Boston Public Health Commission
HIV/AIDS Services Division
Ryan White Part A

Annual Provider Training

FY 2015

Presentation Slides

1. Welcome, Eric Thai, BPHC
2. Ryan White Part A Update, Michael Goldrosen, BPHC
3. Medical Case Management Training & Capacity Building, Dora Shalts, HHSI
4. The Massachusetts HIV Drug Assistance Program, Craig Wells, George Hastie, & Lauren Dunn, CRI
6. Part A Policy Review, Mark Forry, BPHC
8. Client Level Outcomes in e2Boston, Mariah Hamilton, BPHC
Welcome

Ryan White Part A Provider Training 2015

Eric Thai
Director of Client Services
HIV/AIDS Services Division
Agenda

MORNING SESSION

9:30-9:40am  Welcome
9:40-10:10am  Ryan White Part A Update
10:10-10:30am  HIV Training & Capacity Building Services Overview
10:30-10:50am  HDAP Update
10:50-11:00am  BREAK
11:00-11:15pm  Planning Council Recruitment
11:15-12:00pm  Part A Policy Review
12:00-1:00pm  LUNCH

AFTERNOON CONCURRENT SESSIONS

<table>
<thead>
<tr>
<th>Time</th>
<th>Group A (AV1 - Theater)</th>
<th>Group B (AV3 - Classroom)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:00-2:00pm</td>
<td>Ryan White Part A Monitoring Process Update/e2Boston Feedback</td>
<td>Outcomes Reporting in e2Boston</td>
</tr>
<tr>
<td>2:00-3:00pm</td>
<td>Outcomes Reporting in e2Boston</td>
<td>Ryan White Part A Monitoring Process Update/e2Boston Feedback</td>
</tr>
</tbody>
</table>
For an optimal experience...

- Participate by sharing your own ideas and experiences
- Stay for the entire training
- Minimize side conversations
- Respect each other’s opinions
- Set cell phones to vibrate
- Step up / Step back
- Use the Parking Lot if a question cannot be answered right away or requires follow up
Updates

• **Close out of FY14** (ended Feb 28, 2015)
  – Quarterly Reports, Outcomes and Final invoices were due March 15, 2014
  – Annual Report to the Council
  – Annual Report to HRSA

• **Implementation of FY15** (started March 1, 2015)
  – Partial Award contracts sent out on March 16, 2015
  – Annual Scope Targets were due on April 24, 2015
  – Outcomes in e2Boston is rolled out to providers

• **Planning for FY16** (March – June 2015)
  – Council needs assessment process
  – Ranking of priorities for FY16 (March 2015)
  – Development of funding scenarios for FY16
Reorganization of Client Services & Quality Management Units

FY 2014

- 6 Client Services Program Coordinators managing 36 agencies
- 3 Quality Management Program Coordinators
- 15-18 Part A site visits every year
Reorganization of Client Services & Quality Management Units

Contract Management (Alex, Natasha)
- Fiscal year based cycle
- Day to day management of agency contracts & program budgets
- Performance tracking
- Expenditure tracking, including Sweeps and Contract Extensions
- Budget & Scope of Services Revisions

Agency Monitoring (Dennis, Mark, Cheryl, Cristina)
- Calendar year based cycle
- Complete 35 site visits every year
- Follow up on Plans of Corrective Action & Technical Assistance requests
- Agency level quality improvement projects
- Annual Report on Overall Monitoring Progress

Quality Management (Ben, Matthew)
- e2Boston system development
- Integration of Outcomes into e2Boston
- Continuation of Clinical Chart Review Research
- Short term research projects via interns
- Implementation of Updated Standards of Care
Materials

- **Training Packet**
  - Handouts, including all PowerPoint presentations
- **FY15 Provider Manual**
- **BPHC USB Flash Drive (receive when you drop off your evaluations)**
  - All BPHC publications, helpful resources, and handouts from today’s training
Tell us what you think!

Your feedback is used when we plan each Provider Training. Remember to write your comments and questions as we go through each presentation and we hope you can share them with us!
RYAN WHITE PART A

Update

Michael Goldrosen, Director
HIV/AIDS Services Division
Boston Public Health Commission

April 28, 2015
Updates

- Changes impacting award
- Changes to award over time
- Local changes
- National challenges
FY 2015 Process

Part A Fiscal Year 2015
• March 1, 2015- February 29, 2016

Funding comes from Federal FY 2015
• October 1, 2014 – September 30, 2015

Federal Budget Status
• Continuing Resolution October –December
• Full budget passed December 2014

HRSA Response
• Due to time needed to process budget and allocations HRSA issued partial temporary awards to all areas = 80% of FY 14 funding level

Boston Award
• $11,177,703
Utilize the Councils scenario for Level Funding ($14.3M) as starting point

BPHC staff developed 12 month budgets for programs

Contracts capped at 6 months – March 1, 2015 – August 31, 2015

Avoid potential for delayed reimbursement

Agency awards were sent out on February 27, 2015

When full award is received, all budgets will need to be updated and reissued
FY 2015 Changes/Updates

Ongoing implementation of National Monitoring Standards, including

Eligibility:

- HIV/AIDS diagnosis (at initial determination)
- Low income (less than 500% FPL)
- Proof of residency
- Insurance status
- Determination of eligibility and enrollment in other third party insurance programs, including Medicaid and Medicare

Certification every 6 months
FY 2015 Changes/Updates

Site Visit Process Implementation

HRSA Mandate

• All 35 agencies will be visited every year
• Separate Program and Fiscal visits
• Very tight schedule
• Revised Tools and Streamlining of process
FY 2015 Changes/Updates

- Our “new” HIV/AIDS Data System is one year old!
- Successfully utilized for demographic, utilization, and RSR reporting
- Health and Quality of Life Outcome reporting has been added this year!
National Challenges

Ryan White legislation:

- Expired September 30, 2013
- No sunset clause
- Can continue to be funded via appropriation process
- Consensus of advocacy groups is to not push for reauthorization at this time

Annual Appropriation Process

- Part of discretionary funding
Stages of HIV Care Among People Living with HIV/AIDS in Boston EMA\(^1\) (MA Data Only)

<table>
<thead>
<tr>
<th>Stage</th>
<th>Percentage</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLWHA in Boston EMA</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Engaged in Care*</td>
<td>76%</td>
<td>84% of those engaged in care were virally suppressed</td>
</tr>
<tr>
<td>Retained in Care*</td>
<td>61%</td>
<td>87% of those retained in care were virally suppressed</td>
</tr>
<tr>
<td>Virally Suppressed in 2013*</td>
<td>64%</td>
<td></td>
</tr>
</tbody>
</table>

*Includes individuals diagnosed through 2012 and living in MA as of 12/31/13, based on last known address; Boston EMA designation based on residence at diagnosis, excludes individuals diagnosed while incarcerated in Boston EMA

*Labs received by MDPH
Stages of HIV Care Among People Living with HIV/AIDS in Boston EMA\(^1\) (MA Data Only)

Services that improve success:
- Medical Case Management
- Psychosocial Support
- Medical Nutrition Therapy/Food Services
- Housing
- Transportation.

<table>
<thead>
<tr>
<th></th>
<th>PLWHA in Boston EMA</th>
<th>Engaged in Care*</th>
<th>Retained in Care*</th>
<th>Virally Suppressed in 2013*</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>13,526</td>
<td>10,292</td>
<td>8,220</td>
<td>8,640</td>
</tr>
<tr>
<td>100%</td>
<td></td>
<td>61%</td>
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\(^1\) Includes individuals diagnosed through 2012 and living in MA as of 12/31/13, based on last known address; Boston EMA designation based on residence at diagnosis, excludes individuals diagnosed while incarcerated in Boston EMA

*Labs received by MDPH*
The Future of RW
The Boston EMA Model

You are the future of Ryan White

The rest of the country is looking to Boston as a model for how to utilize RW in a post health care reform environment

Boston Successes:

• Utilizing HDAP for health insurance continuation and medication co-pays, and as a resource for ensuring Medicaid enrollment

• Investing in critical engagement services that are non-3rd party reimbursable, but ensure that PLWH are engaged in care, retained in care, and adherent to care.
Key Issues That Remain

- Supporting people with HIV at each stage of treatment cascade, from diagnoses to viral suppression.
- Retention in Care is crucial.
- Looking for best practices and creative approaches to engagement, retention, and re-engagement of those who are lost to follow-up.
Questions?
Background of Program

- BPHC funded University of Massachusetts Medical School’s (UMMS) New England AIDS Education and Training Center (NEAETC), who is now partnering with Harbor Health Services, Inc. (HHSI) and Community Research Initiative (CRI) to develop a training program for Ryan White Part –A Medical Case Management (MCM) providers.

  - Where are we now? The project began on September 1st 2014 and the first 6 months were dedicated to planning. We are currently in process of finalizing our Needs Assessment Process.
In Which Areas Will Medical Case Managers Receive Support and How?

- Face to Face Trainings
- Webinars
- Video Trainings
- Online Resource Directory
- Regional Meetings

- Sexual Health Promotion
- Housing Search and Advocacy
- Social Services Coordination
- Substance Abuse Risk Reduction
- Medical Care Coordination & Adherence
- Benefits Counseling
Who is Eligible to Attend our Trainings?

BPHC-funded:
1. Medical Case Managers
2. Nurse Case Managers
3. Supervisors
How Do We Know About these Training Needs?

1. **Needs Assessment Surveys**
   - An average of 31% of BPHC-funded Case Managers replied to this survey (80 total responses)

2. **BPHC Project Coordinator Focus Groups**

3. **Individual Conversations with Agency Supervisors**
What Do We Know So Far about Training Needs?

- **Biggest Struggles for MCMs in Current Job:**
  1. Keeping clients engaged
  2. Understanding the Affordable Care Act (ACA) and how it affects PLWHA
  3. Understanding services available to clients
  4. Assessing Mental Health status and needs
  5. Assessing Substance Abuse
What Do We Know So far About Training Needs?

- **Most requested training topics by MCMs:**
  1. Managing Co-Infections
  2. Housing services for PLWHA
  3. Mental Health Issues Among PLWHA
  4. HIV & Aging
  5. Motivational Interviewing
What Do We Know So far About Training Needs?

- **Top Challenges in Current Position:**
  1. Developing Service Plans reflective of the needs identified on the assessment, and with appropriate and meaningful goals.
  2. Preparing for site visits.
  3. Keeping clients engaged through face-to-face, home visits, or telephone contact.
  4. Conducting assessments within stipulated timeframe.
What Do we Know So far About Training Needs?

