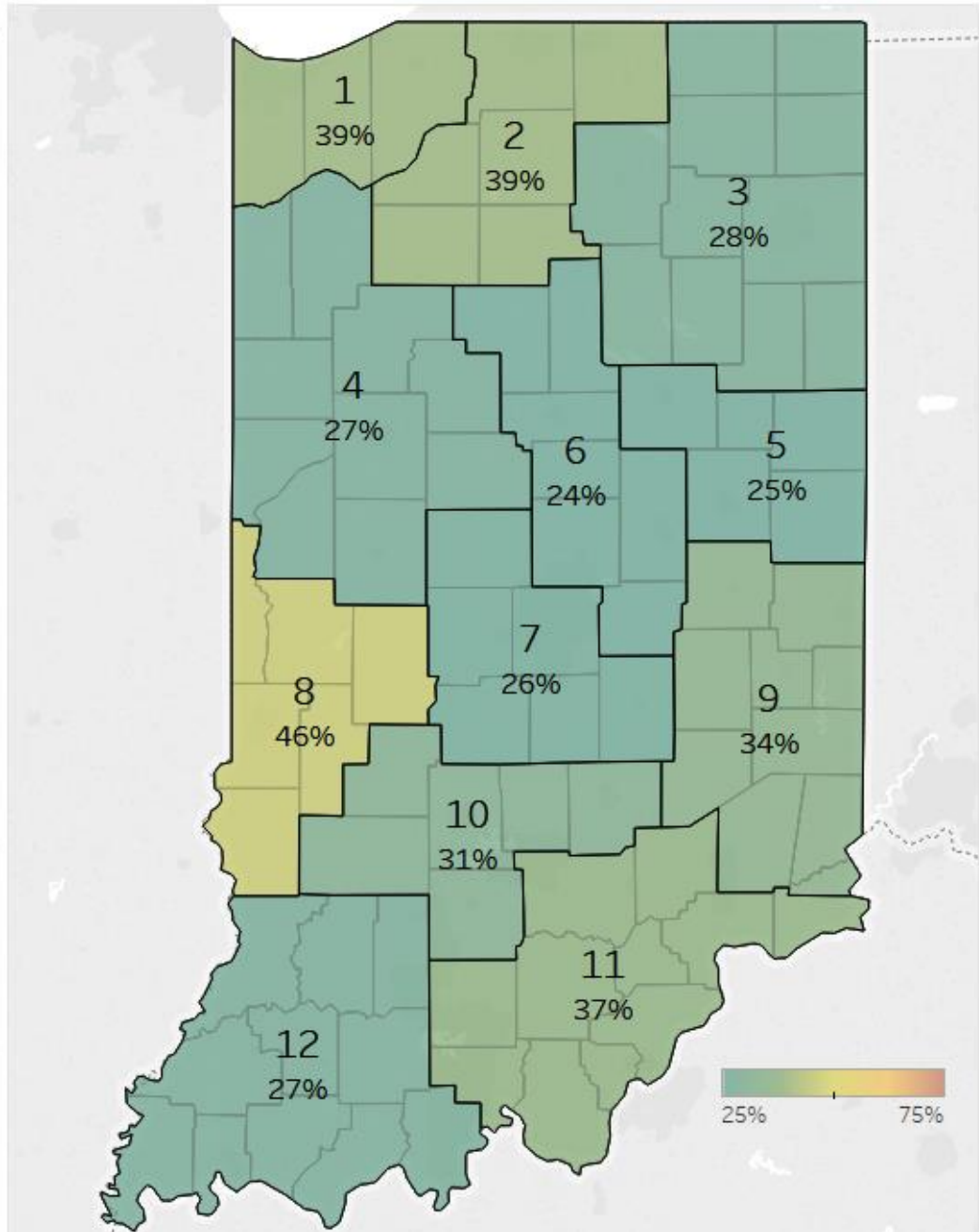




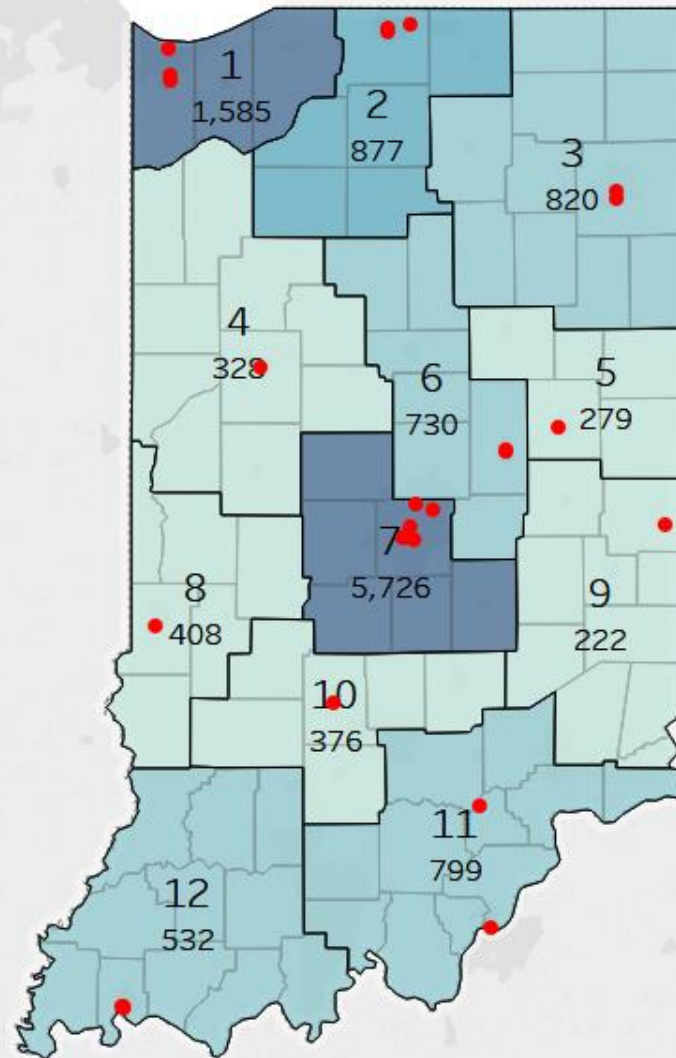
Suppressed viral load



Unmet need - No CD4 or viral load in 12 months



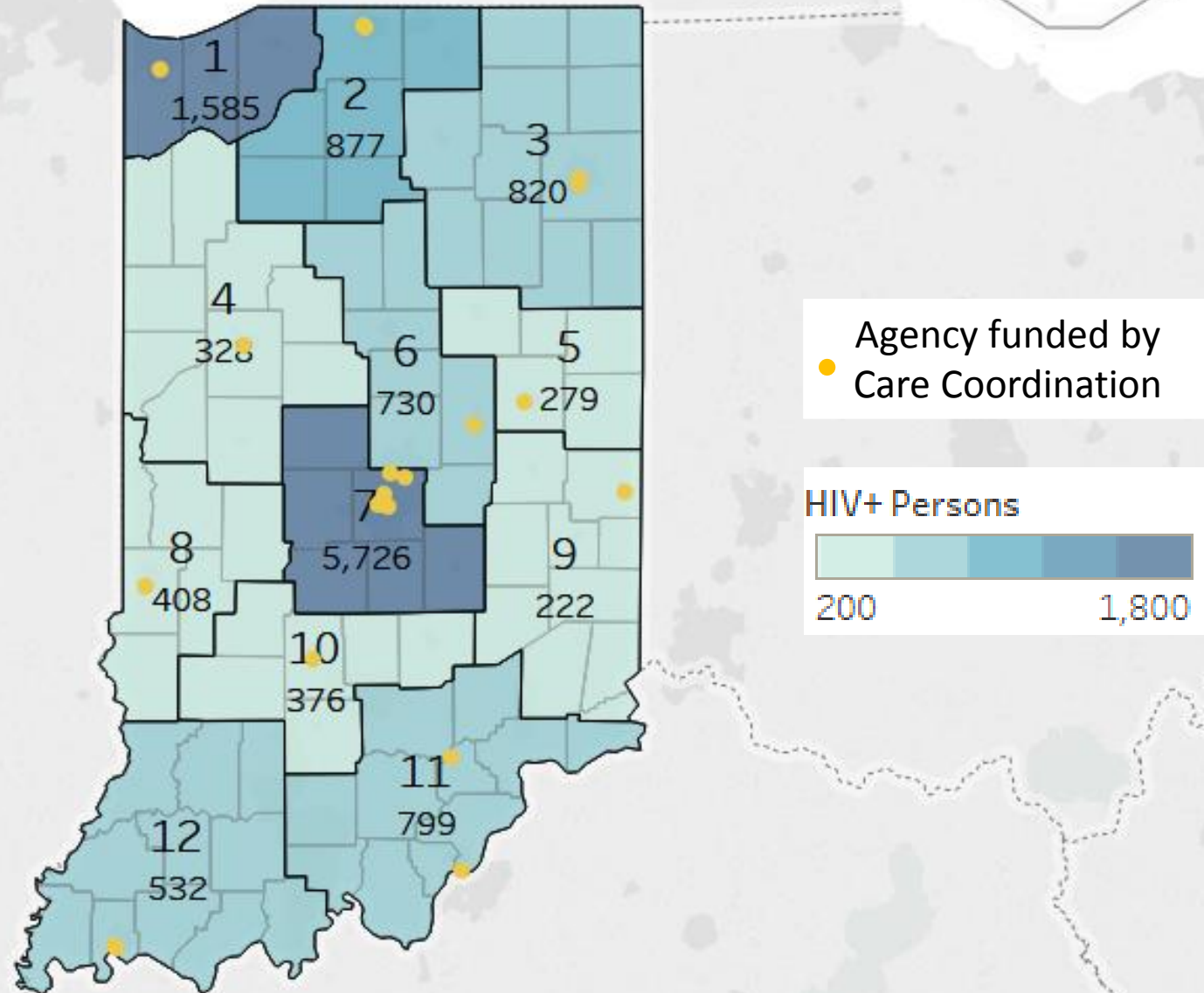
# HIV Prevalence by Care Coordination Region – August 2018



● 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)



Indiana State  
Department of Health



# 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