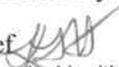


Memorandum

To: Eligible Ohio Department of Health Ryan White Title II Program Applicants

From: Karen F. Hughes, MPH, Chief 
Division of Family and Community Health Services
Ohio Department of Health

Date: 12/8/2006

Subject: Notice of Funds – Continuation Application

The Ohio Department of Health (ODH), Division of Family and Community Health Services, Bureau of Community Health Services and Systems Development (BCHSSD) announces the availability of continuation grant funds to support the Ryan White Emerging Communities Program which directs resources and services to areas that are underserved and are not eligible for Title I funding.

Only those agencies currently funded for this grant are eligible to apply for these funds. Grant applications and attachments are due Wednesday, February 28, 2007 for the funding period of April 1, 2007 through March 31, 2008. Applications received after the due date will not be considered for funding.

If you have any questions regarding this application, please contact Laurie Rickert via email at laurie.rickert@odh.ohio.gov or by phone at (614) 466-1411.



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

**DIVISION OF
FAMILY AND COMMUNITY HEALTH SERVICES**

**BUREAU OF
COMMUNITY HEALTH SERVICES AND SYSTEMS
DEVELOPMENT**

**RYAN WHITE EMERGING COMMUNITIES PROGRAM
REQUEST FOR PROPOSALS (RFP)
FOR
FISCAL YEAR 2007
(04/01/07 – 03/31/08)**

**Local Public Applicant Agencies
Non-Profit Applicants**

CONTINUATION GRANT APPLICATION INFORMATION

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I. APPLICATION SUMMARY and GUIDANCE

An application for an ODH grant consists of a number of required parts – an electronic component submitted via an Internet Website (**which is sent with electronic acknowledgment in lieu of signature page**), various paper forms and attachments. All the required parts of a specific application must be completed and submitted by the application due date. **Any required part that is not submitted on time will result in the entire application not being considered for review.**

The application summary information is provided to assist your agency in identifying funding criteria:

A. Policy and Procedure: Uniform administration of all ODH grants is governed by the Ohio Department of Health Grants Administration Policies and Procedures Manual (GAPP). This manual must be followed to assure adherence to the rules, regulations and procedures for preparation of all Subgrantee applications. The GAPP manual is available on the ODH web-site <http://www.odh.ohio.gov> (Click on “About ODH,” click on “ODH Grants” and then click on “GAPP Manual.”)

B. Application Name: Ryan White Emerging Communities Program

C. Purpose: There continues to be a growing need to address the geographic expansion of the HIV/AIDS epidemic. The Ryan White C.A.R.E. Act continues the effort made during the last reauthorization to direct resources and services to areas that are particularly underserved, including rural areas and metropolitan areas with significant HIV/AIDS cases that are not eligible for Title I funding. This supplemental formula grant program is created within Title II to supplement the existing investment of State and/or Title II funds in order to meet HIV care and support needs in non-Title I Eligible Metropolitan Area (EMA).

D. Qualified Applicants: All applicants must be a local public or non-profit agency. Only the following agencies, currently funded under the Ryan White Emerging Communities program, are eligible to apply: The Columbus AIDS Task Force, The Woodlands, and AIDS Volunteers of Cincinnati (AVOC). All applicants must attend GMIS 2.0 training.

The Columbus AIDS Task Force and The Woodlands will provide services in the Columbus Metropolitan Statistical Area (MSA), as defined by the Federal Government, and consists of Delaware, Fairfield, Franklin, Licking, Madison, Morrow, Pickaway and Union Counties.

AIDS Volunteers of Cincinnati (AVOC) will provide services in the Cincinnati Metropolitan Statistical Area (MSA), as defined by the Federal Government, and consists of Dearborn County, IN; Franklin County, IN; Ohio County, IN; Boone County, KY; Bracken County, KY; Campbell County, KY; Gallatin County, KY; Grant County, KY; Kenton County, KY; Pendleton County, KY; Brown County,

OH; Butler County, OH; Clermont County, OH; Hamilton County, OH; and Warren County, OH.

All applicants must be a local public or non-profit tax exempt organization as determined by Section 501(c) 3 of the Internal Revenue Code, with a current, valid letter of exemption. For continuation grants, the applicant must have demonstrated acceptable performance standards during the previous grant year.

- E. Service Area:** The RFP requires applicants to be able to provide services in the Columbus or Cincinnati MSA areas, as defined by the counties above. When applying to serve only a portion of the MSA, then the applicants should only request the percentage of the total available funds equal to the ratio of the percentage of clients to be served to the total number of clients in need of service.
- F. Number of Grants and Funds Available:** A total of four hundred fifty six thousand six hundred sixty eight dollars (\$456,668), is available. Within this amount of \$260,953 available for Columbus and \$195,715 available for Cincinnati to fund up to three (3) agencies in total.

The Emerging Communities funds available for the Columbus MSA (\$260,953) are to be used for three (3.8) case managers and a staff person to process the billing (fiscal coordinator) to the Third Party Administrator (TPA) for the emergency financial assistance program in Ryan White consortium #2. Funding of \$55,365 is available for each of the four (4.8) total positions for the Columbus MSA, one (1) at the Woodlands and three (3.8) at the Columbus AIDS Task Force. Thus the Woodlands can apply for \$54,365 and CATF for \$206,588.

The Emerging Communities funds available for the Cincinnati MSA are to be used for two and half (2.5) case managers and one case management coordinator position.

Funding of \$195,715 is available for (2.5) case managers and one (1) case management coordinator at AIDS Volunteers of Cincinnati. \$60,000 is available for the Case Management Coordinator position and \$54,286 for each case manager FTE.

At least 80% of the total application request should be for salary and fringe benefits costs for the case managers and fiscal coordinator.

The remaining funds may be used for agency administrative costs supplies and travel for the case managers and fiscal coordinator and LISW supervision for the case managers. Please note: A cap of 5% can be used for agency administrative costs.

Eligibility: Only those agencies that meet the requirements listed below are eligible. The applicant must have demonstrated acceptable performance standards with previous ODH grants.

Applicants Must:

1. Be a community-based medical or social services agency, a community-based/non-residential chemical dependency agency, or a community-based mental health agency;
2. be providing direct social services currently as a part of their mission statement;
3. have been providing direct social services for at least two (2) consecutive years previous to this time;
4. be operating under the established professional standards and guidelines for the National Association of Social Workers (NASW) and agree to adhere to NASW standards for social work case management;
5. provide on-site supervision to each case manager funded by ODH by an Licensed Independent Social Worker (LISW) on a two-hour per week average. The purpose is to provide clinically-based, social work-oriented supervision. (This also may allow the LSW to be eligible for reimbursement of some services and may assist them in obtaining their LISW). LISWs must attend all the Supervisor's Staff Development/Programmatic update meetings sponsored by the Ohio Department of Health, HIV CARE Services Section (generally semi-annually);
6. be experienced and publicly recognized as providing direct social services to a broad spectrum of ethnic, racial, cultural and at-risk targeted populations and/or disenfranchised groups;
7. have as part of the agency's policy manual and/or goals and objectives, an explicit section about serving people with HIV and their families;
8. be fiscally able to administer the Ryan White Emergency Financial Assistance Program, including the ability to advance money for the Ryan White Emergency Financial Program for individuals experiencing an emergency until reimbursed by the program third party administrator;
9. have the capacity to process Client Data Intake Reports, CM Outcome Measures and Emergency Financial Assistance claims via the Title II Case Management Information System (CMIS) web-based statewide system;
10. provide local consortia with Emergency Assistance Program spending trends and reports at each Consortia Meeting on how much Emergency Assistance funds have been pre-authorized/spent. This information is necessary for the consortia to complete the required Consortia Title II Emergency Assistance Priority Grids;
11. be sanctioned and/or accredited by the Ohio Department of Mental Health, the Ohio Department of Alcohol and Drug Abuse Services, Family Services Association or Joint Commission on the Accreditation of Health Care Organizations (JCAHO) as is appropriate for the eligible agency;
12. must comply with all guidelines for Case Management and the allocation of Title II Emergency Assistance as listed in "Ohio's Comprehensive Plan

for Services to People with HIV/AIDS” Year 17 (to access this plan go to: <http://www.odh.ohio.gov/odhPrograms/chss/aids/aids1.aspx>).

The following are program specific subgrantee agency responsibilities:

Case Managers must:

1. be Licensed Social Workers (LSW) in the state of Ohio and/or in the state in which services are provided;
2. have at least one (1) year experience as a social worker, preferably two or more years; previous employment experience as a community-based case manager is preferred;
3. gather community-based psycho-social HIV-spectrum data as part of the statewide program with data collection tools provided by the Ohio Department of Health. (Client Data Intake Form);
4. attend all the community-based HIV Case Management Staff Development Trainings sponsored by the Ohio Department of Health/HIV CARE Services Section ;
5. function as a central and primary access point for state-sponsored assistance programs examples include: HRSA-Home and Community-Based Care program, and the Ryan White C.A.R.E. Act, Title II program; and
6. follow the program personnel guidelines as indicated below.

- **Direct Service Delivery Responsibilities – 60%**

FTE position must spend 24 hours a week, minimum, engaged in direct client contact – includes all support, referral and advocacy performed either in person or by telephone with the identified HIV positive client or their intimate others on their behalf; limited group facilitation responsibilities are considered within this category (two hours weekly).

- **Supervision/Administration Staff Development Responsibilities – 20%**

This includes at least semi-monthly formal meetings (averaging two hours per week; weekly scheduled time for client chart documentation and to attend other agency meetings. This also includes at least 30 hours of staff development training per year; of these approximately 20 hours will be spent in regularly scheduled Community-Based HIV Case Management Network Staff Development Workshops, sponsored by the Ohio Department of Health/HIV CARE Services Section. This also includes all Quality Assurance and Peer Review Activities related to the client-centered services being provided. Also

included is the time required to write ODH quarterly progress reports, time to process all Ryan White claims, and time for attendance at local Ryan White Consortium meetings.

- **Other Duties – 20%**

This also includes all other HIV agency-specific duties as assigned by the agency supervisor. This includes travel time and attendance/representation at external agency meetings.

