Policies & Procedures

PURPOSE

This manual is intended to provide accurate information and guidance on the application of the policies, practices, procedures and processes of the Shelby County Government Memphis TGA Ryan White Program. Please note that all employees of the Memphis TGA Ryan White Program are, first and foremost, employees of Shelby County Government. Therefore, you are expected to become familiar with the information provided in the Shelby *County Government Employee Handbook* and the *'Personnel Management System Volume 2'* which is located on the Shelby County government intranet.

The Personnel section of this manual is to provide you a quick reference to some of the personnel policies and procedures that are included in the Shelby County Government Employee Handbook and located on the intranet. Some of the policies and procedures contained in this Manual are specific to the Ryan White Program. Shelby County Government policies supersede all Ryan White Program policies in case of duplication.

For reference purposes, those policies that originate from the Shelby County Government Employee Handbook will be labeled with **'SCG'** and those specific to the Ryan White Program will be labeled **'RWP'**. The information contained in this manual is intended to be ongoing, however, the program reserves the right to amend, modify or terminate the enclosed policies and/or procedures at any time. Any amendments will be communicated in writing and updated in the existing manual with a new effective date.

A *policy* is a consistent guide that is to be followed under a given set of circumstance. In addition to offering guidance for handling a wide range of organizational and programmatic issues, it establishes a framework for both management and staff in decision making.

A *procedure* is a sequence of steps for completing a given activity. It outlines the manner in which a policy is to be implemented, but does not take the place of the policy itself.

The Ryan White Program is a division of Health Services.

PLEASE NOTE: All attachment and other pertinent documents mentioned as being located on the SHARE drive can be found inside the folder labeled 'Ryan White Policies and Procedures 2016' and then inside the appropriate section's folder.

Contents

STANDARDS OF CONDUCT

Whenever people gather together to achieve goals, some rules of conduct are necessary to ensure that everyone works together efficiently, effectively and harmoniously. The Ryan White Program (RWP) endeavors to maintain the highest possible standards of quality at all times. In that spirit, these Standards of Ethical Conduct exist as a statement of our belief in ethical, legal and professional behavior in all of our dealings inside and outside of the program. It is expected that all employees of the Ryan White Program will abide by these standards as well as the Shelby County Code of Ordinances, Chapter 18 Ethics, Article II Code of Ethics.

Generally speaking, the Ryan White Program expects for each employee to behave in a mature and responsible manner at all times.

A. Although this list is not all-inclusive, occurrences of any of the following violations could result in immediate dismissal without warning.

1. Willful violation of any Shelby County Government or RWP rule; any deliberate action that is extreme in nature and is obviously detrimental to RWP efforts to achieve its mission.
2. Willful violation of security or safety rules or failure to observe security or safety practices.
3. Being intoxicated or under the influence of controlled substances while at work; use or possession or sale of controlled substances in any quantity while on work premises, except medications prescribed by a physician which do not impair job performance.
4. Unauthorized possession of dangerous or illegal firearms, weapons or explosives on agency property or while on duty.
5. Engaging in criminal conduct or acts of violence, or making threats of violence toward anyone on work premises or when representing the program.
6. Insubordination or refusing to obey instructions properly issues by one's immediate supervisor pertaining to work-related tasks.
7. Threatening, intimidating or coercing fellow employees on or off of the premises at any time, for any purpose.
8. Engaging in an act of sabotage; willfully, or with gross negligence, causing the destruction or damage of RWP property, including documents, from the premises without prior permission from management; unauthorized use of RWP equipment or property for personal reasons; using RWP equipment for profit.
9. Dishonesty; willful falsification or misrepresentation on your application for employment or other work records; lying about sick or personal leave; falsifying reason for leave of absence or other data requested by the RWP; alteration of RWP records or other documents.

10. Violating the non-disclosure agreement; giving confidential or proprietary RWP information to other organization or to unauthorized RWP employees; breach of confidentiality of personnel information.
11. Malicious gossip and/or spreading rumors; engaging in behavior designed to create discord and lack of harmony; interfering with another employee on the job; willfully restricting work output or encouraging others to do the same.
12. Immoral conduct or indecency on program property or while representing the RWP.
13. Conducting a lottery or gambling on RWP property.

B. Occurrences of any of the following activities (though this list is not all-inclusive) may result in disciplinary action – including the possibility of immediate dismissal.

1. Unsatisfactory or careless work; failure to meet production of quality standards as explained to you by your supervisor; mistakes due to carelessness or failure to get necessary instructions
2. Any act of harassment – sexual, racial or other, telling sexist or racial-type jokes; making racial or ethnic slurs.
3. Failure to report an absence or late arrival; excessive absences or tardiness.
4. Obscene or abusive language toward any supervisor, employee or constituent; disorderly/antagonistic conduct.

PLEASE NOTE:

All attachments referenced in this document can be found on the SHARE drive in the 'Ryan White Program Policies and Procedures 2016' folder and then in the specific section's folder. The sections in this document are:

1. Personnel
2. Program
3. Fiscal
4. Quality Management
5. Memphis HIV Care and Prevention Group

Rather than reference each specific section throughout the document, when an Attachment is noted, it will just say (Attachment) and you will go to the appropriate folder as described above.

SECTION ONE: PERSONNEL

1.1 Hours of Operation (RWP)

The regular operating hours of the RWP are 8:00 am through 4:30 pm, Monday through Friday.

1.2 Equal Opportunity Employment (SCG)

The Shelby County Government is an Equal Opportunity Employer and has an Affirmative Action Program in place. This program is administered by the Shelby County Office of Equal Opportunity Compliance, which reports directly to the Shelby County Board of Commissions. Please refer to the Shelby County Employee Handbook and the Shelby County Intranet for a full description of this policy.

Each individual has the right to work in a professional atmosphere, which promotes equal opportunity and prohibits discriminatory practices. Equal employment opportunity shall be assured in the County system and affirmative action shall be provided in its administration. Discrimination against any person in recruitment, examination, appointment, training, promotion, retention, discipline or any other aspect of personnel administration because of race, color, sex, national origin, age, creed, religion, disability or other non-merit factors is prohibited. The aforementioned list of non-merit factors is not exhaustive. Other examples of non-merit factors include, but are not limited to sexual orientation or transgender status, familial association(s) and marital status.

1.3 Scheduled Work Period (SCG)

Particular hours of work and scheduling on an employee's lunch period will be determined by his/her immediate supervisor. Most employees are assigned to work a 37.5 hour work week with a one-hour lunch period daily. While working conditions allow, an effort will be made to provide two work breaks of no more than 15 minutes, subject to department requirements. These breaks are not guaranteed and may be taken at a workstation, if necessary.

1.4 Attendance and Tardiness (RWP, SCG)

Policy

Regular attendance and being at the workstation ready to work at the start of the work period is expected of all employees. Nonexempt employees will only be paid for actual hours worked. Poor

attendance, tardiness and improper reporting of absenteeism or tardiness are grounds for disciplinary action, which may include termination.

Three (3) incidents of tardiness within a 90-day period shall be considered a tardiness pattern and will result in disciplinary action. A record of tardiness and absenteeism shall be kept in each employee's personnel record. If an employee fails to call in or report for three (3) consecutive workdays, he or she will be considered to have abandoned the job and appropriate disciplinary action will be taken, which may include termination.

Procedures

Unscheduled Absences

1. If an employee is going to be absent or late, he or she must call the supervisor with as much advance notice as possible, but always by the time work is scheduled to begin.
2. In cases of emergency or illness, employee must notify the program manager as soon as possible.

Scheduled Absences

1. The employee completes the County's Request for Leave Form through Liquid Office and submits it to their immediate supervisor to approve or disapprove.
2. The supervisor routes to the Program Administrator who will approve/disapprove the request and return a copy to the employee and the office coordinator.
3. If approved, the electronic form is automatically routed to Human Resources to update accrual balances.
4. The employee is responsible for entering approved leave on the Outlook calendar. The Office Coordinator keeps accurate and up-to-date records of all employee absences.
5. If the County's automated system for requesting leave (Liquid Office) is not available, employees should follow the same procedure using a paper copy of the County's Request for Leave or Approved Absence form.
6. After the program administrator approves this paper copy, the original is forwarded to Human Resources and copies are returned to the employee and office coordinator.

Recording Approved Absence

On a monthly basis the Clerical Specialist should update the Leave Record Forms (Attachment on SHARE: Personnel Folder). These forms are in the "Leave of Absence Forms" booklet located on the top shelf to the left of the clerical desk.

1. Collect all "Request For Leave or Approved Absence Forms" (Attachment on SHARE: Personnel Folder) from the Office Coordinator.
2. The Office Coordinator will give Clerical a Monthly Printout "Employee Leave Details" from GEMS on each employee. Clerical is to compare the Employee Leave Detail Printout against the Request for Leave or Approved Absence Forms. If they don't match, research the cause:

a) Check with Office Manager for additional forms.
b) Check **Employee's Calendar** in Microsoft Outlook calendar.

A Request for Leave or Approved Absence form must be completed and approved by the program administrator for all sick, annual, bonus, and jury duty. Time off for meetings, trainings, flex time, and comp time do not require completion of the Request for Leave or Approved Absence form but must be approved by a supervisor and/or the Administrator.

3. Record absentee codes / hours on the "Leave Record Form" (Attachment 1).
    a) Record code/number of hours used under day of month.
    b) Enter all hours used for annual and/or sick under PREVIOUS BALANCE
    c) PREVIOUS BALANCE – Enter the current month accrual for annual and sick (see Employee Leave Details)
    d) To verify that our records are in accordance with HR's records, add the new accrual to the old and subtract any time used (for both annual and sick). If your balance does not match HR's records, please investigate to determine why. Be sure that Gems does not record an absence twice.

If an error is found, (i.e. coded 2x in GEMS, omitted from GEMs) forward to the Office Coordinator to correct.

The Request for Leave or Approved Absence forms are separated by pay periods and returned to the office coordinator for filing.

The Employee Leave Details reports are maintained on file for 2 (two) months and then discarded.

1.5 Time and Effort Reporting (RWP)

Policy

Where employees are expected to work solely on a single Federal award or cost objective, charges for their salaries and wages will be supported by periodic certification that the employees worked solely on that program for the period covered by the certification.

Procedure

- These certifications will be prepared at least semi-annually; beginning six (6) months after the start of the grant FY (March-August to be completed by the 5th working day in September. Similarly, September-February to be completed by February 28).
- The certification will be signed by the employee and supervisory official having firsthand knowledge of the work performed by the employee
- The supervisory official shall forward to the Office Coordinator.

More than one Federal award

Policy
Where employees work on more than one Federal award, or a Federal award and a non-Federal award, a distribution of their salaries or wages will be supported by personnel activity reports. Personnel activity reports must:

Procedure
- Reflect an after-the-fact distribution of the actual activity of each employee
- Account for the total activity (hours and percentage) for which employee is compensated
- Be prepared weekly
- Be sign by the employee and supervision official having firsthand knowledge of the work performed by the employee
- Forward to the Office Coordinator by the 5th working day of the month after the month the work was completed.

1.6 Flex and Comp Time Policies (SCG, RWP)

Comp Time can ONLY be accrued for meetings and other mandatory activities that fall outside of normal work hours. It should not be counted for activities inside of normal work hours or for work that an employee decides to do to catch up on regular work activities. Permission from the employee's supervisor can be allowed for accrual of Comp time for Special Projects with strict timelines on a case by case basis**.**

- No more than 45 hours of Comp Time can be ACCRUED AND USED in any quarter. This includes time accrued for any Special Projects.
- An employee can only accrue Comp Time during a week where he or she has worked the regular 37.5 hours during that week.
- Remember Bonus Time (7.5 hours) is awarded at the end of the quarter to staff members who do not use any Sick Time during that quarter.
- Any incentives that include paid time off will be marked as Bonus Time and not Comp Time. Bonus Time, when granted, can be used as the employee would use any Annual Time.

Flex Time should be made up within the week (preferably the day) that it is used. For example, if the employee needs to come in an hour late for work, he/she should work an hour later or come earlier during that week to make up that time. This must be communicated and approved by the employee's direct supervisor. Flex Time should not be viewed as a way to change one's schedule, but to make up hours when things happen that absolutely cannot change.

Other Things To Consider (RWP):

- Staff members should allow no more than 30 minutes to leave for regularly scheduled meetings or trainings unless there are plans to do extensive set-up, meet with individuals prior to the meeting OR the meeting is outside of the usual radius of meetings. (For example, if attending a 3:00 pm meeting, one should take lunch break at 1:30 pm and take travel time of 30 minutes.
- If employee departs at 1:00 pm for lunch, it is expected one will return to site at 2:00 pm and leave for the meeting at 2:30 pm.)
- It is expected that employees use their best judgment about timing for meeting outside of Shelby County. It may take 45 minutes to get to Walls, but not necessarily two (2) hours

These policies are not meant to penalize any staff, but just to get us all to a more manageable place around work hours. If you have any questions about these policies, please let me know.

1.7 Overtime (SCG)

Please see the Overtime policy as an Attachment on the SHARE drive.

1.8 Payroll (SCG, RWP)

Policy

The County pays all employees on a semi-monthly schedule, with payments made on the 15th and last day of the month; if a scheduled payday is on a weekend or holiday, the payroll payment is on the last previous weekday. The Finance Department publishes an annual "payroll calendar" showing significant dates related to each payroll. The payroll calendar includes the dates for distributing and returning timesheets. The timesheet is the official basis for determining the amount to pay each employee on each payroll.

Procedure

1. Timesheets are prepared by the Office Coordinator and approved by the Administrator.
2. The Office Coordinator ensures that the original timesheet is submitted to Payroll by the specified return date.
3. Wage payments to employees are accomplished by direct deposits (an electronic transaction or ACH transaction) to the bank accounts of the employee.
4. Employees hired on and after October 1, 2001 are required as a condition of employment to use direct deposit.
5. Employee pay stubs are made available to employees only through the County's Employee Self-Service portal (ESS).

1.9 Personnel Files (SCG)

Policy

Master Personnel Files are kept in the Shelby County Human Resources Department. The Ryan White Program Office maintains basic employment information, including employee's current home address, telephone number, and person to notify in case of an emergency. Other records to be maintained include all employment related records (job descriptions, employment application/resume); records related to hiring, promotions, compensation and training; and records related to other employment practices (performance evaluations, termination/resignation letter). All personnel records are kept in a locked cabinet and only the employee, program manager, employee's supervisor and office coordinator are authorized to access these records.

Procedure

The employee is responsible for providing updated information relative to residency and emergency contact to the Office Coordinator.

1.10 Secondary Employment (SCG)

If there is no conflict of interest, appearance of a conflict of interest, or impairment of work performance for Shelby County, secondary employment may be permissible *if a written request describing the work and hours of work has been approved in writing by the appointing authority*. Failure to receive prior written approval for secondary employment may result in disciplinary action and/or refusal to grant permission to continue the secondary employment.

1.11 Progressive Discipline (SCG)

In an effort to provide a structured corrective action process to improve and prevent a recurrence of undesirable employee behavior and performance issues, the Ryan White Program follows the Shelby County Government progressive discipline policy as described in the County Employee Handbook. Unacceptable behavior which does not lead to immediate dismissal may be dealt with in the following manner:

1) Discussion and counseling;
2) Oral reprimand;
3) Written Warning;
4) Or any combination of the following:
    - Suspension without pay for a period not to exceed 30 calendar days
    - Reduction in pay within the pay range of the classification
    - Demotion to a lower classification
    - Disciplinary probation
5) Dismissal

Discussion and Counseling

- This step creates an opportunity for the immediate supervisor to bring attention to the existing performance, conduct or attendance violation.
- The supervisor will discuss with the employee the nature of the problem or the violation of company policies and procedures.
- The supervisor will clearly describe expectations and steps the employee must take to improve performance or resolve the problem.
- If desired, the supervisor may prepare written documentation of this meeting, with the employee's signature to demonstrate his or her understanding of the issue(s) and the corrective action(s). This will not count, however, as a written warning.

Oral Reprimand

- If the issue is not resolved, the supervisor will conduct an oral reprimand with this being documented and signed by supervisor and employee

Written Reprimand

- If the issue is yet not resolved a written reprimand will be provided to the employee.
- The written reprimand will include a detailed narrative of the performance, conduct, or attendance violation, along with any supporting evidence.
- In an effort to provide insight into extenuating circumstances that may have contributed to the employee's performance or conduct issues while allowing for an equitable solution, the employee will be given the opportunity to present information that may challenge the violation

Dismissal

- As stated above, an employee who demonstrates unsatisfactory performance, conduct, or attendance will be notified of the violation using the steps of progressive discipline outlined above.
- If, however, satisfactory change does not occur, the employee could be dismissed from the payroll. For some violations, immediate dismissal will occur, and the use of progressive discipline will not be necessary.

Please refer to the Shelby County Government Employee Handbook for the full Progressive Discipline policy.

1.12 Performance Evaluations (SCG)

Policy

Performance evaluations are given primarily to inform an employee of how well he/she is performing job assignments, to offer constructive guidance as to how performance can be improved, as well as determining eligibility for pay increases.

