




MEMORANDUM

Date: 11/21/2022

To: Subrecipient agencies

From: Kristen Dickerson, PhD, MSN, MPH, RN, MLT (ASCP)]  (JB for KD)
State Epidemiologist and Chief, Bureau of Infectious Diseases
Ohio Department of Health

Subject: Ryan White Part B: HIV Client Services RW23 (April 1, 2023-March 31, 2024)

The Ohio Department of Health (ODH), Office, of the Medical Director, Bureau of Infectious Disease (BID) announces the availability of grant funds.

All electronic applications and attachments are due by 4:00 p.m., [Tuesday, January 3, 2023] Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

Electronic application components must be submitted via the on-line Grants Management Information System (GMIS). For new staff requiring GMIS access, you must successfully complete GMIS training offered by ODH.

Any award made through this program is contingent upon the availability of funds for this purpose. The subrecipient agency must be prepared to support the costs of operating the program until receipt of grant payments.

Submission of the **continuation application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules, policy and procedure updates posted on the GMIS Bulletin Board, and any other program-specific requirements as outlined in the competitive Solicitation. Reference the competitive Solicitation for more information. The competitive Solicitation for this grant program can be found on the ODH website ([here](#)). Allotments will be established in GMIS by ODH. Please refer to the GMIS bulletin board for current allotment percentage.

If you have questions, please contact Karla Ruiz at [614-813-4191] or e-mail at [karla.ruiz@odh.ohio.gov].

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I. CONTINUATION FUNDING APPLICATION GUIDANCE

X Base Only Funding _____ Base and Deliverable Funding

A. Policy and Procedures: The Continuation Funding Application consists of three parts: Program Updates (if applicable), Program Budget and Budget Narrative, and Other Required Attachments.

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP (OGAPP) manual rules and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: [April 1, 2023 to March 31, 2024] of the total project period, [April 1, 2022 to March 31, 2027]. Reference the competitive Solicitation for more information.

All budget justifications must include the following language and be signed by the agency head listed in GMIS. Please refer to the budget justification examples listed on the GMIS bulletin board.

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Subrecipient's budgeted costs are reasonable, allowable and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

B. Number of Grants and Funds Available: : The Ryan White Part B program is supported by federal funding from the Health Resources and Services Administration (HRSA). Up to five (5) grants will be awarded for an approximate amount up to \$7,000,000 for Medical Case management and up to five (5) grants will be awarded for an amount up to \$5,500,000 for Non-Medical Case Management. Up to five (5) grants will be awarded for an amount of \$1,500,000 for Referral Services (Benefit Navigators) and up to five (5) grants will be awarded for an amount of \$1,500,000 for Health Education/Risk Reduction (Peer Navigators). Only applicants requesting Medical Case Management and/or Non-Medical Case Management dollars are eligible for up to \$400,000 for medical transportation and up to \$100,000 for linguistic services. Definitions and service provisions for these services are included in the solicitation. Additionally, one (1) grant for the Cincinnati MSA applications will be awarded for an approximate amount of \$375,000 for the Emerging Communities program. Emerging Community dollars are allocated for Early Intervention Services (EIS).

No grant award will be issued for less than \$30,000. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted. Applications submitted for less than the minimum amount will not be considered for review.

C. Formatting Requirements for Attachments [Suggested language provided, but can be updated to reflect program-specific requirements]:

- Properly label each item of the application packet (ex. budget narrative, program narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and budget narratives must be submitted in portrait orientation and fit on 8 ½ x 11 paper when printed.
- Number all pages (print on one side only). Place agency name and GMIS number on each page.
- Use a 12 point font.
- Forms must be completed and submitted in the format provided by ODH.

D. Qualified Applicants:

The following criteria must be met for grant applications to be eligible for review:

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Tuesday, January 3, 2023.**

II. PROGRAM UPDATES:

Program should review the Evidence of Health Equity Strategies Checklist in Appendix C when drafting the program narrative, objectives, and workplan.

A. Program Progress Report: 1) Attach the program progress report for the current grant period. If the program progress report is not scheduled to be submitted before the application due date, then it must be submitted with the application. [The Interim Progress Report is scheduled to be submitted via GMIS on October 31, 2023.]

B. Program Narrative: Complete and submit a narrative statement (do not exceed [0] pages) which explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the subrecipient wishes to share for continuation funding. [Program narrative is not required at this time].