- Most Requested Training Modalities:
  1. Face-to-Face Trainings
  2. Resource Directories
  3. Webinars
## Regions

<table>
<thead>
<tr>
<th>Region 1: Metro-Boston</th>
<th>Region 2: Central &amp; Northern MA, Southern NH</th>
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</thead>
<tbody>
<tr>
<td>Fenway Community Health Center</td>
<td>Greater Lawrence Family Health Center</td>
</tr>
<tr>
<td>Boston Healthcare for the Homeless</td>
<td>Southern New Hampshire HIV/AIDS Task Force</td>
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<tr>
<td>BMC Pediatrics</td>
<td>Merrimack Valley Assistance Program</td>
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<tr>
<td>Beth Israel Deaconess Hospital-Plymouth</td>
<td>AIDS Response Seacoast</td>
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<tr>
<td>BPHC Homeless Services/Safe Harbor Program</td>
<td>Edward M. Kennedy Community Health Center</td>
</tr>
<tr>
<td>Massachusetts Alliance of Portuguese Speakers</td>
<td>Montachusett Opportunity Council</td>
</tr>
<tr>
<td>Cambridge Health Alliance/Cambridge Hospital</td>
<td>Lynn Community Health Center</td>
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<td>MGH Chelsea Health Center</td>
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<tr>
<td>East Boston Neighborhood Health Center</td>
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<tr>
<td>Centro Latino</td>
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<tr>
<td>Whittier St. Health Center</td>
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<tr>
<td>Catholic Charities Nazareth Residence</td>
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<tr>
<td>Upham’s Corner Health Center</td>
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<tr>
<td>Dorchester House Community Health Center</td>
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<td>Neponset Health Center</td>
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What Trainings Should we Expect and When?

- **Regional Meetings**
  - **Purpose:** Professional Development for Medical Case Managers through speakers on high-need topics
    - Highlighting of best practices among agencies
    - Networking between agencies
  - **Timeline:**
    - 1st Meeting: Occurred on April 1st for Dorchester/Roxbury Agencies
    - 2nd Meeting: Metro-Boston Area, May 11th
    - 3rd Meeting: Central & Northern MA, Southern NH, May 18th
    - *In the future: 2 Regional Meeting/Fiscal Year*
What Trainings Should we Expect and When?

- **Large Scale Face to Face Trainings**
  - Purpose: To provide foundational training to Medical Case Managers regarding topics, including Standards of Care.

- **Topics and Timelines:**
  - HIV 101: History and Basic Medical Knowledge of HIV, Standards of Care
  - HIV 102: Assessment and ISP Writing
  - HIV 103: Client Engagement and Interaction
    - March 2016 and beyond!
HIV 101 Timeline

- July 2015: Pilot
- August 2015: Training
- September 2015: Training
- October 2015: Training
- January 2015: Training
HIV 102 Training

September 2015 Pilot
October 2015 Training
November 2015 Training
December 2015 Training
January 2015 Training
February 2015 Training
What Trainings Should We Expect and When?

- **Video and Webinar Library**
  - Purpose: To provide additional training on need-to-know topics in a readily-accessible format.
  - Timeline: March 2016

- **1:1 Agency Technical Assistance**
  - Purpose: To work with agencies on an individual level in order to improve agency-specific hurdles.
  - Timeline: December 2016
The Massachusetts HIV Drug Assistance Program (HDAP)

Boston Public Health Commission
Ryan White Part A Provider Training
April 28, 2015

Craig Wells, MSL, HDAP Program Director
George Hastie, MPH, Project Manager, HDAP Insurance/Benefits Resource Team
Lauren Dunn, HDAP Insurance/Benefits Resource Specialist

Community Research Initiative of New England
The Massachusetts HIV Drug Assistance Program (HDAP)

- Brief review of HDAP/CHII
- The HDAP Insurance/Benefits Resource Team
- Recent Challenges
- What’s Coming Up
HDAP’s primary roles

- Assist in accessing drugs for HIV and related conditions
- Assist with accessing health insurance through the CHII program
- Assist in accessing medications for individuals incarcerated in county jails
HDAP also provides:

- Assistance in accessing HIV resistance testing
- Assistance in accessing medications to reduce potential HIV transmission through the nPEP program
- Outreach, training, and consultation on benefits, health insurance, and negotiating coverage
What is CHII?

Comprehensive Health Insurance Initiative (CHII):
Provides assistance with the cost of insurance premiums for:

- Non-group/small group premiums
- Employee premium deductions
- COBRA
- MassHealth premiums
- Health Connector plans
- Medicare Part D premiums
March 1, 2014 - February 28, 2015:

Part A total enrollment: 6,083 clients

Total MA enrollees (unduplicated): 8,058 clients

Enrollees with income < 200% FPL ($23,340): approx. 75%

Male: 67%; Female: 33%; Transgender: <1%

Non-white: 62%

Incarcerated: 337

Uninsured: approximately 3-4% any given month
Recent initiative: HDAP Insurance Benefits Resource Team

Project with three main goals:

• To assist MA residents living with HIV in accessing comprehensive health insurance coverage

• To assist medical case managers in helping their patients negotiate and access comprehensive health insurance coverage by increasing providers’ knowledge and familiarity with available coverage options

• To reduce turnaround time of HDAP new and recertification applications by referring insurance-related requests for assistance to specialized staff
Training, TA and Outreach

- Total trained to-date: 673 participants from over 40 agencies
  - 556 providers
  - 117 peer advocates/clients
- Settings
  - Health centers and hospitals
  - Regional provider meetings
  - Consumer Advisory Boards
  - Support groups
  - Webinars
- Outreach at statewide and community events: reached more than 2,400 individuals
Key Training Topics

• HDAP 101- what it is; what it covers; eligibility; the CHII program
• HDAP application guidelines and tips
• Health Insurance 101
  o Terms (defining terms like “copays”, “premiums” “deductibles” etc.
  o Types of insurance/benefits (Medicaid/MassHealth, Medicare, OneCare, Health Safety Net, private plans etc.)
• The ACA and impacts on health insurance
• Special issues for undocumented people
• Other topics as requested
Open Enrollment Challenges

- Year 1 (2013-14) of the ACA: Massachusetts online Health Connector exchange was non-functional
  - Enrollees were not able to enroll in subsidized (discounted) plans, as the Health Connector was unable to perform necessary eligibility determinations
  - As a result, MA automatically enrolled all applicants (300,000+) into temporary MassHealth/Medicaid
Open Enrollment Challenges

- Poorly designed, non-user-friendly Health Connector website
- Changes to MassHealth/Health Connector eligibility determinations and notices
- Problems with plan selection and premium payment (including lost or uncredited payments)
- Health Connector/MassHealth enrollment representatives who are unavailable and/or inadequately trained
Open Enrollment Challenges

• Difficulties with the online application (2014-2015)

  o Applicants are not asked if they would like to apply for MassHealth and/or premium tax credits. Instead, they are asked “Do you want to find out if you/your family can get help paying for some or all of your health insurance?”
What’s Coming Up

• Strategizing for next Open Enrollment
  o Restructuring of Mass Health/Connector leadership and efforts to improve customer service

• Working closely with pilot sites to provide onsite technical assistance (TA)
  o Providing dedicated HDAP staff onsite to help with HDAP enrollment efforts on a regular basis
  o Case conferencing by phone with case managers during regularly scheduled meetings
What’s Coming Up

• Helping with reconciliation of advanced premium tax credit payments when projected income reported during Health Connector application is different from actual income at year-end
What’s Coming Up

• Digitizing some HDAP documents to reduce processing time
• Translating HDAP brochures and applications into Haitian-Creole and Portuguese
• New application July 1
  o HRSA requiring additional data
  o Improving format for ease of use, etc.
  o Will require submission of tax return with HDAP application
What’s Coming Up

- Turnaround time of completed HDAP applications down to < 2 weeks
- Working with New England AIDS Education Training Center (NEAETC) and Harbor Health Services on training initiative
- Looking at Hepatitis C medication coverage among public and private insurers and potential cost impact
- Expanding capacity of HDAP Insurance Benefits Resource Team (HIBRT) to do more training and technical assistance
Questions?
How to Contact Us

Lauren Dunn
HDAP Insurance/Benefits Resource Team Specialist
ldunn@crine.org
617.502.1714

George Hastie, MPH
HDAP Insurance/Benefits Resource Team Project Manager
ghastie@crine.org
617.502.1747

Craig Wells, MSL
HDAP Program Director
cwells@crine.org
617-502-1734

Massachusetts HIV Drug Assistance Program
c/o CRI of New England
38 Chauncy Street, Suite 500
Boston, MA 02111

www.crine.org

800.228.2714 (toll-free)
617.502.1703 (fax)
Boston's EMA
Ryan White Planning Council

What is the Planning Council?
The Planning Council is an independent group appointed by the Mayor of Boston, that decides how federal Ryan White funds for HIV services should be spent in the Boston EMA (Eligible Metropolitan Area).

Mission
To improve the quality of life for People Living With HIV/AIDS (PLWHA) by responding to their existing and emerging needs.

Planning Council Structure
- Two-year terms
- Selection is transparent
- Three-year terms
- No term limit
- No prior experience necessary

Become a Member!
Who Can Join?
- Anyone living in the Boston EMA
- Anyone looking to make a difference in their community
- People living with HIV are encouraged to apply
- No prior policy background is necessary

One Team!
- Providers
- Consumers

The Work of The Planning Council
- Each phase
- Targeted Services
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Boston's EMA
Ryan White Planning Council

Planning Council Structure
- Two-year commitment
- Term limits of 2 years
- Meets once a month for 2 hours
- Assigned team leader responsibilities

The Work of the Planning Council
- Funding
- Training
- Evaluation

Become a Member!
- Anyone who lives in Boston EMA
- Anyone looking to make a difference in their community
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What is the Planning Council?

The Planning Council is an independent group appointed by the Mayor of Boston, that decides how federal Ryan White funds for HIV services should be spent in the Boston EMA (Eligible Metropolitan Area)

Mission

To improve the quality of life for People Living With HIV/AIDS (PLWHA) by responding to their existing and emerging needs.
Boston Eligible Metropolitan Area (EMA)
The Work of The Planning Council

1. Needs Assessment
2. Priority Setting
3. Resource Allocation
4. Grant Preparation

Planning Council Cycle
Each Phase...

**Needs Assessment**
Planning Council identifies:
- Current epidemiology of HIV in the EMA
- Current needs of PLWH in the EMA
- Services available or lacking
- Barriers and complexities in the service system

**Priority Setting**
Each year, the Planning Council members rank 14 service categories, based on current needs of PLWH, for the upcoming fiscal year.

