

**Ryan White Part A**  
**Performance Improvement Advisory Team**  
**Minutes of March 20, 2009**  
*Behavioral Science Research,*  
*2121 Ponce De Leon Blvd., Suite250*  
*Coral Gables, FL 33134*

#	Members	Organization	Guests
1	Carla Valle-Schwenk	OGC	Aleida Avila –AHF-PHC
2	Jocelyne Coles	Helen Bentley	<b>BSR Staff</b>
3	Frederick Downs, Jr.	Partnership Member	Robert Ladner
4	Jasmin O’Neale-Lewis	University of Miami	Beth Hayden
5	Kathy Mercogliano	University of Miami	Christina Bontempo
6	Karelia Godinez	Citrus	Susy Martinez
7	Vanessa Williams	Empower U	Sandra Sergi
8	Tom Pietrogallo	Care Resource	Ariela Eshel Bernstein
9	Iris Chamagua	Mercy Hospital	
10	Jackie Taylor	Jessie Trice Community Health Center	
11	George Barroso	North Dade Health Center	
12	Paul Staffelbach	The Village	

1. PIAT members reviewed the February 20, 2009 minutes. No changes were made.

2. **Standing Business**

• **Medical Case Management Updates**

- Technical Assistance (TA) Visits – Ariela Bernstein informed the PIAT that, as of April 2009, the focus of the TA visits will shift from the Financial Assessment (FA) and eligibility documentation to the FA progress notes and Comprehensive Assessment. Ariela noted there has been much improvement since the visits began in May 2008. Quality Management (QM) staff has asked the medical case management agencies to complete all pending action items by the end of March. Items not addressed will be documented as incomplete and agencies will be expected to address them internally. The March medical case management training provided an introduction to writing a comprehensive FA progress note. Medical case managers were asked to compose a progress note for a sample FA, review others’ notes, and discuss the core elements that should be part of a comprehensive note.
- Case Management Proficiency Exam – Proficiency exam results are being reviewed and analyzed and will be distributed shortly. Beth Hayden noted that a majority of medical case managers passed. She added that while 80% is the accepted threshold for most service categories, the passing score on the exam was raised to 85% following last year’s exam. Carla Valle-Schwenk stated that OGC is willing to consider two compliance levels – 80% for new (less than one year) case managers and 85% for established (more than a year) case managers. PIAT members noted that most case

managers should have performed well on the exam since the questions and answers were reviewed during January's training.

- Oral Health Care Record Reviews – The last review was completed on March 18. Reports have been sent to four of the eight providers reviewed. Providers whose individual scores fall below 80% are asked to submit corrective action plans. Two corrective action plans have been submitted thus far. An aggregate report will be presented to the Oral Health Care Subcommittee during its May 6 meeting. BSR will begin a re-review in November 2009 to measure improvements made in response to the reports. In addition to the reviews, QM staff and the oral health care reviewer plan to provide a workshop focusing on risk management to all oral health care providers during the year. Beth noted that, across the system, documentation of education was poor. While some providers did very well in other areas of the review, documentation of education was a weak area for all providers.

### 3. **New Business**

- Financial Assessment Revisions – Revisions to the FA discussed at the February meeting were implemented and reviewed with the PIAT. QM staff noted that the new FA includes HOPWA/HUD assistance as part of the client's income. George Barroso stated that should be changed. He noted that HOPWA/HUD assistance should be considered a benefit not income and like Food Stamps should be documented as an asset. He added that if housing assistance is considered income, clients may not be eligible for other programs. Iris Chamagua agreed that HOPWA/HUD should be documented in the Assets section of the FA. PIAT members stated that HOPWA/HUD assistance is paid directly to the provider and thus never ends up in the client's hand. Beth and Carla said the topic can be reconsidered and the PIAT members' comments will be taken under advisement by OGC. Tom Pietrogallo asked whether providers collect proof of expenses. Iris said that Mercy does in order to ensure they correspond to the listed expenses. Beth added that the revised FA includes the total for both monthly and annual expenses. Carla noted that it is possible, especially during the current economic times, for people to live beyond their means. George asked if there is a limit to the amount of money a person can have in their bank account even though there is no asset limit. Carla answered that recently a client received a back payment of \$25,000 which was considered part of his income for the year. Tom noted that should have been part of the client's income for the last three years. Carla noted that retroactive payments should be documented as new income. Jackie Taylor and George both noted that they would not have considered retroactive payments new income but rather an asset. Tom added that retroactive payments are based on income acquired over a period of time which the client never received and which, if dispensed on a yearly basis, would not have affected the client's eligibility for the Ryan White Program. Tom noted that considering retroactive payments that were owed to the client as new income, thereby making the client ineligible, seems unfair. In addition, most people lose a substantial amount of their repayment to legal fees. Tom stated that since the income was accrued over a period of time it should be accounted for based on the effective date of the application. Bob Ladner compared the retroactive payments to a tax refund which is a repayment of money taken out of one's income. Beth stated that the date of the application should be documented and all relevant documentation should be on file. Kathy Mercogliano noted that if a repayment was issued that indicates that the client was determined to be financially and medically qualified for these payments during the time the client was not receiving them. Carla asked if the PIAT's recommendation

was to look at repayments on a pro-rated basis (i.e., annualizing the sum over the number of years in question). Bob stated that back payments should be considered part of the annual income for previous years, not the current year. The income should not be based on both the income clients should have been receiving along with the money they are now receiving. The income should be for previous years not the year of service.