C. Objectives and Work Plan: Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, Time-Based, Inclusive, and Equitable (SMART-E) objectives and submit an updated work plan. Reference the competitive Solicitation for information. This should be based on a review of the Progress Plans submitted to date. Provide a brief report addressing elements of each objective and activity, including current status (met, ongoing or unmet); major findings; and barriers and how barriers were addressed.

D. Documentation and Progress on Health Equity and Disparity Reduction Activities:

Please provide detailed updates on the goals, objectives and deliverables specified in the Competitive Solicitation relating to health equity. This information must be supported by data. Continuation Solicitations should prepare a summary of activities completed, during the previous funding period, to outreach to the priority populations and / or neighborhoods specified in their plan.

E. Program Budget: Prior to completion of the budget section, reference the competitive Solicitation for unallowable costs and review criteria.

- 1. Budget Narrative:** Provide a detailed budget justification in a narrative that describes how categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including plans for out-of-state travel), supplies and training costs. If you have shared costs, refer to OGAPP Chapter 2 Section C2.4 Cost Allocation Plan for additional information. Please refer to the GMIS 2.0 bulletin board for attachment instructions.

For your convenience, a budget justification narrative example is available via the GMIS Bulletin Board.

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

- 2. [2023] Budget via GMIS:** Complete requested budget information as follows:

- Personnel, Other Direct Costs, Equipment and Contracts Sections:** Submit a new budget to support costs for the period Date to Date. Funds may be used to support personnel, staff training, travel (see OBM website <https://obm.ohio.gov/wps/portal/gov/obm/areas-of-interest/agency-overview/obm-travel-rule/obm-travel-rule>), and supplies directly related to planning, organizing and conducting the program activity. Itemize, in the Equipment Section, all equipment (minimum \$1,000 unit cost value) to be purchased with grant funds

Any personnel listed in the budget must complete daily timesheets. Time & Effort reporting must be completed if staff are charged to multiple funding sources.

The applicant shall retain all original fully executed contracts on file. A completed "Confirmation of Contractual Agreement" (CCA) must be submitted via GMIS for each contract once it has been signed by both parties. All contracts must be signed and dated by all parties prior to any services being rendered and must be attached to the CCA section in GMIS. The submitted CCA and attached contract must be approved by ODH before contractual expenditures are authorized. CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued.

- **Compliance:** Answer each question on this form. Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.

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

1. To advance political or religious points of view or for fund raising or lobbying;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Contributions to a contingency fund;
6. Entertainment;
7. Fines and penalties;
8. Membership fees — unless related to the program and approved by ODH;
9. Interest or other financial payments (including but not limited to bank fees);
10. Contributions made by program personnel;
11. Costs to rent equipment or space owned by the funded agency;
12. Inpatient services;
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
15. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/TravelRule/default.aspx> for the most recent Mileage Reimbursement memo.)
16. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
17. Training longer than one week in duration, unless otherwise approved by ODH;
18. Contracts for compensation with advisory board members;
19. Grant-related equipment costs greater than \$1,000, unless justified in the budget narrative and approved by ODH;
20. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
21. Promotional Items;
22. Office Furniture (including but not limited to desks, chairs, file cabinets) unless otherwise stated;

Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to subrecipients for purposes later discovered to be prohibited. Please refer to the OGAPP manual for additional information.

4. Indirect (Facilities and Administration):

Use the indirect cost rate included in the agency's Indirect Cost Rate Agreement as negotiated with and approved by the cognizant federal funder. If the applicant chooses this option, then the agreement must be submitted in GMIS as an attachment to the application.

If the subrecipient has not executed a federally approved Indirect Cost Rate Agreement, the subrecipient may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely.

Base the budget solely upon direct costs.

For further information please see Chapter 2 Section B2.11 of OGAPP.

F. Other Application Requirements:

Program Specific Attachments:

1. Ryan White Part B Position Requirements
2. Ryan White Part B Clinical Supervision Requirements
3. Ryan White Part B Interim Program Report Template

a. Other Required Documentation:

- Subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

This information is maintained on the following website: <http://supplier.ohio.gov/>.

Note: Subrecipients future payments will be held if the agency receives a paper check due to the EFT information not being properly maintained in the supplier portal.