Procedure

1. New employees hired or rehired into a regular or durational position must successfully complete a probationary period of not less than six (6) months or more than nine (9) months duration.
2. Before the end of the probationary period, a performance evaluation will be completed to document performance during the probationary period.
3. If performance does not reach a competent and effective level within the probation period, employment probation may be extended.
4. A current employee who is promoted or moved to a new position shall serve 90-day or 180-day probation, set by the employee's supervisor.
5. A formal performance evaluation will be conducted annually thereafter.
6. Management may evaluate at any time when there is a decline in performance.
7. Other reasons for which evaluations may be given are in accordance with Shelby County Government policies and procedures.

- As outlined in the Annual Performance Appraisal Schedule for the Mayor's Administration distributed by Human Resources.

1.13 Grievance Policy (SCG, RWP)

Policy

It is the policy of the Memphis TGA Ryan White Program of Shelby County Government (Grantee) to show commitment in hearing and responding to complaints filed by funded service providers and individuals receiving services from funded service providers. It is the desire of the Grantee to respond fairly and in a timely manner. The Grantee will attempt to resolve grievances through informal dispute resolution when possible.

Procedure

The following procedures apply to all programs operated under the auspices of the Grantee, including, but may not be limited to Ryan White Part A, MAI, and HIV Prevention funding.

A. Parties Who May File a Grievance

Parties who may file a grievance must be directly affected by the outcome of a decision related to funding, including:

- People living with and affected by HIV are considered directly affected and eligible to file a grievance when a service funded by the Grantee is unavailable (except due to insufficient federal funding or Planning Group restraints) through any Grantee funding service provider.
- Not for Profit and For Profit corporations are considered directly affected and eligible to file a grievance in situations pertaining to request for proposal (RFP) when the entity has had a proposal accepted by Shelby County Government for consideration and/ or review and /or scoring.

- Not for Profit or For Profit corporations are considered directly affected and eligible to file a grievance in situations pertaining to contracts when the entity has a current contract from Shelby County Government.

B. Types of Grievances Covered by the Program

A "grievance" shall mean an allegation of a violation of federal or state law, regulations, or adopted policies of the Grantee and the HIV Care and Prevention Group (Planning Group).

The following types of grievances are covered under this policy and procedures:

- A funded service is unavailable or withheld from an eligible person through any Grantee funded service provider;
- Deviations from the established Shelby County Government contracting and awards process;
- Deviations from the established Shelby County Government process for any subsequent changes to the selection and awards process;
- Contracts and awards not consistent with priorities and resource allocations made by Planning Group.*
- Contracts and award changes not consistent with priorities and resource allocations made by the Planning Group.*

*For grievances related to priorities and resource allocations made by the Planning Group, only active Planning Group members are eligible to file a grievance.

Issues that cannot be grieved are conditions and limitations of services established through federal law and regulation. The conditions and limitations must be specifically addressed by law or written regulation. A copy of the federal requirements will be provided to the client as part of the explanation regarding the exclusion of the issue from the grievance procedure.

C. Dispute Prevention

An important step to any grievance procedure is to develop internal practices to prevent disputes/disagreements. The Grantee has instituted the following practices:

- All agencies contracting with the Grantee to provide services will have an internal grievance procedure for those receiving services.
- The Grantee will provide information to the Planning Group about the grant/contracting process.
- The Grantee will conduct provider meetings at least four times per year.

D. Process to File a Grievance

A party intending to file a grievance may obtain a copy of the Grantee Grievance Form in Attachment: Personnel Folder) and Policy and Procedures online at www.hivmemphis.org or from the Ryan White Program Office.

Grantee Office Contact:
Jennifer Pepper, Administrator
Shelby County Government, Division of Community Services
160 North Main, Suite 250
Memphis, TN 38103
Telephone: 901.222.8998.
Email: jennifer.pepper@shelbycountytn.gov

Any party needing assistance with the completion of these forms must notify the Grantee at the time of the registration of the complaint.

Any party needing an interpreter (foreign language, sign language etc.) must notify the Grantee at the time of the registration of the complaint. All efforts will be made to secure competent interpreters for the hearing/proceedings.

If a grievance is outside the jurisdiction of the grievance process, the Grantee will assist the individual or party in contacting the proper authorities. However, the responsibility for meeting timelines and providing proper documentation remains solely with the affected party.

E. Eligibility Determination

Upon receipt of the Grievance Reporting Form, the Grantee will log the grievance. If the grievance pertains to RFP issues, then the complaint will be immediately forwarded to the Administrator of Purchasing.

The Grantee will have three working days from the date of receipt of the Grievance Reporting Form to determine the following:

- Whether the grievant is "directly affected;"
- Whether the grievance is within the stated timelines;
- Whether the grievance is covered under the Grantee Grievance Policy and Procedures.

If the issue is eligible for grievance according to the criteria listed above, the Grantee will determine the type of grievance for hearing purposes, and make the necessary arrangements.

If the issue is not eligible for grievance according to the criteria above, a copy of the Grievance Form Reporting Form and a written explanation of the denial will be forwarded to the grievant via certified mail.

Please refer to the Shelby County Government Employee Handbook for additional information.

1.14 Employee Leave and Holidays (SCG)

Because of the length of this information, please refer to the Shelby County Employee Handbook or the Shelby County Government Intranet.

1.15 Whistleblower Policy (RWP)

Policy

The RWP is committed to high standards of ethical, moral and legal business conduct. In support of this commitment and RW commitment to open communication, this policy aims to provide an avenue for employees to raise concerns and reassurance that they will be protected from reprisals or victimization for whistleblowing. The policy is intended to cover protections for employees who raise concern such as

- Incorrect financial reporting
- Unlawful activity
- Activities that do not follow Shelby County or the RWP policy
- Activities which otherwise amount to serious improper conduct

Reporting Responsibility

It is the responsibility of all employees to comply with this policy and to report violations or suspected violations in accordance with this policy

Safeguards of Complainant

Non-Retaliation – No director or employee who in good faith reports a violation of the Whistleblower policy shall suffer harassment, retaliation or adverse employment consequence. An employee who retaliates against someone who has reported a violation in good faith is subject to discipline up to and including termination of employment. The Whistleblower Policy is intended to encourage and enable employees and others to raise serious concerns within the Program prior to seeking resolution outside the Program.

Procedure

- The RWP has an 'open door' policy and suggests that employees share their questions, concerns, suggestions or complaint with their supervisors.
- If a person is not comfortable speaking with a supervisor or is not satisfied with the supervisor's response, that person is encouraged to speak with the Program Administrator.
- Supervisors are required to report complaints or concerns about suspected ethical and/or legal violations in writing to the Program Administrator.

1.16 Administrative Support (RW)

Policy

Administrative support for the Ryan White Program Office is provided by an Office Coordinator and two Clerical Specialists. The Clerical Specialists are cross-trained and each is capable of providing clerical and administrative support for all operations.

Procedure

The Clerical Specialist positions have assigned responsibilities. One position supports the Planning Group with clerical and administrative tasks including recording minutes and providing logistical support for Planning Group functions.

The second position provides clerical and administrative support for all other operations of the Ryan White program including recording minutes for Quality Management and Services Provider meetings.

Non-routine clerical support and/or assistance with special projects should be requested through the Office Coordinator.

1.17 Dress and Appearance (RWP, SCG)

All employees of the RWP contribute to the program's culture and reputation in the way they present themselves. A professional appearance is essential to a favorable representation of the program to community organizations and its clients and others who work with or are benefitted by the organization. Good grooming and appropriate dress also reflect employee pride and inspire confidence on the part of such persons. Based on Shelby County Government expectations:

- Men in office situations are encouraged to wear coats and ties and are required to do so when dealing with the public
- Women in office situations are encouraged to wear dresses, suits, or coordinated pants outfits and required to do so when dealing with the public.

1.18 Drug-Free Workplace (SCG)

It is the policy of Shelby County Government to maintain a drug-free safe work environment. The unlawful manufacture, distribution, distribution, dispensing, possession, purchase, sale, transfer, or use of drugs or alcohol while on the job or in the workplace is strictly prohibited. Employees should not be under the influence of drugs or alcohol during their work hours for Shelby County regardless of whether those drugs or alcohol were consumed prior to or doing work hours. Shelby County Government reserves the right to randomly conduct alcohol and drug testing of employees in accordance with state and federal laws.

1.19 Confidentiality (RWP)

The nature of the business of the RWP requires strict adherence to confidentiality from every aspect. Beginning on the first day of employment, each employee assumes an obligation to maintain confidentiality. The obligation remains in effect once the employment relationship has ended for any reason. Any violation of confidentiality could result in disciplinary action, including termination of the employment relationship with the RWP.

1.20 Harassment (SCG)

Policy

As a program of the Shelby County Government, the County's Harassment Policy applies to the Ryan White Program. Employees of the Program are encouraged to peruse the Shelby County Handbook to review the policy at length. In this section, a small portion of the policy will be highlighted in this document.

Shelby County Government prohibits any form of discrimination, including harassment based on race, color, sex, national origin, age, creed, religion, disability, sexual orientation or transgender status, familial association(s), marital status or other status protected by law is prohibited.

Examples of such harassment could include, but are not limited to:

- Oral or written epithets, slurs, negative stereotyping or intimidating acts based on an individual's protected status
- Gestures or conduct rooted in prejudice or other considerations that signal contempt toward others based on the individual's protected status
- Circulating or posting of writing or graphic materials that show hostility toward an individual because of his or her protected status.

Sexual Harassment

Definition – Behavior that includes, but is not limited to, unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature.

Please refer to the Shelby County Employee Handbook or the County's Intranet for the complete Harassment Policy regarding harassment, including the procedure by which to file a harassment complaint.

Protection Against *Retaliation*

Retaliation against any employee making a harassment complaint or assisting in an investigation is strictly forbidden. Retaliation is a serious violation of this policy and should be reported immediately in accord with the Harassment Complaint Procedure described in the Shelby County Employee Handbook.

Any person found to have retaliated against an individual will be subject to discipline which may include termination.

1.21 Ethical Conduct (RWP)

Employees of the Ryan White Program are expected to maintain the highest ethical standards in the conduct of their affairs. All employees are expected to refrain from engaging in any activity that may reflect unfavorably upon the Ryan White Program. Employees are expected to conduct themselves in a manner that exemplifies an ethical code of the h8ighest quality and fairness.

1.22 Media Relations (RWP)

All media inquiries, whether verbal or written, are to be directed to the Program Administrator. This individual will evaluate the request and answer or direct it as appropriate. Any staff member who is contacted by the media will gather the following information and send it to the Program Administrator for follow up.

- Name of reporter
- Media outlet (Name of news station, radio station or publication)
- Phone number end e-mail address of reporter
- Details about the inquiry (Reporter's questions or focus of the story)
- Reporter's deadline

1.23 Staff Training (RWP)

Policy

Ryan White Program staff will be provided with on-going training opportunities to ensure that they are equipped to perform all job responsibilities with professionalism and competency.

Procedure

- Staff will be required to attend the County orientation on the start date of their employment, and will complete a Ryan White Program orientation during their first week of work.
- All staff will be required to complete HIPAA training within the first month of employment and will participate in annual updates.
- All staff will attend additional training sessions as required by the County, and may participate in any County training classes for which they are eligible.
- Staff is expected to participate in on-line training opportunities, including webinar conferences offered through the HRSA HIV/AIDS Bureau, the Target Center and the National Quality Center.

- Staff development/training plans will be included as a component of the goals and objectives (SQIs) section of the employee performance evaluation process as needed.
- Copies of training certificates will be maintained in the personnel records.

1.24 First Aid/CPR (RW)

If there is a need for first aid care, the first action should be to have the nearest staff member call 911, if applicable.

1.25 Inclement Weather (SCG)

Only the elected official or his/her designee may authorize a general excused absence because of weather conditions. If not authorized, pay for such absence must be approved by the supervisor to use annual, bonus or compensatory time.

- If the absence is not approved to be paid as annual, bonus compensatory time, there may be cause for disciplinary action. Lack of such leave will prohibit the employee from being paid for hours missed.
- Sick leave cannot be used to cover an inclement weather absence, unless the employee is sick and can document it in writing from a physician if requested to do so.

1.26 Homeland Security (RWP)

In the event of a threat to homeland security in the Memphis and Shelby County area, the directives of Shelby County emergency management are to be followed.

1.27 Petty Cash (RWP)

Policy
The Ryan White Program maintains petty cash that is available to program staff for purchases up to $100.00.

Procedure

1. Staff in need of petty cash generate an email to Administrator and copies the Accountant/Fiscal Specialist, providing the following information in the email:
    - Amount needed
    - Purpose of request
    - Date cash is needed
2. Administrator responds to both parties with approval or disapproval. If petty cash request is approved the process continues.

3. Staff completes a Petty Cash Voucher (Attachment: SHARE Drive) and brings Voucher to Accountant/Fiscal Specialist who signs the Voucher and places in the Petty Cash Box.
4. Staff member makes purchase and brings original receipt to Accountant/Fiscal Specialist.
5. Accountant/Fiscal Specialist records transaction in the Petty Cash Log.

1.28 Purchasing (SCG/RWP)

Policy
All requests for goods and/or services are handled in accordance with Shelby County Government Purchasing Department's Policies and Procedures. Shelby County Government uses MSGovern Management Solutions for Government - GEMStone (GEMS).

Procedure
Staff requests for supplies and/or services should be directed to the clerical specialist. The Clerical Specialist will order the supplies and/or services if there is an open purchase order. If not, the request will be forwarded to the office coordinator for processing.

The Office Coordinator will ensure that there are sufficient funds, that the appropriate account is set-up, and that the vendor is approved by Shelby County Government before preparing a purchase requisition. Purchase requisitions must be approved by the program manager and division director. After all approvals, the requisition is routed to the appropriate buyer in the Purchasing Dept. for final conversion from a requisition to a purchase order.

Copies of all purchase orders are maintained in the RW Program Office files.

1.29 Staff Travel (SCG)

Policy
Travel and related reimbursements paid by the County are governed by the Shelby County Comprehensive Travel Policy (Attachment). It is the responsibility of the employee to be familiar with and adhere to established County policies. Travel may not be undertaken unless it is authorized in advance by proper authority. Authorization to travel will be granted by submission and approval of a Shelby County Travel Authorization form.

Procedure
- Employees requesting authorization to travel should submit proper documentation (meeting announcement, itinerary, etc.) to the office coordinator as soon as possible.
- After approval is obtained, the employee traveling is responsible for making all travel arrangements except air. The office coordinator or clerical specialist will make air travel reservations.
- If a check for travel expenses is generated, the check will be available the week before travel begins. The County will advance travel monies only 2 times for employees. Employees have the

option to apply for a County Travel Card; if they choose not to get the travel card, employees must pay for all expenses excluding airfare and be reimbursed for approved expenses

- Immediately upon returning, employee must turn in original receipts for all expenses except meals and tips to the office coordinator and/or clerical specialist.
- The Expense Report is prepared by the administrative staff.

1.30 Staff Mileage (SCG)

Policy

Mileage Reimbursement Forms are due the 5th working day of each month for miles driven the previous month (ex. miles driven in January will be submitted on the 5th working day in February and paid on the last working day in February).

Procedure

- Send an e-mail reminder notice to staff who have not forwarded their Mileage Reimbursement Form by the 5th working day of the month and copy the office coordinator.
- Verify the form is complete and accurate: (see Attachment in Personnel folder)
  - Pay Date (always the last working day of the month)
  - Employee Name
  - Employee No.
  - Employee phone number
  - Job Title
  - Department
  - Dates of destination
  - Origination/Destination (address to and from business establishment)
  - Business Purpose
  - Mileage for Part A and Prevention must be recorded and totaled separately on the form with Part A first and Prevention last.
  - Verify that mileage is per MapQuest. (There is a sheet listing locations frequently driven by staff with mileage per MapQuest in desk sorter on clerical desk).
  - Employee has signed and dated the form

Total Miles includes all miles driven for both Part A and Prevention. Reimbursement is at the County's current reimbursement rate.

- First verify that the Total Miles calculated are correct by adding both the Part A miles and Prevention miles.
- Next, verify that the total reimbursement is correct by multiplying the total miles by current rate.
- If a correction is needed, draw a line through the incorrect amount and write-in the correct amount.
- A change of $1.00 or more in reimbursement must be initialed by the employee.

- Submit all forms to the Program Administrator by the 11th of the month.
- The Administrator will review, sign the forms and return forms to the Clerical Specialist by the 13th of the month. (If the Administrator is not available, the forms should be submitted to the Fiscal Manager or other staff authorized to approve payroll documents).

The Clerical Specialist will record the mileage on the Mileage Report Spreadsheet. The spreadsheet is located in the Share Drive:

- Click on Shortcut to Share Drive on desk top
- Click on Mileage Report Spreadsheet
- Open spreadsheet for current year
- **Part A** - Enter miles in the highlighted area **ONLY** (columns Q-AC and rows 56-71).
- **Prevention** – Enter miles directly in the spreadsheet under Prevention (columns C-N and rows 40-48). *(Please note that there are formulas in each cell and if you are not comfortable entering information, please see the office coordinator for assistance).*

The Mileage Reimbursement Forms must be given to the Office Coordinator no later than the 13th of the month.

The Office Coordinator records the reimbursement amount for each employee on the Shelby County Government Payroll Time Sheet. In the absence of the office coordinator, the Program Administrator, Budget Coordinator or other staff authorized to approve payroll documents can record the amounts on the time sheet.

When the Payroll Register is received, the Office Coordinator verifies that the mileage was paid correctly. If a correction is needed, the correction should be done on the next payroll when mileage is submitted. The Mileage Reimbursement Forms are filed with a copy of the time sheet in the Office Coordinator's office.

