



Indiana
Department
of
Health

RWHAP TA WEBINAR

JANUARY 28, 2021

10:00 am – 12:00 pm



zoom

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

Helpful Hints

- Press "esc" to exit full screen
- Hover over the top to change "view" options
- Place yourself 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



Agenda

- IDOH Updates
- Open Enrollment Recap
- HSP Grievance Procedure Update
- Health Directives Update
- Update on Subrecipient Spending
- RBC Process Reminder
- Sub-Services Check-In
- RSR Check-In





Pulse Check!



CHECK IN

Checking in How is everyone doing?

Please use the chat box to identify your current level of Dr. Fauci

1 2 3 4 5

A scale of five images of Dr. Fauci, from smiling to looking thoughtful, corresponding to levels 1 through 5. The images are arranged horizontally above a blue line with vertical tick marks. Below each tick mark is a blue square containing a white number from 1 to 5.

IDOH Updates

- Staffing Update
- Open Enrollment/ADAP
- Quality Program Changes
- Eligibility
- Agency Staff Changes

Open Enrollment Recap

- 99 clients enrolled
- CareSource- 66 (All clients should now be active)
- MHS- 33
- Anthem HIAP- (This will not be an option for 2021)
- All clients that are above 138% FPL will auto enroll for the next year.
- Any client that is currently on HIAP and below 138% FPL will need to reapply for HIP as these client will be termed from HIAP.
- Special Enrollments will start 02/01/21 (remember the 15th of the month rule)

HSP Grievance Procedure Update

- The scope of this policy is directly applicable to all clients receiving services from the HIV Services Program or receiving services funded by the HIV Services Program. This includes any agency that directly services clients.

HSP Grievance Procedure Update

- Every agency funded by the HIV Services Program must have a written procedure outlining how to manage client grievances and complaints, including who is involved at each level of review. The agency's procedure will reference this HIV Services Program Statewide Grievance Policy.

HSP Grievance Procedure Update

- Agencies must establish a grievance liaison to review the submitted grievances. The agency (or the HIV Services Program) must ensure that the client can expect services to continue without disruption, and without a reduction in frequency or quality, during and after the grievance process.

HSP Grievance Procedure Update

- Once the internal process at the agency is complete, please submit any resolutions and all documents that have not been resolved to IDOH within 14 days. IDOH will have 30 days thereafter, to resolve and further plan. HIV Supportive Services Program Manager:
 - SupportiveServices@isdh.in.gov

HSP Grievance Procedure Update

Concern Form

Concern Form

This form is to be used on behalf of clients and Service Providers to submit grievances regarding the level of service quality, violation of program policies, or breaches of confidentiality.

Please complete the following information:

Your Name _____ Today's Date _____
Your Care Site _____
Grievance Liaison _____ Date of Incident _____

Briefly describe the incident or concern:

Briefly describe your expected resolution to this problem or concern:

Sign your name _____
Your signature here provides consent for release of information regarding this grievance to IDOH and other appropriate parties.

Liaison Signature _____
The signature of Grievance Liaison

HSP Grievance Procedure Update

Concern Form Agency Use Only

The form is titled "Form P466 - Agency Use Only" and "Designated lesson for this grievance". It is divided into six steps, each with a "Result" field and two checkboxes: "Client is satisfied with resolution" and "Client is dissatisfied with resolution".

- Step 2:** Initial date: _____
Result: Description of proposed resolution _____
Client is satisfied with resolution Client is dissatisfied with resolution
Satisfied client signature _____ Date _____ Dissatisfied client signature _____ Date _____
- Step 3:** Date this form provided to Liaison _____ Date of meeting _____
Result: Description of proposed resolution _____
Client is satisfied with resolution Client is dissatisfied with resolution
Satisfied client signature _____ Date _____ Dissatisfied client signature _____ Date _____
- Step 4:** Date this form provided to grievance committee or management _____ Date of meeting with client _____
Date of committee decision to liaison _____ Date of meeting with client _____
Result: Description of proposed resolution _____
Client is satisfied with resolution Client is dissatisfied with resolution
Satisfied client signature _____ Date _____ Dissatisfied client signature _____ Date _____
- Step 5:** Date this form provided to board of directors _____ Date of meeting with client _____
Date of board decision to liaison _____ Date of meeting with client _____
Result: Description of proposed resolution _____
Client is satisfied with resolution Client is dissatisfied with resolution
Satisfied client signature _____ Date _____ Dissatisfied client signature _____ Date _____
- Step 6:** Date mailed to IDOH _____ Date received by IDOH _____ Date of IDOH decision _____
Result: See attached directive _____
Agency has received this decision Client has received this decision
Liaison signature _____ Date _____ Client signature _____ Date _____

HSP Grievance Procedure Update



Health Directives Support Update



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Understanding the ARC Program and Health Directives

Dexter Etter

Health Directives Support Update

IC 16-41-7: Duty to Inform (Previously known as Duty to Warn)

One must notify sex and needle sharing partner(s) of his/her positive HIV or AIDS status prior to:

- Engaging in any sexual acts, including both protected and unprotected acts, even if one thinks the partner is HIV+.
- Engaging in the sharing of injection drug paraphernalia.

