



City and County of San Francisco
London N. Breed, Mayor
Department of Public Health

Business Office Contract Compliance
1380 Howard Street
San Francisco, CA 94103

Programmatic and Fiscal Monitoring Report FY 22-23

General Fund Services

HIV Health Services

Agency: Regents of UCSF

Site Visit Date: November 2, 2023

Program Reviewed: Ward 86 OP Svcs, Med Case Mgt, Golden Compass

Report Date: December 6, 2023

Site Address: 995 Potrero Avenue, Ward 84, San Francisco, CA 94110

Funding Source(s): GF

Review Period: General Fund: July 1, 2022 - June 30, 2023

On-Site Monitoring Team Member(s): Melissa Ta, September Rose, Bill Blum

Program/Contractor Representatives: Helga Sigvaldadottir, Alexandra Monk, Mary Shields

Overall Program Rating: 4 - Commendable/Exceeds Standards

4 = Commendable/Exceeds Standards	3 = Acceptable/Meets Standards
2 = Improvement Needed/Below Standards	1 = Unacceptable

Category Ratings:

4	Program Performance	4	Program Deliverables	4	Program Compliance	4	Client Satisfaction
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Sub-Categories Reviewed:

Program Performance	Program Deliverables/Fiscal	Program Compliance	Client Satisfaction
Achievement of Performance Objectives	Units of Service Delivered Unduplicated Client Count Delivered	Declaration of Compliance Invoice vs. ARIES Analysis Administrative Binder Site/Premise Compliance Plan of Action (if applicable)	Satisfaction Survey Completed and Analyzed

MONITORING REPORT SUMMARY

Agency/Program: Regents of UCSF/Ward 86 OP Svcs, Med Case Mgt, Golden Compass

Findings/Summary: At the time of the site visit, the program did not have a waitlist.

- The program met 97.8 percent of its contracted performance objectives.
- The program met 120.2 percent of its contracted units of service target.
- The program met 141.0 percent of its contracted unduplicated client target.
- The program was exempt from client file review.
- The program received 5 points from Declaration of Compliance.
- A review of the administrative binder evidenced 83.3 percent of required compliance items.
- A review of site premises evidenced 100.0 percent of required items.
- The program conducted a client satisfaction process during the review period.
- Client satisfaction results were reviewed, analyzed and discussed with program staff.

Regents of UCSF's Ward 86 Outpatient Services, Medical Case Management (Navigation), and Golden Compass programs are administered under the HIV Health Services (HHS) System of Care (SOC). These programs provide seamless comprehensive primary and specialty medical care for HIV+ outpatients; referrals to social services, an integrated services to HIV-infected individuals regardless of race, color, creed, gender, sexual orientation, country of origin or ability to pay. Ward 86 serves people living with HIV/AIDS ranging from positive asymptomatic patients to patients with advanced or end-stage illness.

Patients under the Ward 86 Outpatient Services MOU are primarily less medically complex and on the asymptomatic end of the HIV health continuum. Patients with more complex needs are referred to a complementary Center of Excellence (CoE), which is also located in Ward 86.

The Medical Case Management program serves people living with HIV/AIDS who are homeless or have unstable housing using a new paradigm: mitigating barriers to care, including text messaging, enhanced contact, financial incentives, navigation, and provider training to reduce stigma and address substance use and psychiatric co-morbidities. The target population are homeless or unstable housed (HUH) people living with HIV/AIDS (PLWH/A).

UCSF launched the Golden Compass pilot at Ward 86 in 2017 to address critical physical, mental, and social health needs of older adults living with HIV. This program integrates geriatric and HIV services to improve quality of life for older adults living with HIV and help navigate the challenges of living to older ages with HIV as a chronic illness. The target population is older adults living with HIV.

A site visit was conducted on 11/2/23 in conjunction with other Ward 86 funded programs since they are all located at the same location. Additional findings were collected via email.

This monitoring report is the first combined report for the programs Ward 86 Outpatient Services, Medical Case Management (Navigation), and Golden Compass programs. The latter two programs did not have a previous monitoring report because they were not included in the SOC program monitoring list. SOC requested the addition of these two programs prior to the scheduled site visit.

Previous Year Plan of Action required? Yes No

If "Yes", describe program's implementation.

Current Year Plan of Action required? Yes No

Signature of Author of This Report

DocuSigned by:

Melissa Ta

Name and Title: Melissa Ta, Business Office Contract Compliance Manager

Signature of Authorizing Departmental Reviewer

DocuSigned by:

Jenna Reyes

Name and Title: BOCC Designee

Signature of Authorizing System of Care Reviewer

DocuSigned by:

Bill Blum

Name and Title Bill Blum, HIV Health Services Administrator

PROVIDER RESPONSE: (please check one and sign below)

- I have reviewed the Monitoring Report, acknowledge findings, no further action is necessary at this time.
- I have reviewed the Monitoring Report, acknowledge findings, and attached a Plan of Action in response to deficiencies and recommendations with issues addresses and timelines for correction stated.
- I have reviewed the Monitoring Report, disagree with findings, response to recommendations attached.