- **Audit:** Subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via audits@odh.ohio.gov. Reference the GMIS Bulletin Board for more information.

- **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- **Assurances Certification:** Each subrecipient must acknowledge the Assurances (Federal and State Assurances for Sub-grantees) form in GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- **Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant’s information does not successfully upload into the federal system.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS), register in SAM.gov and submit the information in the grant application. For information about the DUNS, go to www.dnb.com. For information about System for Award Management (SAM) go to <https://beta.sam.gov/>.

Information on Federal Spending Transparency can be located at www.usaspending.gov or the Office of Management and Budget’s website for Federal Spending Transparency at <https://www.whitehouse.gov/>.

(Required by all applicants, the FFATA form is located on the GMIS Application page and must be completed in order to submit the application.)

- **For Non-Profit Organizations Only:**
 1. **Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations must submit documentation validating current liability coverage. Attach the current Certificate of Insurance Liability in GMIS.
 2. **Non-Profit Organization Status:** Non-profit organizations must submit documentation validating current status. If changed, attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax exempt status.

G. Human Trafficking:

The ODH is committed to the elimination of human trafficking in Ohio. If applicable to the subrecipient program, ODH will give priority consideration to those subrecipients who can demonstrate the following:

- a. Victims of human trafficking are included in your agency's target population;
 - 1. At-risk population
 - 2. Mental health population
 - 3. Homeless population
- b. Agency promotes the expansion of services to identify and serve those affected by human trafficking. [X Applicable

____ Not Applicable to the Ryan White Program]

H. Post Submission Requirements:

Continuation applicants are required to submit subrecipient program and expenditure reports.

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

Reports shall be submitted as follows:

- a. **Program Reports: Subrecipient Program Reports must be completed and submitted via GMIS** by the following dates. [the following dates: Interim Progress Report will be due October 31, 2023, and Annual Progress Report will be due April 30, 2024. Applicant will be required to submit their agency grievance procedure/policy and the Quality Management Plan with the Interim Progress Report. Client Satisfaction Survey Report must be submitted with the Annual Progress Report. Per HRSA requirements, each funded agency must have a grievance procedure that is accessible to clients, and each funded agency must conduct an annual client satisfaction survey to obtain client feedback regarding services received. Additionally, each applicant is required to create a Quality Management Plan (see competitive solicitation for details). Applicants will also be required to submit supervision logs for the reporting period with the Interim and Annual Progress Reports. Template for progress reports will be sent approximately one month prior to the due date. **Program reports that do not include required attachments (non-Internet submitted) will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

☒ Program Reports Required

☐ No Program Reports Required

Period	Report Due Date
April 1, 2023- September 30, 2023	October 31, 2023
October 1, 2023 – March 31, 2024	April 30, 2024

- b. Subrecipient Reimbursement Expenditure Reports:** Subrecipient Monthly Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

[Period]	Report Due Date
<i>April 1 – 30, 2023</i>	<i>May 10, 2023</i>
<i>May 1 – 31, 2023</i>	<i>June 10, 2023</i>
<i>June 1 – 30, 2023</i>	<i>July 10, 2023</i>
<i>July 1 – 31, 2023</i>	<i>August 10, 2023</i>
<i>August 1 – 31, 2023</i>	<i>September 10, 2023</i>
<i>September 1 – 30, 2023</i>	<i>October 10, 2023</i>
<i>October 1 – 31, 2023</i>	<i>November 10, 2023</i>
<i>November 1 – 30, 2023</i>	<i>December 10, 2023</i>
<i>December 1 – 31, 2023</i>	<i>January 10, 2024</i>
<i>January 1 – 31, 2024</i>	<i>February 10, 2024</i>
<i>February 1 – 28, 2024</i>	<i>March 10, 2024</i>
<i>March 1 – 31, 2024</i>	<i>April 10, 2024</i>

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
April 1 – June 30, 2023	July 10, 2023
July 1 – September 30, 2023	October 10, 2023
October 1 – December 31, 2023	January 10, 2024
January 1 – March 31, 2024	April 10, 2024

Note: Obligations not reported on the final monthly or 4th quarter expenditure report will not be considered for payment with the final expenditure report.

- c. Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS** by 4:00 p.m. on or before *May 5, 2024*. The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

Submission of ALL Subrecipient Program and Expenditure Reports via the ODH’s GMIS system indicates acceptance of OGAPP. Clicking the “Submit” or “Approve” button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of OGAPP rules and regulations.