SECTION TWO: PROGRAM

2.1 Community Networking / Program Promotion / Provider Recruitment

Policy

The Shelby County Government Ryan White Program is committed to community stakeholder involvement and participation as an essential component of ensuring consumer access to core medical and supportive services that will lead to improved health outcomes. Efforts to increase participation include:

- Promoting awareness about the importance of early detection and treatment of HIV/AIDS and the services that are available through Ryan White funding
- Providing training and technical assistance to existing Ryan White service providers
- Expanding access to services by recruiting new providers to meet the needs of all PLWHA in the TGA.

The Shelby County Ryan White Program has identified the following methods of networking, program promotion and provider recruitment in the community.

Procedure

Participation in Community Groups and Coalitions

Ryan White Program staff participates in community coalitions and committees in order to network with other agencies and funding sources and to ensure that collaborative efforts are established and maintained with HIV care and prevention activities.

Meetings with Potential Partners

Ryan White Program staff schedules meetings with potential partners throughout the eight (8) county TGA in order to provide information about the Ryan White Program and the funding process. During these meetings, Program staff also assesses the provider's current funding, their ability to provide Ryan White-funded services that would meet identified service gaps and their capacity for expansion. Program staff also provides technical assistance for capacity building as needed.

Seminars

The Ryan White staff attend seminars and workshops on various topics directly and indirectly related to HIV/AIDS. While these events allow staff to receive information vital to work performance, they also serve as a means to network and recruit potential providers.

Program Promotion

Services available through the Ryan White Program are promoted, in part, by the '*Know Now. Love Longer.'* public awareness campaign. The campaign's website, www.hivmemphis.org provides public access to information about available Ryan White-funded services and the Memphis TGA Planning Council. The website features videos of local PLWHA who share their stories of living with HIV and their participation in Ryan White services. The promotion of Ryan White services has also occurred by the funding of information about the '*Know Now.* '*Live Longer*.' campaign on billboards, MATA bus placards and bus shelters.

The public awareness campaign maintains an active Facebook page that allows for ongoing posting of pertinent information. Any opportunity available in printed media, television or radio is taken for the Administrator to be interviewed to educate the community about HIV/AIDS and encourage the 'out of care' population to seek treatment.

2.2 Ryan White Program Eligibility

The purpose of the Ryan White Program is to provide core medical and support services to people living with HIV/AIDS who have no other means to pay for services. The Shelby County Government, within the Division of Community Services, is the recipient of Ryan White Part A and Minority AIDS Initiative (MAI) for the Memphis Transitional Grant Area (TGA). This area includes the following counties: Shelby, Tipton and Fayette (TN); Crittenden (AR); and DeSoto, Marshall, Tate and Tunica (MS).

The Health Resources Services Administration (HRSA), the funding source for Ryan White, requires that all individuals who are provided services with Ryan White Part A and MAI funding meet eligibility requirements established in the Ryan White legislation and that documentation of client eligibility be maintained by the service providers.

The Arkansas, Mississippi and Tennessee State Health Departments are the recipients of Ryan White Part B funding, which provides the AIDS Drug Assistance Program (ADAP) services for PLWHA who are residents of the respective states. These programs may require additional documentation for proof of client eligibility.

The Adult Special Care Clinic and East Arkansas Family Health Center are the recipients of Ryan White Part C funding, which is direct funding to clinics for the provision of outpatient medical services. There are no additional eligibility requirements for these services.

Le Bonheur Community Health and Well-Being is a recipient of Ryan White Part D funding, which provides family-centered care including outpatient medical care for women (primarily obstetrical and

gynecological), infants, children and youth with HIV/AIDS. There are no specific eligibility documentation requirements for Part D services.

Policy

The Ryan White Program will complete eligibility certification for all clients receiving assistance through Part A/MAI funding every six months in accordance with HRSA requirements.

Procedure

The Memphis TGA Ryan White Program has established the following process for ensuring the eligibility of clients:

- Client Ryan White eligibility must be certified by a Medical Case Manager
- Client proof of eligibility must be established for all of the four (4) criteria for Part A/MAI services listed below.

    1. Proof of HIV status (see corresponding information below for 1-4)
    2. Proof of residency in the Memphis TGA
    3. Proof of income (at or below 400% of the Federal Poverty Level)
    4. Proof of lack of insurance or under-insurance

- Clients with health insurance for medical care are eligible for other core medical and support services that are not covered by the health insurance plan if they meet the other eligibility criteria
- Clients must be a racial or ethnic minority to be eligible for MAI-funded services
- Documents relating to the above criteria must be maintained in the client's Medical Case Management record
- Client eligibility must be re-certified every 6 months
- Medical Case Managers will complete the Eligibility card (see Program folder) with client name, URN number and check all eligible services. Medical Case Manager will sign and date the card, and write in date that client is eligible for re-certification
- Medical Case Manager will provide clients with a laminated Eligibility Card at each certification/re-certification that will be accepted as proof of client eligibility at Ryan White Part A/MAI funded service providers
- Ryan White Part A/MAI funded service providers must ensure that client's eligibility is current when providing services and will maintain a copy of the client's eligibility card with service records (It is not necessary for providers other than Medical Case Managers who complete eligibility certification to have copies of client documents)
- Ryan White funded service providers must verify that the URN number on the client's eligibility card matches the URN number generated when client services are entered into CAREWare (note that any differences in spelling or date of birth will result in a different URN

number- instructions for entering client name are provided in the CAREWare section of the provider manual)

Proof of HIV Status

One of the following may be used as proof of the client's disease status (required only at the time of initial certification):

- Positive ELISA with confirmatory Western Blot OR Positive Western Blot
- Certified Laboratory test results showing detectable viral load of HIV
- An original letter signed by a referring physician who practices in the State of TN on the physician's letterhead stating that the eligible individual is HIV Positive (HIV+), has HIV Spectrum Disease or has AIDS

Residency in the TGA

In order to receive services under the Memphis TGA Ryan White Program, one must be a resident of one of the following counties:

Tennessee
- Shelby County
- Fayette County
- Tipton County

Arkansas
- Crittenden County

Mississippi
- DeSoto County
- Marshall County
- Tate County
- Tunica County

One (1) of the documents from the list below or two (2) written statements from individuals who can attest to the individual's residence can be used as proof of residency:

- Utility bill in the individual's name
- Voter's registration car
- Lease and/or rental agreement
- Rent receipts noting address and landlord's name
- Notarized letter from resident providing housing for individual stating that the individual resides at that address
- Valid Driver's License
- ID card issued by Military or State Department of Motor Vehicle

- Statement from a homeless services provider on that provider's letterhead attesting to the individual's residence within the eight county area as a homeless individual
- A letter of award from Social Security, Food Stamps, Temporary Assistance for Needy Families (TANF), Veterans Administration or Supplemental Security Income
- A postcard/envelope addressed to the individual at his/her stated residence, with that correspondence having a postmark within 30 days from the date he/she is seeking eligibility certification. Note: A Post Office (PO) box alone is NOT an acceptable form by which to establish residency
- For undocumented immigrants, a statement by the Case Manager and signed by the individual stating that the individual does not have a valid state ID due to his/her undocumented immigration status and does not possess any documents that could otherwise be used to verify residency.

Household Income

Household income must be at or below 400% of the Federal Poverty Level.

2016 Federal Poverty Level Chart

Household Size	400%
1	$47,080
2	$63,720
3	$80,360
4	$97,000
5	$113,640
6	$130,280
7	$146,920
8	$163,360

Household income is the combined income of the client and all household residents who are family or related to the client by marriage. Dependent children residing outside the individual's home may be counted, if the individual can produce evidence of court ordered child support. One of the documents/methods listed below may be used as proof of income.

- Proof that the individual has Medicare or Medicaid can be *de facto* proof of income
- Bank statements
- SSI/SSD, TANF, Food Stamps or VA award letters
- Wage and Tax Statements (W2 form)
- Copy of most recent Federal Income Tax Return (1040) using line #22;Gross Income. (Garnishments may also be deducted from Gross Income), unless self-employed
- Paycheck stubs covering at least three (3) pay periods OR year-to-date pay prior to the date the individual is seeking eligibility certification.

- Self-employed individual's income will be determined by taking their total income (line 22 on form 1040) and subtracting one-half of self-employment tax (line 27), Self- employed SEP, SIMPLE, and qualified plans (line 28), and Self-employed health insurance deduction (line 29) (if applicable). Note: An individual may not count Insurance Assistance Program (IAP) payment of premiums, co-pays and deductibles as a deduction on his/her federal income tax return and use it to reduce total income to qualify for the Ryan White Services programs.
- A signed "Self-Declaration of Zero (0) Income" statement (sample attached)
- A third Party Query System (TPQY) from the Social Security Office and Employment Security Commission.
- Letter from the Department of Human Services (DHS), showing calculated income and/or resources.
- Statement of Direct Deposit as long as the gross income is reflected.
- For undocumented immigrants, a statement signed by the Case Manager or eligibility worker and the individual, stating that the individual does not hold a valid work permit from INS, and that the individual is not receiving any federal, state or country entitlements and that this has been verified by the agency.

Proof of Lack of Insurance or Under-Insurance

PLWHA with health insurance may be eligible for core medical and supportive services that are not covered by their health insurance policy if they meet other eligibility criteria for HIV status, income and residency. The following documentation may be used as proof of lack of insurance:

- Research of a Third Party query system to verify individual's lack of healthcare coverage under other Medicare, Medicaid or private insurance companies. Written documentation of the results of this verification must be dated and kept in the individual's file.
- Denial letter from Medicaid or Medicare and documentation at re-certification that client continues not to meet eligibility criteria
- A signed "Self-Declaration of No Health Insurance" statement (sample attached)

The Grantee provides the following forms which should be used for documentation, as appropriate, that the individual meets eligibility criteria.

1. *Ryan White Eligibility Card*

   The Ryan White Eligibility Card should be completed for every individual documented to be eligible for the Ryan White services. The laminated card should be given to the individual as his/her identification of certification as eligible for services. A copy of this card must be maintained in the individual's file of the Service Provider by whom the Medical Care/Case Manager is employed. Copies of this card must be made available to other Service Providers in the Memphis TGA. Ryan White A/MAI funded Service Providers must ensure that client's eligibility is current when providing services.

2. *The Self-Declaration of No Health Insurance Form*

The 'Self-Declaration of No Health Insurance Form' (Attachment) should be completed by individuals who are certifying that they have no health insurance. This form must be maintained in the individual's file by the Service Provider by whom the Medical Care/Case Manager is employed.

3. *The Self-Declaration of 0 (zero) Income Form*

The 'Self-Declaration of 0 (zero) Income Form' (Attachment) should be completed by individuals who are certifying that they receive no income. This form must be maintained in the individual's file by the Service Provider by whom the Medical Care/Case Manager is employed.

If an individual believes that their Medical Care/Case Manager has made an error in determining that they do not meet eligibility criteria, they may appeal the decision. The individual must submit a written appeal request to their Medical Care/Case Manager's supervisor, explaining why they believe they meet the eligibility requirements listed in this policy. The eligibility requirements are not appealable, only the accuracy of the eligibility determination. The final level of appeal for Part A services will be the Shelby County Ryan White Program Office.

The services that are available through the Shelby County Ryan White Program include:

- Outpatient/Ambulatory Medical Care
- Local AIDS Pharmaceutical Management
- Medical Case Management
- Home Health Care Services
- Health Insurance Premium and Cost Sharing Assistance
- Mental Health Services
- Medical Nutrition Services
- Medical Transportation Services
- Early Intervention Services
- Oral Health Services
- Food Bank/Home Delivered Meals
- Emergency Financial Assistance
- Substance Abuse Outpatient Services
- Psychosocial Support Services
- Health Education Risk Reduction
- Outreach Services
- Housing Services
- Linguistic Services
- Referral for Health Care/ Supportive Services

2.3 Consumer Participation

Policy

HRSA and the Memphis TGA Standards of Care have set provisions to ensure that Ryan White consumers stay informed about availability of services and how to access them. The Ryan White Program values consumers' opinions and considers consumer participation to be integral to the development, delivery and evaluation of services. The Program provides the following ways of receiving input from consumers.

Procedure

Consumer Input Meetings

Consumer Input Meetings are held quarterly to address any concerns consumers may have in accessing Ryan White services. At the meetings, consumers have the opportunity to meet with the Program Staff to discuss barriers to care, offer suggestions for improvement and to receive updates on services and issues.

Consumer Comment Boxes

Consumer comment boxes have been distributed to all agencies that provide Ryan White funded services. The Provider Services Coordinators are responsible for systematically retrieving consumer comment cards and appropriately addressing issues as needed. An overview of consumer comments and concerns are reported at the monthly Provider Meetings to discuss ways to resolve such issues and improve access to services.

Client Satisfaction Surveys

Client satisfaction surveys are completed by consumers annually as part of the Quality Management process.

2.4. Request for Proposals

Policy

A Request for Proposal (RFP) is developed annually by the Ryan White Program in accordance with HRSA HAB program and fiscal requirements and includes language that describes and defines Part A and MAI allowable services and activities and the use of funds allowed under the legislation. Contracts are developed with providers that will ensure that the service priorities and resource allocations established by the Ryan White Planning Group are fulfilled.

Procedure

1. Ryan White Administrator reviews previous year's RFP.
2. Administrator makes all necessary changes and updates based on most recent Priority Setting and Resource Allocation (PSRA) process.
3. Administrator contacts Buyer in Purchasing Department.
4. At least two (2) weeks in advance of the release date, Administrator provides Buyer with draft of the RFP, suggested timeline, and updated vendor list to distribute RFP.

5. Buyer reviews RFP to ensure compliance with County purchasing and contract requirements and approves RFP.
6. The Purchasing Department Buyer issues the RFP and provides a minimum of two (2) weeks for applicants to respond and submit a proposal.
7. Once RFP has been released, applicants are required to submit all questions about the RFP and proposal to the Purchasing Department Buyer.
8. Ryan White Program staff is NOT permitted to discuss the RFP with potential applicants after release by Buyer.
9. Administrator hosts and facilitates a mandatory pre-bidder conference(s) in conjunction with Buyer and EOC program staff.
10. Administrator recruits members for the scorecard committee.
    NOTE: HRSA requires that the scorecard committee consist of community experts and persons living with HIV.
11. Administrator and Buyer provide training to scorecard committee on their responsibilities, the proper review process and establish a deadline for review.
12. After due date, Administrator arranges day and time to pick up responses from the Buyer.
13. Administrator and Provider Services Coordinators distributes responses to members of the scorecard committee
14. Members of the scorecard committee submit completed scorecards to the Buyer by deadline.
15. Buyer creates comprehensive scorecard and shares with Administrator.
16. RW staff including, Administrator, Finance Manager, Data Analyst, and Provider Services Coordinators review comprehensive scorecard within two (2) weeks of the scoring process.
17. RW staff makes decisions to award funding based on comprehensive scorecard and gaps in current continuum of care.
18. Administrator prepares memo for Buyer describing which vendors the department wishes to award a contract.
19. Buyer reviews memo and offers feedback.
20. Administrator incorporates feedback in to memo, if any is provided.
21. Buyer submits memo to the Administrator of Purchasing.
22. Administrator of Purchasing reviews memo.
23. If satisfactory, Administrator of Purchasing submits memo to Mayor for final approval.
24. Once the Mayor approves memo, the Buyer issues award letters to vendors.
25. Once award letters have been issued, Administrator contacts vendors to begin the contracting process.

Note: A contract for services may be developed with an Emergency Sole Source justification. This action will only be used when time limitations do not allow for an RFP process and when a contractor has a unique capacity to provide a service. Request for Sole Source funding is submitted with an Emergency Sole Source Justification form (attachment xx) with a copy of the proposed scope of services and budget to the Director of the Division of Community Services.

2.5 Contracts for Services

Policy

Contracts are developed with providers that will ensure that the service priorities and resource allocations established by the Ryan White Planning Council are fulfilled.

Procedure

Purchasing

New contracts for services are developed as a result of a Request for Proposal (RFP) process; a contract may be developed on an emergency basis if service gaps are identified and cannot be met with an existing contract within Shelby County Government.

New contract development process

1. Ryan White Administrator completes a draft contract for each Service Provider that has been selected through the RFP process.
2. Each Service Provider's contract will reflect what was approved in the agency's proposed scopes of services and budget and will include language describing all funding requirements.
3. Administrator will send draft of the contracts to the County Attorney in the Contracts Administration Department for review and approval.
4. Upon approval from the County Attorney, the Administrator will send the contract and all exhibits to the potential Service Provider for review.
5. Once Service Provider has informed Administrator that it agrees to the contract terms, the Administrator will obtain the following from the Service Provider:
    a. Two (2) original notarized signature pages
    b. Insurance certificate from the Service Provider
    c. Completed gratuity form
    d. Completed Title IV Survey
6. The Administrator sends the completed Title IV Survey to the Office Coordinator for submission to the Title IV Officer for Shelby County Government
7. Once required documents are obtained, the Administrator prepares the contract packet, including:
    a. Two (2) original copies of the partially executed contract,
    b. Insurance certificate from the Service Provider,
    c. Completed gratuity form from the Service Provider,
    d. Completed Contract Encumbrance form (completed by Fiscal Specialist),
    e. Grant Contract Cover Sheet (completed by Administrator), and
    f. Division Contract Routing Sheet (completed by Administrator).