HIV Case Management Network Coordinator (AIDS Volunteers of Cincinnati) must:

1. Be currently a Licensed Independent Social Workers (LISW) in the state of Ohio;
2. have at least three (3) years experience as a social worker, preferably one year of supervisory experience, previous employment experience in a community-based setting preferred;
3. be responsible for the coordination, implementation and general oversight of the HIV Case Management Network in their respective consortium areas (not just within their agency of employment);
4. organize and facilitate local HIV Case Management Network Meetings/Steering Committee Meetings;
5. be responsible for building ongoing relationships with other service providers serving the HIV/AIDS community in their consortium;
6. follow up with chart reviews at network agencies, case reviews, network supervision and technical assistance;
7. collect data, analyze, report and track activities related to the Title II Case Management Network in consortia area;
8. streamline network systems for client referrals, linkages, access to services and record keeping;
9. provide clinical supervision to case managers, including: development and enhancement of case management skills, documentation skills, knowledge of community resources (general LISW supervision);
10. attend all the HIV Case Management Supervisors' Trainings sponsored by the Ohio Department of Health/HIV CARE Services Section. These are generally held quarterly (twice per year for supervisors, and two to three times per year for Ohio HIV Case Management Network);
11. participate in Consortia Meetings as Title II Case Management Network representatives; and
12. participate on the Ryan White Care Coordination Council HIV Case Management Subcommittee.

HIV Case Management Network Fiscal Coordinator (Columbus AIDS Taskforce) must:

1. function as a central point for processing Title II Emergency Assistance funds HIV Case Management agencies in consortia #2/MSA area;
2. attend all the community-based HIV Case Management Development Trainings sponsored by the Ohio Department of Health/HIV CARE Services Section (generally semi-annually), attend all consortia #2 consortia meetings; and
3. follow the program personnel guidelines as indicated below.

- **Direct Processing of Title II Emergency Assistance Funds 60%**

FTE position must spend a minimum of 24 hours a week engaged in direct processing of Title II emergency assistance funds. This includes reviewing, authorizing, and submitting provider check disbursement forms to TPA. In addition, review appropriateness of back up/receipt documentation to ensure payments are made on a timely basis. Follow up on provider check disbursement forms, and client data intake reports returned by ODH/HCS that need corrections made in order to process payment in a timely manner (within 5 days). Follow up with network case managers, local providers and ODH/HCS regarding Title II Emergency Assistance expenditures/inquiries; track emergency assistance expenditures in network and compare with ODH/HCS monthly Emergency Assistance Program Claims Report.

- **Preparation and Presentation of Title II Emergency Assistance Reports for Consortia 10%**

This includes preparation and presentation of reports to HIV Case Management Network Steering Committee, consortia and ODH HCS on spending trends, inquiries on provider payments; consortia case management agencies processing issues, consortia provider check disbursements returned by ODH/HCS

- **Supervision/Administrative/Staff Development 10%**

This includes formal supervision meetings; scheduled time to attend other agency meetings; attendance at local Ryan White Consortia meetings; staff development trainings including the regularly scheduled community-based HIV Case Management Network Staff Development Workshops, sponsored by the Ohio Department of Health/HIV CARE Services Section. This also includes all Quality Assurance activities.

- **Other Duties 20%**

This includes all other HIV agency-specific duties as assigned by the agency supervisor. This includes travel time and attendance/representation at external agency meetings.

• **Consortia #3 HIV Case Management Network**

The eligible agency awarded funding in Consortia #3 (AIDS Volunteers of Cincinnati) as well as other eligible/authorized agencies (i.e. Caracole) that access Title II emergency Financial Assistance on behalf of people living with HIV/AIDS must actively participate with HIV Case Management Network requirements. These requirements include:

1. Required attendance of funded case managers (or agency representatives) at each local HIV Case Management Network meeting organized and facilitated by the funded HIV Case Management Network Coordinator;
2. required attendance of supervisors and/or another administrative representative at quarterly local HIV Case Management Network Steering Committee Meetings (**these meetings are required to be held at least quarterly**) organized and facilitated by the funded HIV Case Management Network Coordinator (the Steering Committee should serve as a “board of directors” for the HIV Case Management Network), and work in collaboration with the Network Coordinator; and
3. required agency representative attendance at local Consortia Meetings.

The Ohio Department of Health’s HIV CARE Services Section encourages the steering committee of the network to review the HIV Case Management Network Release of Information that should be in place, reviewed and signed with each client. This is to ensure that the agency receiving funding from ODH/HCS and other agencies authorized to access Title II Emergency Financial Assistance on behalf of people living with HIV/AIDS are participating in a collaborative, operational network.

- The purpose of the Title II HIV Case Management Network
- The role of the Title II Network coordinator funded by ODH and employed by local agencies (as noted above).
- Any other special network processes such as centralized intake, centralized billing, and data reporting and tracking should also be noted.

There is an online guide to the privacy regulations that may be helpful to the network steering committees as well (www.state.oh.us/HIPAA).

No grant award will be issued for less than \$30,000. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted.

Applications submitted for less than the minimum amount will not be considered for review

- G. Due Date:** Applications including any required forms and required attachments mailed or electronically submitted via GMIS 2.0 are due by **Wednesday, February 28, 2007**. Attachments and/or forms sent electronically must be transmitted by the application due date. Attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date.

Please contact Laurie Rickert, HIV Care Services, HIV Community-based and Home Health Programs, at (614) 466-1411 or e-mail laurie.rickert@odh.ohio.gov with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill 66 and the Catalog of Federal Domestic Assistance (CFDA) Number 93.917.

- I. Goals:** The Ohio Department of Health's goals in releasing funds for HIV Case Management are to:
- Make case management as accessible, available and culturally-specific as possible for the diversity of individuals living with HIV;
 - Assure that case management services are available to people with HIV and their families in every county of the Columbus and Cincinnati MSA (as defined on Page 1 of this RFP) through either a grantee's office location, a satellite office location or in-home client visits;
 - Assure that all individuals with HIV are able to access physicians and medications per the guidelines developed by the Public Health Service Council;
 - Provide information/education to people living with HIV regarding transmission, secondary infection and resistance;
 - Make individuals aware of and assist them in acquiring all resources for which they may be eligible in order to improve the quality and length of their lives and, as a last resort, approve the use of the Ryan White emergency financial assistance funds and/or refer individuals to other Ryan White programs; and
 - Ensure the provision of high quality case management, based on the National Association of Social Work (NASW) Social Work model of case management, to as many individuals with HIV as may be interested in such services. This includes achieving a score of 75% or higher on the annual HCS HIV Case Management Clinical Audit in each of the four areas reviewed. Failure to achieve such scores after the second clinical audit within the project budget period will be grounds for termination of the grant award.

The Ohio Department of Health's goals in releasing funds for Title II HIV Case Management Network and Fiscal Coordination are to:

- Ensure the Title II Emergency Assistance Program is accessible and available to HIV/AIDS persons in every county of the Columbus MSA through timely processing of Emergency Assistance requests and tracking of expenditures. Timely, accurate processing of expenditures is defined as the processing of Provider Check Disbursement Forms within five business days of receipt by the applicant agency from Case Management Network agencies; and
- Ensure coordination of the Title II Case Management Network agencies' utilization of Emergency Assistance funds.

J. Program Period and Budget Period: The program period began April 1, 2004 and ends on March 31, 2008. The budget period for this application is April 1, 2007 through March 31, 2008. Continuation of projects beyond the budget period is contingent upon the availability of funds to support the approved project, compliance with special conditions of the notice of award, and the subgrantee's performance.

K. Local Health Districts Improvement Standards: This grant will address the Local Health Districts Improvement Goal 5 "Address the need for Personal Health Services", Standard 5.4 "Plans to reduce specific gaps in access to critical health services are developed and implemented through collaborative efforts." The Local Health District Improvement Standards are available on the ODH web-site <http://www.odh.ohio.gov>. (Click on "Local Health Districts" then "Local Health Districts Performance Standards Workgroup Information," and click the link "Local Health District Improvement Goals/Standards/Measures.")

L. Public Health Impact Statement: All applicant agencies that are not local health districts must communicate with local health districts regarding the impact of the proposed grant activities on the Local Health Districts Improvement Standards.

1. Public Health Impact Statement Summary - Applicant agencies are required to submit a summary of the program to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:

- (1) The Local Health District Improvement Standard(s) to be addressed by grant activities;
- (2) A description of the target population to be served;
- (3) A summary of the services to be provided or activities to be conducted; and,
- (4) A plan to coordinate and share information with appropriate local health districts.

The Applicant must submit the above summary as part of their grant application to ODH. This will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment about the activities as they relate to the Local Health Districts Improvement Standards **(not required for continuation cycle, if unchanged)**.

2. *Public Health Impact Statement of Support* - Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, indicate that when the program summary is submitted with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support must be submitted from at least one local health district, if available (**not required for continuation cycle, if unchanged**).

M. Appropriation Contingency: Any award made through the Ryan White Emerging Communities' Program is contingent upon the availability of funds for this purpose.

N. Programmatic, Technical Assistance and Authorization for Internet

Submission: Please contact Laurie Rickert, HIV Care Services, HIV Community-based and Home Health Programs at (614) 466-1411 or e-mail laurie.rickert@odh.ohio.gov . Initial authorization for Internet submission will be distributed at your GMIS 2.0 Training Session.

Please note: There will be a technical assistance conference call on Tuesday, January 16, 2007 from 10:00AM to 12:00PM to provide guidance and answer questions related to the RFP. To participate in this call please dial 1-800-510-7500 and enter participant code 9084590#.

O. Acknowledgment: An electronic mail message will appear in GMIS 2.0 that acknowledges ODH system receipt of the Internet submission.

P. Late Applications: Applications are dated the time of actual submission via the Internet utilizing GMIS 2.0 with an Electronic Signature. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of Wednesday, February 28, 2007.

Applicants should request a legibly dated postmark, or obtain a legibly dated receipt from the U.S. Postal Service, or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Administration, Central Master Files; but they must be delivered by 4:00 p.m. on the application due date. FAX attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.**

Q. Successful Applicants: Successful applicants will receive official notification in the form of a "Notice of Award" (NOA). The NOA, issued under the signature of the Director of Health, allows for expenditure of grant funds.

R. Unsuccessful Applicants: Within 30 days after a decision to disapprove or not fund a grant application for a given program period, written notification, issued under the signature of the Director of Health, or his designee shall be sent to the unsuccessful applicant.

S. Review Criteria: All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:

1. Contributes to the advancement and/or improvement of the health of Ohioans;
2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
3. Is well executed and is capable of attaining program objectives;
4. Describes specific objectives, activities, milestones and outcomes with respect to time-lines and resources;
5. Estimates reasonable cost to the Ohio Department of Health, considering the anticipated results;
6. Demonstrates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
7. Provides an evaluation plan, including a design for determining program success;
8. Is responsive to the special concerns and program priorities specified in the request for proposal; and,
9. Has demonstrated acceptable past performance.

