



# RWHAP TA Webinar

Indiana State Department of Health

*March 20, 2018*

*11:00 am – 12:00 pm*



Indiana State  
Department of Health



# zoom

## Helpful Hints

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

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



# Agenda

- Introductions
- Budgeting with Part B Supplemental Funds
- Quality Management Expectations
- Data Reporting Requirements
- Q & A
- Next call



# Personal Weather Forecast



# Budget Allocations



# Principles for the proper allocation of cost

## Allocations

- Permits expenses to be appropriately charged to cost centers, object classes, funding sources and multiple sites.
- For allocations to be valid there should be written methodology that can be replicated and auditable

### **Most common methodology:**

- ❖ Payroll-----direct or time and effort
- ❖ Facility-----direct or square footage
- ❖ Occupancy-----direct or program/cost center
- ❖ Administration---direct or total dollar
- ❖ Communication--program/cost center

**CATEGORICAL OPERATIONAL BUDGET**

	<b>Total \$ Expended</b>
<b>Salary/Wages</b>	<b>\$420,472.00</b>
<b>Fringes</b>	<b>\$120,850.00</b>
<b>Travel</b>	<b>\$5,000.00</b>
<b>contracts</b>	<b>\$83,000.00</b>
<b>Supplies</b>	<b>\$25,000.00</b>
<b>Other</b>	<b>\$45,000.00</b>
<b>Facility</b>	<b>\$12,300.00</b>
	<b>\$711,622.00</b>



AGENCY  
PART B BUDGET

	SALARY	FTE%	OUTPATIENT	FOOD	ADM	MCM	TOTAL BUDGET
#NAME?	\$322,222.00		\$155,375.00	\$72,000.00	\$23,843.00	\$74,250.00	\$325,468.00
<i>Staff Salaries</i>							
Program Coordinator	\$57,222.00	0.34			\$19,074.00		\$19,074.00
Internal Medicine	\$135,000.00	0.50	\$67,500.00				\$67,500.00
R N	\$50,000.00	0.50				\$25,000.00	\$25,000.00
Food pantry coordinator	\$20,000.00	1.00		\$20,000.00			\$20,000.00
Case Manager LSCW	\$40,000.00	0.50				\$20,000.00	\$20,000.00
Linkage Navigators	\$20,000.00	0.50				\$10,000.00	\$10,000.00
<i>Fringes (25%)</i>			\$16,875.00	\$5,000.00	\$4,769.00	\$13,750.00	\$40,394.00
<i>Travel - - Outside</i>						\$5,000.00	\$5,000.00
Contracts--Laboratory			\$43,000.00				\$43,000.00
Supplies--Medicines			\$25,000.00				\$25,000.00
<i>Other</i>							\$0.00
Food purchase or vouchers				\$45,000.00			\$45,000.00
Facility-- Rent			\$3,000.00	\$2,000.00		\$500.00	\$5,500.00
<b>GRAND TOTAL</b>							<b>\$325,468.00</b>





AGENCY  
OPERATIONAL BUDGET

			PART C	PART B				CDC	NON FEDERAL	
	SALARY	FTE%	ES/PRIMARY	OUTPATIENT	FOOD	ADM	MCM	Prevention	P I OTHER	TOTAL BUDGET
#NAME?	\$440,472.00		\$158,625.00	\$155,375.00	\$72,000.00	\$23,843.00	\$74,250.00	\$37,143.00	\$190,386.00	\$711,622.00
<i>Staff Salaries</i>										
Chief Executive Officer	\$118,250.00	1.00							\$118,250.00	\$118,250.00
Program Coordinator	\$57,222.00	1.00				\$19,074.00		\$19,074.00	\$19,074.00	\$57,222.00
Internal Medicine	\$135,000.00	1.00	\$67,500.00	\$67,500.00						\$135,000.00
R N	\$50,000.00	1.00	\$25,000.00				\$25,000.00			\$50,000.00
Food pantry coordinator	\$20,000.00	1.00			\$20,000.00					\$20,000.00
Case Manager LSCW	\$40,000.00	1.00					\$20,000.00			\$20,000.00
Linkage Navigators	\$20,000.00	1.00					\$10,000.00	\$10,000.00		\$20,000.00
<i>Fringes(25%)</i>			\$23,125.00	\$16,875.00	\$5,000.00	\$4,769.00	\$13,750.00	\$7,269.00	\$50,062.00	\$120,850.00
<i>Travel -- Outside</i>							\$5,000.00			\$5,000.00
Contracts--Laboratory			\$40,000.00	\$43,000.00						\$83,000.00
Supplies--Medicines				\$25,000.00						\$25,000.00
<i>Other</i>										\$0.00
Food purchase or vouchers					\$45,000.00					\$45,000.00
Facility -- Rent			\$3,000.00	\$3,000.00	\$2,000.00		\$500.00	\$800.00	\$3,000.00	\$12,300.00