**Grant Preparation**
The outcomes obtained during each of the previous phases are included in the grant application requesting funds to provide direct services for PLWH.

**Resource Allocation**
The Planning Council determines how the funding will be allocated for the next Fiscal Year to each of the 14 service categories.
Needs Assessment

Planning Council identifies:

- Current epidemiology of HIV in the EMA
- Current needs of PLWH in the EMA
- Services available or lacking
- Barriers and complexities in the service system
Priority Setting

Each year, the Planning Council members rank 14 service categories, based on current needs of PLWH, for the upcoming fiscal year.
### FY15 Ranking Results

**Priority Setting Results (3/13/14)**

<table>
<thead>
<tr>
<th>Rank</th>
<th>FY15 Service Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ADAP/HDAP</td>
</tr>
<tr>
<td>2</td>
<td>Case Management, Medical</td>
</tr>
<tr>
<td>3</td>
<td>Housing Services</td>
</tr>
<tr>
<td>4</td>
<td>Mental Health</td>
</tr>
<tr>
<td>5</td>
<td>Oral Health Care</td>
</tr>
<tr>
<td>6</td>
<td>Substance Abuse Services – Outpatient</td>
</tr>
<tr>
<td>7</td>
<td>Outpatient/Ambulatory Medical Care</td>
</tr>
<tr>
<td>8*</td>
<td>Psychosocial Support</td>
</tr>
<tr>
<td>8*</td>
<td>Substance Abuse – Residential</td>
</tr>
<tr>
<td>10</td>
<td>Case Management, Non-Medical</td>
</tr>
<tr>
<td>11</td>
<td>Medical Transportation Services</td>
</tr>
<tr>
<td>12</td>
<td>Food Bank/Home-Delivered Meals</td>
</tr>
<tr>
<td>13</td>
<td>Early Intervention</td>
</tr>
<tr>
<td>14</td>
<td>Medical Nutrition Therapy</td>
</tr>
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</table>

### FY16 Results

**Priority Setting Exercise Results (3/12/15)**

<table>
<thead>
<tr>
<th>Rank</th>
<th>FY16 Service Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Case Management, Medical</td>
</tr>
<tr>
<td>2</td>
<td>Housing Services</td>
</tr>
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<td>3</td>
<td>AIDS Drug Assistance Program (ADAP/HDAP)</td>
</tr>
<tr>
<td>4</td>
<td>Mental Health</td>
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<td>Early Intervention Services (EIS)</td>
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Resource Allocation

The Planning Council determines how the funding will be allocated for the next Fiscal Year to each of the 14 service categories.
Grant Preparation

The outcomes obtained during each of the previous phases are included in the grant application requesting funds to provide direct services for PLWH.
Planning Council Structure

- Two-year commitment
- Term begins in September
- Meet once a month for 2 hours
- Assigned to a Sub-committee

- Executive Committee
- Needs, Resources, and Allocations Committee (NRAC)
- Services, Priorities, & Evaluation Committee (SPEC)
- Consumer Committee
Needs, Resources, and Allocations Committee (NRAC)
Services, Priorities, & Evaluation Committee (SPEC)
Consumer Committee
Executive Committee
Become a Member!

Who Can Join?
- Anyone who lives in the Boston EMA
- Anyone looking to make a difference in their community
- People living with HIV are encouraged to apply.
- No health policy background is necessary.

Application Deadline:
June 26, 2015

To access application:
www.bostonplanningcouncil.org

Contact:
Eisa Copiani
(617) 334-2695
copiani@bphc.org
Application Deadline:
June 26, 2015

To access application:
www.bostonplanningcouncil.org

Contact:
Elsy Cipriani
(617) 534-2695
ecipriani@bphc.org
OPEN HOUSE
Boston’s HIV Health Services Planning Council

The Planning Council is an independent group appointed by the Mayor of Boston, that decides how federal Ryan White funds for HIV services should be spent in the Boston EMA (Eligible Metropolitan Area).

DATE: Wednesday, June 3, 2015
TIME: 5:00 pm to 7:00 pm
PLACE: Old South Church
645 Boylston St
Boston, MA 02116

Learn about the Planning Council exciting activities
Speak with current Planning Council members
Network with community leaders and agencies
Get involved!

Contact us for additional information or to request an application
Our application is also on our website: www.bostonplanningcouncil.org

Phone: (617) 534-2695
Mobile: (617) 947-4299
Fax: (617) 419-1340
Email: ecipriani@bphc.org
The Planning Council is an independent group appointed by the Mayor of Boston, that decides how federal Ryan White funds for HIV services should be spent in the Boston EMA (Eligible Metropolitan Area).

**DATE:** Wednesday, June 3, 2015  
**TIME:** 5:00 pm to 7:00 pm  
**PLACE:** Old South Church  
645 Boylston St  
Boston, MA 02116

Learn about the Planning Council exciting activities  
Speak with current Planning Council members  
Network with community leaders and agencies
What is the Planning Council?

The Planning Council is an independent group appointed by the Mayor of Boston, that decides how federal Ryan White funds for HIV services should be spent in the Boston EMA (Eligible Metropolitan Area).

Mission

To improve the quality of life for People Living With HIV/AIDS (PLWHA) by responding to their existing and emerging needs.

Boston's EMA
Ryan White Planning Council

Planning Council Structure

- Two-year commitment
- Term limits not enforced
- Meets once a month for 2 hours
- Assignments and issues are assigned

Become a Member!

- Anyone who lives in the Boston EMA
- Anyone looking to make a difference in their community
- People living with HIV are encouraged to apply
- No health policy background is necessary
Part A Policy Review

April 28, 2015

Dennis Brophy, Sr. Coordinator
Mark Fitzforry, Program Coordinator
Cristina Munk, Program Coordinator
Presentation Overview

1. Authorization to Release/Obtain Information
2. Eligibility
3. Questions
AUTHORIZATION TO OBTAIN/RELEASE INFORMATION
Authorization to obtain/release information must be documented for all communication with external partners.

**NEW:**

• Authorization for multiple external partners can be captured on 1 form

• Additional entities added throughout the year do **NOT** extend the expiration
New Authorization Template

- Template not required
- Elements on the form
  - Medical
  - Social Service
  - Transportation
  - Emergency contact
  - Revoked Authorization
**Sample Authorization**

**Agency Name**

**Name/Nombre:** Clare-Lee Fake  
**Client/Cliente #:** ABC0123456789

I hereby authorize **Agency Name** to disclose and/or exchange general information (including HIV status) related to my health, drug/alcohol history, or other information I may consider sensitive for the purpose of coordinating my care. I understand that this authorization pertains to information obtained on or before the date signed. I authorize the release and exchange of information to the following:

<table>
<thead>
<tr>
<th>Client Initials</th>
<th>Medical/Médico</th>
<th>Number/Número</th>
<th>Name/Nombre</th>
</tr>
</thead>
<tbody>
<tr>
<td>CR</td>
<td>CRI</td>
<td>(617) 502-1700</td>
<td>HDAP</td>
</tr>
<tr>
<td>BF</td>
<td>Best Medical Center</td>
<td>(123) 456-7890</td>
<td>Dr. U. B. Well</td>
</tr>
<tr>
<td>BF</td>
<td>Best Behavioral Health</td>
<td>(234) 567-8901</td>
<td>Dr. Givya Serenity</td>
</tr>
<tr>
<td>BF</td>
<td>Best Pharmacy</td>
<td>(345) 678-9012</td>
<td>A. D. Herence</td>
</tr>
<tr>
<td>BF</td>
<td>Best Chiropractor</td>
<td>(456) 789-0123</td>
<td>Dr. A. Lignment</td>
</tr>
<tr>
<td>AF</td>
<td>Local Pharmacy</td>
<td>(567) 890-1234</td>
<td>R. E. Fills</td>
</tr>
<tr>
<td>Other/Otro:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6
Sample Authorization

Emergency Contact/Contacto de Emergencia *(must be aware of HIV status/debe de estar informado de su estatus)*

Name/Nombre: **Ken B. Told**  Relationship/Relación: **Roommate**  Phone/Teléfono: *(678)901-2345*

Name/Nombre: ____________________  Relationship/Relación: ____________________  Phone/Teléfono: ____________________

Client signature/Firma del Cliente: **Claro-Lee Jaque**  Date/Fecha: 1/1/15

Provider signature/Firma del Proveedor: **O. M. Manager**  Date/Fecha: 1/1/15

*This authorization will expire in twelve (12) months from the date above unless revoked earlier. This authorization can be revoked at any time, but not retroactive to the release of information already made in good faith.

*Esta autorización expirará (12) doce meses de la fecha indicada a menos que sea revocada antes. Esta autorización puede ser revocada en cualquier momento, pero no retroactiva a la autorización ya establecida en buena fe.*

Nullify permission to use release of information/Revocación del permiso de autorización:

Client signature/Firma del Cliente: ____________________  Date/Fecha: ____________  Staff initials/Iniciales: ____________
Revoked Authorization

• If at any point client revokes authorization for any one entity all authorizations are revoked
• New form needs to be created to reflect updated client authorization
How to Tailor Your Forms

Required Elements:

– Describe under what circumstances client information can be released
– Name of agency/individual with whom the information is being shared
– Information to be shared
– Space for client initials next to specific provider
– Client signature and date
– Staff signature and date
– Revocation of authorization
– All authorizations expire 12 months to the date of signature

Any adaptations to form subject to approval from BPHC
ELIGIBILITY FOR RYAN WHITE SERVICES

Ryan White
1971-1990
Eligibility Requirement

To ensure eligibility for RWHAP services, clients must be recertified at least every six months

- Document HIV status
- Document residency, income and insurance statuses continue to meet requirements
- Maintain RWHAP as payer of last resort
When to Certify Clients

- All new clients must be screened for eligibility within 30 days of initial intake
- All clients who have had an in-person service provided within the last 6 months
Components of Eligibility

1. HIV Status
2. Income
3. Residency in EMA
4. Insurance
## HIV Status Verification

<table>
<thead>
<tr>
<th>Description:</th>
<th>Clients must be HIV+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency:</td>
<td><strong>Once</strong></td>
</tr>
<tr>
<td>Source Documents:</td>
<td>• Signed letter from medical provider</td>
</tr>
<tr>
<td></td>
<td>• HIV viral load</td>
</tr>
<tr>
<td></td>
<td>• Medication list</td>
</tr>
<tr>
<td></td>
<td>• HIV confirmatory test</td>
</tr>
<tr>
<td></td>
<td>• HDAP or HOPWA approval</td>
</tr>
</tbody>
</table>
# Income Verification

