



**Monthly Service Provider Meeting Minutes  
April 16, 2014 3:00pm  
Community Foundation of Greater Memphis  
1900 Union Avenue**

**Ryan White and Prevention Providers Present**

<b>Agency</b>	<b>Representative</b>	<b>Agency</b>	<b>Representative</b>
<b>ASCC</b>	Bayless, Becky	<b>MHC</b>	Dardy, Latonya
	Wright, Melissa		Foster, LaTonya
<b>CCHS</b>	Chandler, Amanda	<b>MMD</b>	Hollerman, Dr. Davida
	Gordon, Alyssa		
		<b>PPGMR</b>	CaPece, Elokin
			Warren, Jennifer
<b>CAAP</b>	McFarland, Shelia	<b>SCHD</b>	
<b>CSA</b>	Chalmers, Kenyell		
<b>EAFHC</b>		<b>SHSM</b>	McDermott, Sr. Betteann
<b>FFL</b>	Cotton, Mia	<b>St. Jude Hospital</b>	Knapp, Kirk
	Daughtery, Kim		
	Libbe, Nancy		
<b>Hope House</b>		<b>The Church on the Sq</b>	Davis, Kelli
<b>LeBonheur</b>		<b>The Crisis Center</b>	LaBonte, Michael
<b>MCRH/CHOICES</b>			

**Others Present**

Alston, Nycole – Ryan White	Overman, Steve – Ryan White	Wade, Mardrey – Ryan White
Hobbs, Sylvia – Ryan White	Pepper, Jennifer – Ryan White	Williams, Nataki– Ryan White
Lewis, Kenneth – Ryan White	Tate, Luella – Ryan White	Young, Dorcas– Ryan White

**Welcome/Introductions**

Jennifer Pepper welcomed everyone to the meeting, and everyone participated in introduction. Jennifer Pepper discussed the following topics and will send the powerpoint presentation to providers via email.

**Part A Program Updates – Jennifer Pepper**

- Proposed Revisions To EIS Standards of Care  
The EIS Standards of Care has been revised and was discussed during the meeting. Providers shared their ideas on ways to collaborate with EIS. The revised copy will be presented at the next H-Cap meeting for approval.
- Presumptive Eligibility  
Jennifer explained to providers the meaning of Presumptive Eligibility and defined the services it offers (Part A only). Before a client can receive presumptive eligibility, the Medical case manager and/or EIS staff must complete a Presumptive Eligibility Form (Form TF2011), obtain client signature and place information in the client's record.
- Access to Supportive Services  
These services must be made available to all Part A eligible clients, regardless of where consumer receives medical care and where they live in Memphis TGA. Jennifer discussed the data requirements and expectations. Program will contact providers of any changes in the Appendix A 2014 RSR Instruction Manual.

- FY13 Site Visit Report  
FY13 site visit has been completed.
  - a) RW - seventeen (17) agencies completed at 100% with two findings at 12%; both agencies have completed their corrective action plan.
  - b) Prevention - Five (5) agencies completed at 100% with one finding at 20%; agency is working to complete corrective action plan.
- Overall FY14 RW Award Info
  - a) The Grantee's office is expecting the reminder of FY14 RW Grant Award in May.
  - b) Most of the providers have received their notice to precede executed contracts with about five still outstanding. Those providers should receive them within a couple of days.
  - c) Friends for Life is now funded to provide Medical Case Management and Insurance Premium Assistance.
- HRSA SITE VISIT WITH Grantee's Office  
HRSA Site visit will be April 22<sup>nd</sup> thru 25<sup>th</sup>. Jennifer informed the committee of the dates, location and time of the visits.
- Quarterly Narrative Reports  
Jennifer informed the committee of the quarterly due dates.

#### **Part A Fiscal Update – Nataki Williams**

- Securing CUD Reports  
All CUD reports **must** be **encrypted** (*HIPPA law requirement*) when sending via email. If you need any training in secure zip, contact Steve Overman our Data Analyst at 222-8288 or email [Steve.Overman@shelbycountyttn.gov](mailto:Steve.Overman@shelbycountyttn.gov).  
Fiscal staff has received most of April's POs and providers should receive a check next week.

#### **H-Cap Update – Nycole Alston**

The next H-Cap meeting will be Wednesday, April 23<sup>rd</sup>, 4:30 pm @ Benjamin Hooks Library. The committee will vote on EIS and Oral Health Standards of Care and the position of Secretary. Upcoming events: Criminalization Training, May 8<sup>th</sup>, 1pm @ Urban Child Institute, Room #2 and 2013 Data Presentation Preview, June 19<sup>th</sup>, location TBA.

#### **Prevention Program Updates – Jennifer Pepper**

Jennifer informed the committee of the quarterly Narrative Reports due dates. Memphis Gay and Lesbian Community Center is now a sub-grantee of Planned Parenthood and they will be providing voices for MSM.