# RWHAP Quality Management 101



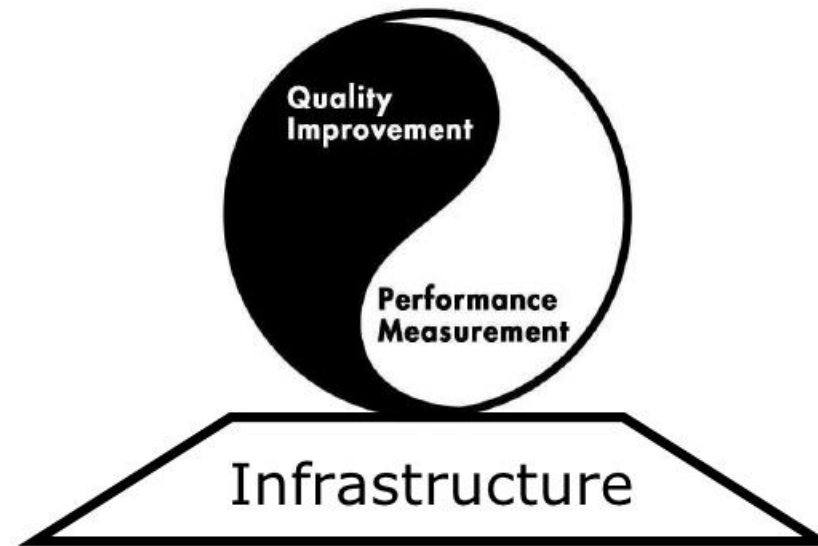
# HRSA-HAB Policy Clarification Notice 15-02

- 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>



# 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



# Infrastructure

## ISDH HIV Service Program

- Leadership
- Quality Management Plan
- Quality Management Committee
- Dedicated Staffing
- Dedicated Resources
- Stakeholder Involvement
- Evaluation of CQM Program

**THIS IS NOT M&E!**

## Sub-recipients (you!)

- CQM resources from HSP
- Capacity to participate in statewide program
- Formal CQM program (as outlined in contractual agreement between HSP and sub-recipients)



# Performance Measurement

Recipients select measures and guide sub-recipients in prioritizing and collecting data. Data is used to drive QI activities.  
**THIS IS NOT M&E!**

## ISDH HIV Service Program

- Measures should be selected that best assess the services the recipient is funding.
- Recipients are strongly encouraged to include HRSA HIV/AIDS Bureau core measures.

## Sub-recipients (you!)

- Report on selected measures

<http://hab.hrsa.gov/deliverhivaidscore/habperformmeasures.html>



The screenshot shows the HRSA HIV/AIDS Programs website. The main heading is "HAB HIV Performance Measures" with a sub-heading "HIV/AIDS Bureau's Revised Performance Measure Portfolio". The page content includes a paragraph stating that the HIV/AIDS Bureau held two webinars in June 2013 and a third in November 2013 to present and gather feedback on the proposed performance measure portfolio. Below this, there is a list of bullet points:

- Identifying core performance measures that are most critical to the care and treatment of people living with HIV;
- Combining measures to address people of all ages living with HIV;
- Aligning measures with U.S. Department of Health and Human Services priorities, guidelines, and initiatives;
- Promoting relevant performance measures used in other federal programs; and

# Performance Measurement

Focus: Eligibility

## How many measures?

- Highly utilized and highly prioritized RWHAP-funded service category: **two performance measures** and collect the corresponding performance measure data.
- All other RWHAP-funded service category: at least **one performance measure**.
- Measures can focus on improving patient care, health outcomes or patient satisfaction
  - Transportation: Consider patient satisfaction survey vs. VLS





# Performance Measurement

## Frequency

Regularly collect and analyze performance measure data which would occur more frequently than data collection for reporting - **quarterly** at a minimum.

## Analysis

Collect and analyze performance measure data that allows for inspection and improvement of **health disparities** across different target populations.



# Quality Improvement

Recipient roles involve assessment, capacity building, technical assistance, and a framework for sub-recipients to participate in network-wide QI activities.  
**THIS IS NOT M&E!**

## ISDH HIV Service Program

- Implement QI activities aimed at improving patient care, health outcomes, and patient satisfaction
- Use defined approach or methodology for QI activities

## Sub-recipients (you!)

- Implement QI activities that are aligned with HSP's QI activities
  - Participate in training or other group learning
  - QI projects related to network-wide QI projects, etc.