Additionally, IC 35-42-1-7 prohibits the following:

- Donating body fluids including blood, plasma, and/or semen.

Health Directives Support Update

What is the ARC Program?

- Offers a means for individuals to report HIV status non-disclosure without involving the legal system
 - Filters out non-credible complaints
 - Allows for action when credible complaints are received
- Connects individuals living with HIV to resources that may help prevent future occurrences of non-disclosure
 - Housing
 - Employment
 - Mental health services

Health Directives Support Update

Key Terms to Know

Public Health Investigator (PHI) – The IDOH employee who investigates HIV non-disclosure complaints and oversees Health Directives.

Complainant – The person who files an HIV non-disclosure complaint.

Complainees – The person who has been accused of not disclosing their HIV status.

Non-Medical Case Manager (NMCM) – A trained HIV case manager.

Health Directives Support Update

Reasons for Non-Disclosure

- Lack of understanding about the Duty to Inform Law
- Sex is tied to meeting basic needs
 - Abusive relationship
 - Sex in exchange for housing
- Lack of communication skills or esteem to have the conversation
 - Reinforced by poor experiences with disclosure in the past
- One or both parties were under the influence of a drug
- Malicious intention to infect others



Health Directives Support Update

A Health Directive is a mandatory order of steps that must be taken by an individual due to the non-disclosure of their HIV status in violation of IC 35-42-1-7.

Note: Individuals will be served the Health Directive in-person by the PHI whenever possible. At the time the PHI will explain the Directive and inform the Complainee they were reported for non-disclosure. When the Complainee cannot be located to receive their Health Directive in person, certified mail may be used instead.

Health Directives Support Update

The New Health Directive Requirements

A Person-Centered Approach

Persons who receive a Health Directive will meet with a non-medical case manager for an assessment of needs and referral to supportive services to meet those needs

- Housing
- Employment
- Nutrition
- Mental health/substance use treatment

Health Directives Support Update

The Process: Notification of Health Directive Referral

After the PHI serves a Health Directive to a Complainee, the PHI will contact the NMCM care site's program manager to alert them of a referral coming their way. It is the responsibility of the Complainee to reach out and schedule an appointment with the NMCM. Once the Complainee has scheduled with the NMCM, it is the responsibility of the NMCM to notify the PHI of the scheduled appointment and any instances of that appointment getting rescheduled.

When using email to communicate with the PHI about the Complainee, use only first and last initial to identify the individual

Health Directives Support Update

The Process: Assessment

Non-Medical Case Management Assessment of Complainee

The NMCM will use a standard intake assessment to evaluate the needs of the Complainee. At minimum, the assessment will cover:

- Housing
- Employment
- Nutrition
- Mental health/substance use treatment

Health Directives Support Update

The Process: Counseling on HIV and Duty to Inform

Review of Duty to Inform and Risk-Reduction

The NMCM will ensure the client understand:

- That they are HIV positive
- The difference between HIV and AIDS
- The transmission routes of HIV
- How to prevent the transmission of the disease
- Duty to Inform requires them to inform partners of their HIV status prior to engaging in epidemiologically demonstrated ways to transmit Human Immunodeficiency Virus (HIV)
- Indiana Code prohibits them from donating blood, and plasma

Health Directives Support Update

The Process: Documentation and Closing Communication

Closing Communication with PHI

The NMCM will send the ARC Discharge Letter via fax (317-233-7663) to the PHI. The ARC Discharge Letter must be signed and dated by the NMCM. It does not need to be signed by the Complainee.

This step marks the end of the communication between the NMCM and PHI about the Complainee.

Health Directives Support Update

FAQ

Q: What if the Complainee is noncompliant with the health directive by never scheduling or attending the assessment with the NMCM?

A: This will be communicated by the NMCM to the PHI and the PHI will determine whether to pass the case to the Attorney General.