#### **QM and Data Update – Jennifer Pepper**

- In+Care Measures
  - Retention Measures 1 – % measures are above the national standard percentage
  - Retention Measure 2 – % measures decreased compared to the national standard percentage
  - Retention Measure 3 – % measures decreased compared to the national standard percentage, data may be an issue
  - Retention Measure 4 – % measures remain neutral compared to the national standard percentage
- HAB Performance Measures
  - HAB01 – % measures meeting the national standard percentage
  - HAB02 - % measures less than national standard percentage
  - HAB03 – % measures are not meeting the national standard percentage, still need improvements
  - HAB04 – % measures are very good compared to the national standard percentage

**Announcements** - none

**Next meeting:** July 19<sup>th</sup>, Community Foundation, 3:00pm  
**Adjourn**

# APPENDIX A. REQUIRED CLIENT-LEVEL DATA ELEMENTS FOR RWHP SERVICES

(Last Updated: September 10, 2012)

Client-Level Data Elements	Outpatient/inpatient medical care	Medical case management	Home health care	Home health services (A and B)	Hospice services	Mental health services	Medical nutrition therapy	AIDS Pharmacist services	Health insurance counseling	Case management assistance (local)	Child care services	Emergency financial assistance (non-medical)	Food bank/food-delivered meals	Housing education/assistance	Legal services	Linguistics	Medical transportation services	Outreach services	Emergency planning	Psychosocial support services	Referral into support services	Respite care	Substance abuse services-residential	Treatment adherence counseling	Rationale
Year of birth	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2, 7
Ethnicity	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2, 4, 7
Race	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	4, 7
Gender	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2, 3, 4, 7
Transgender subgroup	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2, 3, 4, 7
Health insurance	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2, 7
Housing status	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2, 7
3-Digit ZIP code	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	8, 9
Federal poverty level	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2, 7
Date of first service visit	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2, 3, 4, 7
HIV/AIDS status	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2, 4
Year of AIDS diagnosis	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2, 4
Client risk factor	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	7
Vital event/visit status	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	5, 6
Date of death	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	5, 6

## RATIONAL CODES

1. Necessary for identifying new clients
2. 2009 Ryan White Legislation requirement
3. Necessary to assess RWHP performance as required for GPRA
4. Necessary to assess RWHP performance as required for HAB's programmatic measures
5. Necessary to track enrollment or vital status over the course of the reporting period
6. Informs the denominator of other items
7. Used to identify important population subgroups
8. Used to measure and assess the extent of out-of-service area utilization
9. Used to determine areas of eligibility
10. Accountability, use of funds

Required Client-level Data Elements for RWHAP Services (continued)

Client-level Data Elements	Outpatient/ambulatory medical care	Medical case management	Early intervention services (A and B)	Home health care	Home and community-based health services	Medical health services	Medical nutrition therapy	Substance abuse services-outpatient	Health Insurance Program (HIP)	Case management (non-medical)	Health Insurance Program (HIP)	Case management (non-medical)	Child care services	Emergency services	Emergency financial assistance	Food bank	Health education/risk education	Housing services	Legal services	Linguistic services	Transportation services	Caregiver services	Permanency planning	Psychosocial support	Referral health care/support services	Rehabilitation services	Respite care	Substance abuse services—residential	Treatment adherence counseling	Rationale
Outpatient/ambulatory health services	•																												2,3,4,10	
Medical case management		•																											2,10	
Oral health care			•																										2,10	
Early intervention services (Parts A and B)				•																									2,10	
Home health care					•																								2,10	
Home and community-based health services						•																							2,10	
Hospice services							•																						2,10	
Mental health services																													2,10	
Medical nutrition therapy							•																						2,10	
Substance abuse outpatient care								•																					2,10	
Local AIDS Pharm Assistance									•																				2,10	
Health Insurance Program (HIP)										•																			2,10	
<b>Support Services</b>																														
Case management (non-medical)																													2,10	
Child care																													2,10	
Ped developmental assessment/EIS																													2,10	
Emergency financial assistance																													2,10	
Food bank																													2,10	
Health education/risk education																													2,10	
Housing services																													2,10	
Legal services																													2,10	
Linguistic services																													2,10	
Transportation services																													2,10	
Caregiver services																													2,10	
Permanency planning																													2,10	
Psychosocial support																													2,10	
Referral health care/support services																													2,10	
Rehabilitation services																													2,10	
Respite care																													2,10	
Substance abuse services—residential																													2,10	
Treatment adherence counseling																													2,10	

Required Client-level Data Elements for RWHAP Services (continued)