## Income

<table>
<thead>
<tr>
<th>Description:</th>
<th>Income less than 500% of the Federal Poverty Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency:</td>
<td>Every 6 months</td>
</tr>
</tbody>
</table>
| Source Documents: | • SSI / SSDI letter  
|               | • Pay stubs *(2 most recent)*  
|               | • TANF letter  
|               | • Copy of federal tax return (most recent)  
|               | • Letter from case manager  
|               | • Mass Health Approval Letter |
## Residency in EMA

<table>
<thead>
<tr>
<th>Description:</th>
<th>Residence within the Boston EMA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency:</td>
<td>Every 6 months</td>
</tr>
<tr>
<td>Source Documents:</td>
<td>• Utility bill</td>
</tr>
<tr>
<td></td>
<td>• Pay stub</td>
</tr>
<tr>
<td></td>
<td>• Lease/Rental Agreement</td>
</tr>
<tr>
<td></td>
<td>• Current MA / NH driver’s license</td>
</tr>
<tr>
<td></td>
<td>• Government assistance mailing (SSI, VA, TANF)</td>
</tr>
<tr>
<td></td>
<td>• Letter from case manager verifying address</td>
</tr>
<tr>
<td></td>
<td>• Homelessness certification</td>
</tr>
<tr>
<td></td>
<td>• Bank Statement</td>
</tr>
<tr>
<td></td>
<td>• MassHealth Approval Letter</td>
</tr>
</tbody>
</table>
## Insurance status

<table>
<thead>
<tr>
<th>Description:</th>
<th>Proof of valid/active insurance or evidence of continued attempt for coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency:</td>
<td>Every 6 months</td>
</tr>
<tr>
<td>Source Documents:</td>
<td>• HDAP approval letter</td>
</tr>
<tr>
<td></td>
<td>• Letter from Insurer</td>
</tr>
<tr>
<td></td>
<td>• Premium Statement</td>
</tr>
<tr>
<td></td>
<td>• Dated Printout from Exchange/Health Connector</td>
</tr>
<tr>
<td></td>
<td>• MassHealth approval letter</td>
</tr>
<tr>
<td></td>
<td>• Electronic Health/Medical Record</td>
</tr>
</tbody>
</table>

17
Recertification Summary

- New form not mandatory
- Can be used in place of Client Income Summary form
- One stop shop for eligibility tracking
### Financial

<table>
<thead>
<tr>
<th>Client Annual Income</th>
<th>$12,000</th>
<th>% of Federal Poverty Level</th>
<th>102%</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Pay Stubs (2 most recent)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Social Security (SSDI/SSI) Letter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Private Disability Statement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Department of Transitional Assistance (TANF/EAEDC) Letter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Veterans’ Benefits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Medical Case Manager Letter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other:_________________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Residency

<table>
<thead>
<tr>
<th>Government Correspondence</th>
<th></th>
<th>Bank Statement</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Pay Stub</td>
<td></td>
<td>- Real Estate Tax Bill</td>
<td></td>
</tr>
<tr>
<td>- Government Issued Check</td>
<td></td>
<td>- Current Residential Lease</td>
<td></td>
</tr>
<tr>
<td>- Government Correspondence</td>
<td></td>
<td>- Medical Case Manager Letter including town and zip code</td>
<td></td>
</tr>
<tr>
<td>- Valid Driver’s License/MA ID</td>
<td></td>
<td>- Other_________________</td>
<td></td>
</tr>
<tr>
<td>- Utility Bill</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Insurance

<table>
<thead>
<tr>
<th>HDAP Approval Letter</th>
<th></th>
<th>Dated Print out from Exchange</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Letter from Insurer</td>
<td></td>
<td>Mass Health Approval Letter</td>
<td></td>
</tr>
<tr>
<td>- Premium Statement</td>
<td></td>
<td>Other:_______________</td>
<td></td>
</tr>
</tbody>
</table>
Strategies for meeting requirements

1. Sharing Documents
2. One form many answers
3. Letter from Case Manager/Part A Funded Staff
4. Self-Attestation
1. Sharing Documents

With the proper authorizations information can be shared between agencies serving

- 6 month eligibility recertification summary form
- Source Documentation
2. One form many answers

One document can meet multiple eligibility requirements:

- SSI/SSDI Letter-Income and Residency
- Paystubs(2)- Income and Residency
- MassHealth Letter-Insurance, Residency and Income
Social Security Administration
Supplemental Security Income

Notice of Award

Date: December 1, 2014
Claim Number: 123-45-6789

Type of Payment
Individual—Disabled

Claire-Lee Fakr
1010 Massachusetts Ave
Boston, MA 02118

You are entitled to monthly disability benefits beginning on January 1, 2015.

What We Will Pay and When
• You will receive $5,000 around February 1, 2015
• This is the money due to you for August 2014 through December 2014
• You will receive $1,000 on or about the second Wednesday of each month.
• These and any future payments will go to the financial institution you selected. Please let us know if you change or mailing address, so we can send you letters directly.
3. Letter from Case Manager

If the client has no income, or is homeless the case manager/or other Part A staff may write a letter stating this. The letter must be on agency letterhead and contain:

- Lack of Income
- Homelessness Status or Address
- Client’s name and signature
- Case manager’s name and signature
- Date

Valid for 6 Months
4. Self-Attestation Letter

Once in a 12 month period, clients may sign a self attestation letter saying there have been no changes to income, residency and/or insurance. Letter must contain:

- Client’s name
- Client’s signature
- Agency staff member’s signature
- Date

Valid for 6 months
Letter Functions

Case Manager Letter*
• States current status as reported by client
• Source documentation
• May be used for consecutive eligibility assessments

Self-Attestation
• States no change to previous status
• **NOT** source documentation
• May **NOT** be used for consecutive eligibility assessments

* May be written by any part A staff
Ryan White Part A
Monitoring Process Update

Alex Moran, Program Coordinator
Natasha Paul, Program Coordinator
Frantz Boulay-Balthazar-Toussaint, Fiscal Manager
Dennis Brophy, Sr. Program Coordinator
Annual Provider Training
April 28th, 2015
Presentation Overview

- HRSA RW Part A Program Monitoring Process
- Overview of Compliance Process
- Site Visit Processes
Why We Monitor

- Program & Fiscal Monitoring are HRSA requirements
- Standardize service delivery
- Guarantee services are properly reported
- Ensure fiscal accountability
- To identify areas of need and possible improvement
What We Monitor

- Contract Management with your Program Coordinator
- Programmatic, Fiscal & Data Reporting
- Compliance
- Yearly Site Visits
Contract Management

Working with your program coordinator

- Email and General Phone Calls
- Regular Check-in Calls
- e2Boston Data Quality Review
- Program Spending Review
- Review & Process Budget Revision Requests for Approval
What You Report

- Service Delivery Targets (Formerly known as the WorkPlan)
- Quarterly Narrative Reports
- E2Boston Client Demographic & Utilization Reports
- Outcomes
- RSR
- Monthly Invoices
Service Delivery Targets

April 24, 2015 – Agencies submitted FY15 Service Delivery Targets

Singular focus on service targets and scopes of service
- Use e2Boston data from previous year to create targets

Revised document reduced duplication of submissions
- Policies and procedures will be collected in the future TBD

Boston Public Health Commission
HIV/AIDS Services Division

RYAN WHITE PART A
ANNUAL PROVIDER SERVICE DELIVERY TARGET

FY 2015
March 1, 2015 – February 29, 2016
e2Boston Year 2

Submission of client data will be monitored ongoing

New this year:
Outcomes report submission will be done via e2Boston
Quarterly Data Tables

e2Boston demographic and utilization reports submitted with Quarterly Reports

<table>
<thead>
<tr>
<th>Total Units</th>
<th>Unduplicated Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>81.75</td>
<td>80</td>
</tr>
<tr>
<td>15</td>
<td>6</td>
</tr>
<tr>
<td>216</td>
<td>122</td>
</tr>
<tr>
<td>29</td>
<td>29</td>
</tr>
<tr>
<td>83</td>
<td>52</td>
</tr>
</tbody>
</table>

Units total: 428.75
Unduplicated clients total: 161
## FY 2015 Submission Dates

<table>
<thead>
<tr>
<th>Part A Submission Requirements</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Quarterly Report</td>
<td>June 15, 2015</td>
</tr>
<tr>
<td>2nd Quarterly Report</td>
<td>September 15, 2015</td>
</tr>
<tr>
<td>3rd Quarterly Report</td>
<td>December 15, 2015</td>
</tr>
<tr>
<td>Deadline for Budget Revisions</td>
<td>December 15, 2015</td>
</tr>
<tr>
<td>HRSA RSR (Client Level Data) Report</td>
<td>February 2016</td>
</tr>
<tr>
<td>4th Quarterly Report</td>
<td>March 15, 2016</td>
</tr>
<tr>
<td><strong>Unit Rate Programs</strong> – Submission of Fiscal Invoice and Client Utilization Data (Fiscal Backup)</td>
<td>15 days after each month’s end (April 15, 2015 through March 15, 2016)</td>
</tr>
</tbody>
</table>
Compliance

• All Part A providers receive written monthly updates through the FY15 Part A Compliance Summary

• Summaries will provide an at-a-glance view of completed and/or missing submissions related to the following:
  – Monthly invoices
  – Data reports – Utilization & Demographic
  – Quarterly narrative reports
  – Outcome measurement reports

• Agency Directors receive one summary per each funded service
# Reporting Practices

## FY15 Reporting Requirements

**Unit Rate Data Submission:**

- Unit Rate Data is submitted **monthly**
- Print out from e2Boston checked **monthly** by Program Coordinator
- Data must be entered by a registered account user

**Cost Reimbursement Data Submission:**

- Cost Reimbursement Data submission is **ongoing**
- Data Compliance is checked **quarterly**
- Data must be entered by a registered user
Consequences of Non-compliance

- Non-submission of invoices can delay timely payments
- Payment will be held if agencies are habitually non-compliant
- Data quality issues will be brought up monthly by Program Coordinators
- Possibility of suspension of contracts
<table>
<thead>
<tr>
<th>RSR Compliance</th>
<th>Outcomes Compliance</th>
</tr>
</thead>
</table>
| • 86% of agencies met the internal BPHC RSR deadline of 3/16/15  
• 100% of agencies met the federal deadline of 3/31/15  
• e2Boston made this process easier | • 1st half of reporting – compliance rate 81%  
• 2nd half of reporting – compliance rate 84%  
• We hope e2Boston will make this easier |

As a reminder...