    If the contract does not require approval by County Commission, please skip to step #9.
8. The Administrator prepares a resolution to present the contract to County Commission for approval. (See SCG policy and procedure for how to prepare and route a resolution to the Commission.)

9. Upon approval, the Administrator will write the Notice to Proceed letter when the executed contract and purchase order are received from Contracts Administration.
10. Administrator will scan the following and add to the RW SHARE drive:
    a. Executed contract
    b. Purchase order
    c. Notice to Proceed letter
11. Administrator will forward one (1) copy of the executed contract and 'Notice to Proceed' letter to the Service Provider agency and maintain a copy in files.

Contract renewal process

1. Ryan White Administrator completes a draft contract amendment for each prime contract to be renewed.
2. Administrator will send draft contract amendments to the County Attorney in the Contracts Administration Department for review.
3. Upon approval from the County Attorney, the Administrator will send the contract amendment and all exhibits to the Service Provider for review.
4. Once Service Provider has informed Administrator that it agrees to the contract amendment terms, the Administrator will obtain the following:
    a. Two (2) original notarized signature pages
    b. Insurance certificate from the Service Provider
    c. Completed gratuity form
5. Once required documents are obtained, the Administrator prepares the contract packet to route for signatures within Shelby County Government, including:
    a. Two (2) original copies of the partially executed contract,
    b. Insurance certificate from the Service Provider,
    c. Completed gratuity form from the Service Provider,
    d. Completed Title IV Survey from the Service Provider,
    e. Completed Contract Encumbrance form (completed by Fiscal Specialist),
    f. Grant Contract Cover Sheet, and
    g. Division Contract Routing Sheet.
6. The completed contract packet is send to the Grants Specialist with the Division of Community Services.
7. Once the contract is fully executed, one (1) of the two (2) original copies is returned to the Administrator with a memo from Purchasing.
8. The Administrator will write the Notice to Proceed letter when the executed contract and purchase order are received from Contracts Administration.
9. The Office Coordinator will scan the following and add to the RW SHARE drive:
    a. Executed contract
    b. Purchase order
    c. Notice to Proceed letter

10. Administrator will forward one (1) original of the executed contract and 'Notice to Proceed' letter to the Service Provider agency and maintain a copy in files.

2.6 Program Monitoring

Policy

Requirements set forth in the HRSA/HAB Monitoring Standards for Ryan White Part A services provide directions for monitoring the performance of service providers. Program monitoring is designed to ensure that the Ryan White Part A program meet federal requirements for program management, reporting and improve program efficiency and responsiveness.

Program monitoring is an activity that ensures services are provided in accordance with the contract scopes of service(s), established standards of care, and to identify problems/issues that impact quality, access and availability of services.

Procedure

1. Service Provider Communication: Provider Services Coordinator has the responsibility for ensuring that each assigned Service Provider is advised of the accuracy, consistency and completeness of program and fiscal information submitted.
2. Methods of Communication - Provider Services Coordinator will work with Service Providers through in-person meetings, site visits, phone and electronic mail.
3. Monthly Monitoring: Provider monthly program monitoring will consist of review of the following by Provider Services Coordinator with each assigned contracted provider:

    a. Monthly CUD report: to determine # of unduplicated individuals receiving services, and total # of service units/encounters for each service category, and to identify which staff are providing services.
    b. PDE CAREWare upload: to assess the accuracy, consistency and completeness of information submitted in CUD reports, and to monitor the completeness of data entered into CAREWare.
    c. Data collection - Provider Services Coordinator will monitor, compile, review, and report the findings of data collected from Consumer Comment Box at each Service Provider site. The monitoring of the consumer comment box will be integrated into the monthly monitoring process with documentation of findings (if applicable) submitted by 8th working day of the month.

4. Utilization data report: The Provider Services Coordinator will provide the Quality Management Coordinator with a report (Attachment 1) with the following information for each of the assigned contracted providers on or before the 8th working day of the month.
    a. # unduplicated clients and # services units/encounters for each service category for the month, and year-to-date (March – February).

b. Description of variances (if any) in data reporting in CUD and in CAREWare PDE uploads.
c. Proposed resolutions to issues identified by provider agency and/or Provider Services Coordinator.
d. Quarterly narrative report to determine if staff changes have occurred, identify training that has been provided, current barriers and/or challenges the agency has encountered, expansion or reduction in service capacity, technical assistance/training needs, requests for additional funding and other issues identified by the agency.

5. Monthly and YTD utilization data summary report: The Quality Management Coordinator will provide the Administrator and the Finance Manager with a monthly summary on or before the 2nd Wednesday of the month with the following information:

    a. Total # of unduplicated clients, encounters and service units for each service category for the month and year-to-date.
    b. Summary of issues and challenges identified by provider agencies.
    c. Summary of technical assistance/training conducted by the Provider Services Coordinators.
    d. New and/or on-going technical assistance/training needs of provider agencies

2.7 Program Training and Technical Assistance for Providers

Training/technical assistance supports the uniformity of service programs, program effectiveness, compliance of program design and implementation, and responds to problems/ issues that impact quality, access and availability of services.

Training/technical assistance ensures the communication of program expectations, compliance with HRSA/HAB federal guidelines, and addresses the needs of Ryan White Service Providers.

New Service Provider(s)

Assigned Provider Services Coordinator will support the development of new and existing Service Providers by assessing needs and taking the appropriate action steps to ensure Service Provider(s) program design and implementation is in compliance with established HRSA/HAB policies and procedures. This includes the following:

1. Prospective Providers - Provider Services Coordinator will communicate program expectations, compliance, and regulatory requirements to all prospective Service Providers including those participating in the RFP workshop.

2. Service Provider Meeting **-** The Provider Services Coordinator will coordinate with all new Ryan White Part A/MAI Service Provider(s) to discuss program expectations that include: established program standards of care, reporting requirements, CAREWare data entry requirements, and assessment of future trainings or technical assistance needs.

3. Documentation - Provider Services Coordinator will submit documentation to Administrator within (3) working days following a program meeting with new and existing Service Providers. The documentation should identify training/technical assistance that has been provided including follow up visits, current barriers and/or challenges the agency has encountered, technical assistance/training needs, and other issues identified by the agency.

Technical Assistance

Provider Services Coordinators have responsibility for ensuring that each assigned Service Provider is fully supported with clear and identifiable point of contact, ensuring that Service Providers and support staff have a mechanism for accessing technical support and training to include program updates, the availability of resource material, response to agency needs not previously identified, and the accuracy, consistency and completeness of program and fiscal information submitted.

Elements of Technical Assistance**:**

- Electronic mail sent between Service Provider(s) and Provider Services Coordinator (e.g. training opportunities announcements, corrective action letter, program updates, and site visits announcements)
- In-Person Meetings (e.g. monthly provider meetings, case management meeting, and site visits).
- Newsletter (e.g. program updates, events, agency service(s), consumer involvement, and other non-Ryan White community resource)
- Provider Manual (e.g. reporting requirements, standards of care, data entry instructions, monitoring standards, fiscal requirements and QM Initiatives)
- Telephone Calls (e.g. scheduled and unscheduled calls including teleconference)

2.8 Monitoring and Site Visits

Policy

Monitoring of Ryan White service providers is a HRSA requirement and will be conducted through both routine monthly monitoring of reports and with on-site visits to facilities where services are provided. Agency site visits are conducted as part of Program, Fiscal and Quality Management monitoring to ensure that services are provided in accordance with the contract scopes of service(s) and terms and in compliance with established standards of care, and that provider is adhering to program and fiscal guidance. A program and fiscal site visit will be conducted at least once each grant year, but may be more frequent if issues or problems are identified through routine monthly monitoring activities. A second on-site fiscal review will be completed within 30 days of the end of the contract period.

Procedure

Routine Monthly Monitoring: Routine monthly monitoring will include review of the following by Ryan White staff:

1. Monthly CUD report: to determine # of unduplicated individuals receiving services, total # of encounters, and total # of service units for each service category, and to identify which agency staff are providing services.
2. Quarterly narrative report: to determine if staff changes have occurred, identify training that has been provided, current barriers and/or challenges the agency has encountered, expansion or reduction in service capacity, technical assistance/training needs, requests for additional funding, and other issues identified by the agency.
3. Monthly FTP CAREWare import: to assess the accuracy, consistency and completeness of information submitted in CUD reports, and to monitor the completeness of data entered into CAREWare.
4. Monthly invoices and supporting documentation of expenditures.
5. Program and Fiscal staff will coordinate response to submissions that are inaccurate or incorrect, and notify agency representative(s) via email of the need for revision or additional information before invoice can be processed for payment.

Program and Fiscal Monitoring Visits: At least one official monitoring site visit will be conducted with each agency during the funding year.

1. The Quality Management Coordinator and the Provider Services Coordinators will be responsible for scheduling and coordinating the visits, with a minimum of 30 days in advance notice, with other grantee staff and appropriate agency staff.
2. The Provider Services Coordinator assigned as the primary contact to the agency will email the following information to the agency at least 30 days in advance of the visit and will confirm the date and time of the visit with agency and grantee staff:

    - List of documents needed for review;
    - Monitoring tool with front page completed by Provider Services Coordinator (see Program folder);
    - Information about the randomized sampling of client records that will be requested for review;
    - Request for name(s) of agency staff who will participate in site visit; and
    - Names of grantee staff who will conduct site visit

The assigned Grantee staff will meet with agency representatives to conduct an opening meeting in which the purpose and structure of the site visit will be reviewed. An exit meeting will be scheduled at the end of the site visit to provide agency representative(s) with a brief summary of key findings or concerns that were identified, and to inform the provider of the process for the site visit report and corrective action plan (if applicable).

3. Site Visit Report:
    - Each Grantee staff who participated in the site visit will complete reports with a summary of the materials reviewed, including findings and recommendations, and submit to the agency's Provider Services Coordinator within seven (7) business days of the visit.
    - The Provider Services Coordinator will compile the summaries into a draft report and submit to the Quality Management Coordinator and Finance Manager for review within 10 business days of the site visit; the final report will be submitted to the Program Administrator within 14 business days of the site visit, and the report and a letter from the Program Administrator will be sent to the agency within 20 business days of the site visit.
    - The report will identify all findings in which standards and program and fiscal requirements were not met, and provide recommendations for corrective action to the agency.
    - The agency will be required to submit a corrective action plan to the Program office within 30 business days of receipt of the report.

4. Corrective Action Plan:
   The plan will be reviewed by Ryan White Program, QM and Fiscal staff, and the agency will be informed of the acceptance of the plan or need for revision within seven (7) business days.

    - The assigned Provider Services Coordinator and Fiscal Specialist will schedule and coordinate any training or technical assistance that is needed.
    - The assigned Provider Services Coordinator and Fiscal Specialist will schedule additional site visits as needed to ensure than the Corrective Action Plan is implemented and that agency is in compliance with all contract requirements.
    - Each grantee staff who participated in the follow-up site visit will complete a report with a summary of the materials reviewed, indicating whether the appropriate actions/corrections were made, and submit to the agency's Provider Services Coordinator within three (3) business days of the follow-up visit.
    - The Provider Services Coordinator will compile the summaries into a draft report and submit to the Quality Management Coordinator, and Fiscal Manager for review within five (5) business days of the follow-up visit
    - A letter from the Program Administrator will be sent to the agency within seven (7) business days with information about the status of the review and need for additional follow-up.

5. Fiscal Review: A second on-site review of financial documents will be scheduled with each agency within 30 days of end of the contract year in order to verify that supporting documentation is accurate and complete, to ensure that expenditures are in compliance with HRSA requirements and to reconcile billing for the contract year.

2.9 HRSA Policy Notices and Program Letters

HRSA develops policies that implement the legislation, providing guidance to grantees in understanding and implementing legislative requirements. These policies are listed below, followed by program letters, which provide additional guidance for grantees. In addition, each grantee must comply with Conditions of Award (COA).

Policy Notices

- 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds (PDF - 340 KB)
    - Frequently Asked Questions for Policy Clarification Notice 16-02 (PDF - 170 KB)
- 16-01 Clarification of the Ryan White HIV/AIDS Program (RWHAP) Policy on Services Provided to Veterans (PDF - 44 KB)
- 15-04 Utilization and Reporting of Pharmaceutical Rebates (PDF - 38 KB)
    - Frequently Asked Questions for Policy Clarification Notices 15-03 and 15-04 (PDF - 312 KB)
- 15-03 Clarifications Regarding the Ryan White HIV/AIDS Program and Program Income (PDF - 197 KB)
- 15-02 Clinical Quality Management Policy Clarification Notice (PDF -234 KB)
    - Frequently Asked Questions for Policy Clarification Notice 15-02 (PDF - 226 KB)
- 15-01 Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Part A, B, C, and D (PDF - 125 KB)
    - Frequently Asked Questions for Policy Clarification Notice 15-01 (PDF - 368 KB)
- 14-01 Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Advance Premium Tax Credits Under the Affordable Care Act (PDF - 252 KB)
    - Frequently Asked Questions for Policy Clarification Notice 14-01 (PDF - 281 KB)
    - Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Advanced Premium Tax Credits Under the Affordable Care Act (PDF - 190 KB) *Federal Register* (07/14/2014)
- 13-07: Uniform Standard for Waiver of Core Medical Services Requirement for Grantees Under Parts, A, B, and C (PDF - 86 KB)
    - Sample Letters for Requesting a Waiver of the Core Medical Services Requirement in the Ryan White HIV/AIDS Program (PDF - 258 KB)
    - October 25, 2013 Federal Register Notice on the Core Medical Services Waiver Requirements (PDF - 186 KB)
- 13-06 Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Medicaid (PDF - 29 KB)
- 13-05 Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Private Health Insurance (PDF - 42 KB)
- 13-04 Clarifications Regarding Clients Eligible for Private Health Insurance and Coverage of Services by Ryan White HIV/AIDS Program (PDF - 31 KB)

- 13-03 Ryan White HIV/AIDS Program Client Eligibility Determinations: Considerations Post-Implementation of the Affordable Care Act (PDF - 30 KB)
- Federal Register Notice: Ryan White HIV/AIDS Program Core Medical Services Waiver; Application Requirements (PDF - 186 KB)
- 13-02 Clarifications on Ryan White Program Client Eligibility Determinations and Recertification Requirements (PDF - 37 KB)
- 13-01 Clarifications Regarding Medicaid-Eligible Clients and Coverage of Services by Ryan White HIV/AIDS Program (PDF - 18 KB)
- 12-02 Part A and Part B Unobligated Balances and Carryover (PDF - 40KB)
- 12-01 The Use of Ryan White HIV/AIDS Program Funds for Outreach Services (PDF - 34KB)
- 11-04 Use of Ryan White HIV/AIDS Program Funding for Staff Training (PDF - 35 KB)
- 11-03 Residence of Planning Council Members and Consortia Members (PDF - 55 KB)
- 11-02 Clarification of Legislative Language Regarding Contracting with For Profit Entities (PDF - 43 KB)
- 11-01 The Use of Ryan White HIV/AIDS Program Funds for Housing Referral Services and Short-term or Emergency Housing Needs (PDF - 154 KB)
- 10-02 Eligible Individuals & Allowable Uses of Funds for Discretely Defined Categories of Services (PDF)
- 08-02 Uniformed Standard for Waiver of Core Medical Services Requirements for Grantees Under Parts A, B, and C (PDF)
- 07-07 Ryan White HIV/AIDS Program and Veterans (PDF)
- 07-06 Use of Ryan White HIV/AIDS Program Funds for Outreach Services (PDF)
- 07-05 Use of Ryan White HIV/AIDS Program Part B ADAP Funds to Purchase Health Insurance (PDF)
- 07-04 Use of Ryan White HIV/AIDS Program Funds for Transitional Social Support and Primary Care Services for Incarcerated Persons (PDF)
- 07-03 Use of Ryan White HIV/AIDS Program Part B ADAP Funds for Access, Adherence, and Monitoring Services (PDF)
- 07-02 Use of Ryan White HIV/AIDS Program Funds for HIV Diagnostics and Laboratory Tests Policy(PDF)
- 07-01 Use of Funds for American Indians and Alaska Natives and Indian Health Service Programs (PDF)

Program Letters

- HRSA CDC Integrated HIV Prevention and Care Plan Guidance (PDF - 369 KB) September 30, 2015
- HRSA CDC Integrated HIV Prevention and Care Plan Guidance - June 19, 2015
- HRSA CDC Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2017-2021 - June 2015
- Ryan White HIV/AIDS Program Service Categories Crosswalk with the HIV Care Continuum (PDF - 149 KB) June 11, 2015
- HCV Medications (PDF - 78 KB) February 13, 2015
- Clarification of CD4 Reporting (PDF - 29 KB) December 2, 2014

