PATIENT CARE UPDATE

PPG/PCPG COMBINED MEETING

May 13, 2015
HRSA Part B Grant

- NOA for entire award issued on 3/25/15
- Lost ADAP Supplemental funds - $6.7 million
- ADAP Emergency Relief Funds – received 8.9 million down from $11 million
- Other Ryan White Part B funding pots stable
- $25 million in Rebate funds compensate for decreases
### HRSA Part B Grant

- **Formula**: $30,387,962 ↓ $138,579
- **ADAP**: $85,677,240 ↑ $183,706
- **MAI**: $1,327,506 ↑ $163,395
- **EC**: $489,052 ↓ $1,015
- **TOTAL**: $117,881,760 ↑ $207,507
HRSA Part B Grant

- Part B Supplemental FOA expected
- Finalizing 2014-15 Part B Grant Closeout
- Rebate dollars required to be drawn down fully before grant funds
- This requirement and timing of rebates contributed to an estimated $18-$20 million carryover
- Total grant was $124 million
HRSA Part B Grant

• Because of required drawdown of rebate dollars, HRSA will allow a carryover request greater than 5% of grant award.

• HRSA expected to release revised 340-B Program Guidance in June.

• Expected to impact collection of 340-B rebate dollars.
HRSA Part B Grant

• HRSA Site Visit – June 29-30, 2015

• Follow-up to 2013 ADAP visit

• Focus on ADAP and progress made to restructure program and shift person to Marketplace

• HRSA Policy Clarification Notice 15-01 Treatment Costs Under the 10% Administrative Cap
Patient Care Program

- Welcome Susan Barrows – new Community Program Supervisor effective April 10

- Patient Care Structure Being Reviewed

- Community Programs - one position reassigned to bureau; one position reassigned to ADAP; working to establish a 1FTE contract position to address need
Patient Care Program

- ADAP Unit – with assumption of additional Insurance Marketplace/AICP administrative responsibilities working to re-class two positions to include supervisory responsibilities

- Want to insure our structure fully supports and wraps around the movement of clients into the Insurance Marketplace
Patient Care Program

- T/A for Quality Improvement Activities – NQC assigned consultant

- Working to quantify staffing needs to implement revised QI program - potential of additional expert guidance

- With new supervisor and creation of new contract FTE, movement of QI project expected
Patient Care Program

- RFA for lead agency services being prepared now
- Effective date for contracts under RFA is April 1, 2016
- Procurement and contracting processes lengthier and require substantial lead times
- Researching/dialoging with HRSA concerning future changes in service delivery system and possible shift away from lead agency structure
- Economic sustainability; shift to insurance
- Any change years away
Patient Care - HOPWA

- 2015-16 HOPWA contract documents posted 4/13; completed documents due 4/30

- Like lead agency contract, 4\textsuperscript{th} and final cycle under 2012-13 competitive process

- 2016-17 competitive process to start soon

- Consolidated Plan for 2015-2020 underway. Dept. of Economic Opportunity has lead
Patient Care - HOPWA

- HOPWA Technical Assistance underway and moving quickly 😊
- TA provider by HUD Contractor Collaborative Solutions
- Weekly calls underway until the completion of the revised and expanded HOPWA Policy and Procedures Manual
- Will include Tenant-Based Rental Assistance (TBRA)
Patient Care - HOPWA

- TBRA will be allowable service for 2016-17 contract cycle
- TA timeline to include provision of trainings with target date of mid-late June
- Statewide housing needs assessment has been delayed to ensure focus on completion of manual and trainings
Patient Care - HOPWA

• Integrated Disbursements and Information System (IDIS)

• Web-based application that provide financial disbursements, tracking, performance reporting for CPD grants

• IDIS being re-engineered to ensure funds are committed to activities and drawn for services rendered are linked back to specific grant
Patient Care - HOPWA

• Grant drawdown process changing – FIFO out
• Grant year 2015 and beyond – all current year activities must draw current year funds
• Pre-2015 grant dollars will be lumped together as single consolidated funding pot
• HUD will allow 3 years to commit remaining funds
• Funds will facilitate incorporation of TBRA services
Patient Care - Reporting

- RSR reporting season was a success - all agencies met the HRSA 90% data completeness requirement, with the exception of one agency that went out of business.
- Completeness threshold for 2015 is 95% for all required data elements on the RSR.
- Working with the Data Integration team and HMS Informatics staff to create an HIV template in HMS.
- The goal is to get 100% of the necessary RSR data from HMS for all CHDs that participate in the data download/upload process to reduce duplicate data entry.