**Outcomes Data**

• Special Training on new Outcomes Process
# FY 2015 Submission Dates

<table>
<thead>
<tr>
<th>Part A Submission Requirements</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Quarterly Report</td>
<td>June 15, 2015</td>
</tr>
<tr>
<td>2nd Quarterly Report</td>
<td>September 15, 2015</td>
</tr>
<tr>
<td>3rd Quarterly Report</td>
<td>December 15, 2015</td>
</tr>
<tr>
<td>Deadline for Budget Revisions</td>
<td>December 15, 2015</td>
</tr>
<tr>
<td>HRSA RSR (Client Level Data) Report</td>
<td>February 2016</td>
</tr>
<tr>
<td>4th Quarterly Report</td>
<td>March 15, 2016</td>
</tr>
<tr>
<td><strong>Unit Rate Programs</strong> – Submission of Fiscal Invoice</td>
<td>15 days after each month’s end (April 15, 2015</td>
</tr>
<tr>
<td>Invoice and Client Utilization Data (Fiscal Backup)</td>
<td>through March 15, 2016)</td>
</tr>
</tbody>
</table>
Compliance Summary

- Quarterly Report
- Monthly Invoice
- Outcomes
- RSR

Compliance
Questions
SITE VISITS
Purpose of Site Visits

• Verify that all funded programs comply with National Monitoring Guidelines
  – Client Eligibility
  – Service Standards
  – Fiscal Standards

• Identify Technical Assistance needs

• Provide context to BPHC
HRSA Requirements

- Conduct annual visits
- Separate fiscal and program monitoring
- Increase focus on client file review
- Improve efficiency
Meeting HRSA Requirements

• Create annual schedule
• Dedicate Site Visit Unit (agency monitoring)
• Revise Evaluation Tools
• Reformat site visit agenda
Fiscal Site Visit Process

• Coordinated by BPHC Fiscal Manager
• BPHC Fiscal communicates with Agency Fiscal staff
• Scheduled within 1-2 months of program visit
Pre Program Visit

SV Lead contacts agency; materials sent

Client Codes

Findings

Plan Approved by BPHC

Materials submitted to BPHC

Plan of Corrective Action

Site Visit

Monitoring of Plan Implementation
• Contact from Site Visit Lead
• Site Visit Packet
• Logistics & Expectations
Day of Visit

1. Client File Review
   • Client Eligibility
   • Documentation of Services
     – Assessment/addressing of need
     – Progress Notes/Service Log
     – Coordination of resources
     – Corroboration with reported data

2. Policy Review - Standard of Care

3. Afternoon debrief
Letter of Findings

• Program Overview
• Program Strengths
• Areas in need of improvement
• Citations
• Process for Plan of Corrective Action
Plan of Corrective Action

• Required formal response to citations issued
• Due within 30 days of receipt of Findings
• Detailed description of solutions including timelines, action steps and responsible staff
• May request technical assistance
• Must be approved by BPHC
Reporting on Progress

- Monthly Calls
- Quarterly Reports
- Follow Up Visit

Satisfactory Progress will lead to lifting of Citations
Resources to Help You

• Provider Manual

• Electronic copies of provider training materials

• BPHC website

• BPHC Program Coordinators (Client Services, Fiscal, and QM)
  – Contract Management: Alex Moran, Natasha Paul, Eric Thai
  – Site Visit: Dennis Brophy, Mark Fitzforry, Cheryl Brickey, Cristina Munk
THANK YOU!
Client Level Outcomes in e2Boston

Boston Public Health Commission
Ryan White Part A Annual Provider Training

Mariah Hamilton
April 28\textsuperscript{th}, 2015
Where are we going, where have we been?

- **March 2014**: e2Boston was launched, including
  - Ability to report all demographic and utilization data needed to meet BPHC and HRSA requirements
  - Reports, Visual Analytics and RSR
  - Data Extract and Data Import

- **March 2015**: All Part A providers successfully submitted their RSR using e2Boston

- **April 2015**: Client Level Outcomes integrated into e2Boston: *e2B is comprehensive for all of Part A reporting*

- **Summer 2015**: Suite of QI tools released to e2B
Goals of Today's Training

- Review launch timeline for Outcomes in e2Boston
- Understand how Outcomes in e2B will work
  - Go over a case study example
  - Review key changes
- Know where you can go for help with the transition
Timeline

May 2015

- Outcomes “form” moves to e2B (old MS Access database should no longer be used)
- New report will show which clients are eligible
- Outcomes fields added to data export

Summer 2015

- Outcomes fields become importable
- Additional QI tools/reports released

Outcomes for any client receiving services on or after March 1, 2015 will be due August 23, 2015 or later
Key Change: Outcomes Reporting Periods

Before (-FY2014)

- Outcomes reporting periods were 6 months, the same for all clients
- Ran from March 1-August 31 & September 1-February 28/29

Now (FY2015-)

- Outcomes reporting periods are 26 weeks, customized to each client's utilization pattern
- No general start and end dates exist, except for initial start of March 1, 2015
How it Works: Client Clock Model

- A 26 week Outcomes clock begins for a client when they receive a Part A-funded service IF they do not already have a clock running.

<table>
<thead>
<tr>
<th>Time Elapsed on Client Clock</th>
<th>Client Outcomes Status in e2B</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-20 weeks</td>
<td>Eligible for Submission</td>
</tr>
<tr>
<td>20-26 weeks</td>
<td>Submission Required</td>
</tr>
<tr>
<td>0-26 weeks, form submitted</td>
<td>Submitted</td>
</tr>
<tr>
<td>Clock not currently running</td>
<td>Not Currently Eligible</td>
</tr>
</tbody>
</table>
How it Works: Client Clock Model

• The clock only stops when time runs out
  - Submission of the outcomes form does not stop the clock
• Outcomes cannot be submitted after the clock stops for that “reporting period”
• Outcomes cannot be submitted for ineligible clients
• After one clock has run down, a new clock only starts when the client receives another Part A service
Key Change: Outcomes Submission Status Report

Before (-FY2014)

- Providers were responsible for determining a client's eligibility for an Outcomes Form for a given reporting period

Now (FY2015-)

- e2Boston comes equipped with a report that lists clients who are eligible for submission
Example Scenario

Client A does not receive any Part A-funded services in March 2015, but does receive a follow-up phone call from her Medical Case Manager on 04/09/2015, during which they discuss renewal of some of her benefits.

The phone call is data entered into e2Boston two weeks later, on 04/23/2015.

<table>
<thead>
<tr>
<th>Date</th>
<th>Service</th>
<th>Subservice</th>
<th>Units</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/09/2015</td>
<td>Medical Case Management</td>
<td>Phone, Follow-up</td>
<td>1</td>
<td>Ellen Litman</td>
</tr>
</tbody>
</table>
Example Scenario Cont.

As soon as the 04/09/2015 phone call is entered or imported into e2Boston, Client A becomes eligible for an Outcomes form submission, with her clock based on the date of service (not the date of data entry):

Client's Outcomes Status before a service is entered (left).

Client's Outcomes Status after a service is entered (above).

NOTE: Due date would be October 8, 2015
Example Scenario Cont.

In addition to Client A's record indicating that she is eligible for an outcomes submission, the Outcomes Submission Status report will also show this:

<table>
<thead>
<tr>
<th>Client Code</th>
<th>Service Category(s)</th>
<th>Incomplete Data Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIN0409642222U</td>
<td>Medical Case Management</td>
<td>Not Yet Started</td>
</tr>
</tbody>
</table>
Example Scenario Cont.

Client A also receives Food Services from the same agency where she receives Medical Case Management.

On 04/14/2015, she receives a Nutritional Assessment. Her Outcomes form now applies to both Service Categories, but the due date for her Outcomes form remains the same.
Example Scenario Cont.

During the Nutritional Assessment, the provider collects some of Client A's Outcome measures, but doesn't have time to collect all of them.

<table>
<thead>
<tr>
<th>Client Code</th>
<th>Service Category(s)</th>
<th>Incomplete Data Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIN0409642222U</td>
<td>Food bank/home-delivered meals Medical Case Management</td>
<td>Mental Health Status Access to Support Network Care Adherence</td>
</tr>
</tbody>
</table>

Any incomplete data elements are now listed next to the client's record in the Outcomes Submission Status report.
Example Scenario Cont.

At the beginning of the 21\textsuperscript{st} week of the reporting cycle for this client, if Outcomes have not yet been submitted, the client moves from “Eligible for Submission” to “Submission Required”. For Client A, this occurs on 08/27/2015.

Current Outcomes Status: Submission Required

Outcomes for this client are due on 04/15/2015 and must be submitted on or before this date. It will not be possible to submit Outcomes for this client after this date.

The due date of October 8, 2015 does not change.
Example Scenario Cont.

Client A's Case Manager runs the Outcomes Submission Status Report every week to see which clients require completion of Outcomes within the next 6 weeks. He runs the report on September 1 and sees that Client A is now in this category, and that her Outcomes are not complete. In response, he prioritizes scheduling her semiannual Assessment and ISP.

---

<table>
<thead>
<tr>
<th>Client Code</th>
<th>Service Category(s)</th>
<th>Incomplete Data Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAG04128933333U</td>
<td>Food bank/home-delivered meals Medical Case Management</td>
<td>Not Yet Started</td>
</tr>
<tr>
<td>LIN0404642222U</td>
<td>Food bank/home-delivered meals Medical Case Management</td>
<td>Mental Health Status Access to Support Network Care Adherence</td>
</tr>
</tbody>
</table>
Example Scenario Cont.

Client A comes in for a Medical Case Management Reassessment/ISP on September 15th, during which time her Case Manager obtains the information necessary to complete the 3 missing Outcomes measures, but forgets to actually submit the form in e2Boston.

The following week, when he runs the Outcomes Submission Status Report, he sees this, indicating that the Client A has completed Outcomes and is ready for submission:

![Outcomes Submission Status Report]

<table>
<thead>
<tr>
<th>Client Code</th>
<th>Service Category(s)</th>
<th>Incomplete Data Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAG0412893333U</td>
<td>Food bank/home-delivered meals, Medical Case Management</td>
<td>Not Yet Started</td>
</tr>
<tr>
<td>LIN0404642222U</td>
<td>Food bank/home-delivered meals, Medical Case Management</td>
<td>Complete, Please Submit!</td>
</tr>
</tbody>
</table>
Example Scenario Cont.
The Case Manager links to Client A's record using the clickable Client Code in the Outcomes Submission Status Report, goes to the Outcomes tab, opens the Outcomes Form, and hits Submit at the bottom:
Example Scenario Cont.