- RWHAP Comprehensive Plans/SCSN and CDC Jurisdictional Plan Submissions (PDF - 27 KB) February 24, 2014
- AIDS Drug Assistance Programs and the 340B Drug Pricing Program (PDF - 329 KB) January 31, 2014
- Transitional Grant Areas and Planning Councils Moving Forward (PDF - 308 KB) December 4, 2013
- Static MSA Boundaries for Part A EMAs and TGAs Letter (PDF - 442 KB) November 7, 2013
- Local Pharmaceutical Assistance Programs (LPAP) Clarification (PDF - 462KB) - August 29, 2013
- HRSA CDC Letter in Support of Integrated HIV Planning (PDF - 33KB) May 22, 2013
- Coordination between Medicaid and Ryan White HIV/AIDS Programs (PDF) - May 1, 2013
- ACA Plans Offered Through Marketplace Known as QHPs and ECPs (PDF - 292 KB) March 27, 2013
- HRSA CDC HIV testing letter (PDF - 428 KB) February 25, 2013
- Guidelines for the Utilization and Reporting of Pharmaceutical Rebates (PDF 25KB) November 16, 2012
- Use of Funds and Activities for Program Development (PDF 43KB) April 26, 2012
- Ban on Federal Funding for Syringe Services Program (PDF - 55KB) January 6, 2012
- Syringe Services Program (PDF - 66 KB) December 28, 2010
- Pre-Existing Insurance Program (PCIP) (PDF - 69 KB) December 28, 2010
- Portability of Coverage, Enrollee Notices, and Third Party Payments under PCIP (PDF - 57 KB) HHS Bulletin
- Pre-Exposure Prophylaxis (PrEP) (PDF - 112 KB) December 2, 2010
- ADAP/TrOOP (PDF - 481 KB) November 23, 2010
- ADAP/340b (PDF - 299 KB) - April 29, 2005
- Medicaid Coordination (PDF - 16 KB) August 10, 2000

SECTION THREE: FISCAL

Ryan White Part A

3.1 Completing the SF-270

The Ryan White fiscal team uses the following process to complete the SF-270, which reimburses the County for Ryan White Part A and MAI services expenditures (must be completed by 28th of the following month). The workflow is as follows:

1. Fiscal Specialist pulls the General Ledger summary report from OnBase for payroll
2. Fiscal Specialist receives epidemiology expenditures for the month from the Shelby County Health Department.
3. Fiscal Specialist receives monthly invoices from all contracted providers.
4. Fiscal Specialist accesses the SF 270 Part A and MAI spreadsheets.
5. Fiscal Specialist enters the payroll and fringe totals on the SF 270 Part A and MAI spreadsheets.
6. Fiscal Specialist enters mileage from the Payroll Journal from the end of month payroll on the SF 270 Part A and MAI spreadsheets.
7. Fiscal Specialist checks summary totals for accuracy on the SF 270 Part A and MAI spreadsheets.
8. Fiscal Specialist accesses OnBase.
9. Fiscal Specialist selects the GEMS Fin GL Summary Report with the report date criteria of the end of the month.
10. Fiscal Specialist prints GEMS Fin GL Summary Report.
11. For all accounts (example: 452-480591-6852), the Fiscal Specialist does the following on the 270 for Part A and MAI spreadsheets and payroll:
    a. Enter dollar amount
    b. Enter check number
    c. Enter IDB number
    d. Enter the mileage amount from OnBase in the travel section.
12. Fiscal Specialist collects all expenditure support for Part A and MAI from OnBase
13. Fiscal Specialist obtains expenditure support for the procurement card from the Clerical Specialist.
14. Fiscal Specialist enters the providers' invoice data into the SF 270 Part A and MAI spreadsheets.
15. Fiscal Specialist prints all of the SF 270 Part A and MAI spreadsheets, including:
    a. MAI
    b. PART A
16. Fiscal Specialist accesses the 270 Running Total-FY spreadsheet.
17. Fiscal Specialist enters data by month from SF 270 Part A and MAI spreadsheets into all tabs of the 270 Running Total-FY14 spreadsheet workbook.
18. Fiscal Specialist prints all tabs of the workbook in the 270 Running Total-FY spreadsheet.
19. Fiscal Specialist accesses Adobe Acrobat to prepare the Monthly SF270 Submission Coversheet titles Request for Advance or Reimbursement sheet.
20. Fiscal Specialist fills out a coversheet for both Part A and MAI:

    a. Cover sheet: Request for advance or Reimbursement for MAI
    b. Cover sheet: Request for advance or Reimbursement for PART A
21. Fiscal Specialist submits both cover sheets with all support to the Authorized signer for review and signature.
22. Authorized signer will scan signed Request for Advances.
23. Authorized signer submits signed Request for Advances, by email to:
    a. CSA Finance Administrator for approval and submission for reimbursement, and
    b. Finance Department so that the reimbursement can be properly recorded.
24. CSA Finance Administrator sends email on behalf of the County to draw down the funds from the Federal Government to reimburse the county for all of the expenditures incurred in the month with the following attachments:
    a. Request for Advance or Reimbursement sheets
    b. SF 270 Part A and MAI spreadsheets
25. CSA Finance Administrator will send an email confirming completion of transfer.
26. When the CAS Finance Administrator informs the fiscal team that the transfer is done, the following emails are sent, so that funds can be transferred for reimbursement of services within Shelby County:
    a. ID and Epidemiology sections of the Health Department
27. Hard copies of all data submitted to support the Request for Reimbursement is filed in the Fiscal Specialist office.

PLEASE NOTE: More complete step-by-step instructions for completing the SF-270 is located on the SHARE drive.

3.2 Fiscal Reports

SF270 – Request for Reimbursement

At the end of each month, the Fiscal staff creates a SF270 report. The report captures all of the expenses that occurred in the previous month. The expenses include (Part A and MAI):

- Payroll and Fringes
- Admin and QM
- HIV Services

After approval by the Department Administrator, this information is then submitted to the CSA Finance Administrator (with a copy to the Finance Department) with a request to initiate the reimbursement drawdown. The request includes specific instructions for the posting of the funds once they are received.

Planning Group

The Program Administrator makes a fiscal report that is prepared by Fiscal staff at each quarterly Planning Group. This report breaks out each category by core medical services and supportive social

services. It shows the cumulative expenses by category for the grant period for Part A and MAI. This report is used to assist the Planning Group to determine how the funds should be reallocated (to increase a category or decease a category) to ensure that all of the Federal funds are used by the end of the grant period.

HIV Expenditure Report

Each month the Grantee's Office updates the HIV Expenditure Report. This report lists all of the categories. This report helps to determine how much each Provider has spent per service category. It also keeps a running total of how much has been spent year to date for the core medical services and the supportive social services. This report helps to determine what categories need to be reallocated with an increase of decrease of funds.

Federal Financial Report (FFR) (SF425)

The SF425 is used to report financial data to HRSA and to verify amounts available for carry over requests.

SF424A Report

This report is submitted to HRSA on an annual basis to show the expenditure amount for each administration and quality management category. This report includes the following:

	Approved Budget	*Actual*	*Variance*
Personnel			
Fringes			
Travel-local			
Travel-out of town			
Equipment			
Supplies			
Contractual			
Other			

FFR Federal Cash Transaction Report

This report is completed via the federal Payment Management System (PMS), and the report must be filed within 30 days of the end of the quarter.

3.3 Fiscal Technical Assistance and Training to Providers

The Fiscal staff is available by phone, e-mail or by appointment to assist all Providers. Each Provider is assigned to a Fiscal staff member. At the beginning of a new grant year, all new Providers will receive a visit by their assigned Fiscal staff team member.

The Grantee's Office has quarterly Providers Meeting which gives the Providers an opportunity to discuss any issues, questions and concerns. This also gives the Grantee's Office a chance to present any new information, provide training and address any issues, questions and concerns.

3.4 Fiscal Monitoring

Site visits are conducted no less than once a year for each agency. This is important to determine and assess how quickly and efficiently a provider uses Ryan White funding it receives and whether funds are used for approved purposes. This will include review and assessment of monthly expenditure patterns for to ensure adherence to Federal, State and local rules and guidelines on the use of Ryan White funds.

Process

1. Grantee's Office contacts Service Provider to agree on site visit date
   Grantee's Office submits email to Provider at least one month in advance of site visit with the site visit date, verification of the location of the monitoring and a list of documents to be reviewed:

   a. Agency Contract
   b. Most Recent Award Letter
   c. Fiscal Guidance
   d. Bank Statements (Operating and Payroll)
   e. Payroll Records/General Ledger/Reconciliations
   f. Timesheets and Attendance Records
   g. Policies and Procedures Manual (Procurement/Record Retention/Personnel, Petty Cash, if applicable)
   h. Financial Policies and Procedures
   i. Invoices/Receipts/Cancelled Checks
   j. Internal Control Questionnaire (must be completed prior to the Fiscal Staff's visit)
   k. Audited Financial Statements
   l. Agency's Submitted Invoices
   m. CUD Reports
   n. Documentation of other funding sources
   o. Sub-contracts

2. On the day of the site visit, an Entrance Conference is conducted with the Grantee staff and the Provider's staff. The Entrance Conference establishes the purpose of the review, identifies key contact persons, and provides the agency an opportunity to present an agency overview.
3. The Fiscal Staff then begins to review the financial documents and personnel files.
4. After all documents have been reviewed and all issues and concerns have been addressed, an Exit Conference is conducted. The Exit Conference provides the results of the monitoring, identifies required actions and allows the Provider to ask any questions.

5. The Providers receive a signed official site visit report within 2 weeks of the site visit.
6. If necessary, a follow up site visit will be conducted to assist with technical assistance in programmatic challenges or reporting requirements.

3.5 County Budget Process

The Shelby County Government's fiscal year is from July 1-June 30. The Ryan White fiscal year is from March1-Feb 28. Therefore, the Ryan White Program budget crosses two fiscal years. The county budget process begins in December. The budget numbers are submitted into the Shelby County Government budget software program.

1. After all budgetary documents are prepared and submitted by the Administrator and the Fiscal Manager the budget must be reviewed and revised by the Division Directors and the Mayor.
2. After the Mayors approval the budgets are consolidated and final changes are made. At this time, a Proposed Budget Book is printed.
3. Each division and department must attend a review and budget hearing conducted by the Shelby County Commissioners. The purpose of the hearing is for each division and department to explain any questions about the amount of budget funds that are requested.
4. After all reviews and hearings are complete, the Proposed Budget is adopted.
5. After the Budget Department has made all necessary changes to the Proposed Budget, the final document is submitted for printing to create the Adopted Fiscal Year Budget Book.
6. If budget changes need to be made during the fiscal year, it must be done by a budget transfer form. This form moves funds from one account to another.
7. It must be approved by the Department Administrator, the Division Director and the Chief Administrative Officer (CAO), before the Finance Department moves the funds.

3.6 County Purchasing Process (Encumbrances & Purchase Orders)

1. All contracts have to be presented and adopted via resolution by the Shelby County Board of Commissioners and signed by the Mayor.
2. Once the resolution is signed by the Mayor, Finance will load the newly created budget into the appropriate financial systems.
3. At this point, the Fiscal Staff creates a Grants Contract and Encumbrance Information Sheet for each provider on the Liquid Office system.
4. Once the approved form is returned to the Ryan White department using Liquid Office, the form is printed and routed to the Administrator and then to the Division Director for their written approvals.
5. The Division Director's office forwards the approved form to the Purchasing Department to create a purchase order for the Provider.

6. The Fiscal staff must have a purchase order for each Provider before the invoice payment process can began.
7. The Grants Contract and Encumbrance Information Sheet must include the following information:

    - Contract number
    - Department Requesting Services
    - Preparer's Name, Telephone # and E-mail address
    - Grantor agency name ,grant name and contract number
    - CFDA number (if federally funded)
    - Provider's DUNS number
    - Description of item to be purchased, built or service provided
    - Name, Address, City, State and Zip code
    - Vendor number
    - EOC number
    - Cost of item or service requested
    - Term of proposed contract/agreement (date)
    - Fund, org and account number
    - Commodity code
    - Bid/RFP Process or Emergency/Sole Source (check box)
    - If at a later date, more funds are needed on a purchase order, a new and separate encumbrance form must be submitted using the same process in order to have another purchase order issued.
    - If an encumbrance needs to be reduced or closed out, a request may be sent to the Finance Department Accounts Payable section via e-mail.

The award amount of each Provider is split. The formula amount is 72% and the supplemental amount is 28%. The formula amount has to be spent first to keep from being penalized by the Federal Government. After all of the formula dollars have been spent per Provider, then the supplemental dollars can be spent.

HIV Prevention and Intervention Grant

3.7 Invoices

Provider Invoices For The Grantee

Providers must submit invoices to Grantee **monthly** by e-mail using the Excel form supplied by the Grantee. (See Exhibit in Provider contract) All information on both tabs of the invoice must be completed each month. A Request for Payment Letter on the agency's letterhead, with an authorized

signature must be submitted with the invoice as well as any additional necessary supporting documentation.

Grantee Invoices For The State

The Fiscal department submits invoices to the State of Tennessee **monthly** using the State of Tennessee Invoice Reimbursement form supplied by the Department of Health. (See contract for invoice exhibit) The following requirements apply:

- All invoices must be on the correct *full page* form with no changes of line items.
- All invoices need to have correct agency address, contract numbers, and budget (Column A).
- Column A dollar amounts should mirror the contract budget exactly. No changes should be made without *approved* documents, and all numbers should be rounded to the nearest hundred.
- Travel support documentation must be attached (current mileage rate is $.47 cents per mile).
- An explanation for any negative amount on an invoice is required.
- Travel support documentation and an explanation for a negative amount are the ONLY documentation that should be included with an invoice.
- Any invoice submitted more than 30 days after the calendar month in which the costs were incurred, requires a written request for reimbursement with a detailed reason for the untimely invoice as well the plan for future submissions being submitted on time. This needs to have an authorized signature and be attached to the invoice. (Section C.5.b. (4) in contract under invoice requirements). Requests for untimely payments should go to the applicable program director and requires approval by the program director, before it is paid.
- Final invoices have a 60-day due date time frame.
- Any changes made in "Column C (handwritten or typed) will require the initials of the person who made the change in **blue** ink.
- Invoices and any supporting material may be scanned and e-mailed Subhankar at subhankar.mukhopadhyay@tn.gov if the signature on the scanned invoice will appear in **blue** when the image is received in the State's office. The invoice will be rejected if the signature on the invoice appears in black.

Monthly reporting requirements include:

- Unless otherwise agreed by contract, an invoice for services is to be submitted by e- mail on or before the 5th working day of the month following the month of the report.
- A Provider Data Export (PDE) with all data elements for all Prevention funded services, to be submitted on or before the 10th of the month following the month of the report.

Quarterly reporting requirements include:

- A narrative report to be submitted to the Grantee and to the Tennessee Department of Health on or before the 15th working day of the month following the quarter of report that includes a

detailed description of the services that were provided with information on the following for each service category funded:

- ✓ Progress towards goals and objectives of the work plan
- ✓ A summary of the number of unduplicated clients served and the number of interventions provided
- ✓ An update of personnel changes
- ✓ Description of problems/challenges encountered during the quarter and action taken to resolve

Grantee Reports

The Fiscal staff submits an expenditure report (Policy 03 report) to the State quarterly. The due date for the Quarterly Expenditure Report may vary by contract type however the time frames are listed in each contract with the State. Shelby County's Prevention and Intervention quarterly reports are due April 30, July 30, October 30 and January 30. A sample quarterly report with instructions is attached to the State contract as Attachment 3. The completed quarterly report is e-mailed to Janice.E.More@tn.gov and Pamela.Harvell@tn.gov with a copy going to Grants.Office@ShelbyCountyTN.Gov. A hard copy is not required. The report is not required to be signed by the Grantee.

A Prevention Expenditure report is prepared by the Fiscal staff each month to show expenditures by intervention for the grant year to date. This report is presented at the monthly Prevention Planning Committee meeting.

3.8 Fiscal Technical Assistance and Training for Providers

The Fiscal staff is available by phone, e-mail or by appointment to assist all Prevention Providers.

The Grantee's Office has a monthly Prevention Planning Committee meeting which gives the Providers an opportunity to discuss any issues, questions and concerns. This also gives the Grantee's Office a chance to present any new information, provide training and address any issues, questions and concerns.

Fiscal Monitoring

The Grantee will perform semi-annual site visits with each HIV Prevention sub-granted agency to monitor fiscal expenditures and documentation. Any agency with a fiscal or programmatic finding shall be provided with a written corrective action plan within 21 business days of the visit with a copy of that report going to the Tennessee Department of Health's Director of HIV/STD Prevention.

Budget

The Prevention and Intervention grant year follows the calendar year, beginning January 1 and ending the following December 31. The State's fiscal year begins July 1 and ends on June 30 of the following

year. As a result, the Prevention and Intervention grant year crosses two fiscal years for the State and funding for the grant resets each July 1. See the cover sheet on the State contract for more detail on this issue.

Expenditures must adhere to the grant budget. (See contract attachment 1) The Lead Agent may vary from a grant budget line item amount by up to 20% of the line item, provided that any increase is off-set by an equal reduction of another line item amount(s) such that the net result of variances does not increase the total contract amount detailed by the grant budget. Any increase in the grant budget grand total amount requires an amendment to the contract.

3.9 Debarment and Advance Payment

Debarment

Shelby County Government and its subrecipients shall not award grant assistance to applicants that are debarred or suspended, or otherwise excluded from or ineligible for participation in Federal assistance programs under Executive Order 12549. County grant staff and subrecipients are to ensure to the best of their knowledge and belief that before extending a sub-award, the potential sub-award agency or its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency. At a minimum, County grant staff, County subgrantees, and SCGO shall check the Excluded Parties List at www.sam.gov to ensure that the agency itself or principals of the sub-award agency are not excluded or disqualified based on the EPLS list. The assigned Accountant will verify that the subrecipient isn't on the debarment list every February before the contracts are executed before the start of the new fiscal year.