- 2009-2010 Quality Management Work Plan

- Ariela presented a draft of the Year 19 QM work plan:

- **March** – 1) Final revisions to the Medical Case Management handbook, 2) Updates to the QM section of www.aidsnet.org to include PIAT and training agendas, minutes, and resources, record review results, links to ACMS and NQC, 3) Analysis of proficiency exam results, 4) Complete FA revisions, 5) Submission of Quarterly Record Reviews. George commented that medical case managers may have resources that could be included in the medical case management handbook. QM staff asked that members share relevant resources that can be included in the handbook.
    - **April** – 1) TA visit focus will shift to the FA progress notes and Comprehensive Assessment, 2) Activity Codes Pilot Study is scheduled to begin in April. One case manager from each of five selected agencies will be asked to document activity codes during the course of the study (two weeks) in order to document case managers’ specific daily activities. The activity codes to be used along with the encounter type are:

Encounter Type	Activity Code
FFE	INT (intake)
DOC	Comp FA (comprehensive financial assessment)
TEL	Comp HA (comprehensive health assessment)
COL	POC (plan of care)
TRN	REF (referral)
ADAP	RFU (referral follow-up)
	TMU (three month update)
	ADH (adherence)
	ITP (intramural treatment plan)
	OTH (other – any activity not listed above; case managers will be asked to specify the activity)

QM staff will train the selected case managers prior to the study and provide definitions for all encounter types and activity codes. A tracking log will be provided as well since the activity codes cannot be tracked in SDIS. Beth asked if SDIS was programmed, as requested, to prevent billing unless a progress note was completed. This will be discussed with ACMS. Ariela asked if case managers can bill for time spent on the study. Beth and Carla stated they could bill DOC if necessary, 3) The oral health care record review reports will be distributed during April and May; the aggregate report will be ready for review by the end of April; corrective action plans will be submitted, 4) Substance Abuse follow-up review reports will be completed, 5) QM staff will schedule a Cash and Credit training at Jackson Memorial Hospital, 6) Training schedules and agendas will be planned.

- **May** – 1) Notice Prescription Drug providers of upcoming record review to begin in July, 2) Analyze results from the activity code pilot study, 3) Needs Assessment activities as needed, 4) Present aggregate report to the Oral Health Care Subcommittee, 5) Ensure all corrective action plans have been submitted by Oral Health Care providers, 6) Begin creation of review tool for prescription drug record review.
- **June** – 1) Finalize results from the activity code pilot study, 2) Needs Assessment activities.
- **July** – 1) Prescription Drug Providers Record Reviews begin, 2) Grant application activities.
- **August** – 1) Prescription Drug Providers Record Reviews, 2) Grant application activities.
- **September** – 1) Fact finding visits to outreach providers in preparation for the outreach provider record review, 2) Develop review tool for outreach record review.
- **October and November** – 1) Outreach record reviews, 2) Follow-up oral health care record reviews.
- **December** – 1) Follow-up Oral Health Care Record Review, 2) Analyze results of oral health care record reviews.
- **Jan** – 1) Follow-up Outpatient Medical Record Reviews, 2) Complete analysis of oral health care record reviews.
- **February** – Completion of follow-up outpatient medical record review and analysis.

In addition to these activities, ongoing monthly activities throughout the year include the PIAT meetings, OGC-BSR-ACMS coordination meetings, internal QM staff meetings, TA visits, medical case management trainings, and attendance at Partnership meetings. George asked if the ACMS meetings are open to anyone wishing to attend. Beth and Carla explained that the coordination meetings with ACMS cover broader topics than SDIS but ACMS user meetings on a regular basis can be considered. Jackie recommended training case managers on the HRSA outpatient medical care outcome measures. She noted that the trainings and TA visits have been focused on program eligibility and not the medical component of case management. She noted that case managers should understand that they are responsible for supporting the outcomes. Beth stated that AETC was charged with defining medical case management and providing training. Carla agreed that medical case managers should be educated on the outcome measures. She noted that HRSA will be conducting a performance review this year and one issue the review will focus on is the emphasis on the medical component of case management. Jasmin O’neale-Lewis added that having a nurse on staff at all case management agencies would be beneficial. Vanessa agreed and added that the medical component should be emphasized in the monthly trainings. Beth noted that during the AETC outpatient medical record reviews it was consistently noted that more nursing support was needed.

4. Announcement – Christina Bontempo informed the PIAT of the upcoming community forums scheduled to take place during April. The forums will replace the public comment period usually scheduled as part of the Needs Assessment. All PLWHA receiving services can participate. There will be five forums in Spanish, five in English, and two in Creole. Christina asked the members to publicize the forums in order to ensure community input. She also notified the members that the HOPWA waitlist will open in April and information will be posted on aidsnet.org. Vanessa Mills stated that clients should be told to submit only one application otherwise all the client’s

applications will be eliminated from the lottery. Fred Downs added that clients should be aware that they must submit a completed medical verification form with a physician's signature.

**5. Next Meeting – Friday, April 17, 2009**