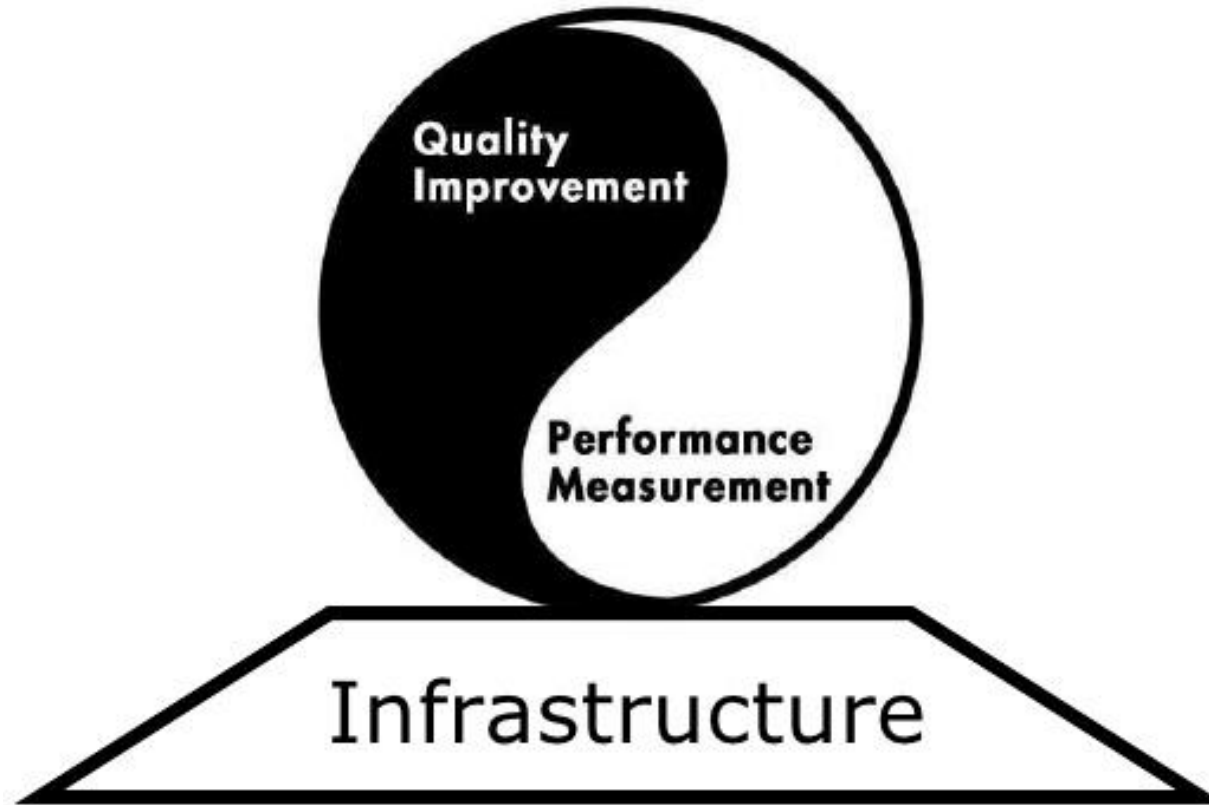


# Take Home Messages!

- HSP is there to...
  - Identify specific CQM program activities
  - Ensure you have:
    - Capacity to contribute to HSP's CQM program
    - Resources to conduct CQM activities within your organization
    - Ability to implement CQM program within your organization
  - Provide guidance on prioritizing measures & collecting data
  - Identify improvement opportunities
  - Work towards aligning CQM activities with other Parts



# Where Do We Go From Here?





# Data Reporting Requirements



# Data Reporting Requirements

- If you provide a Ryan White Part B Supplemental funded service to a client, please collect the following information:
  - Client Name
  - Date of Birth
  - Gender
  - Name of service received including date of service
- Collect information on paper form and store securely in a locked file cabinet.
  - Please wait to enter data into a data system until you receive further guidance from ISDH
  - If your agency does not use a paper form, an Excel tool can be provided by ISDH
- If you have questions or need additional guidance, please contact ISDH



# Data Reporting Requirements

A	B	C	D	E	F	G
Agency Name (Choose one from drop-down list)	First Name	Last Name	Date of Birth (mm/dd/yyyy)	Current Gender Identity (Choose one from drop-down list)	Date of Service (mm/dd/yyyy)	Service Category (Choose one from drop-down list)
				Male Female Unknown Transgender Male to Female Transgender Female to Male Transgender Other		



# Data Reporting Requirements

- Please complete the ISDH survey that was sent on 3/13/2018. Information will be used to inform:
  - Interim data collection guidance and;
  - Implementation of the ISDH-approved data system
- Please do not enter data into CAREWare





# Next TA Call

- April 17, 2018
- 11 am – 12 pm ET



zoom



Indiana State  
Department of Health





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Mark Schwering  
Ryan White Part B Program Director  
317-233-7189  
[mschwering@isdh.in.gov](mailto:mschwering@isdh.in.gov)



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