Advance Payment

A subrecipient may request an advance payment. The request must be made via e-mail to the Finance Manager, Deputy Administrator and the Accounting staff. A signed cover letter must be submitted with the request for advance payment amount. The subrecipient can receive 50% of the average of the past 3 months invoice amounts. No advance will be given in February, due to the end of the fiscal year. All advance payments will be paid within 30 days. All advance payment documentation must be submitted the following month and will be subjected to review, must have CUD's, all necessary supporting documentation and must be allowable costs.

SECTION FOUR: QUALITY MANAGEMENT PROGRAM

4.1 Quality Management

Policy

The establishment of an active quality management program is a HRSA HAB requirement for all Ryan White grantees. The Memphis TGA Ryan White Part A/MAI Program maintains a Quality Management (QM) Program with a dedicated staff, including Quality Manager, Business Services Analyst, Training and Technical Assistance Coordinator, Peer Liaison and Administrator. Funds are budgeted for the resources needed to support the program activities.

The vision is to be a model Ryan White Part A/MAI Program with HRSA HAB quality indicators that meet or exceed standards established by the QM Committee. The primary purpose of the QM program efforts is to ensure that all Ryan White-funded agencies offer quality medical and support services; this

is accomplished by monitoring established performance indicators and providing guidance and technical assistance as needed for improvement.

The main responsibilities of the QM Program are:

1. Maintain an active QM Committee,
2. Develop and update a QM Plan for the Memphis TGA
3. Monitor the quality of services that are provided with Ryan White Part A/MAI-funds.

The Quality Manager, Business Services Analyst, Training and Technical Assistance Coordinator, Peer Liaison and Administrator work together to ensure that all agencies have a QM program and plan, that all services are documented in accordance with contract requirements, that performance indicators are monitored and reviewed, and quality improvement activities are developed and implemented.

Procedure

On an annual basis, the Quality Manager and Training & Technical Assistance Coordinator evaluate provider QM programs and plans using the Memphis TGA QM monitoring tool:

1. Quality Manager emails the QM Monitoring Tool to provider agencies each new grant year and request that the providers' Program/Quality Manager complete the assessment and return to them with a copy of their current QM plan within 30 days
2. The Quality Manager reviews the assessment and plan for each agency and identifies areas needing revision and/or improvement
3. The Quality Manager develops a written summary of the review for each agency and recommendations for revision/improvement, including a plan for providing technical assistance
4. The Training and Technical Assistance Coordinator reviews the summaries and provides additional guidance as needed to ensure that QM programs and plans meet established requirements
5. The Quality Manager and Technical Assistance Coordinator email the summaries to each agency and schedule meetings with Program/Quality managers and other staff as needed when extensive technical assistance is required
6. The Training and Technical Assistance Coordinator works with agencies to provide technical assistance in revising/improving the QM programs and plans, with final plans to be completed within a three-month period

On an annual basis, the Training and Technical Assistance Coordinator conducts a review of Outpatient/Ambulatory medical records using the established data collection tool:

1. The Training and Technical Assistance Coordinator develops list of records to review for their assigned agencies by generating a list of clients that received Outpatient/Ambulatory medical care during the review period from CAREWare and using randomizer.org to develop a random sample of the appropriate size

2. The Quality Manager and Training and Technical Assistance Coordinator work with the agency Program/Quality Manager to schedule the monitoring visit, providing at least 30 days' notice
3. The Training and Technical Assistance Coordinator sends the random sample list of records needed for review and works with agency Program/Quality Manager and IT staff to ensure that access to records, including all electronic records, will be available for grantee staff to review
4. The Training and Technical Assistance Coordinator and the Business Services Analyst (if needed) will conduct the record reviews on the scheduled date(s)
5. The Quality Manager will compile the data from the Training and Technical Assistance Coordinator collection tools and prepare a report of the results, a list of findings and appropriate recommendations to the service provider agency
6. The Quality Manager will write a letter to the agency Program/Quality Manager that includes a summary of the findings and recommendations, and a request for a corrective action plan (if needed) to be submitted within 30 days
7. The Training and Technical Assistance Coordinator will review all corrective action plans and provide notice in writing of approval or need for additional action within two (2) weeks of submission
8. The Training and Technical Assistance Coordinator along with the Quality Manager will monitor the implementation of all corrective action plans and ensure completion of all action steps

4.2 Sub-Contractor Data Collection

Procedure

1. Works in tandem with Business Services Analyst who receives, through CAREWare, each provider's data as it relates to HRSA HAB (HIV/AIDS Bureau) Performance Measures which are:
    a. HIV Viral Load Suppression
    b. Prescription of HIV Antiretroviral Therapy
    c. HIV Medical Visit Frequency
    d. Gap in HIV Medical Visits
2. Business Services Analyst compiles data monthly and annually and releases to providers and Ryan White staff as Quality Measures.
3. Quality Manager uses this data in quarterly meeting with providers and at provider's site, to discuss their most recent measures.
4. Discussion includes:
    a. Reviewing trends (i.e., is viral suppression dropping, whether medical visits increasing or dropping)
    b. Reviews staffing pattern to determine how it affects measures
    c. Reviews the data collection system of the provider to help determine if there are issues with data entry

d. Considers and discusses with provider what training may be needed to address issues of performance
5. Quality Manager completes notes from meetings and/or visits to track discussions, expectations and next steps.
6. Quality Manager works with provider to determine the Quality Improvement Project that will be implemented to address any issues that are raised in above steps relating to the HAB Performance Measures.
7. Quality Management Team provides training as necessary to providers based on the deficiencies that have been identified in monitoring activities.

4.3 Evaluation of Provider Quality Management Programs

Policy
All service providing agencies are required to have a written Quality Management Program at the beginning of each grant period.

Procedure
1. Quality Manager emails the QM Monitoring Tool to agencies each new grant year and request that the providers' Program/Quality Manager complete the assessment and return to them with a copy of their current QM plan within 30 days.
2. The Quality Manager reviews the assessment and plan for each agency and identify areas needing revision and/or improvement.
3. The Quality Manager develops a written summary of the review for each agency and recommendations for revision/improvement, including a plan for providing technical assistance and send to the Training and Technical Assistance Coordinator.
4. The Training and Technical Assistance Coordinator reviews the summaries and provides additional guidance as needed to ensure that QM programs and plans.
5. The Training and Technical Assistance Coordinator emails the summaries to each agency and schedule meetings with Program/Quality managers and other staff as needed when extensive technical assistance is required.
6. The Training and Technical Assistance Coordinator works with agencies to provide technical assistance in revising/improving the QM programs and plans, with final plans to be completed by the end of the following quarter of the grant year.

4.4 Maintaining Accuracy of Epidemiological Information

Procedure
1. Quality Manager and Business Services Analyst primarily works with epidemiology staff at the Shelby County Health Department who has the responsibility of gathering and maintaining all HIV/AIDS/STD/TB/HEP data from the TGA counties' Health Departments.

2. Shelby County Health Department epidemiologist provides Quality Manager with epidemiology information on an annual basis.
3. Quality Manager shares data with Quality Management Committee.
4. Quality Management Committee uses data to update the Quality Management Plan for the Memphis TGA.

4.5 Surveys and Evaluation Tools

Procedure

1. Business Services Analyst provides assistance, if requested, in the development of surveys and evaluation tools being used by Providers to ensure HRSA quality standards are being met.
2. Quality Manager and Peer Liaison research best practices to determine language to be used in annual client satisfaction survey to ensure survey language is clear and elicits the most appropriate responses possible.
3. Quality Manager works with Peer Liaison who administers surveys onsite or electronically at Provider agencies.
4. Peer Liaison and Quality Manager compile survey results and presents at appropriate forum.

4.6 Coordination of TGA-wide Quality Management Committee

Procedure

1. Quality Manager is the Chair of the QM Committee and works with the following Ryan White staff who are members of the committee.
    - Program Administrator
    - Business Services Analyst
    - Training and Technical Assistance Coordinator
    - Peer Liaison
    - Planning Council Manager
2. Engages representatives from community stakeholders as listed below.
    - Oral health care professional
    - Infectious disease physician
    - Tennessee Ryan White Part B Quality Management Coordinator
    - Memphis Ryan White Part D representative
    - Representative from each Ryan White Part C recipient in the TGA
    - Program Managers from the TGA's outpatient/ambulatory medical care providers
    - Medical Case Manager from Tennessee
    - Medical Case Manager from Mississippi
    - Medical Case Manager from Arkansas

- Consumers of Ryan White services
- Part A Project Officer

3. Schedules, facilitates and chairs the quarterly QM meetings.
4. Presents quarterly quality management data to the QM Committee.
5. Leads the QM Committee in reviewing HRSA HAB performance measures and other data at each quarterly meeting and develops recommendations for quality improvement initiatives.
6. Leads QM Committee in the following activities:
    - Analyzing quarterly performance measure data reports, chart review data reports and service utilization data, and client satisfaction survey reports for all service providers.
    - Reviewing patient satisfaction survey instruments prior to implementation.
    - Developing recommendations for performance measures and quality improvement projects using Plan, Do, Study, Act cycles.
    - Reviewing Provider Surveys for all Ryan White Providers and Patient Satisfaction Surveys for all Ryan White service providers.

4.7 Evaluation of TGA-wide Quality Management Plan

Procedure

1. Initially refers to the Ryan White National Monitoring Standards to ensure local Quality Management Plan meets all requirements.
2. Refers to approved QM Plan for current year.
3. Leads Ryan White Program staff in making necessary updates.
4. Presents proposed draft with updates to Quality Management Committee for approval.
5. Shares QM Plan with H-CAP.
6. Ensures QM Plan is followed by reviewing on a monthly basis and reporting progress/challenges to Administrator.

4.8 Quality Management Committee and Plan

Policy

The Memphis TGA Ryan White Part A/MAI Program maintains a Quality Management Committee with an inclusive representation of all stakeholders, and a Quality Management Plan approved by the QM Committee that meets the National Quality Center requirements that includes a quality statement, a quality infrastructure, annual quality goals, participation of stakeholders, performance measurement, capacity development, evaluation, and an implementation plan.

Procedures

The Quality Manager will convene a Quality Management Committee that meets quarterly to provide guidance for QM program activities. The Quality Manager will:

1. Develop and maintain a list of active QM Committee members, and recruit new members as needed to ensure inclusive representation of all stakeholders
2. Schedule the quarterly meetings, develop an agenda for each meeting, notify committee members of the meetings
3. Facilitate the meetings, reviewing the minutes from the previous meeting and the agenda with the committee members, and leading discussion of the agenda items
4. Provide a presentation of the quarterly performance measure reports for each Outpatient/Ambulatory medical care agency (identified as Providers 1-5), data from quality improvement initiatives, and other data as needed
5. Elicit recommendations for TGA quality improvement initiatives to address areas needing improvement and develop and implement PDSA cycles

4.9 Ryan White Program Reports

Policy
HRSA/HAB guidelines requires that data for Ryan White Part A/MAI services be tracked and all reporting requirements including submission dates, and deadlines specific to that budget period be fulfilled.

Quality Management

Quality Management (QM) Data – Reports the extent to which HIV/AIDS core medical services provided to clients under the Ryan White Part A Program is consistent with the most recent Public Health Service (PHS) guidelines and established standards of care for the treatment of HIV disease and related opportunistic infections (OIs) and help to reach the National HIV AIDS Strategic goals.

Table 1.1 OVERVIEW of DATA REPORTS				
REPORT TITLE	**REPORT DESCRIPTION**	**REPORTING PERIOD**	**RESPONSIBILITY**	**REPORT DUE**
RSR – Ryan White HIV/AIDS Service Report	Grantee, Provider, and Client-level data	Annually	QM Staff	March 28th

WICY- Women, children, Infants and Youth	Track and report Part A funds expended for each priority population	Annually	QM Staff	120 days after end of budget period
Planning Council Report (PCR)	Quality Management overview for the TGA. A detail description of (QI) strategies that includes quality measurements used to increase health outcomes.	Quarterly	QM Staff	The 3rd Wednesday of the month for the prior quarter's data.

Program Reports

Program Reports should track the activity of Providers and HIV/AIDS services to measure program effectiveness, adherence to established standards of care and compliance with HRSA/HAB policies and procedures.

For program reports to be an effective monitoring tool the following must occur:

- Program report should include data that ensure program services are consistent with the contract scope of services.
- Program report should include allowable program services in compliance with established standards of care including regulatory and fiscal requirements.
- Program report should measure program outcomes, identify the number of clients served, and identify problems/issues that impact quality, access, and availability of services.

Table 1.1 OVERVIEW of DATA REPORTS				
REPORT TITLE	**REPORT DESCRIPTION**	**REPORTING PERIOD**	**RESPONSIBILITY**	**REPORT DUE**
Monthly Provider Utilization Report	# Unduplicated clients and # service units/encounters for each category for the	Monthly	Business Services Analyst	The 8th working day of the month

Quarterly Narrative	Describes Provider changes in staff, training provided current barriers and agency challenges including funding.	Quarterly	Service Providers	The 15th day of the Month for Prior Quarter's data.
Part A MAI Report	Two components of the MAI Report annually: (1) the Part A MAI Annual Plan for the use of these funds, and (2) the year-end Part A MAI Annual	Annually	Program and Quality Manager	The MAI Report is due 90 to 120 days after the budget period start and end dates.
Monthly and YTD Utilization Data Summary Report	A summary of all service provider monthly and YTD utilization data.	Monthly	Program and Quality Manager and Business Services Analyst	The 2nd Wednesday of the Month.

4.10 Quality Management Resources

Quality Management Technical Assistance Manual – Located on the SHARE drive/Standards Operating Procedures folder/Manuals folder

4.11 CAREWare

Policy

All Ryan White Part A/MAI-funded services will be documented in CAREWare with HRSA HAB required client level data. The Business Services Analyst is responsible for ensuring that service documentation in CAREWare is accurate and complete, for developing reports from CAREWare, and for analyzing data related to Ryan White Part A/MAI-funded services and utilization.

The Business Services Analyst will maintain the CAREWare database and documentation of services according to the instructions in the CAREWare Administrative Manual and the CAREWare Provider Technical Assistance Manual. Both of these manuals can be found on the SHARE drive/Standard Operating Procedures folder/Manuals folder.

Further supporting documents regarding CAREWare on the HRSA Ryan White HIV/AIDS program website: http://hab.hrsa.gov/manageyourgrant/careware.html

This site includes nine (9) Quick Start Manuals as well as the following manuals:

- Guides for RSR Reporting
- Using the CAREWare AIDS DRUG Assistance Program (ADAP) Module to complete the ADAP Data Report
- The Performance Measures Module Manual
- Provider Data Import: User's Manual
- Provider Data Import: Data Entry Rules
- Provider Data Import: Specifications
- Service Rapid Entry
- Client Merge Function
- Orders Module
- Working with Custom Fields and Merging Two Fields
- WICY Report Instructions
- Regimen Builder
- Group Format Wizard
- Client Report with Graphs
- Appointment Scheduler
- Managing CAREWare Data
- Using the CAREWare ADAP Drug Services Module

4.12 Definitions Related to Quality Management

Quality improvement terminology is often used interchangeably, so it is important to begin with some working definitions.

Quality is the degree to which a health or social service meets or exceeds established professional standards and user expectations. Evaluation of the quality of care should consider 1) the quality of the inputs, 2) the quality of the service delivery process and 3) the quality of outcomes, in order to continuously improve systems of care for individuals and populations.

Quality Improvement (QI) refers to activities aimed at improving performance and is an approach to the continuous study and improvement of the processes of providing services to meet the needs of the individual and others. This term generally refers to the overriding concepts of continuous quality improvement and total quality management.

Continuous Quality Improvement (CQI) is generally used to describe the ongoing monitoring, evaluation, and improvement processes. It is a patient/client-driven philosophy and process that focuses on preventing problems and maximizing quality of care. The key components of CQI are:

- Patients/clients and other customers are first priority.
- Quality is achieved through people working in teams.
- All work is part of a process, and processes are integrated into systems. Decisions are based upon objective, measured data.
- Quality requires continuous improvement.

Total Quality Management (TQM) is a somewhat larger concept, encompassing continuous quality improvement activities and the management of systems that foster such activities: communication, education, and commitment of resources.

Quality Assurance (QA) refers to a broad spectrum of evaluation activities aimed at ensuring compliance with minimum quality standards.

Performance is the way in which an individual, a group, or an organization carries out or accomplishes its important functions and processes.

A **Performance Measure** is a quantitative tool that provides an indication of an organization's performance in relation to a specified process or outcome.

An **Indicator** is a measure used to determine, over time, an organization's performance of a particular element of care. The indicator may measure a particular function, process or outcome. An indicator can measure:

Accessibility	Efficiency Appropriateness
Patient satisfaction	Continuity
Safety of the environment	Effectiveness
Timeliness of care	Efficacy
Demographic characteristics	

Outcomes are benefits or other results (positive or negative) for clients that may occur during or after their participation in a program. Outcomes can be client-level or system-level.

A **Process** is a sequence of tasks to get to an outcome. It is a goal directed interrelated series of actions, events, mechanisms, or steps.

A **System** is a group of related processes.

Team refers to a small number of people with complementary skills who are committed to a common purpose, performance goals, and approach for which they hold themselves mutually accountable. Project teams are just one element of a quality effort, though an extremely important one. Teams should include a team leader or project sponsor to lead the initiative.