Client A's Outcomes have now been submitted on time. This is reflected in Client A's record, as well as in the Outcomes Submission Status report. Client A will be eligible for Outcomes again when she receives another service after October 8th, 2015.
Missed Outcomes

If a Client Clock reporting period elapses without an Outcomes form being submitted, the Outcomes form will be locked and the missed Outcomes opportunity will be recorded in a report accessible to both the provider and BPHC.

<table>
<thead>
<tr>
<th>Action</th>
<th>Event</th>
<th>Date</th>
<th>Viral Load</th>
<th>CD-4 count</th>
<th>Primary Medical Engagement</th>
<th>Case Management Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missed</td>
<td></td>
<td>04/11/2015</td>
<td>(not specified)</td>
<td>(not specified)</td>
<td>(not specified)</td>
<td>(not specified)</td>
</tr>
<tr>
<td>Missed</td>
<td></td>
<td>03/31/2015</td>
<td>(not specified)</td>
<td>(not specified)</td>
<td>(not specified)</td>
<td>(not specified)</td>
</tr>
</tbody>
</table>
Key Change: Number of Outcomes Forms per Client

Before (-FY2014)

- A given provider could submit one outcomes form per client per program per standardized reporting period

Now (FY2015-)

- A given provider can submit one outcomes form per client per client clock reporting period
- If client receives multiple Part A services at the same agency, providers should collaborate on completion of the Outcomes form
How it Works: Electronic Outcomes Form

• To complete an Outcomes form for a client in e2Boston, go to the client's record and click on the Outcomes Tab

• If the client is currently eligible to have an Outcomes form completed, the provider will be able to select “New Outcome Form”
How it Works: Electronic Outcomes Form

• The form has 3 sections
  – Sources of information used to complete (NEW)
  – Labs and Care Engagement
  – Health and Quality of Life Measures
# Electronic Outcomes Form

## Labs and Care Engagement:

<table>
<thead>
<tr>
<th>CD-4 Count</th>
<th>Date of most recent CD-4 count (even if it was not within the outcomes reporting period): <strong>/</strong>/____</th>
<th>🔌</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Value of most recent CD-4 count:</td>
<td></td>
</tr>
<tr>
<td>Viral Load</td>
<td>Date of most recent viral load test (even if it was not within the outcomes reporting period): <strong>/</strong>/____</td>
<td>🔌</td>
</tr>
<tr>
<td></td>
<td>Value of most recent viral load test:</td>
<td></td>
</tr>
<tr>
<td>Primary Medical Care Engagement</td>
<td>Date of most recent visit to HIV medical provider with prescribing privileges (even if it was not within the outcomes reporting period): <strong>/</strong>/____</td>
<td>🔌</td>
</tr>
<tr>
<td>Case Management Status</td>
<td>During the outcomes reporting period, was the client active at a Medical Case Management program?</td>
<td>Yes</td>
</tr>
</tbody>
</table>
## Electronic Outcomes Form

### Health and Quality of Life Measures (select one response for each measure):

Instructions: For each outcome measure below, please use the best information available to describe the client's average state/status during the 6 month outcomes reporting period.

<table>
<thead>
<tr>
<th>Measure</th>
<th>In Crisis</th>
<th>Poor</th>
<th>Fair / Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adherence to Prescribed HIV-Related Medical Therapies</td>
<td>- Rarely adheres to HIV-related medical therapies as prescribed (more than 3 doses missed per week)</td>
<td>- Sometimes adheres to HIV-related medical therapies as prescribed (1-2 missed doses per week)</td>
<td>- Frequently adheres to HIV-related medical therapies as prescribed (0 missed doses per week)</td>
<td>- Always adheres to HIV-related medical therapies as prescribed (0 missed doses per week)</td>
</tr>
<tr>
<td>Severity/Effects of Related Medications</td>
<td>- Effects are severe and/or intolerable</td>
<td>- Side effects are moderate</td>
<td>- Side effects are mild</td>
<td>- No side effects</td>
</tr>
<tr>
<td>Mental Health Status</td>
<td>- Is danger to self or others and needs immediate psychiatric care</td>
<td>- Needs high level of emotional support</td>
<td>- Needs some emotional support or medication for mood problems</td>
<td>- No indication of mental health problems</td>
</tr>
</tbody>
</table>
# Key Changes: Outcomes Form

<table>
<thead>
<tr>
<th>Section of Form</th>
<th>Before</th>
<th>Now</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bookkeeping Information</td>
<td>You needed to track variables like Client Code, Part A Services, and New/Ongoing</td>
<td>e2Boston tracks each of these variables automatically</td>
</tr>
<tr>
<td>Sources of Information</td>
<td>Not Collected</td>
<td>Collected</td>
</tr>
<tr>
<td>CD-4 Counts and Viral Loads</td>
<td>Providers <strong>selected categorically from a range</strong> and did not provide date of tests</td>
<td>Providers must <strong>provide date of tests</strong> as well as <strong>exact values</strong></td>
</tr>
</tbody>
</table>
| Categories for Health and Quality of Life Measures | Poor/In Crisis  →  In Crisis  
Fair  →  Poor  
Good  →  Fair/Good  
Excellent  →  Excellent |

**Note:** The changes highlight improvements in tracking and data collection, making the process more efficient and accurate.
Why re-categorize?

Re-categorizing “Fair” to “Poor” reflects most of the descriptions previously classified as “Fair” more accurately. For example:

- Unstable housing (facing eviction)
- Needs high level of emotional support or counseling due to acute crisis
- Missed 3-4 doses of HIV-related medical therapy in the past week
## Key Changes: Outcomes Form (cont.)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adherence to Prescribed HIV Medical Therapies</td>
<td>No change</td>
</tr>
<tr>
<td>Impact of Side Effects of HIV-related Medications</td>
<td>Question has been broken down into two parts (see next slide)</td>
</tr>
<tr>
<td>Mental Health Status</td>
<td>If “In Crisis” or “Poor” is indicated, follow-up questions as about connection to Mental Health services</td>
</tr>
</tbody>
</table>
This change is to get a better sense of the side-effects people are experiencing, even if they aren't severe enough to impact activities of daily living.
If an “In Crisis” or “Poor” status is indicated, follow up questions ask about connection to Mental Health services. If the client is not receiving any, an additional follow up question asks if they have been referred.
## Key Changes: Outcomes Form (cont.)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Psychosocial Support → Access to Support Network</td>
<td>Title and wording of measure has changed, but intent of question has remained the same</td>
</tr>
<tr>
<td>Level of Self Sufficiency → Care Adherence</td>
<td>Old measure has been replaced by a new one, question being asked is different</td>
</tr>
<tr>
<td>Housing Status</td>
<td>If “In Crisis” or “Poor” is indicated, follow-up questions as about connection to Housing services</td>
</tr>
</tbody>
</table>
Support Network Measure

| 6. Access to Psychosocial Support | ☐ Has no access to psychosocial support when needed | ☐ Has limited access to psychosocial support when needed | ☐ Has moderate access to psychosocial support when needed | ☐ Fully connected to psychosocial support when needed |

Access to Support Network

- ☐ Has no personal support network
- ☐ Personal support network is present, but is limited or unreliable
- ☐ Has some access to personal support networks, but would like more
- ☐ Has very strong personal support network(s) that can be consistently relied upon

Wording was changed to align better with how we think people are actually thinking about this question, and to remove confusion between general support (what the question is asking about) and Peer Support (a specific HIV support service). General support may include Peer Support, but is not limited to Peer Support.
We have made these changes because the new question will yield information that we are able to act upon in a more direct way in Quality Improvement initiatives.
### Housing Status Measure

<table>
<thead>
<tr>
<th>Housing Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeless, recently evicted, or home is uninhabitable</td>
<td></td>
</tr>
<tr>
<td>Unstable housing (e.g., facing eviction, housing unsafe, or will need housing placement)</td>
<td></td>
</tr>
<tr>
<td>Housing is stable but may need assistance (e.g., rental or utility assistance) or desires relocation</td>
<td></td>
</tr>
<tr>
<td>Stable and satisfactory housing</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the client currently receiving housing services?</td>
<td>Yes, No, Unknown</td>
</tr>
<tr>
<td>Has the client been referred to housing services?</td>
<td>Yes, No, Unknown</td>
</tr>
</tbody>
</table>

If an “In Crisis” or “Poor” status is indicated, follow up questions ask about connection to Housing services. If the client is not receiving any, an additional follow up question asks if they have been referred.
Data Import and Outcomes

- Client Clock Model will work the same way with imported services as with data entered services
  - Importing providers need to be careful to not get behind doing imports, as notification that a client is due for outcomes is dependent on services being imported in a timely way
- Import for Outcomes Fields will be available mid-summer
  - Importing providers may wait to import outcomes until August if they wish, but should make necessary changes to own system ASAP
Getting Help

• General questions
  – Your program coordinator: Natasha Paul (npaul@bphc.org) or Alexander Moran (amoran@bphc.org)

• Questions about importing outcomes data or the client clock model
  – Ben Penningroth (bpenningroth@bphc.org)

• User account questions
  – Irina Neshcheretnaya (ineshcheretnaya@bphc.org)

• Trouble with e2Boston that might be a technical issue (weird looking screen, errors, etc...)
  – e2Boston Support Line: support@e2boston.net
Thank you!

Questions?
Fiscal Provider Training

Fiscal Team:

Regis Jean-Marie, Bureau Administrator
Frantzsou Balthazar-Toussaint, Fiscal Manager
Monica Araujo, Fiscal Coordinator
Sheldon Ramdhanie, Fiscal Coordinator
Nalani Brown, IDB Fiscal Program Coordinator

April 28, 2015
Fiscal Provider Training Overview

- Fiscal rules
- Invoice requirements
- Proper invoice submission
- Payment processes
- HHS Negotiated Rate/Administrative Rate
- Allowable Admin Costs
- Budget Revisions
- Site Visits
Fiscal Rules

• Providers are expected to spend 100% of their award.
• Providers will only be reimbursed for items based on their Scope of Service, budget, and back-up documentation.
• Providers may request to revise their Scope of Service, and budget, but must first submit a proposal for any revisions.
• Invoices without the required information or documentation will be returned to providers.

