



**MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST
NOTICE OF INTENT**

(Revised: 9/23/13)

Board Clerk Use Only

Meeting Date: 3/6/14
Agenda Item #: R.7
Est. Start Time: 10:10 am
Date Submitted: 2/19/14

Agenda Title: NOTICE OF INTENT to submit an application for up to \$300,000 per year for 4 years to Ryan White Special Projects of National Significance.

Note: This APR is for NOI's only. APRs are available for other types of submittals. Title should not be more than 2 lines but be sufficient to describe the action requested.

Requested Meeting Date:	<u>3/6/14</u>	Time Needed:	<u>5 min</u>
Department:	<u>Health</u>	Division:	<u>ICS/HIV Clinic</u>
Contact(s):	<u>Jodi Davich/Alison Frye</u>		
Phone:	<u>503.988.3663</u>	Ext.	<u>26561 27029</u>
Presenter Name(s) & Title(s):	<u>Jodi Davich, HIV Health Services Center Manager; Alison Frye, Health Services Development Administrator</u>		
I/O Address:	<u>160/5; 160/9</u>		

General Information

1. What action are you requesting from the Board?

Approval for the Director of the Health Department to submit a grant application to the Health Resources and Services Administration HIV/AIDS Bureau - Special Project of National Significance (SPNS) System-level Workforce Capacity Building for Integrating HIV Primary Care in Community Health Care Settings grant program.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

On July 15, 2013, the Office of National AIDS Policy marked the third anniversary of the release of the National HIV/AIDS Strategy by announcing the new HIV Care Continuum Initiative. The Initiative directs Federal agencies to prioritize the continuum of HIV care by accelerating efforts and directing existing Federal resources to increase HIV testing, services, and treatment, and improve patient access for HIV infected individuals along the HIV Care Continuum. The development of new models of care to improve health outcomes

is one of the many approaches to be undertaken under this new initiative. High quality HIV primary care, with sufficient numbers of well-trained care providers, is key to improving the timely entry, engagement, retention, adherence, and ultimately viral suppression of people along the HIV Care Continuum. Access to primary care and physician-level care is critical to population health as increases in providers and insurance coverage have been associated with reductions in mortality and health disparities.

The purpose of this grant program is to support organizations to promote the design, implementation, and evaluation of system-level change in staffing structures that improve health outcomes along the HIV Care Continuum to achieve efficient and sustainable service delivery practices that both optimize human resources and improve quality outcomes. Demonstration projects will implement and evaluate innovative *Practice Transformative Models* (PTMs) for the delivery of HIV treatment and comprehensive care services through workforce efficiencies that improve health outcomes. A national, multi-site evaluation of these innovative PTMs will identify best practices.

At the MCHD HIV Health Services Center (HHSC), Medical Case Managers currently spend a substantial amount of time on administrative tasks such as verifying Ryan White eligibility and insurance enrollment/recertification. Keeping people insured has been crucial, especially given the changing landscape propelled by the Affordable Care Act, nationally, and Health Care Transformation in Oregon, locally. However, it has severely limited time that Medical Case Managers have to complete Medical Case Management functions. Under this funding announcement, MCHD will focus on task-shifting from Medical Case Managers to newly hired Community Information Specialists, maximizing use of the knowledge, skills, and training required of Medical Case Managers. The proposed model will optimize human resources through “right-sizing” case management services to fit the needs of clients, while shifting non-billable activities to staff with lower minimum qualifications, while increasing the ability of Medical Case Managers to provide services such as assistance and coordination of specialty referrals; medication adherence counseling; and Screening, Brief Intervention and Referral to Treatment (SBIRT) for people with substance abuse issues and those at-risk. Increasing Medical Case Managers’ capacity in these areas will also afford other members of the PCMH team (nurses, physicians, etc.) increased capacity by shifting less clinical tasks to Medical Case Managers.

3. Explain the fiscal impact (current year and ongoing).

Funding is up to \$300,000 a year for four years.

4. Explain any legal and/or policy issues involved.

None.

5. Explain any citizen and/or other government participation that has or will take place.

The project will work with the HHSC Client Advisory Board and other community-based Ryan White Services providers for process evaluation during PTM implementation.

Grant Application/Notice of Intent

If the request is a Grant Application or Notice of Intent, please answer all of the following in detail:

- **Who is the granting agency?**

The granting agency is the Health Resources and Services Administration HIV/AIDS Bureau Special Projects of National Significance Program.

- **Specify grant (matching, reporting and other) requirements and goals.**

There are not matching funds required. The awardee must submit a progress report to HRSA on semi-annual basis.

The goals of the project are to 1) build workforce capacity and strengthen the HIV Primary Care Patient-Centered medical home through increased interprofessional team-based care that optimizes human resources and 2) improve health outcomes for People Living with HIV.

- **Explain grant funding detail – is this a one time only or long term commitment?**

This is a one-time grant that covers a four-year period

- **What are the estimated filing timelines?**

The application is due on March 10th, 2014.

- **If a grant, what period does the grant cover?**

Projects are expected to begin on September 1, 2014, and to continue until August 31, 2018.

- **When the grant expires, what are funding plans?**

The HHSC expects to sustain the PTM through increased revenue afforded by capacity to serve more patients. .

- **Is 100% of the central and departmental indirect recovered? If not, please explain why.**

Yes, 100% of indirect costs are covered by grant funds.

Required Signatures

Elected Official or Department/ Agency Director: KaRin Johnson for Joanne Fuller/s/kj **Date:** 02-19,2014

Budget Analyst: Althea Gregory /s/ **Date:** 2/19/14

Note: Please submit electronically. We are no longer using actual signatures. Insert names of your approvers followed by /s/. Please insert date approved