Continuum of Care relates to a system of connected services designed to match an individual's needs with the appropriate level and type of medical, psychological, health or social service within an organization or across multiple organizations. Assuring quality of care across the continuum can be especially challenging.

Root Cause Analysis describes the process of developing permanent solutions to problems by first identifying all of the contributing and underlying causes of a problem.

Chronic Care Model is a tool to improve the care of individuals with chronic illness, including HIV/AIDS, which focuses on six essential elements: Self-Management and Adherence, Decision Support, Clinical Information System, Delivery System Design, Organization of Health Care, and community. The model was originally developed by Ed Wagner, MD, MPH. (See the HAB Website to download additional information regarding the model at http://hab.hrsa.gov)

PDSA or Plan-Do-Study-Act is a widely used framework for testing change on a small scale.

4.13 Quality Management Plan

I. Quality Statement

The mission of the Quality Management (QM) Program is to ensure that all consumers of Ryan White services achieve positive health outcomes as a result of the utilization of Ryan White services

Our vision is that the Memphis TGA will become a place where new HIV infections are rare, and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socio-economic circumstance will have unfettered access to high quality, life-extending care, free from stigma and discrimination.

The purpose of the Memphis Ryan White Quality Management Program is to ensure that all Ryan White service providers in the Memphis TGA have quality medical and support service programs that help to reach the National HIV AIDS 2020 Strategic goals:

1. Reducing new HIV infections
2. Increasing access to care and improving health outcomes
3. Reducing HIV-related disparities and health inequalities
4. Achieving a more coordinated national response to the HIV epidemic.

In order to ensure quality care; the QM Program will do the following:

- Convene a Quality Management Committee that will meet quarterly to oversee QM program activities.
- Develop, maintain, and revise a Quality Management Plan for the Ryan White Program.
- Identify quality indicators appropriate for TGA services and performance improvement needs.
- Ensure quality, accurate, and comprehensive data collection for all quality indicators.
- Include consumers in the quality management process both on the QM committee and by collecting satisfaction and other data from consumers.
- Provide training and technical assistance on data collection, quality management, and quality improvement to TGA service providers.
- Utilize QM data to develop quality improvement projects using Plan, Do, Study, Act cycles for both core and support services.
- Ensure that all TGA service providers deliver services in compliance with U.S. Department of Health and Human Services (HHS) Clinical Guidelines[1] and the Memphis TGA's Standards of Care.
- Develop and maintain collaborative relationships with the three State departments of health HIV/AIDS surveillance units to ensure timely access to epidemiologic data.
- Develop and maintain collaborative relationships with the State Ryan White Part B programs in Tennessee, Mississippi, and Arkansas to ensure consumer access to ADAP medications

These goals are consistent with the HIV/AIDS Bureau's (HAB's) expectation for quality management programs:

1. Assist direct service medical providers funded through the Ryan White HIV/AIDS Program in assuring that funded services adhere to HHS Clinical Guidelines and established HIV clinical practice standards to the extent possible;

2. Ensure that strategies for improvements to quality medical care include vital health related supportive services in achieving appropriate access and adherence with HIV medical care; and

3. Ensure that available demographic, clinical, and health care utilization information is used to monitor the spectrum of HIV related illnesses and trends in the local epidemic.

[1] Available at http://hab.hrsa.gov/deliverhivaidscare/clinicalguidelines.html

II. Quality Improvement Infrastructure

Leadership

The Memphis TGA Ryan White Program is administered by the Shelby County Government, Division of Community Services. The Ryan White Program Administrator directs and oversees all services of the program, including the development and implementation of quality management activities. The Program and Quality Manager is responsible for facilitating all quality management activities for the Memphis TGA.

Quality Management Committee Structure

The QM Committee is chaired by the Program and Quality Manager. TGA staff members who are on the Quality Management Committee are listed below.

- Program Administrator
- Program and Quality Manager
- Business Services Analyst
- Training and Technical Assistance Coordinator
- Peer Liaison

In addition to Grantee staff, representatives from various stakeholders participate in the QM Program through the Memphis TGA Quality Management Committee. The following are members of the committee:

- Oral health care professional
- Infectious disease physician
- Tennessee Ryan White Part B Quality Management Coordinator
- Memphis Ryan White Part D representative
- Representative from each Ryan White Part C recipient in the TGA
- Program Managers from the TGA's outpatient/ambulatory medical care providers
- Medical Case Manager from Tennessee
- Medical Case Manager from Mississippi
- Medical Case Manager from Arkansas
- Consumers of Ryan White services
- Part A Project Officer

Roles and Responsibilities

The Program Administrator is responsible for the following activities:

- Ensuring that QM activities and improvements are integrated into every aspect of the program, including fiscal processes and HIV Care and Prevention Group (H-CAP) activities.

The Program and Quality Manager is responsible for the following activities:

- Scheduling, facilitating, and chairing quarterly Quality Management Committee meetings.
- Presenting quarterly quality management data to the Quality Management Committee and the H-CAP.

- Monitoring and analyzing quarterly QM data from TGA service providers and recommending Plan, Do, Study Act cycles as needed for improvement.
- Oversee monitoring of provider compliance with Memphis TGA Standards of Care[2], HIV/AIDS Treatment Guidelines[3] and other mandated indicators for quality HIV care.
- Utilizing quality management monitoring tools, collecting and analyzing data and drafting evaluation reports. The Quality Management Monitoring tools are provided in Attachment 3.
- Developing and maintaining a Quality Management Outpatient Medical Chart Audit Tool. The Quality Management Chart Audit Tool is provided in Attachment 4.
- Facilitating annual site visits, chart reviews, and necessary follow up at provider locations.
- Assuring that quality management components of the TGA's Work Plan are completed. The current Work Plan is provided in Attachment 5.
- Assisting with development of the annual HRSA Ryan White Part A grant application.
- Ensuring that all Provider contracts contain appropriate language regarding CAREWare use and quality management requirements and expectations.

The Business Services Analyst is responsible for the following activities:

- Managing the TGA's CAREWare database for all TGA Service providers and ensuring that all data are complete and accurate. The Memphis TGA CAREWare manual is provided in Attachment 6.
- Collecting and analyzing data for the annual grant application, needs assessments, special studies, and priority-setting and resource allocation process
- Obtaining quarterly Performance Measure Reports for all medical providers. Performance Measures utilized by the Memphis TGA are provided in Attachment 1.
- Creating and distributing data reports to the Grantee's Office staff, as needed
- Compiling data for the annual Progress and Women, Infants, Children and Youth (WICY) Reports.
- Analyzing data collected from consumer comment boxes for all provider locations.
- Assisting with development of the annual HRSA Ryan White Part A grant application.
- Presenting quarterly quality management data to the Quality Management Committee as needed.
- Assist with chart review processes to ensure accuracy of documentation in CAREWare.

The Provider Service Coordinators are responsible for the following activities:

- Assisting the Program and Quality Manager in conducting site visits to ensure compliance with QM program objectives, providing technical assistance, and facilitating the submission of quality and data reports as required.
- Attending Consumer Input Meetings to provide any pertinent quality management data and to identify any quality issues reported by Consumers.
- Maintaining current Quality Management Plans for all TGA service providers on file in the Grantee's Office.
- Assisting TGA service providers in drafting and/or improving Quality Management Plans.

[3] Available at http://aidsinfo.nih.gov/guidelines

- Monitoring of provider compliance with Memphis TGA Standards of Care[4], HIV/AIDS Treatment Guidelines[5] and other mandated indicators for quality HIV care.
- Distributing and collecting patient satisfaction surveys for all Ryan White service providers.
- Distributing, and collecting provider surveys for all Ryan White Providers.

The Shelby County Health Department Epidemiologist is responsible for the following activities:

- Collecting and analyzing epidemiologic data for HIV/AIDS and co-morbid infectious diseases, and for determining unmet need
- Assisting with writing the annual grant application
- Presenting quarterly quality management data to the Quality Management Committee as needed.

The Training and TA Coordinator is responsible for the following activities:

- Assisting the Program and Quality Manager in conducting site visits to ensure compliance with QM program objectives.
- Facilitating all necessary trainings across the TGA to improve capacity and expertise regarding the provision of HIV treatment and care services.
- Attending Consumer Input Meetings to provide any pertinent quality management data and to identify any quality issues reported by consumers.
- Assisting TGA service providers in drafting and/or improving quality management plans.
- Creating training plans to assist care providers to meet all Memphis TGA and HRSA/HAB Standards of Care.
- Assisting the Compliance Manager with ensuring all corrective action plans are completed and evaluated for effectiveness.
- Distributing, and collecting provider surveys for all Ryan White providers to identify unmet educational and technical assistance needs.

- The Consumer Liaison is responsible for the following activities:
- Facilitating the Consumer Advocacy Board and Consumer Input Committee meetings and providing updates concerning quality improvement activities in the TGA at least quarterly
- Encouraging and overseeing quality improvement projects by consumers in the TGA
- Distributing and collecting patient satisfaction surveys for all Ryan White services annually
- Registering consumer complaints with the Ryan office and mediating complaints with HIV service providers and consumers
- Participating in the Quality Management committee meetings

The Planning Council Manager is responsible for the following activities:

- Participate in the Quality Management committee meeting quarterly
- Ensure Planning council participation in Quality Improvement training and activities

The Office Coordinator is responsible for the following activities:

- Providing logistical and clerical support for all Quality Management Committee meeting

[4] Available at INSERT WEBSITE.
[5] Available at http://aidsinfo.nih.gov/guidelines

The Quality Management Committee is responsible for the following activities:

- Analyzing quarterly performance measure data reports, chart review data reports and service utilization data, and client satisfaction survey reports for all service providers.
- Reviewing patient satisfaction survey instruments prior to implementation.
- Developing recommendations for performance measures and quality improvement projects using Plan, Do, Study, Act cycles.
- Reviewing Provider Surveys for all Ryan White Providers and Patient Satisfaction Surveys for all Ryan White service providers.

Resources

Allocated resources include:

- salaries and fringe for Grantee staff included on the committee as detailed above
- funds for epidemiology services.

Additional resources include:

- time of the other committee members to participate in QM program meetings, TA and trainings.

The Quality Management budget also includes resources to provide consultation and training to Grantee staff and to purchase needed equipment and software for data management.

III. Performance Measurement

The Memphis TGA Quality Management Program requires data collection of HRSA HAB performance measures from all medical and support providers. All medical and support providers are also required to have a Quality Management Program and to submit a Quality Management Plan during each new contract year. Grantee staff will provide assistance as needed for the development and/or updating of quality management plans, performance measures, data collection plans, and will assist in the implementation of quality improvement projects as needed.

Clinical and other performance measure data will be collected as required by HRSA HAB for each client during medical and supportive service visits and entered into CAREWare by provider staff. Providers will be responsible for generating performance measure and data completeness reports from CAREWare and submitting them to the Program and Quality Manager and Data Analyst on schedules determined by the Grantee.

At each quarterly meeting, the QM Committee will review HRSA HAB performance measures and other data and develop recommendations for quality improvement initiatives.

IV. Annual Quality Goals

The annual quality goals for the 2014-2015 grant year are as follows:

Goal 1: Monitor HIV/AIDS core medical and supportive service performance indicators by maintaining a comprehensive quality management program and plan.

Objective 1.1: Update the quality plan annually to include key components as required by HRSA / HAB.

Objective 1.2: Maintain a cross-sectional, multi-disciplinary quality management committee.

Objective 1.3: Ensure adequate consumer representation in quality management activities.

Objective 1.4: Provide training and technical assistance on quality management and quality improvement to TGA service providers based on provider input.

Objective 1.5: Monitor core medical performance indicators quarterly.

Objective 1.6: Implement analysis of performance measures by key demographics to identify health disparities by populations

Objective 1.7: Monitor HHS HIV treatment guidelines monthly, and update standards and monitoring tools accordingly.

Goal 2: Assure the provision of quality core medical and supportive services.

Objective 2.1: Review standards of care for medical and supportive services and revise as necessary.

Objective 2.2: Ensure provider contracts include requirements for meeting and improving Memphis TGA performance indicators.

Objective 2.3: Conduct annual patient satisfaction surveys and communicate key recommendations for areas of underperformance.

Objective 2.4: Provide feedback on quarterly performance measures and data completeness reports to providers.

Objective 2.5: Conduct annual agency-level evaluations of QM programs and plans.

Objective 2.6: Award top-performing service providers at quality management committee meetings annually.

Goal 3: Utilize data to develop quality improvement projects to ensure access to and retention in HIV care and supportive services.

Objective 3.1: Review epidemiologic data and needs assessment reports on an annual basis.

Objective 3.2: Implement quality improvement projects guided by QM data reports, epidemiologic data and needs assessments.

Goal 4: Ensure quality, accurate and comprehensive data collection by effectively managing the CAREWare database.

Objective 4.1: Provide technical assistance and training to service providers for data collection in CAREWare.

Objective 4.2: Conduct annual chart reviews at each agency to ensure 95% accuracy of reporting in CAREWare and adherence to HIV treatment guidelines[6] and local standards of care[7].

Goal 5: Enhance the H-CAP's decision-making process for allocations by communicating quality management data.

Objective 5.1: Provide quarterly performance indicator reports to H-CAP members.

Objective 5.2: Provide annual recommendations to the H-CAP on how quality improvement activities can be reflected in annual priority setting and resource allocation process.

V. Participation of Stakeholders

The Ryan White Program is committed to an inclusive process for the Quality Management Program and depends extensively on the participation of both internal and external stakeholders. The following table describes identifies the stakeholders and their participation the development and implementation of the QM Program:

Stakeholder	Involvement in QM Program	Communication
Consumers	• 3 consumer members of the QM Committee • Participate in quality improvement activities at provider agencies • Participate in client satisfaction surveys • Participate in quarterly Consumer Input meetings • Consumer H-CAP members provide suggestions/recommendations • Complete comment cards	• Quarterly QM reports at QM Committee meetings • Quarterly QM updates at H-CAP meetings • Quarterly QM updates at Consumer Input meetings
Service Providers	• Provide quality care to consumers that is consistent with PHS guidelines and TGA standards of care • Ensure that QM requirements of contract are met • Develop and implement a QM Program and Plan • Collect and report data • Participate in quality improvement activities	• Quarterly service provider meetings • Technical assistance and training on-site and through on-line learning • Quarterly QM performance reports
Quality	• Provide input on quality goals and	• Quarterly QM reports

[6] Available at http://aidsinfo.nih.gov/guidelines
*uniAvailable at http://www.hivmemphis.org

Management Committee	measures and quality improvement activities • Review QM reports • Participate in discussion of quality indicators • Provide input on QM Plan and annual update	and updates at QM Committee meetings
Ryan White H-CAP	• Review needs assessment and epidemiologic data to identify quality improvement needs at a systems level • Review QM reports and updates • Review and update TGA standards of care	• Monthly H-CAP meetings • Monthly Evaluation and Assessment Committee meetings • Quarterly QM updates
TN, AR, MS Ryan White Part B Programs	• Monitoring and tracking utilization of ADAP programs	• Email • Data sharing and annual utilization reports
South East AIDS Training and Education Center (SEATEC)	• Assists the QM Program in providing education and training to clinical providers	• Email • Quarterly meetings
HIV Epidemiologist	• Provides HIV/AIDS incidence and prevalence data • Provides technical support and analysis of QM data	• Email • Monthly meetings

VI. Evaluation

Evaluation of the effectiveness of the QM Program, infrastructure and quality improvement activities is an on-going process and will be assessed using the criteria outlined below:

- The Quality Management Plan is reviewed and updated on an annual basis
- The Quality Management Plan is provided to the H-CAP each year after it is updated
- HIV Treatment Guidelines and updates are reviewed by the QM Manager to ensure that performance measures are current
- The Quality Management Committee members represent a cross-section of internal and external stakeholders and disciplines
- The Program and Quality Manager participates in Part B and Part D QM activities
- Quality management and quality improvement requirements will be included in service provider contracts
- Medical records reviews are conducted on a annual basis and include monitoring of adherence to standards of care

- Quality management training is made available to service providers and consumers
- Agency performance measure reports are reviewed with service providers and aggregate reports are reviewed with the Quality Management Committee and the H-CAP
- Client satisfaction survey results are used in identifying improvement needs

The following table provides additional information about evaluation activities:

Evaluation Activity	Person Responsible	Frequency
Review QM goals and assess for relevance	Program and Quality Manager QM Committee Program Administrator	Annually
Review mission and vision statement	Program and Quality Manager QM Committee Program Administrator	Every 1-3 years
Approve and finalize QM Plan	Program and Quality Manager QM Committee Program Administrator	Annually
Participate in monitoring, performance measurement and quality improvement activities	Program and Quality Manager Training and Technical Assistance Coordinator Business Service Analyst Service Providers	On-going
Review performance measurement reports	Program and Quality Manager QM Committee Program Administrator Planning Group	Quarterly
Complete assessment of QM Program	Program and Quality Manager QM Committee	Annually

VII. Capacity Building

Quality management training for Grantee staff, QM Committee members, service providers, H-CAP members, and consumers will be conducted throughout the grant year via presentations at meetings, on-site TA sessions, and through on-line self-directed learning. QM training topics include:

- Introduction to Quality Management
- Developing Performance Measures
- Data Collection and Analysis
- Developing Quality Improvement Projects
- Quality for Consumers

All service providers will be required to submit a QM plan and implement a QM program annually.

All service providers and others in need of additional training will be directed to the AETC and the National Quality Center website for on-line training opportunities and resources.