The Ohio Department of Health will make the final determination and selection of successful/unsuccessful applicants and reserves the right to reject any or all applications for any given request for proposals. There will be no appeal of the Department's decision.

T. Freedom of Information Act: The Freedom of Information Act and the associated Public Information Regulations (45 CFR Part 5) of the U. S. Department of Health and Human Services require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered to be an unwarranted invasion of personal privacy will not be disclosed. For specific guidance on the availability of information, refer to 45 CFR Part 5.

U. Ownership Copyright: Any work produced under this grant will be the property of the Ohio Department of Health/Federal Government. The Department's ownership will include copyright. The content of any material developed under this grant **must** be approved in advance by the awarding office of the Ohio Department of Health. All material(s) must clearly state:

Funded by Ohio Department of Health/Federal Government
Bureau of Community Health Services and Systems Development
HIV Care Services Section

V. Reporting Requirements: Successful applicants are required to submit subgrantee

program and expenditure reports. Reports must adhere to the Ohio Department of Health, Grants Administration Policies and Procedures (GAPP) Manual. Reports must be received before the Department will release any additional funds.

Note: Failure to assure quality of reporting such as submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of your agency flexibility status and/or further payments.

Submit reports as follows:

- 1. Program Reports:** Subgrantee Program Reports **must** be completed and submitted **via the Internet** by the following dates: July 15, 2007, October 15, 2007, January 15, 2008 and April 15, 2008. Any paper non-Internet compatible report attachments must be submitted to Central Master Files by the specific report due date. **Program Reports that do not include required attachments (non-Internet submitted) will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

Submission of Subgrantee Program Reports via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the "submit" button signifies your authorization of this submission as an agency official and constitutes your electronic acknowledgement and acceptance of GAPP rules and regulations.

- 2. Subgrantee Program Expenditure Reports:** Subgrantee Program Expenditure Reports **must** be completed and submitted **via the Internet** by the following dates: July 15, 2007, October 15, 2007, January 15, 2008 and April 15, 2008.

Submission of Subgrantee Program Expenditure Reports via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the "submit" button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgement and acceptance of GAPP rules and regulations.

- 3. Final Expense Reports:** A Subgrantee Final Expense Report reflecting total expenditures for the fiscal year must be completed and submitted **via the Internet** within 45 days after the end of the budget period by May 15, 2008. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subgrantee Final Expense Report. The Subgrantee Final Expense Report serves as invoice to return unused funds.

Submission of the Subgrantee Final Expense Report via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the "submit" button signifies your

authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of GAPP rules and regulations.

4. **Inventory Report:** A listing of all equipment purchased in whole or in part with **current** grant funds (Equipment Section of the approved budget) must be submitted via the Internet as part of the Subgrantee Final Expense Report. At least once every two years, inventory must be physically inspected by the subgrantee. Equipment purchased with ODH grant funds must be tagged as property of ODH for inventory control. Such equipment may be required to be returned to ODH at the end of the grant program period.

- W. Special Condition(s):** Responses to all special conditions **must be submitted via the Internet within 30 days of receipt of the first quarter payment.** A Special Conditions link is available on the Welcome screen for viewing and responding to special conditions. This link is viewable only after the issuance of the subgrantee's first payment. The 30-day time period, in which the subgrantee must respond to special conditions, will begin when the link is viewable. Failure to submit satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied will result in the withholding of any further payments until satisfied.

Submission of response to grant special conditions via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the "submit" button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of GAPP rules and regulations.

- X. Unallowable Costs:** Funds **may not** be used for the following:

1. To advance political or religious points of view, or for fund raising or lobbying, but must be used solely for the purpose as specified in this announcement;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fee for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Lump sum indirect or administrative costs;
6. Contributions to a contingency fund;
7. Entertainment;
8. Fines and penalties;
9. Membership fees -- unless related to the program and approved by ODH;
10. Interest or other financial payments;
11. Contributions made by program personnel;
12. Costs to rent equipment or space owned by the funded agency;
13. Inpatient services;
14. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
15. Satisfying any requirement for the expenditure of non-federal funds as a condition

- for the receipt of federal funds;
16. Travel and meals over the current state rates (see OBM Website <http://www.obm.ohio.gov/mppr/travel.asp>);
 17. All costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
 18. Training longer than one week in duration, unless otherwise approved by ODH;
 19. Contracts, for compensation, with advisory board members;
 20. Grant-related equipment costs greater than \$300, unless justified and approved by ODH;
 21. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants; and

Use of grant funds for prohibited purposes will result in the loss or recovery of those funds.

Y. Audit: An independent audit must be completed no later than nine months after the end of the agency's fiscal year.

Subgrantees that have an agency fiscal year that ends on or after January 1, 2004 which expend \$500,000 or more in Federal awards in its fiscal year are required to have a single audit (\$300,000 for fiscal years ending on or before December 31, 2003). The fair share of the cost of the single audit is an allowable cost to Federal awards provided that the audit was conducted in accordance with the requirements of OMB Circular A-133.

Subgrantees that have an agency fiscal year that ends on or after January 1, 2004 which expend less than the \$500,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards (\$300,000 for fiscal years ending on or before December 31, 2003). The financial audit is not an allowable cost to the program.

Once the audit is completed, a copy must be sent to the ODH, Grants Administration, Central Master Files address within 30 days. Reference GAPP Chapter 100, Section 108 and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

Z. Submission of Application:

The Internet application submission must consist of the following:

<p>Complete & Submit Via Internet</p>
--

1. Application Information
2. Assurances
3. Budget
 - Cover Page
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts

Confirmation of Contractual Agreements
Section D
Summary

4. Budget Certification
5. Program Narrative
6. EEO Survey
7. Attachments as required by Program
 - Staffing Information (this needs to be submitted with this grant application and references to the information being “on file at ODH” or “submitted with previous grant application materials” is not acceptable.)
 - A minimum of 5 letters of support to this program and current application.

An original and one (1) copy of the following forms, available on the Internet, must be completed, printed, signed in blue ink with original signatures and mailed to the address listed below:

Complete,
Sign &
Mail To
ODH

1. Electronic Funds Transfer (EFT) Form. **(Required if new agency, thereafter only if banking information has changed)**
2. IRS W-9 Form **(Required if new agency, thereafter only if changed)**

Two (2) copies of the following documents must be mailed to the address listed below:

Copy &
Mail To
ODH

1. Public Health Impact Statement **(for continuation, only if changed)**
2. Statement of Support from the Local Health Districts **(for continuation, only if changed)**
3. Liability Coverage **(Non-Profit Organizations only; proof of current liability coverage and thereafter at each renewal period)**
4. Evidence of Non-Profit Status **(Non-Profit Organizations only; for continuation, only if changed)**

One (1) copy of the following documents must be mailed to the address listed below:

Complete
Copy &
Mail To
ODH

1. Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)
2. Declaration Regarding Material Assistance/Non Assistance to a Terrorist Organization (DMA) Questionnaire **(Required by ALL Non-Governmental Applicant Agencies)**
3. An original and one (1) copy of **Attachments** (non-Internet compatible) as required by Program: None

**Ohio Department of Health
Grants Administration
Central Master Files, 4th Floor
246 N. High Street
Columbus, Ohio 43215**

II. APPLICATION REQUIREMENTS AND FORMAT

Access to the on-line Grants Management Information System 2.0 (GMIS 2.0), will be provided at your GMIS 2.0 training session.

All applications must be submitted via the Internet. Submission of all parts of the grant application via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Checking the Acknowledge Button signifies your authorization of this submission as an agency official and constitutes your electronic acknowledgment and acceptance of GAPP rules and regulations in lieu of an executed Signature Page document

- A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed in its entirety. This information will serve as the basis for necessary communication between the agency and the ODH.

- B. Annual Assurances:** Each subgrantee must submit the “Federal and State Assurances for Subgrantees” form. This form is submitted automatically with each application via the Internet.
- C. Budget:** Prior to completion of the budget section, please review section “X” of the RFP for unallowable costs.

Match or Applicant Share is not required by this program, do not include match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.

1. Cover Page: Provide a detailed narrative budget justification that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Describe the specific functions of the personnel, consultants, and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. If you have joint costs refer to GAPP Chapter 100, Section 103 and Section D(9) of the application for additional information.

2. Personnel, Other Direct Costs, Equipment, Contracts & Confirmation of Contractual Agreement (CCA) Form(s): Submit a budget with these sections and form(s) completed as necessary to support costs for the period April 1, 2007 to March 31, 2008.

Funds may be used to support personnel, their training, travel (see OBM Website <http://www.obm.ohio.gov/mppr/travel.asp>) and supplies directly related to planning, organizing, and conducting the Initiative/program activity described in this announcement.

Where appropriate, retain all contracts on file. The contracts should not be sent to ODH. A completed “Confirmation of Contractual Agreement” (CCA) form must be submitted via the Internet for each contract. The submitted CCA must be approved by ODH before contractual expenditures are authorized.

Submission of the “Confirmation of Contractual Agreement” (CCA) via the Ohio Department of Health’s GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the “submit” button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgement and acceptance of GAPP rules and regulations.

Where appropriate, itemize all equipment (**minimum \$300.00 unit cost value**) to be purchased with grant funds in the Equipment Section

3. Section D: Answer each question on this form as accurately as possible. Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.

4. Budget Summary: Enter information about the funding sources, budget categories and forecasted cash needs for the program. Distribution should reflect the best estimate of need by quarter. Failure to complete this section will cause delays in receipt of grant funds.

D. Budget Certification: The Budget Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Complete the form by entering the State and Congressional Districts. By clicking the Acknowledge box when submitting an application, the subgrantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

E. Program Narrative:

1. Executive Summary: Identify the target population, services and programs to be offered and what agency or agencies will provide those services. Describe the public health problems that the program will address.

2. Description of Applicant Agency/Documentation of Eligibility/Personnel: Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program. Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. Describe plans for hiring and training, as necessary. Delineate all personnel who will be directly involved in program activities. Include the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program. Include position descriptions for these staff.

3. Problem/Need: Identify and describe the local health status concern that will be addressed by the program, do not restate national and state data. The specific health status concerns that the program intends to address may be stated in terms of health status (e.g. morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which the evaluation will be based. Clearly identify the target population. Include a description of other agencies/organizations also addressing this problem/need.

4. Methodology: In a narrative, identify the program goals, objectives, and activities. Indicate how they will be evaluated to determine the level of success of the program. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each.