Client-level Data Elements	Outpatient/ambulatory medical care	Medical case management	Early intervention services (A and B)	Home and community-based health services	Medical health services	Substance abuse services-outpatient	ALPS peer/nurse program (MIP)	Health financial assistance (local)	Case management (non-medical)	Child care services (local)	Food bank services (non-medical)	Emergency financial assistance	Food bank/food bank assistance	Health education/reduction	Legal services	Linguistic services	Medical transportation services	Outreach services	Permanent housing	Psychosocial support services	Rehabilitation services	Respite care	Substance abuse services-counseling	Therapist advice services-counseling
<b>Clinical Information</b>																								
HIV risk factor screening/counseling																								2,3
First outpatient/ambulatory care visit																								2,3,4
Outpatient ambulatory care visits																								3,4
CD4 counts and dates																								3,4
Viral Load counts and dates																								3,4
Prescribed PEP prophylaxis																								3
Prescribed HAART																								3,4
Screened for TB																								3
Screened for TB since diagnosis																								3
Screened for syphilis																								3
Screened for Hepatitis B																								3
Screened for Hep B since diagnosis																								3
Completed Hep B vaccine series																								3
Screened for Hep C																								3
Screened for Hep C since diagnosis																								3
Screened for substance use																								2,3
Screened for mental health																								2,3
Pepp smear																								3,6
Pregnant																								2,3,4
Entry into prenatal care																								2,3
ARV therapy for pregnant women																								3

• report this data element

**In+Care Campaign Measures  
(04/01/2014 data submission)**

**Retention Measure 1: Gap Measure**

*Percentage of patients who did **not** have a medical visit with a provider in the last 6 months of the measurement year.*

	Memphis TGA Part A Providers			National RW Part A Data Group
	as of 9/30/13 submitted 12/02	as of 11/30/2013 submitted 02/03	as of 01/31/2014 submitted 04/01	as of 01/31/2014 submitted 04/01
Numerator	313	315	401	
Denominator	2,813	2813	2885	28,288
Percentage	11.13%	11.20%	13.90%	10.05%

**Retention Measure 2: Medical Visit Frequency**

*Percentage of patients who had at least one medical visit with a provider in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits.*

	Memphis TGA Part A Providers			National RW Part A Data Group
	as of 9/30/13 submitted 12/02	as of 11/30/2013 submitted 02/03	as of 01/31/2014 submitted 04/01	as of 01/31/2014 submitted 04/01
Numerator	1,808	1780	1776	
Denominator	2,488	2548	2579	24,872
Percentage	72.67%	69.86%	68.86%	74.22%

**Retention Measure 3: Patients Newly Enrolled in Medical Care**

*Percentage of patients who were newly enrolled with a medical provider who had a medical visit in each of the 4-month periods in the measurement year.*

	Memphis TGA Part A Providers			National RW Part A Data Group
	as of 9/30/13 submitted 12/02	as of 11/30/2013 submitted 02/03	as of 01/31/2014 submitted 04/01	as of 01/31/2014 submitted 04/01
Numerator	55	56	41	
Denominator	110	91	89	1,249
Percentage	50.00%	61.54%	46.07%	63.97%

**Retention Measure 4: Viral Load Suppression**

*Percentage of patients with a viral load less than 200 copies/mL at last viral load test during the measurement year.*

	Memphis TGA Part A Providers			National RW Part A Data Group
	as of 9/30/13 submitted 12/02	as of 11/30/2013 submitted 02/03	as of 01/31/2014 submitted 04/01	as of 01/31/2014 submitted 04/01
Numerator	2,261	2313	2339	
Denominator	3,421	3429	3427	32,066
Percentage	66.09%	67.45%	68.25%	76.24%

## HAB Performance Measures

- HAB01: Two Primary Care Visits  $\geq$  3 months apart  
 – Target: 75%

	Provider #1	Provider #2	Provider #3	Provider #4	Provider #5
1 <sup>st</sup> Quarter	86%	66%	78%	67%	93%
2 <sup>nd</sup> Quarter	87%	73%	82%	70%	93%
3 <sup>rd</sup> Quarter	86%	74%	78%	77%	93%
4 <sup>th</sup> Quarter	85%	72%	79%	76%	93%

## HAB Performance Measures

- HAB02: Percentage with  $\geq$ 2 CD4 Counts  
 – Target: 85%

	Provider #1	Provider #2	Provider #3	Provider #4	Provider #5
1 <sup>st</sup> Quarter	74%	53%	72%	47%	93%
2 <sup>nd</sup> Quarter	66%	68%	80%	49%	93%
3 <sup>rd</sup> Quarter	64%	67%	75%	52%	94%
4 <sup>th</sup> Quarter	64%	57%	77%	62%	96%

## HAB Performance Measures

- HAB03: CD4<200 with PCP Prophylaxis  
– Target: 90%

	Provider #1	Provider #2	Provider #3	Provider #4	Provider #5
1 <sup>st</sup> Quarter	86%	76%	89%	55%	100%
2 <sup>nd</sup> Quarter	87%	67%	84%	45%	100%
3 <sup>rd</sup> Quarter	87%	67%	80%	40%	100%
4 <sup>th</sup> Quarter	82%	51%	76%	55%	100%

## HAB Performance Measures

- HAB04: AIDS Clients on HAART  
– Target: 95%

	Provider #1	Provider #2	Provider #3	Provider #4	Provider #5
1 <sup>st</sup> Quarter	97%	92%	99%	94%	100%
2 <sup>nd</sup> Quarter	97%	96%	99%	100%	100%
3 <sup>rd</sup> Quarter	96%	96%	99%	95%	100%
4 <sup>th</sup> Quarter	93%	96%	98%	94%	100%