III APPENDICES

- A. Continuation Solicitation ReimbursementType Form
- B. Evidence of Health Equity Strategies Checklist

IV Program Attachments:

- 1. Ryan White Part B Position and Clinical Supervision Requirements
- 2. Ryan White Part B Interim Program Report Template

Appendix A

CONTINUATION SOLICITATION REIMBURSEMENT TYPE FORM

Ohio Department of Health
Office of Medical Director
Bureau of Infectious Disease

ODH Program Title:
Ryan White Part B: HIV Client
Services (RW23)

Reimbursement Type (check one) Monthly ☐ **OR** Quarterly ☐

(Please note that no changes to the reimbursement type can be made after the project number is created in GMIS. No waivers/appeals will be accepted.)

Please print:

Current Project Number _____

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____

E-mail Address _____

Agency Head (Print Name)

Agency Head (Signature)

Please note that the agency head listed above must match the agency head listed in GMIS. Unless a new agency, NOIAF's will not be accepted if name doesn't match what is listed in GMIS.

Due to ODH by 11/28/2022

Please email completed form to Karen Tinsley (karen.tinsley@odh.ohio.gov).

Appendix B

ODH Evidence of Health Equity Strategies Checklist

This checklist should be used to support planning, implementation, and evaluation of equitable strategies to reduce disparities and overcome social determinants of health. This checklist is a guide to establish a baseline criterion that all projects funded by ODH to support alignment with established priorities to achieve optimal health for all Ohioans.

Health Disparities, Health Inequities, Social Determinants of Health & Health Equity

Racial and ethnic minorities, those living in rural communities, people with disabilities, the LGBTQ community and Ohio's economically disadvantaged residents do not have the same opportunities as other groups to achieve and sustain optimal health. Health disparities occur when these groups experience more disease, death or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, learn, work, play, and age. Health disparities are unnatural and occur because of low socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, safe housing, quality education, safe neighborhoods and freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are a root cause of health disparities. The systematic nature of health disparities is considered unjust and is referred to as **health inequities**. The ability of everyone to have the same opportunity to achieve the best health possible is referred to as **health equity**. Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

The ODH is committed to the elimination of health disparities and achieving health equity for all Ohioans. The items below are requirements for all applicants to ensure health equity is embedded within all components of the application (e.g., Goals, Program Narrative, and Objectives.)

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation. See Ohio's State Health Assessment Ohio's health data. <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment>
- 2) [Identify geographic reference points \(i.e., census tracts, census block groups or zip codes\) to specify where program activities are focused.](#)

Consider using the Ohio Health Improvement Zones Dashboard to determine or refine your priority service areas. The dashboard was created to support and aid efforts to reach Ohioans living in communities that may experience barriers to health. The dashboard quantifies specific factors that affect the resilience of individuals and communities to achieve optimal health and overcome a disaster like COVID-19.

By understanding where these populations are located and what factors contribute to their levels of risk and overall health outcomes, subrecipients can collectively and holistically develop strategies to improve health in the communities that need it most. Interactive maps, census tract information and more can be found on the Ohio Health Improvement Zones Dashboard, [here](#).

- 3) Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities.
- 4) Identify measurable health equity targets that demonstrate reducing disparities and improving health equity are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review [2030 Target Setting Methodologies for Objectives in Healthy People 2030](#).
- 5) Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities.

The following are best practices toward eliminating disparities and achieving health equity and are not required, but highly encouraged.