Submit a Work Plan, in an outline that will: identify program goals, objectives, activities/tasks, evaluation/outcome, person (s) responsible and target dates. Each goal should have at least one objective. All objectives need to be measurable. Technical assistance with the work plan is available from the assigned HCS HIV case management coordinator. **The following goals and objectives must be included in the Work Plan:**

Goal 1 – For “Agency” to demonstrate the provision of quality case management services for people living with HIV.

Objective 1.1 - During FY17, “X” (at least 100 per funded case manager) number of people living with HIV and their family members will receive case management services, as indicated by the number of intakes/updates to the CDIR entered in CMIS.

Objective 1.2 - During Year 17, “Agency” will pass the annual case management clinical audit, as indicated by a score of at least 75% in each of the four audited areas as outlined in the ODH/HCS Standards of Care for HIV Case Management (Appendix 32) as measured using the 2007 Case Management Audit Tool (TBD)

Objective 1.3 - At the time of the 2007 Case Management Clinical Audit, 70% of people living with HIV receiving HIV Case Management services at “Agency” will experience overall satisfaction with their case managers, as indicated by a response of “sometimes” or better on the Title II Standardized Client Satisfaction Survey.

Objective 1.4 - Case managers will complete outcome measure forms at intake and every six months thereafter on a minimum of 70% of people living with HIV receiving HIV case management services.

Objective 1.5 - 100% of case managers will participate with HCS Quality Management Annual Statewide Needs Assessment and a ½ day regional Quality Care Training provided by quality management staff.

Objective 1.6 – At the time of grant application and at the end of each quarter, 90% of people living with HIV receiving HIV Case Management services at “Agency” will reflect the AIDS surveillance data, as indicated by a table comparison of caseload demographics for the counties in which “Agency” provides funded case management with the most recent AIDS surveillance data reported by ODH.

Objective 1.7 – During Year 17, “X” (at least 100 per funded case manager) living with HIV receiving HIV Case Management services at “Agency” will receive education about the risks of horizontal transmission of the virus through sex and needle sharing partners; vertical transmission of the virus during pregnancy; re-infection with HIV and/or other sexually transmitted infections;

contracting and/or transmitting a drug-resistant strain of HIV; and consequences of Ohio's HIV felonious assault law, as indicated by documentation in case notes and on ISPs reflecting the provision of tools and knowledge to practice safer sex.

Goal 2 – For “Agency” to administer the Ryan White CARE Act funds for Consortium “#” in accordance with the Ohio Ryan White Comprehensive Plan for Year 17.

Objective 2.1 (Consortium 1) – “Agency” will provide and present consortia-specific Title II Emergency Assistance Program reports to the consortium and to the HIV Case Management Network Steering Committee on a monthly basis using the Case Management report, as reflected in Consortium and Steering Committee minutes.

Objective 2.1 (Consortia 2 through 7 and 9C) – “Agency” will provide and present consortia-specific Title II Emergency Assistance Program reports to the consortium on a monthly basis using the Case Management Report, as reflected in Consortium minutes.

Objective 2.1 (Consortia 8, 9A and 9B) – “Agency” will provide a copy of the Priority Setting Grid to ODH/HCS with quarterly program reports.

Objective 2.2 (all Consortia) - Within 60 days from the date of service and within 5 business days from receipt of the provider bill, “Agency” will submit Emergency Assistance requests to the TPA via CMIS.

Objective 2.3 (Consortia 1, 2 and 3) – Within 60 days from the date of service and within 5 business days of “Agency’s” receipt of Provide Check Disbursement Forms from network case management agencies, the Title II HIV Case Management Network Fiscal Coordinator will process and submit Emergency Assistance requests to the TPA.

Previous Goal 3 moved to Objective 1.6

Previous Goal 5 moved to Objective 1.7

Goal 3 (Previously Goal 4) (Consortia 1 and 2) – For Consortia with multiple agencies funded to provide HIV Case Management to offer “collaborative and consistent” services.

Objective 3.1 (new) (Consortia 1 and 2) – During Year 17, “Agency” will ensure collaboration with and promote continuity of services with other Network agencies, as indicted by representation at “monthly” HIV Case Management Network meetings as reflected in the minutes.

Goal 4 (previously Goal 6) (Consortia 1, 2 and 3) – For “Agency” to work with the Minority AIDS Initiative Project to increase the access and participation in care of minority populations living with HIV.

Objective (s) 4.x – To be defined by “Agency”

Goal 5 (previously Goal 7) (ATGC and CATF) - Goal and objective(s) related to the local Title II HIV Case Management Network to be defined by “Agency.”

Goal 6 (previously Goal 7) (ATGC and CATF) – Goal and objective(s) related to the local Title II HIV Case Management Steering Committee to be defined by “Agency.”

Goal 7 (previously Goal 9) (ATGC and CATF) - Goal and objective(s) related to the local HIV Case Management Network Coordinator position to be defined by “Agency.”

Goal 8 (previously Goal 10) (ATGC) - Goal and objective(s) related to the local HIV Case Management Assistant Network Coordinator position to be defined by “Agency.”

- F. Attachment(s):** Attachments are documents deemed necessary to the application that are not a part of the GMIS 2.0 system. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Administration Central Master Files address on or before Wednesday, February 28, 2007. All attachments must clearly identify the authorized program name and program number.
- G. Electronic Funds Transfer (EFT) Form:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed EFT form **must** be dated and signed, in blue ink, with original signatures. Submit the original and one (1) copy. **(Required only if new agency, thereafter only when banking information has changed.)**
- H. Internal Revenue Service (IRS) W-9 Form:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed IRS W-9 form **must** be dated and signed, in blue ink, with original signatures. Submit the original and one (1) copy. **(Required if new agency, thereafter only when tax or agency address information has changed.)**
- I. Public Health Impact Statement Summary:** Submit two (2) copies of a one-page program summary regarding the impact to proposed grant activities on the Local Health Districts Improvement Standards **(for competitive cycle only; for continuation, only if changed).**

J. Public Health Impact Response/Statement: Submit two (2) copies of the response/statement(s) of support from the local health district(s) to your agency's communication regarding the impact of the proposed grant activities on the Local Health Districts Improvement Standards. If a statement of support from the local health district is not available, indicate that and submit a copy of the program summary your agency forwarded to the local health district(s) **(for continuation, only if changed)**.

K. Liability Coverage: Liability coverage is required for all non-profit agencies. Non-profit organizations **must** submit documentation validating current liability coverage. Submit two (2) copies of the Certificate of Insurance Liability **(Non-Profit Organizations only; current liability coverage and thereafter at each renewal period)**.

L. Non-Profit Organization Status: Non-profit organizations **must** submit documentation validating current status. Submit two (2) copies of the Internal Revenue Services (IRS) letter approving your non-tax exempt status **(Non-Profit Organizations only; for continuation, only if changed)**.

M. Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Questionnaire: The DMA is a Questionnaire that must be completed by all grant applicant agencies to certify that they have not provided "material assistance" to a terrorist organization (Sections 2909.32, 2909.33 and 2909.34 of the Ohio Revised Code). The completed DMA Questionnaire **must** be dated and signed, in blue ink, with the Agency Head's signature. The DMA

Questionnaire (in PDF format. [Adobe Acrobat](#) is required) is located at the Ohio Homeland Security Website:

<http://www.homelandsecurity.ohio.gov/dma.asp>

- Click on "DMA Forms"
- Click on "DMA for funding and business contracts"
- Print a hard copy of the form once it has been downloaded. The form must be completed in its entirety and your responses must be truthful to the best of your knowledge. **(Required by all Non-Governmental Applicant Agencies)**

N. EEO Survey

O. Attachments as Required by Program:

1. Staffing Information (this needs to be submitted with this grant application and references to the information being "on file at ODH" or "submitted with previous grant application materials" is not acceptable.)
2. A minimum of 5 letters of support to this program and current application.

III. APPENDICES

- (1) Application Review form
- (2) Standards of Care
- (3) Clinical Supervision Time Sheet
- (4) Quarterly Program Report Format

Staffing Information

Include:

- Copies of the HIV Case Managers' position description;
- Copies of the HIV Case Managers' **CURRENT** Ohio LSW licenses;
- Copies of the HIV Case Managers' resumes;
- A copy of the Clinical Supervisor's position description or Confirmation of Contractual Agreements (CCA);
- A copy of the Clinical Supervisor's **CURRENT** Ohio LISW license;
- A copy of the Clinical Supervisor's resume;
- A copy of the Title II HIV Case Management Network Fiscal Coordinator's position description and Resume; (CATF)
- A copy of the Title II HIV Network Coordinator's position description and resume; (AVOC)
- Copies of other applicable position descriptions or CCA;
- Copies of other current licenses as applicable;
- Copies of other resumes/curriculum vitae as applicable; and

- Agency Table of Organization (change and/or updates to the Table of Organization must be attached to quarterly programmatic reports).

Attachment #1

Letters of Support

Submit a minimum of 5 letters documenting program collaboration and evaluation from external agencies and or parties; including the local Ryan White Title II Consortium and other Ryan White-funded entities. Letters of collaboration and evaluation must be specific to this program and to the current application year.

Attachment #2

III. APPENDICES

**OHIO DEPARTMENT OF HEALTH
BUREAU OF COMMUNITY HEALTH SERVICES &
SYSTEMS DEVELOPMENT
HIV CARE SERVICES SECTION
EMERGING COMMUNITIES
GRANT APPLICATION REVIEW-RATING FORM
(APRIL 1, 2007 TO MARCH 31, 2008)**

Agency: _____

Consortia: _____

Reviewer: _____

Total Score: _____

Recommended Funding Level: _____

SCORE TABLE:

Use the following table as a guide in completing the review sheet.

Point Value	Poor	Adequate	Good	Very Good	Excellent
	Criterion Unmet	Criterion Partially Met		Criterion met	
5	0, 1	2	3	4	5
10	0, 1, 2	3, 4	5, 6	7, 8	9, 10
15	0, 1, 2, 3	4, 5, 6	7, 8, 9	10, 11, 12	13, 14, 15
25	0, 1, 2, 3, 4, 5	6, 7, 8, 9, 10	11,12,13,14,15	16,17,18,19,20	21,22,23,24,25

- POOR** – Does not answer the question nor address any of the required issues.
- ADEQUATE** – Attempts to answer the question, but does not offer specific information.
- GOOD** – Answers the question and offers some concrete information.
- VERY GOOD** – Offers substantive information; a complete answer in a clear manner.
- EXCELLENT** - An exemplary answer, uses quantitative measure for example; is concise and to the point.