Q: What happens if the Complainee does not utilize the services they were referred to as a result of the NMCM assessment process?

A: The Health Directive mandates that the Complainee's completion of the assessment with the NMCM, but their follow-through on referrals is optional.

Health Directives Support Update

FAQ Continued

Q: What if the client denies the allegation that they failed to disclose their HIV status to a partner?

A: No problem. It is not the job of the NMCM to play any role in deciding who did or did not disclose. The NMCM's job is to simply assess for needs, refer to resources, and review the basics of HIV and Duty to Inform.

Q: What if the NMCM has a previous relationship with the client and is concerned about damaging that relationship?

A: The NMCM can explain to the client that they played no role in the process that led to the Health Directive and they are simply fulfilling their duty to assess, refer, and review HIV and Duty to Inform as directed by the State. NMCMs who are particularly concerned about damaging their relationship with the client can work with the public health investigator and/or their program manager to have another agency or NMCM fulfill the health directive with the client.

Health Directives Support Update

Contacts

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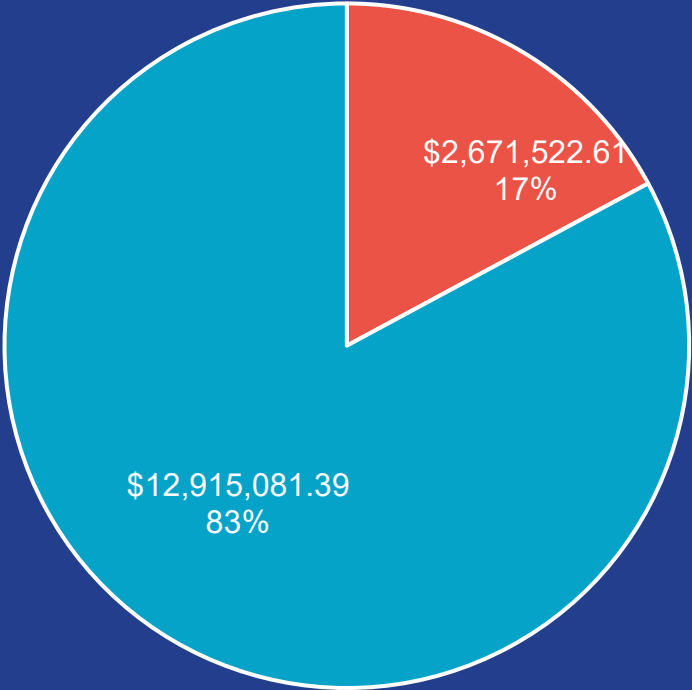
deter@isdh.in.gov

Health Directives Support Update



Update on Subrecipient Spending

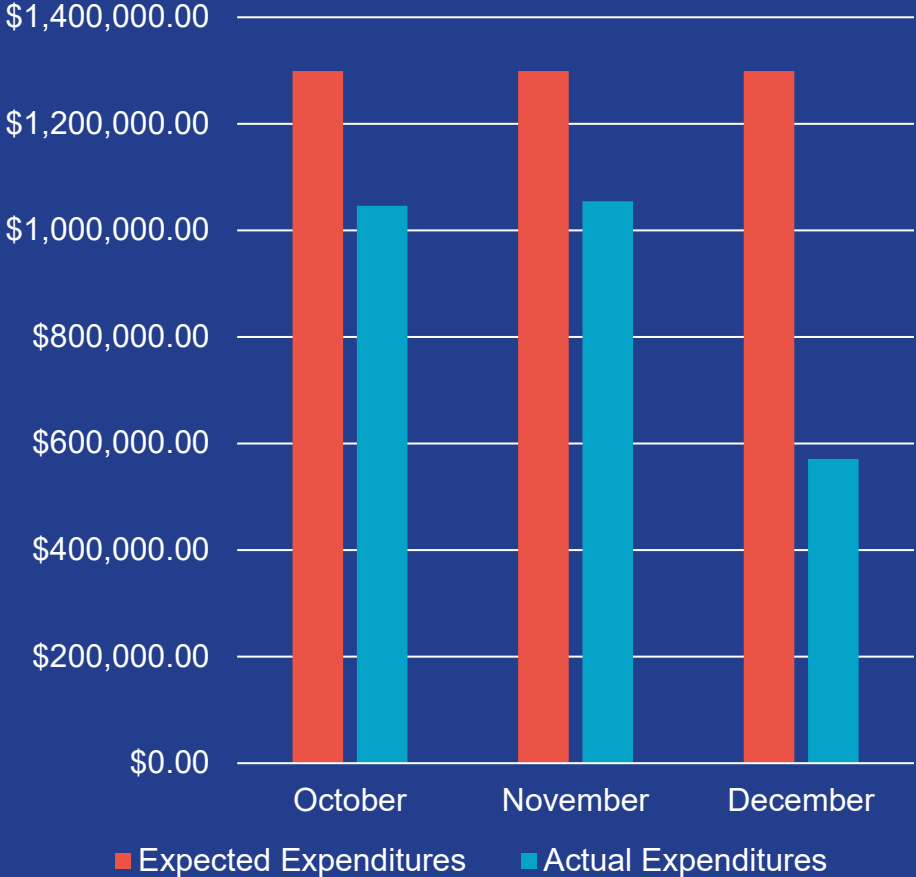
**Total Contracts
Awarded
\$15,586,604.00**