IX. Clinical Quality Management Work Plan

Objective	Action Steps	Responsible Party	Date Range	Key Performance Measures

VIII. Process to Update QM Plan

The Memphis TGA QM Plan will be updated annually prior to the HRSA grant submission deadline. The Program and Quality Manager will be responsible for incorporating information obtained through evaluation activities to update the QM Plan. The Program and Quality Manager will submit a draft of the update to the Program Administrator and QM Committee for review and approval during the fourth quarter of the grant year.

Objective 1.1 Update quality plan annually to include key components as indicated by the Center for Quality and Innovation.	a) Identify annual quality performance indicators. b) Update QM plan and present to QM Committee for review.	- Program and Quality Manager - Data Analyst - Program Administrator - QM Committee	a) March 2020 b) June 2020	a) List of performance indicators that are measurable b) Completed QM plan and work plan
Objective 1.2: Maintain a cross-sectional, multi-disciplinary quality management committee.	a) Identify representatives to fill positions as needed.	- Program and Quality Manager - Quality Management Committee	a) Ongoing	a) QM committee membership roster
Objective 1.3: Ensure adequate consumer representation in quality management activities.	a) Identify at least 3 consumers to serve on the committee. b) Develop CQM TCQPlus Training Team c) Plan and implement Training of Consumers on Quality Plus sessions biannually	- Program and Quality Manager -Quality Management Committee - Consumer Liaison - Training and TA Coordinator	a) Ongoing b) July 2020 c) Sept 2020; March 2021	a) QM Committee attendance records b) Completion of TCQPlus training c) Biannual TCQPlus training held and attended by consumers
Objective 1.4: Provide training and technical assistance on quality management and quality improvement	a) Create and implement short survey-monkey questionnaire to assess providers' needs and interest	- Program and Quality Manager - Data Analyst - Training and TA Coordinator -Consumer Liason	a)April 2020 b)March 2021	a) Training needs identified and used to plan QM workshop

to TGA service providers based on provider input.	regarding QI/QM topics. b) Prepare and implement quality onboarding training for new agencies & staff and as refresher c) Prepare and implement bi-annual quality workshop in response to provider assessment needs. d) Plan and implement Training of Providers on Quality Plus sessions biannually		c)August 2021 d) Sept 2020; March 2021	b) Annual QM onboarding held and attended by new agencies, staff c) Annual QM workshop held and attended by service providers d) Biannual TCQPlus training held and attended by providers
Objective 1.5: Monitor core medical performance indicators quarterly.	a) Collect core HAB measures from outpatient providers monthly b)Develop Care Continua	-Program and Quality Manager -Data Analyst - Training and TA Coordinator	a) Ongoing b) April 2020	a) HAB core measures b) Care Continuum Measures
Objective 1.6: Implement analysis of performance measures by key demographics to identify health disparities by populations	a) Collect relevant data on vulnerable sub populations: MSMs, Transgender, Black and Latino Women, and Youth b) Utilize CQII	-Program and Quality Manager -Data Analyst -Training and TA Coordinator -Consumer Liason	Ongoing	a) Disparities calculations b) HAB Core measures

	disparities calculator to assist with the identification of disparities in care			
Objective 1:7:Monitor HHS HIV treatment guidelines monthly and update standards and monitoring tools as needed	a) Monitor HHS guidelines for updates monthly b) Revise standards as needed	-Program and Quality Manager -Planning Council	Ongoing	a) HHS guidelines as published by HIVinfo.gov

Objective	Action Steps	Responsible Party	Date Range	Key Performance Measures
Objective 2.1: Review standards of care for medical and supportive services and revise, as necessary.	a) Review HIV treatment guidelines. b) Suggest revisions to standards of care, as necessary.	- Program and Quality Manager - Evaluation Committee -Planning Council	- Quarterly: June 2020 Sept 2020 Dec 2020 March 2021	a) Meeting minutes documenting review/changes to HIV treatment guidelines b) Revised standards of care approved by H-CAP
Objective 2.2: Ensure provider contracts include requirements for meeting or improving performance indicators.	a) Add language to new contracts as needed.	- Program Administrator - Program and Quality Manager -Data Analyst	a) Nov 2020	a) Revised contract templates
Objective 2.3: Conduct annual patient satisfaction surveys and communicate key recommendations for areas of underperformance.	a) Develop research questions/aims for patient satisfaction survey, create survey tool.	- Program and Quality Manager - Data Analyst - QM Committee - Consumer Liaison	a) March 2020 b) April 2020 c) May 2020	a) Completed survey tool b) Surveys completed c) Data entered

	b) Implement survey tool. c) Conduct analysis of data and develop reports. d) Present key findings to QM Committee and H-CAP; include ratings in provider report cards.		d) June 2020	into excel/access database d) Report and Power point presentation
Objective 2.4: Provide feedback on quarterly performance and data completeness reports to providers.	a) Create provider-level performance reports and review with providers. b) Create power point to review aggregate performance reports at the service provider meetings.	- Program and Quality Manager - Data Analyst	Quarterly: March 2020 June 2020 Sept 2020 Dec 2020	a) Copy of provider report b) Completed power point
Objective 2.5: Conduct annual agency-level evaluations for performance indicators and QM plans.	a) Revise and implement QM Program Assessment Tool. b) Review quarterly performance measure reports with providers. c) Develop recommendations for providers that are not meeting minimum standards. d) Ensure PDSA cycles are implemented. e) Agencies that	- Program and Quality Manager - Data Analyst -Program Administrator	a) Jan-April 2020 b) Quarterly: Ongoing c) Nov 2020 d) Dec 2020 (with quarterly narrative) and	a) Annual monitoring reports for each agency provided b) QM assessment tool implemented with all agencies c) Key recommendations provided to agencies to revise QM plans d) Reports from PDSA cycles e) Corrective action, Performance

	do not meet minimum requirements for measures and do not demonstrate improvement within 12 months will be placed on probation with additional monitoring and reporting requirements.		Ongoing e) Reviewed monthly	Improvement and monitoring reports
Objective 2.6: Award top-performing service provider at service provider meetings.	a) Provide award and recognition to top-performing service providers at quality management committee meeting annually. b) Prepare and implement Sustainability Plan for top-performing service providers	- Program and Quality Manager -Training and TA Coordinator	a) March 2021 b) ongoing	a) Award given to top-performing provider b) Top-performing provider Sustainability Plan

Objective	Action Steps	Responsible Party	Date Range	Key Performance Measures
Objective 3.1: Review epidemiologic data and needs assessment reports on an annual basis.	a) Prepare power point presentation for QM Committee.	- Epidemiologist - Data Analyst - Program and Quality Manager	- Sept 2020	a) Complete power point and presentation provided at QM meeting
Objective 3.2: Implement quality improvement projects guided by QM data reports, epidemiologic data and needs assessments.	a) Review and discuss data at QM committee meetings and identify indicators for quality improvement. b) Create workgroup to	- Program and Quality Manager - Data Analyst - Epidemiologist - QM Committee - Program Administrator	a) Ongoing	a) QM meetings well attended, gaps identified in minutes b) Project objectives and work plans initiated

	address identified issues. c) Develop workgroup plan. d) Implement workgroup plan.			c) Project plans implemented
Objective	**Action Steps**	**Responsible Party**	**Date Range**	**Key Performance Measures**
Objective 4.1: Provide technical assistance and training to service providers for data collection in CAREWare.	a) Provide annual CAREWare training to RW providers. b) Provide technical assistance to providers as needed.	-Training and TA Coordinator -Data Analyst - Program and Quality Manager	a) June 2020 b) Ongoing	a) Annual CAREWare training held for RW providers b) Log outlining type and frequency of technical assistance
Objective 4.2: Conduct annual chart reviews at each agency to ensure 95% accuracy of reporting in CAREWare and adherence to HIV treatment guidelines and local standards of care.	a) Use random sample of charts to abstract performance indicator data; compare to CAREWare data entries. b) Create report of key findings and present to QM Committee. c) Provide copy of report and training as necessary. d) Follow up chart review as needed	- Program and Quality Manager - Data Analyst -Compliance Officer -Training and TA Coordinator	a) June-July 2020 b) Sept 2020 c) Ongoing d) Ongoing	a) 95% accuracy of reporting into CAREWare b) Completed reports to providers c) Provider referred for additional technical training as necessary

Objective	**Action Steps**	**Responsible Party**	**Date Range**	**Key Performance Measures**

Objective 5.1: Provide quarterly performance indicator reports to H-CAP members.	a) Create and present quarterly power point presentations at PC meetings. b) Post quarterly performance report to hivmemphis.org	- Program and Quality Manager - Data Analyst	- Quarterly	a) Power point presentation provided to PC b) Report posted to website
Objective 5.2: Present annual utilization and quality report to H-CAP to inform the priority and allocation process	a) Annual review of QM data provided through power point presentation at PC meetings with key recommendations for future QM activities. b) Annual QM Written Report with key recommendations for future QM activities posted to www.hivmemphis.org	- Program and Quality Manager - Data Analyst - Program Administrator	a) April 2020 b) July 2020	a) Key recommendations provided at data meeting before priority setting and allocation processes b) QM Written Report posted to website

SECTION FIVE: MEMPHIS HIV CARE AND PREVENTION GROUP

Coordination and Facilitation of Planning Group Responsibilities

Policy

The establishment of the HIV-CARE AND PREVENTION GROUP is pursuant to the requirements of HRSA and the requirement of the CDC and the State of Tennessee HIV Prevention. Use of Part A Ryan White funds is guided by planning, which takes place through the planning group established by the chief elected official (CEO) of the transitional grant area (TGA). Use of prevention funding is established by the expectations of health departments and HIV prevention community planning groups in implementing HIV prevention community planning.

The responsibilities of the HIV-CARE AND PREVENTION GROUP are twofold:

1. To determine priorities for how Ryan White Part A and Minority AIDS Initiative (MAI) funds are allocated based on the documented needs of the HIV/AIDS communities within the Memphis area. It is the responsibility of the Group to assure that all affected and infected communities and populations within the Memphis area are represented on the Planning Group.

The goal of care in the Planning Group is, through its Needs Assessment and planning processes and through the allocation of funding, to create a seamless continuum of care that addresses the unmet needs of the infected and affected populations of the counties it is charged to serve.

2. To ensure the integration of healthcare, HIV prevention and advocacy services to populations impacted by HIV/AIDS through community planning, grant making, and maximization of resources and assurance of quality interventions and services.

The goal of HIV prevention in the Planning Group is to eliminate stigma, reduce the further spread and ultimate eradication of HIV/AIDS.

The Planning Group Support Staff provide logistical support to assist the HIV-CARE AND PREVENTION GROUP committees. The duties and responsibilities of these committees are listed on the next page.

<u>Executive Committee</u>

- Oversee the administration of the full Group in the performance of its ongoing responsibilities
- Make sure the Group is operating and following current Ryan White and HRSA mandates
- Set the Planning Group meeting agenda
- Monitor progress in achieving the goals of the Comprehensive Plan to direct HIV services
- Establish and maintain the size, composition and membership of each Committee
- Convene *ad hoc* Committees as necessary

<u>Community Partnership Committee</u>

- Recruit, screen, interview and recommend potential candidates for membership to the Planning Group
- Bring membership recommendations and issues to the Planning Group for approval and action

- Coordinate community outreach and recruitment events throughout the Memphis area as a way of soliciting new members
- Serve as the link between the HIV/AIDS community and the Group
- Seek input from PLWHA as needed and desired services through public forums and by recruiting PLWHA to participate in Needs Assessment activities including surveys, focus groups, key informant interviews and satisfaction surveys
- Coordinate appropriate orientation and training for new Planning Group Members
- Make certain that the community is aware of the Group, its work and the availability of Ryan White services

Evaluation & Assessment

- Collaborate with the Grantee on issues regarding quality management, including the development of Standards of Care, Outcomes, Indicators and the Quality Management Plan.
- Oversee the collection of quality data and outcomes indicators use by the Planning Group as part of the decision making process
- Coordinate and draft the Assessment of the Administrative Mechanism

Priority Setting & Comprehensive Planning Committee

- Oversee the development and implementation of the community Needs Assessment
- Review and participate in the development of the Statewide Coordinated Statements of Needs for Tennessee, Arkansas, and Mississippi
- Assess the size and demographics of the PLWHA populations in the Memphis area, merging needs/trends, services gaps and unmet needs
- Design, develop and coordinate the process used by the Planning Group to decide which services to fund and how much money should be allocated to these services, and to prepare directives to the Grantee
- Develop and review Service Categories to insure consistency with HRSA/HAB definitions and policies
- Monitor expenditures and service utilization data by service categories as reported by the Grantee
- Consider requests and recommendations for reallocating funds during the fiscal year
- Oversee the development of a Comprehensive Plan for HIV/AIDS service delivery that includes assessing the Memphis area capacity, issues of access and retention in care
- Seek methods and strategies using Rayan White and other funding mechanisms for coordination service delivery, addressing disparity in care, filling service gaps, and reducing unmet needs of special populations, especially minorities
- Explore models to enhance HIV/AIDS service delivery
- Collaborate with the Evaluation and Assessment Committee by using data and recommending directives for use in priority setting and/or changes to Standards of Care

- Assess the effectiveness of care strategies based on earlier priority setting and resource allocations

Procedures
On an annual basis, the Planning Group Support staff assists the Planning Group with the following duties:

Planning Group Operations

1. Establishes and monitors compliance with operating procedures (which include specific policies for resolving disputes, responding to grievances, and minimizing and managing conflicts of interest), Standards of Care, and Bylaws regarding the governance of the Planning Group. The Planning Group Bylaws along with the Policies and Procedures Manual can be viewed on the SHARE drive
2. Sets operations to help the Panning Group operate smoothly and fairly. This includes such features as Bylaws, open meetings, grievance procedures and conflict of interest standards.
3. Carries out comprehensive Needs Assessment activities, including assessment of the needs of PLWHA in and out of care and determining and assessing the capacity and capability of service providers to meet those needs. This includes establishing methods for obtaining input on community needs and priorities which may include holding public meetings, conducting focus groups and convening ad hoc panels. Input will also be sought from the Community Partnership Committee.
4. Assessment of the Administrative Mechanism - Assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area, and at the discretion of the planning group, assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs
5. Priority Setting and Resource Allocation - The Planning Group sets priorities for the allocation of funds based upon the results of the comprehensive data presentation, needs assessment, the cost effectiveness and outcome effectiveness of funded services, priorities in HIV-infected communities within the TGA, the availability of other governmental and nongovernmental resources and other information,
6. Evaluation of Service Effectiveness - The Planning Group and grantee determine what impact services are having on client health outcomes (outcomes evaluation) and also examine the cost-effectiveness of the services being delivered.

Every three (3) years the Planning Group takes on the following duties:

Comprehensive Plan

The Group develops guidelines for the organization and delivery of HIV services that is compatible with existing State and local plans. As part of the plan, the TGA coordinates use of Ryan White dollars with other programs, including prevention and substance abuse services. Part of this is done through participation in the development of a Statewide Coordinated Statement of Need (SCSN), which is a mechanism the Ryan White programs use to address HIV/AIDS care issues and enhance coordination.

Statewide Coordinated Statements of Needs
Participates in the development of the Statewide Coordinated Statement of Need initiated by the Tennessee Department of Health, Arkansas Department of Health and Mississippi Department of Health.

Needs Assessment
Determines what services are needed, what populations need care, and the gaps that exist in the current system of care. This includes determining the needs of those who know their HIV status but are not receiving HIV-related primary medical care, as well as disparities in access to care across affected groups. This assessment must include a public process to obtain community input on needs and priorities.

Coordination and Facilitation of Planning Council Meetings

Policy
Regular meetings of the Planning Group are held each month at such time and place as may be determined.

All regular meetings of the Planning Group and all Committee meetings of the Group are conducted in accordance with the requirement of the Tennessee Open Meetings Act or Sunshine Law. In addition, the meetings are open to the public for the purpose of observing the Planning Group's deliberations.

Procedures
- Planning Group Support Staff refers to annual Planning Group calendar that is maintained on the SHARE drive, Planning Council Information – DPY, Planning Council Calendars folder.
- Support Staff maintains separate Planning Group and Ryan White staff distribution lists in Outlook.
- The Support staff will secure meeting locations for the Planning Group and all committee meeting.
- An announcement of each regular Planning Group meeting, the agenda for the meeting and all materials are e-mailed to all Members at least seven (7) days in advance of the date of the meeting.
- Staff will make every effort to contact Planning Group member at meetings in order to retrieve new email information if returned undeliverable.
- Staff will keep Planning Group Manager updated on distribution list revisions.
- Notices of the meetings are also submitted and posted weekly to the Shelby County

Meeting Notice website. The Planning Group Manager coordinates recording of the minutes for each Planning Group and Committee meeting, stating the action taken at such meeting, and submits to Members within seven (7) days for review.

- Staff updates distribution list if emails are returned undeliverable.

Clerical Specialist (Planning Group Support Staff) maintains all documents, files, logs, databases and expenditures made by the Planning Group and their committees.

Process

- All of the above are maintained on the SHARE drive in the appropriate folder. Separate folders are kept for each of the major headings. A few of these are listed below. Please refer to SHARE drive for entire list.
    - Committee Agendas
    - Committee Meeting Minutes
    - Committee Meeting Recordings
    - Committee Sign In Sheets