Review handout.
Invoice Requirements

Invoices will be returned to the agency if:

- Invoice does not match the most current approved budget **EXACTLY**
- The CORRECT and CURRENT Fiscal Year PO # is not used
- The Invoice # is **not unique**, is over 20 characters, and is not legible
- There is not sufficient or proper back up documentation
- *The BPHC template is not used*

Review handout.
# Invoice Coversheet

## BPHC Funding Source Example

### Cost Reimbursement Monthly Invoice

<table>
<thead>
<tr>
<th>Company Name:</th>
<th>MUST WRITE OUT COMPLETE NAME OF AGENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Enter Agency Address Here</td>
</tr>
<tr>
<td>Date:</td>
<td>Enter Date</td>
</tr>
</tbody>
</table>

**Boston Public Health Commission PO#:** Enter PO Number: provided by RW Fiscal Team

<table>
<thead>
<tr>
<th>Category:</th>
<th>Enter Category Here</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remit to Address:</td>
<td>Enter Agency Address Here</td>
</tr>
</tbody>
</table>

**Agency Invoice #:** CARE25 (Insert Month and Category Abbrev.)

<table>
<thead>
<tr>
<th>Activity#:</th>
<th>3456002</th>
</tr>
</thead>
</table>

**Ship To:**
Accounts Payable  
1010 Massachusetts Ave. 6th Floor  
Boston, MA 02118

### Program Component

<table>
<thead>
<tr>
<th>POSITION TITLE</th>
<th>STAFF NAME</th>
<th>FTE</th>
<th>BUDGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Manager</td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Admin. Asst.</td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Clinical Supervisor</td>
<td></td>
<td></td>
<td>$0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount this Invoice</th>
<th>Cumulative Billing</th>
<th>Remaining Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>(B)</td>
<td>(C)</td>
<td>(D)</td>
</tr>
<tr>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>$0</td>
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<tr>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

5
# Invoice Coversheet

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-total</td>
<td>$0</td>
</tr>
<tr>
<td>Fringe</td>
<td>$0</td>
</tr>
<tr>
<td>Totals</td>
<td>$0</td>
</tr>
<tr>
<td>Other Direct Care/Program</td>
<td></td>
</tr>
<tr>
<td>Staff Travel</td>
<td>$0</td>
</tr>
<tr>
<td>Staff Training</td>
<td>$0</td>
</tr>
<tr>
<td>Consultant - Tom Brady</td>
<td>$0</td>
</tr>
<tr>
<td>Expense Total</td>
<td>$0</td>
</tr>
<tr>
<td>Program Total</td>
<td>$0</td>
</tr>
<tr>
<td>HHS Indirect/Admin.</td>
<td>$0</td>
</tr>
<tr>
<td>Totals</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Month Total**

$0

For Infectious Disease Bureau Use Only

Use Approved For Payment

**Amount:**

**Activity:**

3456002

**PO #:**

**Date:**

**Sign:**

*Must enter contact information*
Invoice Submission

Invoices are sent via Mail or Email:

Boston Public Health Commission
ATTN: Accounts Payable
1010 Massachusetts Avenue, 2nd Floor
Boston, MA 02118

Or

The Preferred METHOD:
accountspayable@bphc.org
Cc: fbalthazar@bphc.org
  sramdhanie@bphc.org
  maraujo@bphc.org
  nbrown@bphc.org

• Invoices **must be submitted on the 15th of every month** and are paid within 30 days of receipt.
• Please be aware that agencies will receive a reminder email on the 16th if invoices are not received by the 15th.
Payment Processes

BPHC Internal Process

- Mailed/Emailed invoices are scanned into an electronic payment system called Workplace by Accounts Payable and then forwarded to the RW Fiscal Coordinators.

***It is important that the agency double checks the invoice for accuracy as it can create a delay in payment if elements are missing.

Preferred Payment Method

All providers **must** sign up for ACH direct deposit.
HHS-negotiated Indirect Rate

The “Indirect” line item may include administrative expenses not directly associated with a specific program, which are necessary for the management and operation of the whole agency. These indirect costs are capped at 10%.

Per Federal Requirement: for subcontractors wishing to use an indirect rate, documentation of Certificate of Indirect Costs that is HHS-negotiated, signed by an individual at a level no lower than Chief Financial Officer, must be provided. *While still capped at 10% those with an approved indirect rate do not need to submit backup.*
Administrative Costs

Administrative rate is capped at 10%

The subcontractor is responsible for:

• Providing expense reports
• Tracking the administrative expenses

Usual and recognized overhead activities:

• Including rent, utilities, and facility costs
• Costs of management oversight of specific programs funded under this title, including:
  - program coordination
  - clerical, financial, and management staff not directly related to patient care
  - program evaluation
  - liability insurance
  - Audits
  - computer hardware/ software not directly related to patient care
Budget Revision

- Request to use different means to accomplish the original agreed upon goals and objectives outlined in the Scope of Services
  - Agencies may be allowed to shift funds between existing line items due to evolving service needs.
  - In general, adding new line items are not acceptable requests.

- All budget revision requests, including all appropriate backup documentations (proposed budget in the appropriate format, line item justification, etc.) must be submitted to:

  Eric Thai  
  Client Services Director  
  HIV/AIDS Services Division  
  Boston Public Health Commission  
  1010 Massachusetts Ave., 2nd Floor  
  Boston, MA 02118
Program budgets are not changed **without** the written approval of the Boston Public Health Commission management team.

Program staff will:
- Check math
- Revision justification
- Receive approval from the Directors
- Forward to Fiscal to process

- Budget revisions **will NOT be accepted after December 15, 2015**

Please refer to All About Budget Revision Handout.
Budget revision requests must include the following:

1. A current budget with the proposed changes, and final proposed annual amounts to the right of each personnel and/or expense line item.

2. A detailed explanation for each change being proposed and how it will assist you in meeting your contracted goals and objectives.

3. If proposing to change staffing, please list both the prior and proposed staff on separate lines, detailing the actual salary and FTE for each and applying the appropriate number of months on the contract. Personnel explanations should include: the last name of the employee or, if vacant, the estimated date of hire, and a brief description of the position’s duties and responsibilities as they relate to Ryan White funding.

4. Supporting documentation for each new staff person including a resume showing qualifications for the position, and proof of annual salary such as an offer letter or payroll statement.

5. If proposing to change expense items (e.g., food, office supplies, staff training, travel), explanations should incorporate quantities whenever possible. Explanations should state why an expense item is necessary and how it will be used. For example, travel expenses must specify who, where, when and why the travel is necessary.

6. For unit rate changes, please provide the rationale and the calculation for the number of units proposed.
Site Visits

Fiscal Site Visits

• To ensure contract terms as explained in the fiscal rules are being followed and are met.
• To verify that fiscal standards are being met.
• To identify fiscal technical assistance needs.

New Site Visits Protocol

• Per the National Monitoring Standards, all site visits will be conducted yearly.
Site Visits Instructions

- Fiscal site visits are now **scheduled** and **conducted separately** from Program site visits.
- Visits will be scheduled on an ongoing basis by Fiscal Coordinators.
- Visits will include but not limited to a **Spot Check Review** of fiscal records such as staff allocations or labor and cost distributions, allocations of below line items, contracts with vendors.
- Agencies will complete and submit a **revised Fiscal Monitoring Tool** (2 Weeks Before Visit).
- Each agency will receive a Letter of Findings within 45 days of the Fiscal Visit.
Questions?
Fiscal Compliance Breakdown

- Agency Phone and Email Tracker
- Monthly Compliance
- Annual Site Visits
Agency Phone & Email Tracker

Purpose:

• To ensure constant communication between Fiscal Coordinator and Agency – this is where clarification on FTEs, salaries, part time status of employees are recorded
• To give BPHC staff the ability to help you even if your Fiscal Coordinator is absent
• To help keep track of invoice submissions from agency
• To allow program and fiscal staff to touch base
Monthly Compliance

Purpose:

• To assist in ensuring that monthly invoices are submitted on time
• To keep Executive Directors informed of agency’s monthly compliance status
• To track where invoices are, if there are pending budget revisions, and to pinpoint issues that might need to be addressed
• To serve as a reminder
Annual Site Visits

Per the National Monitoring Standards an annual site visit must occur for each agency.

- The fiscal team will be setting up site visits separately from Client Services.
- We will only collect items that change annually, for example: A133, I990, Liability Insurance etc.
- We will still review personnel files, specifically I9s.
- Site visits will take 1-2 hours depending on the agency for a Spot Check Review.
Questions??
Welcome Michael Goldrosen, Director of HIV/AIDS Services Division
Backup Documentation
• Must include copy of registration form stating cost and event
• Proof of Payment must be attached to receive a refund. Please submit a bill when it has been charged at the time of registration
Person-Centered Approaches to Engaging in HIV Risk Assessments (10/1/12)

Date: October 1, 2012
Time: 9:00AM-4:00PM

Fee: $50.00 Additional for CEUs. Includes light continental breakfast and training materials. Lunch is on your own.

Designed for: HIV service personnel, health and human service professionals, nurses, social workers, homeless service workers, case managers and school health personnel.

Refund/Cancellation Policy
In the event of inclement weather, please call 608-563-2950 x214 for a recorded message to learn if the event is cancelled. If you have registered, but are unable to attend, please call 608-563-2950 x211 at least 24 hours before the event to avoid being charged. 100% Refund is provided with 24-hour notice.

Price: $50.00
Add CEUs:
☐ CEUs, +$10.00

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Health Imperatives is a 501(c)(3) nonprofit charitable organization
Training Receipt of Payment Example

Agency’s name should be stated here.

Amount and payment verification
Meals:

• Food consumption must be related to program activities

• When submitting a reimbursement you must have a detailed receipt that includes:
  1. Function or purpose
  2. Purchase amount
  3. Paid receipt
Both of these must be submitted with request.
Additional Example

**Date:** 11/28/12  
**Time:** 11:57 am  
**Location:** 508735949

**Pickup**  
**Order #111**

- **2 Lg Chees** $14.99
- **Large Plain Pizza** $14.99
- **Large Veggie Deluxe Pizza** $14.54
- **NO Tomato, NO Dk Olives**
- **Lrg 1 Item Pizza** $10.75
- **Pepperoni**
- **2 Lt Coke-Drink** $2.34

**Subtotal:** $42.62  
**Tax:** $0.00  
**Total:** $42.62

**Credit Card**  
**Due:** $42.62

Thank you, come back again!