■ Total Spent ■ Total Unspent

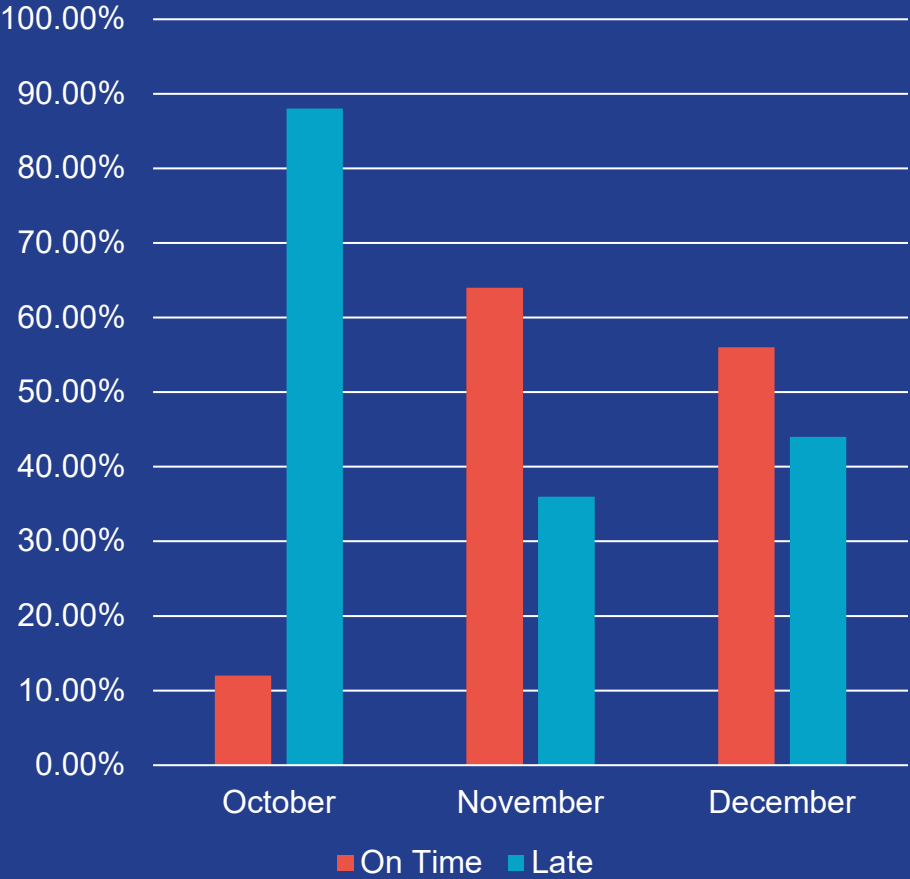
Update on Subrecipient Spending

HIV RW Services Monthly Expected Expenditures vs. Actual



Update on Subrecipient Spending

On Time vs. Late Invoice Submittals



Update on Subrecipient Spending



RBC Process Reminder

Request for Budget Change (RBC)

A fiscal process a subrecipient agency initiates to alter its previously approved budget and/or service categories

RBC Process Reminder

Common reasons a subrecipient agency would need to request to change their budget

- Subrecipient has underspent in one service category and has an increased need in another category
- A new service category is needed that was not addressed earlier in the budget
- Returning unused funds to IDOH

RBC Process Reminder

Timeline for changes be made

90 Days following the beginning of a Contract Period

January 1, 2021 for this Contract Period

60 Days before the end of a Contract Period

RBCs need to be reviewed and approved by July 30, 2021
for this Contract Period

RBC Process Reminder

Where to locate necessary RBC documents

Online at <https://www.in.gov/isdh/27828.htm>

This document provides thorough step-by-step directions for RBC process.