NOTE: The maximum point value is shown in each section. Please score each section using the score table as a guide. Your comments are important and provide clarification when necessary. **TOTAL MAXIMUM SCORE: 100 points.**

Appendix #1

COMPONENT OF PROPOSAL	MAXIMUM POINTS POSSIBLE	SCORE	COMMENTS
1. PROGRAM NARRATIVE	40 Points-break out as listed below		
1A. EXECUTIVE SUMMARY <i>A one page summary of the proposal-should include target population, services and programs to be offered and what agency(ies) will provide those services. A description of the public health problems that the project will address.</i>	3 Points		
1B. Problem/Need <i>Application should identify and describe the local problem/need and how the project/program will attempt to resolve or decrease the extent of the problem/ need in their area. The target population and how they will be reached should be identified. How the project/program meet the indicators of being accessible, available, affordable and appropriate for the target population should be measurable. A description of other agencies/organizations also addressing this problem/need and how coordination with these agencies will occur should be included.</i>	7 Points		
1C. Description of Applicant Agency/ Documentation of Eligibility <i>Summary of agency's eligibility to apply. All personnel who will be directly involved in project activities and how they are best suited to meet the goals of the project should be outlined. Agencies should be community-based, currently providing direct services, providing direct social services for at least 2 consecutive years, not-for-profit, operate under NASW Guidelines, Sanctioned or Accredited, able to provide onsite supervision to each case manager funded by ODH by a LISW on a two hour per week average, provide services to a broad spectrum of populations, have agency goals re: HIV/AIDS, be financially able to front money for the Ryan White Program and fiscally able to administer the Ryan White Program, be able to provide local consortia with Emergency Assistance Program Reports. Comply with all guidelines for Case Management and the allocation of Title II Emergency Assistance as listed in "Ohio's Comprehensive Plan for Services to People with HIV/AIDS" Year 17, capacity to utilize CMIS web-based system.</i>	10 Points		
COMPONENT OF PROPOSAL	MAXIMUM POINTS POSSIBLE	SCORE	COMMENTS
2. Methodology <i>Methodology Narrative & work plan should identify the project goals, objectives and activities and how these will be evaluated to determine the level of success of the project.</i>	20 Points		

<p>The work plan should include the required goals and objectives. Person(s) responsible for each objective should be indicated. The start and completion dates for each objective/activity should be identified.</p>			
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<p>3. BUDGET</p>	<p>10 Points – Break Out as listed below</p>		
<p>3A. Budget Narrative A detailed narrative budget justification which describes how the categorical costs are derived should be provided. This should discuss the necessity, reasonableness of the proposed costs. Specific functions of the personnel, consultants and/or collaborator should be described. Supplies, travel and training costs should be explained and justified</p>	<p>7 Points</p>		
<p>3B. ODH Subgrantee Program Budget A budget for the period of April 1, 2007 to March 31, 2008 should be submitted.</p>	<p>2 Points</p>		
<p>3C. ASSURANCES AND W-9 Proposal must include “ODH Federal and State Assurance for Subgrantees” Form and W-9.</p>	<p>1 Point</p>		

<p>4. ATTACHMENTS <i>Attachments should include:</i> <i>*A copy of the Clinical Supervisor’s position description or contract.</i> <i>*A copy of the Clinical Supervisor’s current LISW license(s).</i> <i>*A copy of the Clinical Supervisor’s resume</i> <i>*A copy of the HIV Case Manager’s position description.</i> <i>*A copy of the HIV Case Manager’s current (LSW or LISW) license(s).</i> <i>*A copy of the HIV Case Manager’s resume</i> <i>*A copy of the Network Fiscal Coordinator’s resume (CATF)</i> <i>* A copy of the Network Fiscal Coordinator’s position description(CATF)</i> <i>*Copies of other current licenses as applicable</i> <i>*Copies of other applicable position descriptions or contracts</i> <i>*Copies of other resumes as applicable</i> <i>*Agency Table of Organization</i> <i>*Letters of support and other supporting documentation deemed appropriate.</i></p>	<p>15 Points</p>		
<p>5. <i>Previous performance of applicant in field of HIV (if applicable). Base your rating on the information provided in the grant application. Experience with HIV should be documented. Review ODH agency grant flexibility status, previous Title II clinical audit results, progression towards previous stated goals, etc.</i></p>	<p>20</p>		
<p>6. Overall Quality <i>Clarity, completeness, adherence to RFP guidelines</i></p>	<p>15</p>		
<p><u>TOTAL</u></p>	<p>100 POINTS</p>		

Recommendation of Reviewer:

- Approval (funding) of proposal as submitted (no conditions)
- Approval (funding) of proposal with conditions (please list conditions below)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

- Disapproval of project. State reason(s) below:

1. _____
2. _____
3. _____

Signature of Reviewer

Date

Standards of Care

For HIV Case Management
as developed by
the Ohio Department of Health
HIV CARE Services Section
(2006)

Appendix #2

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Purpose of Ryan White Title II

Ryan White Title II provides financial assistance to states to enable them to improve the quality, availability, organization of healthcare and support services for individuals with HIV infection and their families (in the broadest definition). The concept of a continuum-of-care model of services, in which all the needs of the individual or family are met in a coordinated fashion, underlies the provisions of the Ryan White C.A.R.E. Act of 1990.

The Ryan White C.A.R.E Act guidance states may use funds awarded to them under Title II for the following purposes:

1. To establish and operate HIV care consortia;
2. To provide home and community-based care services;
3. To provide assistance to assure the continuity of health insurance coverage;
4. To provide treatments that have been determined to prolong life or prevent serious deterioration of health.

Purpose of Standards of Care

1. To ensure that the quality of case management is high and is the same for all clients;
2. To ensure that HIV case management to clients is beneficial;
3. To ensure that clients receive the best possible service; and
4. To ensure that the goals of standards of care are met.

Goals of Standards of Care

1. Make case management as accessible, available, and culturally specific as possible for the diversity of individuals living with HIV;
2. Assure that case management services are available to people with HIV and their families in every county of the State of Ohio through either a grantee's office location, a satellite office location or in-home client visits;
3. Assure that all individuals with HIV are able to access physicians and

medications per the guidelines developed by the Public Health Service Council. The website for public health guidelines is www.aidsinfo.nih.gov/guidelines/;

4. Provide information/education to people living with HIV regarding transmission, secondary infection and resistance;

5. Make individuals aware of and assist them in acquiring all resources for which they may be eligible in order to improve the quality of their lives and increase their independence. As a last resort, the use of Ryan White Emergency Financial Assistance funds may be approved and/or individuals may be referred to other Ryan White programs;

6. Ensure the provision of high quality case management, based on the National Association of Social Workers (NASW) Social Work model of case management, to as many individuals with HIV as may be interested in such services, regardless of residence location. Provision of quality case management must be appropriately documented on client charts and will be evaluated on an annual basis by HCS Case Management Program staff (clinical audit process). Applicants are required to achieve a score of 75% or higher on the annual HCS HIV Case Management Clinical Audit in each of the four areas reviewed. Failure to meet minimal performance standards (e.g., submission of timely reports, special conditions responded to and met timely, the passing of the annual clinical audit) may result in the disqualification of agencies from eligibility to apply for continuation of funds. Failure to achieve such scores after the second clinical audit within the project budget period may be ground for termination of the grant award;

7. Provide specialized case management to populations at locations in service areas as identified in “Specialized Case Management Descriptions”; and

8. Ensure that case management efforts are strongly coordinated with the goals/objectives of the Minority AIDS Initiative grant/contract which is also awarded through the Ohio Department of Health to increase HIV positive minority populations’ access and participation in care.

* Goals as stated in the ODH/HCS Federal HIV Care RFP, 2005.

Case Management

What is Case Management?

A method of providing services whereby a professional social worker assesses the needs of the client and the client's family when appropriate and arranges, coordinates, monitors, evaluates and advocates for a package of multiple services to meet the specific client's complex needs.

Goals of Case Management:

1. Enhancing developmental, problem-solving, and coping capacities of clients;
2. Creating and promoting the effective and humane operation of systems that provide resources and services to people;
3. Linking people with systems that provide them with resources, services, and opportunities;
4. Improving the scope and capacity of the delivery system;
5. Contributing to the development and improvement of social policy.

Requirements of case managers:

1. Case managers for HIV case management shall have a baccalaureate or graduate degree from a social work program accredited by the Council on Social Work Education and shall possess the knowledge, skills, and experience necessary to competently perform case management activities.
2. The social work case manager shall use his or her professional skills and competence to serve the client whose interests are the primary concern.
3. The social work case manager shall ensure that clients are involved in all phases of case management practice to the greatest extent possible.
4. The social work case manager shall ensure the client's right to privacy and ensure appropriate confidentiality when information about the client is released to others.
5. The social work case manager shall intervene at the client level to provide and/or coordinate the delivery of direct services to clients and their families.
6. The social work case manager shall intervene at the service systems level to support existing case management services and to expand the supply of and improve access to needed services
7. The social work case manager shall be knowledgeable about resource availability, service costs, and budgetary parameters and be fiscally responsible in carrying out all case management functions and activities.
8. The social work case manager shall participate in evaluative and quality assurance activities designed to monitor appropriateness and effectiveness of both the service delivery system in which case management operates as well as the case manager's

- own case management services, and to otherwise ensure full professional accountability
9. The social work case manager shall carry a reasonable caseload that allows the case manager to effectively plan, provide, and evaluate case management tasks related to client and system interventions.
 10. The social work case manager shall treat colleagues with courtesy and respect and strive to enhance interprofessional, intraprofessional, and interagency cooperation on behalf of the client

*Case management information as defined by the NASW.