DocuSigned by:

Helga Sigvaldadottir

3/8/24

Signature of Authorized Contract Signatory (Service Provider)

Date

Helga Sigvaldadottir, Program Coordinator

Print Name and Title

RESPONSE TO THIS REPORT DUE:	March 13, 2024
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If applicable, please submit any supplemental materials by clicking on the attachment icon below.

Program Performance & Compliance Findings**Rating Criteria:**

4	3	2	1
Over 90% = Commendable/ Exceeds Standards	90% - 71% = Acceptable/Meets Standards	70% - 51% = Improvement Needed/ Below Standards	Below 51% = Unacceptable

Overall Score:

Total Points Given:	89/90=99%
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1. Program Performance (40 points possible):

Achievement of Performance Objectives	40	44 points out of 45 total points (from 9 Objectives) = 98%
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Total Points:	40	
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Points Given:	40/40	Category Score:	98%	Performance Rating:	Commendable/ Exceeds Standards
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Performance Objectives and Findings with Points

O.A	Golden Compass MENTAL HEALTH SCREENING: By the end of the contract term 85% of patients will have completed depression screening and if positive a plan documented.	According to program data, 35/50 (70%) of patients completed depression screening and if positive a plan documented. Program met 82% of target.	Points: 4
O.B	Golden Compass FALL SCREENING: By end of the contract term 85% of patients will have completed a falls assessment and if positive a plan documented. Exceptions: if known history of falls, fall plan will be reviewed and implementation/follow-up documented.	According to program data, 50/50 (100%) of patients completed a falls assessment and if positive a plan documented.	Points: 5
O.C	Golden Compass TOBACCO SCREENING: By the end of the contract term 85% will have completed tobaccos screening and if positive, documentation of counseling and smoking cessation offered.	According to program data, 46/50 (92%) of patients completed tobaccos screening and if positive, documentation of counseling and smoking cessation offered.	Points: 5
O.1	80% of HIV+ clients (primary care documented in ARIES) will have had two or more medical visits during the year (one in the first half and the other in last half of the year).	According to program data, 576/708 (81%) of HIV+ clients had two or more medical visits during the year (one in the first half and the other in the last half of the year).	Points: 5
O.2	90% of clients with HIV (Primary Care documented in ARIES) who received primary care services will have been prescribed ART.	According to program data, 698/733 (95%) of clients with HIV who received primary care services, were prescribed ART.	Points: 5
O.3	90% of clients with HIV who received primary care services (documented in ARIES) will have had at least one viral load test.	According to program data, 665/733 (91%) of clients with HIV who received primary care services, had at least one viral load test.	Points: 5
O.4	80% of clients (Primary Care documented in ARIES) will have a viral load < 200 copies/ml which will indicate viral suppression and treatment adherence.	According to program data, 627/733 (86%) of clients had a viral load of <200 copies/ml, which indicates viral suppression and treatment adherence.	Points: 5
O.5	85% of clients with HIV (Primary Care documented in ARIES) and a CD4 T-cell count \leq 200 cells/mm ³ will be prescribed PCP prophylaxis.	According to program data, there were no patients that met this criteria, thus not needing to be prescribed PCP prophylaxis.	Points:
O.6	80% of clients with HIV who received primary care services (documented in ARIES) will be tested for syphilis, with results documented.	According to program data, 555/733 (76%) of clients with HIV who received primary care services, were tested for syphilis. Program met 95% of target.	Points: 5
O.7	80% of clients with HIV who received primary care services (documented in ARIES) will have been screened for Hepatitis C.	According to program data, 500/619 (81%) of clients with HIV who received primary care services, were screened for Hepatitis C.	Points: 5

Commendations/Comments:

As of the time of monitoring of this program, there was a continuing delay in importing data from Epic to ARIES. Per the HHS SOC, calculation of the program's achievement of Performance Objectives for this monitoring period was gathered from the 2022 calendar year in lieu of the FY22-23 fiscal year. Program is commended for exceeding and meeting most of the performance objective targets.

There were no waitlists for all three programs at the time of monitoring.

Identified Problems, Recommendations and Timelines:

No points were awarded for O.5, as no data findings meet the criteria. This does not impact the program's overall performance score. It is kept in this report instead of being marked as N/A for documentation purposes.

There are no objectives listed on the CDTA website for the Medical Case Management program. BOCC recommends for the program to work with SOC to create performance objectives.