- 1) Link proposed activities to health equity strategies identified in local, state or national planning documents. These documents include, but are not limited to strategies, goals and objectives outlined in [Healthy People 2030](#), the [State Health Improvement Plan \(SHIP\)](#) and local Community Health Assessments .
 - State Health Improvement Plan - <https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship>
 - Healthy People 2030 - <https://health.gov/healthypeople>
- 2) Develop staffing plans where board members, leadership and program staff reflect the race, ethnicity, background, and/or culture of the population being served.
- 3) Identify up- and downstream approaches to address social determinants of health and reduce disparities. Upstream factors like food, housing and income insecurity that focus on addressing social determinants of health decrease barriers and improve supports that provide opportunity for people to achieve their full health potential. Downstream approaches focus on providing equitable access to care and services to reduce the negative impact of social determinants on health outcomes.
 Consider using the Community Wellbeing: Social Determinants of Health Dashboard. The Social Determinants of Health dashboard provides greater insight into the condition that impact Ohioans' ability to live out a healthy lifestyle. The dashboard can be filtered by five (5) domains and over 100 attributes/metrics that impact health, including Economic Vitality, Neighborhood and Physical Environment, Healthcare Access and Quality, Education Access and Quality, and Social and Community Environment. Data is utilized from the Census Bureau, the Centers for Disease Control and Prevention, and American Community Survey at the census tract level which helps to understand which programing can most benefit specific communities.
- 4) Establish non-traditional partnerships among different sectors of the community (e.g., faith-based organizations, local industries, businesses, universities, businesses, healthcare) that can provide valuable insight, new perspective, and more effective ways to achieve program goals. Non-traditional partners create opportunity to collaborate across sectors and may serve as a new source of support for the program.

[Note to Program: These requirements and best practices should be tied to deliverables and review criteria when possible and appropriate.]

PROGRAM ATTACHMENT #1

Ryan White Part B Position Requirements

Medical Case Management Position Requirements

The following standards for all medical case managers must be met for an agency to be eligible for ODH funds:

- Possess a bachelor's degree in Social Work
- Maintain an active Social Work license in the State of Ohio
- Have at least six months experience as a social worker, preferably one or more years
- Engage in continuous self-reflection about one's biases.
- Conduct all key activities, as documented in the Methodology section of the competitive solicitation
- Attend all Case Management trainings sponsored by ODH/HCS (generally 2 times per year)
- Participate in ODH/HCS-sponsored training for newly hired Part B case management personnel within 45-60 days of hire date
- Experience working with an ethnically, culturally, and racially diverse work staff required; ability to work harmoniously with diverse groups of individuals
- Participate in a minimum of 1 hour of biweekly supervision and 1 hour of group supervision per month for all case managers.
- Participate in Regional Advisory Group (RAG), Combined Community Planning Group (CCPG), and Integrated Plan Work Groups, as applicable.

Non-Medical Case Management Position Requirements:

The following standards for all non-medical case managers must be met for an agency to be eligible for ODH funds:

- Education and experience may include:
 - Possess a bachelor's degree in a social science field (social work preferred) and have at least six months experience in a social service setting, preferably one or more years; **or**
 - Possess an Associate degree with 1-3 years of experience working in a social service setting; **or**
 - Possess a high school diploma/GED with 4-6 years of experience working in a social service setting
- Conduct all key activities, as documented in the Methodology section of the competitive solicitation
- Engage in continuous self-reflection about one's biases.
- Experience working with an ethnically, culturally, and racially diverse work staff required; ability to work harmoniously with diverse groups of individuals;
- Attend all Case Management trainings sponsored by ODH/HCS (generally 2 times per year);
- Participate in ODH/HCS-sponsored training for newly hired Part B case management personnel within 45-60 days of hire date;
- Participate in a minimum of 1 hour of biweekly supervision and 1 hour of group supervision per month for all case managers; and
- Participate in Regional Advisory Group (RAG), Combined Community Planning Group (CCPG), and Integrated Plan Work Groups, as applicable.

Part B Non-Clinical Supervisor Requirements

The following standards for all Part B non-clinical supervisors must be met for an agency to be eligible for ODH funds:

Education and experience may include:

- Possess a bachelor's degree in a social science field (social work preferred) and have at least six months experience in a social service setting, preferably one or more years; **or**
 - Possess an associate degree with 1-3 years of experience working in a social service setting
- Minimum one year of supervisory experience.
 - Provides in a minimum of 1 hour of biweekly supervision and 1 hour of group supervision per month for non-medical staff;
 - Assist with client transfer coordination and level of care re-evaluation between non-medical and medical teams
 - Engage in continuous self-reflection about one's biases.
 - Provide guidance and coordination between non-medical and medical teams
 - Experience working with an ethnically, culturally, and racially diverse work staff required; ability to work harmoniously with diverse groups of individuals.
 - Assist with the equitable distribution and collection of ODH required surveys (e.g., Client Satisfaction Survey)
 - Participate in ODH/HCS-sponsored training for newly hired Part B case management personnel within 45-60 days of hire date
 - Implement policies, programs, and/or services to achieve health equity and social and/or environmental justice.
 - Attend the Case Management Supervisors' trainings sponsored by ODH/HCS; generally, 2 times per year
 - Participate in Regional Advisory Group (RAG), Combined Community Planning Group (CCPG), and Integrated Plan Work Groups, as applicable