Additional Case Management Requirements:

The following standards for case managers must be met in order for an agency to be eligible for ODH funds: Case managers must:

1. be currently Licensed Social Workers in the state of Ohio;
2. have at least one year experience as a social worker, preferably two or more years; previous employment experience as a community-based case manager is preferred;
3. gather community-based psychosocial HIV spectrum data as a part of the statewide program with data collection tools provided by the Ohio Department of Health (Client Data Intake Form).
4. attend all the community-based HIV Case Management Staff Development Trainings sponsored by the Ohio Department of Health/ HIV CARE Services Section (generally twice a year); agency representation must be equal to the number of positions funded
5. function as a central and primary access point for state-sponsored assistance programs as needed, currently and in the future. Examples include HRSA-Home and Community-Based Care program and the Ryan White C.A.R.E. Act, Title II program.
6. In addition to the requirements stated previously, it is preferred that specialized case managers have previous employment experience with the specialized case management outreach efforts needed for each of the following positions:
 - Early Intervention Specialist Case Manager
 - Minority Outreach Case Manager
 - Clinical Outreach Case Manager
 - Outreach Case Manager
 - Cleveland Area HIV Case Management Assistant Network Case Manager

Case Management Network Coordinator Requirements:

1. be currently Licensed Independent Social Worker (LISW) in the state of Ohio;
2. have at least three years experience as a social worker, preferably one year of supervisory experience, previous employment experience in a community-based setting preferred;

3. be responsible for the coordination, implementation, and general oversight of the HIV Case Management Network in their respective Consortium areas (not just within their agency of employment.); organize and facilitate local HIV Case Management Network Meetings/Steering Committee Meetings;
4. be responsible for building ongoing relationships with other service providers serving the HIV/AIDS community in their Consortium;
5. follow up with chart reviews at network agencies, case reviews, network supervision and technical assistance;
6. collect data, analyze, report and track activities related to the Title II Case Management Network in consortia area;
7. streamline network systems for client referrals, linkages, access to services and record keeping;
8. provide clinical supervision to case managers, including: development and enhancement of case management skills, documentation skills, knowledge of community resources (general LISW supervision);
9. attend all of the HIV Case Management Supervisors' Trainings sponsored by the Ohio Department of Health/HIV CARE Services Section. These are generally held quarterly (twice per year for supervisors and twice per year for Ohio HIV Case Management Network);
10. participate in Consortia Meetings as Title II Case Management Network representatives; and
11. participate on the Ryan White Care Coordination Council HIV Case Management Subcommittee.

* Case management information as defined by the ODH/HCS Federal HIV Care RFP, 2005.

Program Personnel Guidelines:

Direct Service Delivery Responsibilities- 60%

FTE position must spend 24 hours a week, minimum, engaged in direct client contact-includes all support, referral, and advocacy performed either in person or by telephone with the identified HIV positive client or their intimate others or on their behalf; limited group facilitation responsibilities are considered within this category (two hours weekly).

Supervision/Administrative Staff Development Responsibilities-20%

This includes at least bi-monthly formal supervision meetings (averaging two hours per week); weekly scheduled time for client chart documentation and to attend other agency meetings; this also includes at least 30 hours of staff development training per year; of these, approximately 20 hours will be spent in regularly scheduled Community-Based HIV Case Management Network Staff Development Workshops in Columbus, sponsored by the Ohio Department of Health/HIV CARE Services Section. This also includes all Quality Assurance and Peer Review Activities related to the client-centered services being systematically and consistently provided. Also included is the time required for ODH required reporting, time to write ODH quarterly progress

reports, time to process all Ryan White claims, and time for attendance at local Ryan White Consortium meetings.

Other Duties-20%

This includes all other HIV agency-specific duties as assigned by the agency supervisor. This includes travel time and attendance/representation at external agency meetings.

* Program Personnel Guidelines as defined by the ODH/HCS Federal HIV Care RFP, 2005.

Documentation

Why Documentation important?

Documentation is needed in order to show any interactions between the client and case manager. It details what steps were taken to assist a client. In addition, it verifies that proper procedures have been followed, including rules, regulations and necessary guidelines. Remember, if it is not documented, it never happened.

It is essential that there are no gaps in service for the client. By documenting every time there is contact with a client, a case manager is able to track what services are needed or have been provided as well as when a client needs to be contacted.

Basics of Documentation

1. Use black ink at all times.
2. Write legibly.
3. Fill in all of the blanks. If there is nothing to document, enter N/A or put a line through the area.
4. Sign off on all of your documentation.
5. Be objective in your documentation.
6. Ensure that your documentation is clear. When someone else reads it, will they understand what you are stating?
7. Client name, case number and date of documentation. Include date of contact (and differentiate between the two).
8. Document chronologically.
9. Do not make any entries in advance.
10. Do not use correction fluid. Place a line through the error and initial it.
11. Focus on goals of service plan.
12. Progress notes and daily service logs must reflect all activity or contact with client.

A method one can use to document information is SOAP. This is an organized documentation process that assists in presenting the overall picture. However, the SOAP method of documentation is not required by ODH/HCS.

SOAP is define as:

- **S**ubjective data: Client's perception of the problem. What are their thoughts or feelings on the subject? The case manager never shares their feelings or attitude about the case.
- **O**bjective data: Facts and observations of the case from the case manager.
- **A**ssessment: The impression and/or interpretations of the case from the case manager. This is not how the case manager feels about the client, but discussion of the progress of the client and what is happening (condition) with the client.
- **P**lan: What is the case manager's plan to address the needs identified above? What is the client's plan to accomplish his/her goals? The plan should coincide with what is stated on the Individualized Service Plan.

Confidentiality

One of the most important responsibilities of a case manager is to protect the confidentiality of a client. Confidentiality is defined as one's responsibility of not disclosing privileged information. If confidentiality is broken, the case manager can be held liable.

Confidentiality guidelines:

- The case manager is required to have a Release of Information form completed and signed by the client or an authorized representative before information can be provided to designated service providers.

Clinical records:

- Records must be kept in a locked, secure place.
- Records must be stored and accessible for a period of seven years after the closing of the case. After the seventh year, records can be destroyed in a way that will maintain confidentiality.
- Documentation in the record should only include information significant to the client's situation, circumstance and presenting problem.
- All forms and documentation will be completed in a factual and objective manner.
- Records will include a release of information form completed by the client to show verification that information can be shared with other agencies if needed.
- Record retention is 7 years past termination.
- All agency employees and volunteers who have access to client records are encouraged to sign a statement adhering to the practice of confidentiality set forth by the agency and HCS.

Computer issues:

- Do not share your password with anyone.
- Exit the computer system when you leave your workstation.

Telephone:

- Leave a greeting on your voicemail that does not identify you as an HIV Case Manager. This will prevent a third party from obtaining knowledge of a client's status if they call you.
- When a message is left for a client (if the client permits you to do so), leave your name and your phone number (if it is confidential).

Faxes:

- If possible, the fax machine should be located in a locked, secure place, away from unauthorized personnel;
- Released confidential information should not be left unattended;
- Before sending a fax, the case manager should contact the professional who is to receive the fax so that the professional is waiting for it. The professional should then contact the case manager to ensure that it was received.

Transporting Client Records and Information:

- Client records which are transported outside the HIV case management provider agency should be handled in a manner which ensures absolute security and confidentiality (i.e., never left unattended, transported in a container (envelope, file, briefcase, etc.) which does not disclose client-specific information, and handled only by authorized personnel.)

Case Transfers and Terminations

Case managed clients should be assigned to a new case manager, if appropriate, after implementing the agency transfer/discharge policy and procedure process and exhausting all other options.

A **case transfer** request can be initiated by:

- client request;
- case manager request;
- case management supervisor when he or she determines that a transfer is appropriate through routine supervision;
- a client moving out of the service area;
- a case manager leaving employment

Prior to **transfer**, the case management supervisor should ensure that:

- the client is notified of the change and name of the new contact person;
- the supervisor and case manager(s) have met and discussed the client's status;
- a thorough transfer summary note is completed by the case manager and logged in the client record and reviewed by the supervisor;
- the former case manager is informed of agency policy regarding termination of contact with clients following case transfer;
- the case manager does not remove confidential client or agency materials upon termination of employment
- "Social workers who anticipate the termination or interruption of services to clients should notify client promptly and seek the transfer, referral, or continuation of services in relation to the clients' needs and preferences" (NASW Code of Ethics).

Termination guidelines as defined by the NASW Standards for Social Work Case Management:

Termination of the case occurs for a number of reasons including:

- client's attainment of stated goals;
- rehabilitation;
- client or family noncompliance;
- client or case manager's withdrawal;
- limited service availability;
- client's death

Preparation for **termination** includes:

- making appropriate arrangements with the service providers;
- concluding financial aspects of the case;
- making necessary follow up on the client to ensure the client situation is adequate and appropriate

Corrective actions should be considered when clients are not fulfilling their responsibilities (e.g., conditions can be applied to financial assistance and/or case management.) Specifically, a client can be required to attend mental health or substance abuse counseling; if specified conditions are not met, case management can be terminated until they are met. In addition, limitations on what types of financial assistance provided (e.g., only medical appointments will be paid for) can be enacted.

Note: case management can still be provided; even if financial assistance is limited or suspended.

Glossary

Client: Any individual (and his/her defined support network), family, or group receiving case management services. In some instances, the client may consist of an individual and his/her caregiver and his/her substitute decision maker.

Confidentiality: The exchange of information in confidence.

Documentation: Recorded information in the client file or other service documents.

Goal: Specific statement which describes a desired state for the future and provides direction for the day-to-day decisions and activities. Describes expected outcomes of the service, support, resource, intervention or activity.

Provider agency: An agency that provides Ryan White Title II services.

Resource: Something tangible that is supplied to or can be accessed by the client to help achieve goals. It is often less formal or less defined than a service.

Service: A term used to describe a more formal, well-defined group of activities intended to accomplish a specific task.

Acuity Assessment

Acuity assessment is a useful tool. It is one method that can be used to determine the level of care a client may need. Although not required by ODH/HCS, the utilization of the assessment tool, or a similar tool, is encouraged.

Level of Service:

- Level 1: None
- Level 2: Low
- Level 3: Moderate
- Level 4: High

Level 1: Individuals who do not rely on an agency for any of their needs

- Clients who have not used emergency assistance within the past 12 months.
- Clients who do not need the assistance of the OHDAP program
- Clients who are able to maintain a high level of independence. This is defined as not currently requiring the assistance of any social service agency.
- Referrals or community linkages have not been made.

Level 2: Clients who rely on the agency for solely administrative needs and whose level of actual need is consistent with this request. A case manager-initiated direct contact with the client or client system occurs at least every six months (as required by Ryan White, Title II).

- Clients have not used emergency assistance within the last six months
- Clients who have consistently relied on agency solely for the OHDAP program or Ryan White Medical only
- Clients who have requested limited contact with agency and whose level of need, as assessed by the case manager, is consistent with this request.
- A limited number of referrals or community linkages have been made.

Level 3: Clients with moderate psychosocial stressors who may be involved in other service systems or who experience disenfranchisement. A case manager-initiated direct contact with the client or client system occurs at least every three months.

- Clients who have accessed emergency financial assistance within the past 6 months
- Clients with children in the household
- Clients involved with other service delivery systems
- Clients with language or literacy issues
- Clients experiencing social isolation due to cultural barriers
- Several referrals or community linkages have been made.