2.Program Deliverables (20 points possible):

A. Units of Service Deliverables (0-10 pts):				10	120% of Contracted Units of Service.
B. Unduplicated Client Count (0-10 pts):				10	141% of Target
Total Points:				20	
Points Given:	20/20	Category Score:	100%	Performance Rating:	Commendable/ Exceeds Standards

A. Units of Service Delivered**Units of Service Delivered**
Service Description**Contracted/Actual**

Medical Case Management, hour (387123952MAR23)	1,025	1,025
Medical Case Management, hour (387123954JUN23)	365	310
Outpatient Ambulatory Health Services, encounters (387123951JUN23)	2,520	3,306
Outpatient Ambulatory Health Services, encounters (387123954JUN23)	250	358

B. Unduplicated Client Count

Actual UDC: 564 /**Targeted UDC:** 400 = 141%

Commendations/Comments:

Based on the final invoices 387123951JUN23 (Outpatient Services), 387123952MAR23 (Medical Case Management Navigation), 387123954JUN23 (Golden Compass), all programs exceeded the contracted deliverables for both units of service and unduplicated client count.

The unduplicated client target count is for the Ward 86 Outpatient Services program. The UDC for all programs are:

- Outpatient Services = 564/400 (141%)
- Medical Case Management = 60/60 (100%)
- Golden Compass = 50/50 (100%)

Identified Problems, Recommendations and Timelines:

None noted.

3. Program Compliance (25 points possible):

A. Declaration of Compliance Score (0-5 pts):	5	Submitted Declaration
B. Client files documentation (0-10 pts):	N/A	
C. Administrative Binder Complete (0-5 pts):	4	83% of items in compliance
D. Site/Premises Compliance (0-5 pts):	5	100% items in compliance
E. Plan of Action (if applicable) (5 pts):	5	<input checked="" type="checkbox"/> No previous FY POA was required <input type="checkbox"/> Previous FY POA was submitted, accepted and implemented <input type="checkbox"/> Previous FY POA submitted, not implemented <input type="checkbox"/> Previous YR POA required, not submitted
Total Points:	19	

Points Given:	19/20	Category Score:	95%	Compliance Rating:	Commendable/ Exceeds Standards
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Commendations/Comments:

Program is commended for maintaining an organized administrative binder. One administrative binder is used for all programs located at Ward 86. Program indicated an interest to migrate the binder into an electronic platform for easier maintenance of documents.

Personnel files were not reviewed as they are centrally kept with UCSF Human Resources.

Identified Problems, Recommendations and Timelines:

BOCC discussed with program it needs to update its Billing Policy to include statement on Ryan White is billed as the payor as last resort after other insurance programs the client is eligible for and address no double-billing for same service.

BOCC also informed program to update its Harm Reduction policy to include annual staff training requirement.

BOCC recommends program to attach a facility map to its emergency plan.

A valid fire clearance was not evidenced, however program has submitted payment and is awaiting Quality Management to complete paperwork to schedule a SFFD inspection. No plan of action (POA) will be required at this time.

Program is missing Trauma Informed Systems (TIS) staff trainings, but it has scheduled TIS training at the next all staff meeting on 12/6/23.

BOCC will follow-up with the identified missing items at the next monitoring site visit.

The following required item(s) were not located in the program's Administrative Binder: Billing and Collection Policy, Fire Clearance/Life Safety, Harm Reduction Policy, Training: Trauma Informed Systems Initiative and Workforce Training.

4. Client Satisfaction (10 points possible): Client Satisfaction Survey

A. Client Satisfaction Completed During Year (0-5 possible)	5
B. Client Satisfaction Survey Results Reviewed, Analyzed and Discussed with Staff (0-5 possible)	5
Total Points:	10

Points Given:	10/10	Category Score:	100%	Client Satisfaction Rating:	Commendable/ Exceeds Standards
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Commendations/Comments:

Based on program data, a general Ward 86 clinic survey is conducted for all patients, thus covering multiple programs. The survey is sent through MyChart, an electronic health record system, and sent to patients after a recent visit. Surveys were offered in English, Spanish, and Mandarin and could be completed via phone call, email or text. There is no incentive to respond to the survey. Results are managed by NRC and responses are de-identified.

Data collected between 7/1/22 - 6/30/23 was downloaded from the NRC Health website. There were a total of 1,078 responses, which may include multiple responses from the same patient, since some patients may have visited the clinic more than once during this timeframe. Program's analysis of data shows 539 or 20% of the overall clinic population responded to the survey prompt at least once. The survey consisted of five categories of questions about: access to care, staff performance, provider performance, facility experience, and engagement. Responses from the telehealth or online were not assessed nor analyzed for this analysis summary.

Some highlights from survey results include:

- 81% indicated their provider listens carefully to them
- 81% trusts providers with their care
- 68% found front office staff courteous and helpful
- 63% indicated the ability to get seen as soon as needed

The results are posted in the waiting room for patients to review and comment. Results from the annual Ward 86 Patient Satisfaction Survey were shared with clinic manager and clinical operating group. Based on the feedback, program identified an area for improvement is improving customer-client experience at the front desk.

Identified Problems, Recommendations and Timelines:

BOCC recommends for the program to indicate when results were shared with staff. BOCC further recommends that the program collect feedback that is program-specific by adding questions into the survey or through other means.