Other

- [Policy 18-02 Payor of Last Resort Policy](#)
- [Policy 18-03 Vigorously Pursue Policy](#)
- [Policy 18-06 Gift Cards](#)
- [Policy 18-15 Cash Management - Federal Funding](#)
- [Policy 18-16 Equipment and Real Property](#)
- [Policy 18-23 Travel Policy](#)
- [Policy 18-24 Record Retention](#)
- [Procedure 18-06 Subrecipient Request for Budget Change](#)
- [Division of HIV/STD/VH Request for Budget Change Form](#)

RBC Process Reminder

DIVISION OF HIV/STD/VH REQUEST FOR BUDGET CHANGE

Agency Date
PO# SCM#

Request for
Budget Change #

Please check one of the boxes that encompass your request for budget change.

Move funds from one current service category to another Return Funds
 Add a new service category, and move funds to it

RBC Form: Section 1 Agency Info/RBC Purpose

RBC Process Reminder

SERVICE CATEGORY		"CURRENT BUDGET" <small>(Located on invoice template grant summary report tab - Column V)</small>	+ REQUESTED INCREASE <small>(DECREASE)</small>	= REQUESTED BUDGET
<small>Show all entries with whole dollar amounts only. (Do not add commas)</small>				
Core Services	MEDCMGT (Medical Case Ma	150000	-50000	100000
	MENTALH (Mental Health Ser	50000	+25000	75000
	(Select one)			0
Support Services	(Select one)			0
	NMCMGT0 (Nonmedical Case	100000	+25000	125000
	(Select one)			0
	(Select one)			0
Administration	(Select one)			0
	Administration (ADMIN00)			0
				0
TOTAL		300000	0	300000

RBC Form: Section 2 Budget Example

RBC Process Reminder

Fill in written **JUSTIFICATION** with details of all categories. **EXPLANATION OF REQUEST FOR BUDGET CHANGE:**

Explain reason for underspending in MEDCMGT service category and why \$50,000 is being reallocated to other service categories.

Explain need for \$25,000 increase to NMCMGT service category and reason for overspending in that category.

Explain need for \$25,000 increase to MENTALH service category and reason for overspending that that category.]

Effective Date

RBC Form: Section 3 Example of Justification

RBC Process Reminder

Forms with missing signatures or dates will not be processed. Changes cannot be requested in the 1st 90 days of the contract period. Changes must be received and approved prior to 60 days from the expiration of the contract. Email to the attention of your Ryan White Services HSPprogram@isdh.in.gov. Changes are in effect only after final signature at ISDH.

Requested by:

Program Representative of Agency Date

Fiscal Representative of Agency Date

Effective Date: _____

Approved by:

Contract and Rebates Manager at ISDH Date

Ryan White Part B Director at ISDH Date

Additional Program Director at ISDH Date

(If Necessary)

RBC Form: Section 4 Deadlines & Signatures

RBC Process Reminder

Additional Notes

- Unless you are returning funds to IDOH, your "Current Budget" column should match your "Requested Budget" column
- Only proactive budget change requests can be made—"Effective Dates" must be in the future. If a new Service Category is being requested, the Effective Date must be the following month, at the earliest, to allow for CAREWare alterations and other changes to be made
- You may be asked by your RW Services Specialist to provide more information about your request.

RBC Process Reminder

Additional Notes Continued

- If your RBC is approved, you will receive an e-mail from your RW Services Specialist that includes your approved PDF copy of your RBC, signed by the IDOH RW Program Director(s) and the Contracts & Rebates Manager as well as your revised invoice template
- Please save your revised Invoice Template in place of your original Invoice Template for all future billing.
- IDOH's goal for RBC Approval is 7 days from receipt, but this timeline depends on whether additional information is requested

RBC Process Reminder



Sub-Services Check-In

- Sub-services are a way to track some of the main activities within each service category
- Not all activities within service categories will be collected within sub-services
- Went live in IDOH CAREWare January 1
- Initial list will be in effect until end of contract 9/29/2020
- Review and edits will be combined with annual Service Standard review

RSR Check-In

- 2020 Ryan White Services Report (RSR) due March 29, 2021
- IDOH will work with Marion County Public Health Department for collaborative effort for reporting
- Agency RSR leads will work with IDOH on coordination
- All 2020 services data must be entered by January 29, 2021



SAVE THE DATE!

Be sure to save the following dates for the 2021 RWHAP TA Webinars

- May 12, 2021
- August 11, 2021
- October 20, 2021

Times will be announced in the future!

IDOH Contacts

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