Level 4: Clients with multiple service needs who consistently experience psychosocial stressors, physical complications, or require ongoing social support. A case manager-initiated

direct contact with client or client system occurs at least once a month.

- Clients who have accessed emergency financial assistance 3 or more times in the past 6 months.
- Clients currently involved in Home Health.
- Clients hospitalized within the past 6 months.
- Clients who have experienced homelessness within the past 6 months.
- Clients who have newly enrolled in the past 6 months, unless case manager's assessment indicates a lower level of care.
- Clients with active HIV symptomology.
- Clients experiencing domestic violence.
- Clients have required many referrals or community linkages.

Source: ARC Ohio

(Assessment continued next page)

LIFE AREA	No assistance needed-Level 1	Some assistance needed-Level 2	Large amount of assistance needed-3	Extensive assistance needed-4
SUPPORT SYSTEM	Numerous relatives, friends and significant others available to help client. Involved in a support group	Some gaps exist in support system; family and/or significant others periodically available; aware of how to become involved in a support group	One or two persons assisting as crises occur; little or no support group involvement	No stable support system accessible; no involvement in support groups; only support provided by professional caregivers
LIVING SITUATION	Clean, habitable apartment or house; housing situation is not in jeopardy	Needs short-term assistance with rent/utilities to remain in habitable dwelling; housing in jeopardy due to projected financial strain	Dwelling is uninhabitable, potentially repairable; cannot remain for greater than 90 days due to financial situation; temporarily staying with others	Imminent eviction; dwelling is uninhabitable; homeless; living in shelter; transient
BASIC NEEDS	Food, clothing and other sustenance items available through client's own means; accessing food assistance program; able to perform all necessary activities of daily living	Sustenance needs met on a regular basis with occasional lapse; partial access to assistance programs for food and household items; able to perform all necessary activities of daily living	Needs met on an irregular basis; relying on friends and relatives for basic need items; needs help applying to assistance programs; needs some assistance with activities of daily living	Often without basic needs; needs information and help accessing assistance programs
BENEFITS/INCOME	Steady source of income which is not in jeopardy; has significant savings/resources ; able to meet monthly financial obligations	Has steady source of income which is in jeopardy; occasional need for financial assistance	Short term benefits or resources; on-going assistance needed to meet expenses; awaiting outcome of benefits application	No income and no previous application for benefits; benefits denied; unfamiliar with application process or

				unable to apply without guidance
TRANSPORTATION	Has own or other means of transportation consistently available; can drive self; can afford private or public transportation	Has occasional use of other's auto; needs occasional assistance with finances for transportation	Has minimal access to private transportation; needs on-going assistance with finances for transportation	No means via self/other; in area not served by public trans; unaware of or needs help accessing trans.guidelines
	Level 1	Level 2	Level 3	Level 4
VOCATIONAL	Gainfully employed	Underemployed; able to work full time; training and/or job placement assistance needed	Unemployed; job in jeopardy due to illness; received warning or notice of termination or layoff	Unemployed and unable to work; has been out of work for a significant period of time
LEGAL	No recent or current legal problems; all pertinent legal documents completed.	Wants assistance completing standard legal documents	Recent or current legal problems; wants/needs extensive assistance with several legal documents	Involvement in civil or criminal matters; incarcerated; unaware of standard documents
SUBSTANCE ABUSE	No current or past difficulties with alcohol or other drugs	Occasional problems with drugs or alcohol; less than one year sobriety; immediate family member with drug or alcohol problem	Routine problems with alcohol/drugs by client or family member; use of alcohol/drugs to avoid reality of HIV; expresses desire for help in overcoming drug abuse	Major impairment of client/family member; history of problems with chemical dependency; relapse; indifference regarding consequences of use

PHYSICAL HEALTH	Access to private insurance or other resources for care; no financial issues with payment of medical needs; in good health; aware of self-care regimen	Has access to healthcare, but needs short-term assistance paying for services and/or medication	Transition between healthcare resources; needs financial help to retain insurance	No private insurance; not eligible for free public healthcare; needs on-going assistance accessing and/or paying for care
MENTAL HEALTH	No history of mental illness, psychological disorders, or psychotropic medications; no need for counseling referrals	History of disorders/treatment in client and/or family; expected level of client or family stress regarding HIV; counseling needs are being met	Current disorder/treatment of client/family; high level of stress regarding HIV; needs or wants help accessing mental health care.	Incapacitating stress or family crisis re: HIV; danger to self or others; needs psychiatric or police intervention; not mental health care

*Source: Houston Regional HIV/CMS Service Need Level Assessment.

Quality Management

Client Satisfaction Survey

During the months of October through March, a Client Satisfaction Survey is to be distributed to clients for completion. The survey will be used to provide the agency and the Ohio Department of Health/HIV CARE Services Section (ODH/HCS) with feedback regarding the performance of an agency. The survey will assist agencies and case managers in becoming more aware of community needs, and will provide feedback regarding an agency's performance in helping clients achieve their goals. The agency will summarize the results of the survey utilizing the standardized spreadsheet provided by ODH. The summarized results will be presented to the HCS Case Management Coordinator at the time of the annual audit.

Quality Assurance

Every Ryan White Title II provider agency should have a quality assurance program in place,

which evaluates HIV case management services based on established case management standards. Quality assurance may include peer review, independent chart audits, and/or other measures of program performance which assess the quality, quantity, and outcome/impact of case management services. It is used to examine the case management process and not case manager performance.

Program Reports and Reporting Requirements

The administrative staff of HIV case management provider agencies should complete a quarterly case management program report which documents major program activities and accomplishments achieved during the previous quarter and areas requiring additional resources or program improvements. Program evaluation should be conducted on an ongoing basis. Case management data collected as part of grant reporting requirements should be utilized in evaluating case management services throughout the year.

Case Manager Performance Evaluation

Each case manager should have an annual evaluation which evaluates the case manager's performance in comparison to duties and responsibilities outlined in the case manager's official position description and agency work plans. The performance evaluation should include an opportunity for the case manager and supervisor to jointly identify resources (training, materials, psychosocial support, etc.) needed for the case manager to carry out designated duties and responsibilities. The performance evaluation should include a review of past performance as well as a plan highlighting future performance goals and objectives which are quantified and time-specified. All performance evaluations should be documented and a copy of the evaluation should be given to the employee evaluated.

Case Management Outcomes Measures

The purpose of the Case Management Outcome Measures is to assess the impact that case management has on Ryan White Title II case management clients. The results of case management are examined to see what services and information are being provided and if they are being utilized. Improvements to life situations, access to community resources, the reduction of barriers in one's life, and one's knowledge of their environment are examples of what is evaluated.

Supervision

Supervision is a way to work with case managers and to provide assistance as needed. As required by the Ryan White Title II program, an L.I.S.W. must provide on-site supervision on two hours per week average for each case manager. The purpose is to provide clinically-based, social work supervision. If an agency does not have an L.I.S.W. on staff, it needs to contract out for this service.

Clinical supervision should address the following:

- Clinical skill development
- Use of theories/interventions
- The helping relationship and delivery of clinical services to clients
- Case presentation
- Understanding and identification of transference/counter transference
- Continuing education
- Identification and referral to community resources
- Emotional support of case manager with regard to client-related issues
- Crisis interventions
- Clinical Documentation

Job or administrative supervision should address the following:

- Documentation
- Punctuality
- Relationships with colleagues
- Job performance
- Reliability
- Continuing education/ professional growth opportunities
- Emotional support to case manager in relation to job performance, organizational issues

Case Management Clinical Audits

The purpose of Case Management audits is to ensure the Standards of Care for Ryan White Title II HIV Case Management funding are met.

The goal of the HIV Care Services Section auditing process is to provide assurance that optimal quality HIV Case Management services are being provided to consumers throughout the State of Ohio.

A clinical audit tool was developed to incorporate the Standards of Care that were derived from the National Association of Social Workers (NASW) Standards of Social Work Case Management and the NASW Code of Ethics. This audit tool is used to evaluate the timely completion of forms, how Ryan White Emergency Assistance is administered, how case managers' incorporate assessments and interventions while collaborating with the clients, and how the overall social work practice is demonstrated as defined by the NASW standards. At the conclusion of the audit, preliminary results are provided to the agency's Executive Director. In addition, a narrative summary highlighting the case managers' strengths and areas for growth are mailed to the agency. The audit summary also includes an audit checklist. Only the areas that can be reasonably corrected will be included on the checklist. The ODH/ HCS audit checklist must be completed and returned to ODH/ HCS with original signatures (LSW and LISW signatures) by the date indicated in the body of the audit summary in the "Overall Evaluation Section".

The clinical audits occur on an annual basis. Each agency is given a 30-day advance notice of the actual audit date. Each agency is also given the opportunity to choose 10% of the total number of charts to be audited. Agencies for which 10 charts are to be audited can choose 1 of those charts to be audited. Agencies for which 20 charts are to be audited can choose 2 of those charts to be audited. In addition, the agency is expected to provide a summary of the Client Satisfaction Survey by the date of the audit. Agencies are asked to complete the ODH/HCS-provided spreadsheet and provide the results to the agency's HCS Case Management Coordinator electronically. A hard copy may be provided to the reviewers on the day of the audit, but an electronic version must be e-mailed to the coordinator in order to compile the data.

Subgrantees are required to achieve a score of 75% or higher on the annual HIV Case Management Clinical Audit in each of the 4 areas reviewed. An agency that does not pass one or more standards of the clinical audit will be required to submit a written "Plan of Correction" and will then be re-audited on those standards not passed approximately 6 months after the initial audit. However, if the overall score of the audit is less than 75%, all of the standards will be re-audited. Failure to achieve such scores after the second clinical audit within the project budget period may be grounds for termination of the grant award.

The Standards of Care are as follows:

Standard 1, *Completion of Forms*

Standard 2, *Fiscal Accountability*

Standard 3, *Assessments and Interventions*
Standard 4, *Social Work Practice*

1. Standards Regarding Completion of Forms:

Client Data Intake Report	In CMIS within 30 days of intake	At least annually and as changes are known, including transfers to a new case manager
1. *Written documentation of HIV Status	At intake	N/A
2. *Documentation of current Ohio Residency	At intake	Annually and as changes are known
3. *Income verification	At intake	Annually and as changes are known
*All forms should be obtained prior to providing RWEA.		
Consent for Treatment signed by the client and case manager	At initial meeting	If file has been terminated, or at re-opening
Release of Information (ROI) form for all coordinated services and the primary case and/or ID physician	Prior to communication with designated service provider(s)	180 days
Psychosocial Assessment (PSA) -signed, dated & credentialed on the last page and each page initialed by the case manager	Within 30 days of intake	Annually *A new PSA should be completed every 3 years
Individual Service Plan (ISP) – signed and dated by both the client and case manager, including case manager’s credentials	Within 30 days of intake	Every 6 months
Case Management Outcome Questionnaire (CMOQ)	In CMIS within 30 days of intake	Every 6 months

- Initial face to face contact should occur within 24 hours of emergency situations and within 7 days in non emergency situations
- Confidentiality must be ensured at all times
- All documentation must be legible and organized in file
- Errors are to be corrected appropriately; mark a line through the error then date and initial. Use of correction fluid is not permitted.