Clinical Supervisor Position Requirements:

The following standards for all clinical supervisors must be met for an agency to be eligible for ODH funds:

- Possess a master's degree in Social Work
- Maintain an active Licensed Independent Social Worker (LISW-S) in the state of Ohio
- Have at least three years of experience as a social worker, preferably one year of supervisory experience
- Be responsible for building ongoing relationships with other service providers serving the HIV/AIDS community in their region
- Experience working with an ethnically, culturally, and racially diverse work staff required; ability to work harmoniously with diverse groups of individuals
- Engage in continuous self-reflection about one's biases.
- Provide clinical supervision to case management team (medical and non-medical) and peer navigators
- Provide guidance and coordination between non-medical and medical teams
- Participate in ODH/HCS-sponsored training for newly hired Part B case management personnel within 45-60 days of hire date
- Implement policies, programs, and/or services to achieve health equity and social and/or environmental justice.
- Attend the Case Management Supervisors' trainings sponsored by ODH/HCS; generally, 2 times per year
- Participate in Regional Advisory Group (RAG), Combined Community Planning Group (CCPG), and Integrated Plan Work Groups, as applicable

Part B Case Aide Requirements (Administrative Function):

The following standards for all Part B case aides must be met for an agency to be eligible for ODH funds:

Education and experience may include:

- Education Possess an Associate degree with a minimum of one year of relevant experience, **or**
 - Completed coursework towards an associate degree with a minimum of two years of relevant experience, **or**
 - Possess a high school diploma/GED with a minimum of 3 years of relevant experience
-
- Participate in a minimum of 1 hour of biweekly supervision and 1 hour of group supervision per month for all case aides.
 - Experience working with an ethnically, culturally, and racially diverse work staff required; ability to work harmoniously with diverse groups of individuals
 - Engage in continuous self-reflection about one's biases.
 - Assist with the equitable distribution and collection of ODH required surveys (e.g., Client Satisfaction Survey)
 - Verify disbursements are complete before submitting in the third-party administrator (TPA) web portal (e.g., bills contain approved CPT/ADA codes, Explanation of Benefits are included for co-pays, amount(s) on the disbursements match the bill(s))
 - Utilize the TPA web portal to create and track client disbursements
 - Submit invoices through the TPA web portal within 60 days from the dates of service and within 10 business days of agencies receipt; if agency is unable to meet this requirement, agency will be placed on a plan of correction
 - Establish relationship with local providers to assist with billing inquiries

It should be noted that case aides are not to be utilized for case management activities. For example, case aides will not carry a client caseload, or participate in the process of approving/disapproving a consumer access to Part B funded services. Case aides will be required to document the completion of all tasks to ensure continuity of care. The responsibilities of the case aides should be clearly communicated and documented to ensure the case aide is not engaging in social work practice.

Referral for Health Care and Support Services (Insurance/Benefit Navigator) Requirements:

The following standards for all insurance/benefit navigators must be met for an agency to be eligible for ODH funds:

Education and experience may include:

- Education Possess an Associate degree with a minimum of one year of relevant experience, **or**
 - Completed coursework towards an associate degree with a minimum of two years of relevant experience, **or**
 - Possess a high school diploma/GED with a minimum of 3 years of relevant experience
-
- Participate in a minimum of 1 hour of biweekly supervision and 1 hour of group supervision per month for all benefit navigators.
 - Gather all necessary components of the Ohio HIV Drug Assistance Program (OHDAP) application and ensure thorough completion before submission to ODH
 - Engage in continuous self-reflection about one's biases.
 - Experience working with an ethnically, culturally, and racially diverse work staff required; ability to work harmoniously with diverse groups of individuals
 - Participate in ODH/HCS-sponsored training for newly hired personnel within 45-60 days of hire date
 - Complete annual Marketplace training requirements and other relevant trainings to strengthen understanding of insurance benefits
 - Submit invoices through the TPA web portal within 60 days from the dates of service and within 10 business days of agencies receipt; if agency is unable to meet this requirement, agency will be placed on a plan of correction
 - Provide benefits counseling, as needed, by assisting clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs,

Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplace/Exchanges)

Health Education/Risk Reduction (Part B Peer Navigator) Requirements:

The following standards for all peer navigators must be met for an agency to be eligible for ODH funds:

- A minimum of a high school diploma or GED or equivalent skills, with at least one year working in an office setting including proven ability to work in a team environment.
- May be living with HIV or representative of the community that is most at risk for being diagnosed with HIV
- Complete HIV 101 trainings (before working with clients) to provide educational information to newly diagnosed individuals or individuals new to care on risk reduction strategies, ways to reduce transmission, treatment adherence, and increased understanding of diagnosis
- Must maintain healthcare, medication engagement, and personal support systems.
- Participate in a minimum of 1 hour of biweekly supervision and 1 hour of group supervision per month for all peer navigators.
- Meet with newly diagnosed clients and those re-engaging in care.
- Engage in continuous self-reflection about one's biases.
- Provide a structured, time-limited intervention in collaboration with client's case management team.
- Participate in team transfer meetings, as needed.
- Guide clients through each step of care initiation, as needed
- Address treatment adherence needs and coach clients in adherence skills.
- Provide education for integrating adherence and wellness practices into daily life.
- Provide appropriate one-on-one and/or group-level social and emotional support.
- Enhance engagement in care by assisting clients with appointment reminders for eligibility, Ohio HIV Drug Assistance Program (OHDAP), case management, health care/primary care, and laboratory appointments.
- Participate in Regional Advisory Group (RAG), Combined Community Planning Group (CCPG), and Integrated Plan Work Groups, as applicable

It should be noted that benefit navigators and peer navigators are not to be utilized for case management activities. For example, benefit navigators and peer navigators will not carry a client caseload or participate in the process of approving/disapproving a consumer access to Part B funded services. Navigators will be required to document the completion of all tasks to ensure continuity of care. The responsibilities of the navigators should be clearly communicated and documented to ensure the navigators are not engaging in social work practice.

**Ryan White
Interim Progress Report**

To: Ryan White Part B Program Administrator
Ohio Department of Health
HIV Care Services
Ryan White Part B Case Management
Grant Project Number: _____
Interim Narrative Report – RW Yr. 33

From: Agency/Organization Name: _____
Person(s) Completing Report: _____
Reporting Period: (Biannual) _____

I. Goals/Objectives

For each objective listed in the RW Year 33 Work Plan section of the Ryan White Part B Case Management application, please use the following process A-D to evaluate each objective.

A. Objective Statement

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

Objective 1: Case manager(s) will ensure clients are re-certified every 6 months in the Ryan White Application Database.

B. Progress/ Accomplishments/Successes

State progress made, accomplishments achieved and/or any activities conducted in this objective. Include this section any quantifiable information such as number of clients served, etc. as related to this particular objective.

C. Barriers/Challenges

State any barriers/challenges that were experienced while accomplishing this objective.

D. Plan of Correction

If the intended outcome of the objective has not been met, provide a plan of correction to detail how the agency will meet the outcome by the end of the funding period.

II. Additional Activities

In this section list any special activities that occurred during this period which you would like to report on. Also describe any aspects of your program which are different from those which were originally proposed. Discuss evolving needs of your target population which have not previously been discussed. Discuss how client input and feedback has been used to develop your program and workplan objectives. Discuss how agency and program activities contribute to the reduction of health disparities and achieving health equity for all Ohioans. Describe how, if at all, you will modify program activities to make additional progress toward ending the HIV epidemic, better reach the intended priority population(s), and/or address other gaps/demonstrated needs?

III. Staffing/Personnel

In this section discuss any changes in personnel (e.g., vacancies), dates of vacancies, status of filling vacancies, and

information about newly hired personnel. Discuss what impact these changes may have on your clients, your agency and accomplishments of your work plan, as applicable.

IV. Evaluation

Outline specific evaluation strategies to measure the impact of program activities toward decreasing health disparities and health inequities. Discuss how your agency is evaluating services provided and how it is monitoring the achievement of all activities by the person responsible according to the timetable originally identified in your Work Plan.

V. Technical Assistance Requests

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

VI. Required Program Report Attachments (as specified in the Solicitation) must be uploaded and submitted in GMIS by the program report's due date: Interim Progress Report will be due October 31, 2023, and Annual Progress Report will be due April 30, 2024.