**Proof of Payment:**

- **Terminal ID:** 00768430
- **Date:** 11/28/12  
**Time:** 12:49 PM

**Card:** VISA  
**ACCT #:********8958
**Batch #:586**

**AMOUNT:** $42.62  
**TIP:** $---

**TOTAL:** $---

**APPROVED**

THANK YOU
CUSTOMER COPY
Payroll Back-up

• To receive staffing reimbursement agencies must provide payroll registries (total earnings, taxes)

• Examples:
  1. ADP
  2. PAYCHEX
Payroll Registry Example

Payroll Register

<table>
<thead>
<tr>
<th>Code</th>
<th>Earning</th>
<th>Hours</th>
<th>Rate</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>IRG</td>
<td>Regular</td>
<td>75.00</td>
<td>18.00</td>
<td>1,361.51</td>
</tr>
</tbody>
</table>

**Total Earnings:** 1,361.51

<table>
<thead>
<tr>
<th>Code</th>
<th>Tax</th>
<th>Status</th>
<th>Taxable</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>FTNW</td>
<td>Federal Income S-2</td>
<td>1,257.45</td>
<td>115.64</td>
<td></td>
</tr>
<tr>
<td>MED</td>
<td>Medicare</td>
<td>1,313.92</td>
<td>19.08</td>
<td></td>
</tr>
<tr>
<td>SS</td>
<td>OASDI</td>
<td>1,313.92</td>
<td>55.27</td>
<td></td>
</tr>
<tr>
<td>MA</td>
<td>Massachusetts S-3</td>
<td>1,257.45</td>
<td>49.19</td>
<td></td>
</tr>
</tbody>
</table>

**Total Taxes:** 239.18

---

<table>
<thead>
<tr>
<th>Code</th>
<th>Earning</th>
<th>Hours</th>
<th>Rate</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>IRG</td>
<td>Regular</td>
<td>60.00</td>
<td>18.69</td>
<td>1,168.23</td>
</tr>
</tbody>
</table>

**Total Earnings:** 1,168.23

<table>
<thead>
<tr>
<th>Code</th>
<th>Tax</th>
<th>Status</th>
<th>Taxable</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>FTNW</td>
<td>Federal Income S-2</td>
<td>1,257.45</td>
<td>115.64</td>
<td></td>
</tr>
<tr>
<td>MED</td>
<td>Medicare</td>
<td>1,313.92</td>
<td>19.08</td>
<td></td>
</tr>
<tr>
<td>SS</td>
<td>OASDI</td>
<td>1,313.92</td>
<td>55.27</td>
<td></td>
</tr>
<tr>
<td>MA</td>
<td>Massachusetts S-3</td>
<td>1,257.45</td>
<td>49.19</td>
<td></td>
</tr>
</tbody>
</table>

**Total Taxes:** 239.18

---

[Check Dates: 10/12/2012 to 11/2/2012
Pay Period: 09/23/2012 to 10/31/2012]

---

<table>
<thead>
<tr>
<th>Code</th>
<th>Deduction</th>
<th>Amount</th>
<th>Year</th>
<th>Type</th>
<th>Check Date</th>
<th>Dir Dept</th>
</tr>
</thead>
<tbody>
<tr>
<td>4C3</td>
<td>403B</td>
<td>50.46</td>
<td>2012</td>
<td>Type</td>
<td>09/23/2012</td>
<td>1,018.27</td>
</tr>
<tr>
<td>BCVI</td>
<td>BCVI</td>
<td>140.19</td>
<td>2012</td>
<td>Type</td>
<td>09/23/2012</td>
<td>1,018.27</td>
</tr>
<tr>
<td>DNT</td>
<td>DNTLIND</td>
<td>3.45</td>
<td>2012</td>
<td>Type</td>
<td>09/23/2012</td>
<td>1,018.27</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,018.27</td>
</tr>
</tbody>
</table>
**Paychex Example**

**Compensation Report**

**Check Dates:** 12/14/2012 to 12/29/2012

**Begin:** 11/25/2012 **Period End:** 12/22/2012

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Payroll Date</th>
<th>Hours</th>
<th>Gross Earnings</th>
<th>Federal EIC</th>
<th>Social Security</th>
<th>Medicare</th>
<th>State</th>
<th>Local</th>
<th>Other</th>
<th>Taxes Deducted</th>
<th>Key Pay</th>
<th>Check No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12/14/2012</td>
<td>47.75</td>
<td>1145.68</td>
<td>120.75</td>
<td>51.08</td>
<td>17.64</td>
<td>47.64</td>
<td>0.00</td>
<td>0.00</td>
<td>237.11</td>
<td>0.00</td>
<td>DTRDEF</td>
</tr>
<tr>
<td>E 1 Regular</td>
<td>36.75</td>
<td>1085.69</td>
<td>324.94</td>
<td>126.99</td>
<td>-21.50</td>
<td>0.31</td>
<td>-70.53</td>
<td>-35.26</td>
<td>-46.15</td>
<td>908.57</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>E 5 Sick</td>
<td>31.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Boston Public Health Commission**
Transportation

• Staff Transportation
  – Mileage is reimbursed at $0.56/mile (IRS rate).
  – You must include destination traveled and copies of parking and toll receipts.
  – Must be signed by staff and manager

• Client Transportation
  – Must have:
    1. Dates
    2. Pick up/Drop off locations
    3. Amount of charges
    4. Client codes
### Staff Mileage Expense Form

#### Required
- **Name:**
- **Program:** Ryan White T 1
- **Mileage Cost:** $51.74

<table>
<thead>
<tr>
<th>Travel Dates</th>
<th>From Where to Where</th>
<th>Purpose of Travel</th>
<th>Number of Miles</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/05/12</td>
<td>Cambridge to Lynn</td>
<td>Home visit</td>
<td>22</td>
<td>$11.10</td>
</tr>
<tr>
<td>11/08/12</td>
<td>From Cambridge to Roxbury</td>
<td>Home visit</td>
<td>6</td>
<td>$3.00</td>
</tr>
<tr>
<td>11/13/12</td>
<td>From Cambridge to Mattapan</td>
<td>Home Visit</td>
<td>6</td>
<td>$3.00</td>
</tr>
<tr>
<td>11/15/12</td>
<td>From Cambridge to Watertown</td>
<td>Home visit</td>
<td>17</td>
<td>$6.50</td>
</tr>
<tr>
<td>11/19/12</td>
<td>From Cambridge to Lynn</td>
<td>Meeting w/ Clients and Home visit</td>
<td>22</td>
<td>$11.10</td>
</tr>
<tr>
<td>11/27/12</td>
<td>From Cambridge Boston care for homeless</td>
<td>Contact w/ clients</td>
<td>6</td>
<td>$3.00</td>
</tr>
<tr>
<td>11/29/12</td>
<td>From Cambridge to Roxbury</td>
<td>Accompany client</td>
<td>6</td>
<td>$3.00</td>
</tr>
<tr>
<td>12/17/12</td>
<td>From Cambridge to Chelsea and 1010 mass ave</td>
<td>Pick reports and delivered</td>
<td>8</td>
<td>4.04</td>
</tr>
<tr>
<td>12/5/12</td>
<td>Charlie Card to State House</td>
<td>State House</td>
<td></td>
<td>$5.00</td>
</tr>
</tbody>
</table>

**Total:** $51.74

**Requested By:**

**Date:**

**Approved By:**

**Date:**

**Received By:**

**Date:**
Client Transportation

Example

Boston Cab
72 Kilmarnock Street
Boston, MA 02215
(617) 536-5010

<table>
<thead>
<tr>
<th>Date</th>
<th>Time of pick up</th>
<th>Time of Appt.</th>
<th>Pick up Address</th>
<th>Town</th>
<th>Destination</th>
<th>Town</th>
<th>Type RT/OW</th>
<th>Client Code - UCI</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/1/2012</td>
<td>10:15 AM</td>
<td>11:00 AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>RT</td>
<td></td>
<td>$10.00</td>
</tr>
<tr>
<td>11/1/2012</td>
<td>8:15 AM</td>
<td>9:00 AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>RT</td>
<td></td>
<td>$150.00</td>
</tr>
<tr>
<td>11/1/2012</td>
<td>2:00 pm</td>
<td>4:15 pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>RT</td>
<td></td>
<td>$120.00</td>
</tr>
<tr>
<td>11/2/2012</td>
<td>10:30 AM</td>
<td>11:00 AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>RT</td>
<td></td>
<td>$8.00</td>
</tr>
<tr>
<td>11/2/2012</td>
<td>11:30 PM</td>
<td>1:15 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>RT+1</td>
<td></td>
<td>$12.00</td>
</tr>
<tr>
<td>12:00 AM</td>
<td>11:45 AM</td>
<td>8:00 AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>RT</td>
<td></td>
<td>$18.00</td>
</tr>
<tr>
<td>11/5/2012</td>
<td>2:00 PM</td>
<td>2:40 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>RT</td>
<td></td>
<td>$18.00</td>
</tr>
<tr>
<td>11/5/2012</td>
<td>10:00 am</td>
<td>10:45 am</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>RT</td>
<td></td>
<td>$12.00</td>
</tr>
<tr>
<td>11/6/2012</td>
<td>2:00 p.m.</td>
<td>2:40 p.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>RT</td>
<td></td>
<td>$26.00</td>
</tr>
<tr>
<td>11/6/2012</td>
<td>3:00 Pm</td>
<td>4:00 Pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>RT</td>
<td></td>
<td>$18.00</td>
</tr>
</tbody>
</table>
Program Supplies

- A copy of the original vendor invoice is required
- Specify the amount in which you are requesting a reimbursement for
  - *Note: We do not pay for taxes*
Receipt should include:
- Description of items
- Amount for reimbursement
If you are splitting your supply order among other grants, please list how much is being paid by the Ryan White Part A Grant and the other sources.
Consultants

• A resume and list of qualifications for the consultant along with a description of services to be performed must be on file at BPHC before you can start submitting charges.
Consultant Fees Example

<table>
<thead>
<tr>
<th>Description</th>
<th>$ per/hour</th>
<th>Date of Supervision/hot</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Individual Clinical Supervision To:</td>
<td>75.00 p/h</td>
<td>12/3/12 (1 hour)</td>
</tr>
<tr>
<td>One Individual Clinical Supervision To:</td>
<td>75.00 p/h</td>
<td>12/3/12 (1.5 hour)</td>
</tr>
<tr>
<td>Clinical Supervision</td>
<td>75.00 p/h</td>
<td>12/10/12 (2.5hr)</td>
</tr>
<tr>
<td>Clinical Supervision</td>
<td>75.00 p/h</td>
<td>12/10/12 (1hr)</td>
</tr>
</tbody>
</table>

Total Amount due $450.00

Description of services provided by Consultant

Consultant Name

Agency Name
*NEW
Consultants below line must be clearly labeled on invoice cover sheet

Example for **multiple** consultants:
Consultant (Brown, Pham, Ramdhanie, Araujo)
Questions?