Standards Regarding Fiscal Accountability:

The Case Manager adheres to the following guidelines when administering RWEA funds:

- Ohio Department of Health
- Title II guidelines as established by the Consortium where the client resides
- Title 1 (e.g., direct emergency and medication)
- HRSA

Prior to authorizing RWEA, income guidelines must be obtained and verified on an annual basis. The services covered by Ryan White Emergency Assistance are not covered by Medicaid (if Medicaid eligible).

Case manager must ensure that Ryan White funds are used as a last resort for an emergency need and are noted as such in the case notes.

Pre-approvals for core services (i.e., mental health counseling, substance abuse treatment, dental, medical, diagnostics and medications) must be documented in the file.

Agencies must follow ODH policies and procedures when submitting exceptions to the guidelines. All exceptions submitted to ODH must be placed in the file with the ODH response.

Funds are only fronted for allowable services as indicated on the Service Category Code List:

Service Category Code List

1. Transportation (20)
2. Child Welfare and Family Services (21)
3. Housing Referrals and Placement (22)
4. Nutrition (23)
5. Rehabilitation (24)
6. Diagnostics and Monitoring (25*)
7. Medical Services (26)
8. Dental (27*)

Copies of Provider Check Disbursement Forms are on file and receipts are chronologically organized with the Provider Check Disbursement forms.

The case manager clearly demonstrates knowledge of consortium guidelines, as evidenced by documentation in the chart.

*Direct provider only reimbursed (i.e., Agencies cannot advance money for these categories).

3. Standards Regarding Assessments/Interventions:

A. Psychosocial Assessment (PSA)

The Psychosocial Assessment is inclusive of the following:

- Insurance Status
- Medical Information (including medical history and medications)
- Legal assistance needs
- Legal History
- Sources of social/emotional support
- Alcohol/drug use history
- Mental health treatment history
- Housing status
- Ability to care for self/level of care
- Employment information
- Financial information (income vs. expenses)
- Services offered/requested

B. Case Management Notes

The case notes are inclusive of the following:

- Case Management Notes are descriptive of all client contact and are sufficient to maintain continuity of care.
- Reasons that any services were denied or unavailable are document in the case notes.
- The case Management Notes show contact with the client/support system at least every 6 months.
- Documentation reflects that clients have been informed or purpose of service and limitations.
- The documentation demonstrates the case manager advocated to obtain services as needed and/or advocated for the client to follow-up on a referral.
- There is documentation of follow-up regarding missed appointments with case manger or other service providers.
- The case notes document follow-up regarding client usage of services.
- Crisis intervention provided is documented.
- Copies of correspondence are in the file.
- Case Notes do not contain inconsistencies, contradictions or ambiguous statements.
- Case Notes do not leave unexplained gaps in services (i.e., case notes show appropriate interventions/referral are made).
- Case Notes do not contain unsubstantiated “impressions.”
- Case Notes do not contain personal information about the case manager or other staff.
- Case Notes document communication with the client regarding case transfer(s) within the agency.
- If the case was closed: is it justified and appropriate? Are referral documented?

C. Individual Service Plan (ISP)

The Individual Service Plan is inclusive of the following:

- The goals are outlined and match the assessed problems/needs specific to the client.

- Agencies or professionals that are referenced in case notes or the PSA are also indicated on the ISP.
- For those goals identified, the action steps on the ISP specify the responsibilities of both the client and case manager.
- For those goals identified, referrals have been identified in the plan.
- Specific target dates or dates of reassessment are documented on the ISP.

D. Quality of Care

As a result of case management, and dependent upon the client's level of functioning, it appears there was impact in terms of:

- Improved/maintained self-sufficiency
- Improved/maintained access to services
- Improved/maintained quality of care

4. Standards Regarding Social Work Practice:

The case manager demonstrates adherence to the NASW Case Management Standards and Code of Ethics based on the following evidence:

- Chart documentation demonstrates that no conflict of interest exists, which includes no dual/multiple relationships with clients (or former clients).
- The documented assessments and interventions do not exhibit insensitivity to ethnicity, age, sex, sexual orientation or cultural issues.
- The case notes and other forms demonstrate expertise of HIV intervention issues/concerns through documented assessment and interventions.
- Chart documentation demonstrates the case manager provides information/education to people living with HIV regarding transmission, secondary infection and resistance.
- Chart documentation demonstrates that the case manager refers the client to the appropriate professional for medical or other clinical issues for which social workers are not trained.

The case notes demonstrate adherence to the NASW Code of Ethics by including evidence of:

Self Determination (1.02)

The respect and promotion of the rights of clients to self-determination and assistance to clients in efforts to identify and clarify their goals (exceptions include instances in which harm to self or others is assessed).

Informed Consent (1.03)

HCS requires all community-based agencies providing Title II Case Management/allocation of RWEA funds to have a completed Informed Consent for Services form on file.

Privacy and Confidentiality (1.07)

Confidential information will only be disclosed with appropriate, valid consent from a client or person legally authorized to consent on the behalf of a client is obtained. HCS suggests long-term coordination of or communication regarding services be in the format of a written release. Short-term/one time only coordination or communication of services may be documented as verbal permission by the client (or legally authorized person) if congruent with interagency policies. An emergency telephone authorization with another professional on the line may be acceptable if there is no other alternative and is congruent with interagency policies, except information regarding HIV status, mental health, and/or substance abuse information; this information must have a written release.

Respect (2.01)

There is no negative criticism of colleagues and/or other professional (specifically demeaning comments regarding other professionals' levels of competence).

Client Records (3.04)

Reasonable steps are taken to ensure accurate, sufficient, and timely documentation to facilitate the delivery of services and ensure continuity of services.

The case notes demonstrate the Standards of NASW Case Management are being practiced, and documentation specifically reflects:

Standard #3

Clients are involved in all phases of case management practice to the greatest extent possible (specifically indicated through case note entries and Individualized Service Plans).

Standard #5

Intervention documented is at the client level to provide and/or coordinate the delivery of direct services to client and their families (the definition of families is inclusive of others significant to the client). This entails: a Biopsychosocial Assessment, development of a service plan, implementation of a service plan, coordination/monitoring of a service plan, advocacy for the client/client resources, reassessment (as needed) and termination (as appropriate).

**Ohio Department of Health's HIV CARE Services Section Contact
Information**

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Jennifer Edwards, MSW, HIV Case Management Coordinator (Dayton, Toledo, Akron, Youngstown, Canton, Lima, Mansfield)	614-995-5243
Courtney Buttke, LISW, HIV Case Management Coordinator (Southeast Ohio)	614-728-9167
Christine Whalen, LSW, MPA, HIV Case Management Coordinator	614-466-1253

Sources

AIDS Resource Center Ohio-Level of Care Assessment

Houston Regional HIV/CMS Service Need Level Assessment

NASW Social Work Standards for Social Work Case Management

NASW Code of Ethics

Ohio Department of Health, Ryan White Federal HIV Care RFP for Fiscal Year 2006

Ryan White Emergency C.A.R.E. Act, Title II. Ohio's Comprehensive Plan for HIV/AIDS Services

Wisconsin Department of Health and Family Services, Practice Standards & Administrative Guidelines for HIV Related Case Management

Please complete this form and submit it to ODH HIV CARE Services with each quarterly report. LISWs and Case Managers are encouraged to keep copies of this form for their own records. On-site supervision by an LISW on a two-hour per week average is **required** per ODH HCS funded HIV Case Management and/or Early Intervention Program Grants.

LISW/Case Manager's Name: _____

LISW Supervisor's Name: _____

DATE	TIME	LISW INITIALS	LISW INITIALS
LISW Signature:		Date:	
LISW Signature:		Date:	

Appendix #3

**follow when completing HIV CARE Services
Quarterly Program Reports**

I. Submit a cover page with the following information:

To: Ryan White Title II Program Administrator
Ohio Department of Health
HIV CARE Services
(Either: Federal HIV CARE/ Emerging Communities or
Consortia Planning & Evaluation Grant
Grant Project Number:
Quarterly Narrative Report – RW Yr. 16

From:

Agency/Organization Name: _____

Funded Case Manager(s)/
Case Management Network
Coordinators/ Network Fiscal
Coordinators/ Consortia Coordinator : _____

Person(s) Completing Report: _____

Reporting Period: (First, Second, Third or Fourth Quarters)

II. Goals/Objectives

For each objective of each goal listed in the RW Year 15 Work Plan of your CARE grant application please use the following process A through D to evaluate each objective.

A. Goal/Objective Statement

State the goal and objective as written in your Work Plan for example:

Goal #1: “People infected with HV will have a greater opportunity

To Maintain a dignified quality of life independently.....”

Objective#1: “To provide case management services to “X” number of people living with HIV and their family members.”

Appendix #4

B. Progress/ Accomplishments/Successes

State progress made, accomplishments achieved and/or any activities conducted in this objective. Include this section any qualifiable information such as number

of clients served, etc. as related to this particular objective.

C. Difficulties/Barriers experienced while accomplishing this objective.

Describe any problems that have been encountered while implementing the objectives

D. Plan of Correction

State strategy or method to be used to address and correct the difficulties/barriers identified.

III. Additional Activities

In this section list any special activities that occurred during this period which you would like to report on. Also describe any aspects of your program which are different from those which were originally proposed. Discuss evolving needs of your target population which have not previously been discussed.

IV. Staffing/Personnel

In this section discuss any changes in personnel pertaining to the case management/consortia grant such as case managers, CARE Coordinators, administrators or fiscal personnel. Discuss what impact these changes may have on your clients, your agency and accomplishments of your work plan.

V. Evaluation

Discuss how your agency is evaluating services provided and how it is monitoring the achievement of all activities by the person responsible according to the timetable originally identified in your Work Plan.

VI. Technical Assistance Requests

List any concern or issues needing assistance from the Ohio Department of Health's HIV CARE Services

VII. Required Program Report Attachments as specified in the Request for proposal must be received by ODH on the quarterly program report's due date.