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**Service Category Definition - Ryan White Part B Grant  
April 1, 2017 - March 31, 2018**

Local Service Category:	<b>Home and Community-Based Health Services (Facility-Based)</b>
Amount Available:	<b>To be determined</b>
Unit Cost	
Budget Requirements or Restrictions:	Maximum of 10% of budget for Administrative Cost
DSHS Service Category Definition:	<p>Home and Community-Based Health Care Services are therapeutic, nursing, supportive and/or compensatory health services provided by a licensed/certified home health agency in a home or community-based setting in accordance with a written, individualized plan of care established by a licensed physician. Home and Community-Based Health Services include the following:</p> <ul style="list-style-type: none"> <li>• <b>Para-professional care</b> is the provision of services by a home health aide, personal caretaker, or attendant caretaker. This definition also includes non-medical, non-nursing assistance with cooking and cleaning activities to help clients remain in their homes.</li> <li>• <b>Professional care</b> is the provision of services in the home by licensed health care workers such as nurses.</li> <li>• <b>Specialized care</b> is the provision of services that include intravenous and aerosolized treatment, parenteral feeding, diagnostic testing, and other high-tech therapies. physical therapy, social worker services.</li> </ul> <p>Home and Community-Based Health Care Providers work closely with the multidisciplinary care team that includes the client's case manager, primary care provider, and other appropriate health care professionals.</p> <p>Allowable services include:</p> <ul style="list-style-type: none"> <li>• Durable medical equipment</li> <li>• Home health aide and personal care services</li> <li>• Day treatment or other partial hospitalization services</li> <li>• Home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy)</li> <li>• Routine diagnostic testing</li> <li>• Appropriate mental health, developmental, and rehabilitation services</li> <li>• Specialty care and vaccinations for hepatitis co-infection, provided by public and private entities</li> </ul>
Local Service Category Definition:	<b>Home and Community-based Health Services (facility-based)</b> is defined as a day treatment program that includes Physician ordered therapeutic nursing, supportive and/or compensatory health services based on a written plan of care established by an interdisciplinary care team that includes appropriate healthcare professionals and paraprofessionals. Services include skilled nursing, nutritional counseling, evaluations and education, and additional therapeutic services and activities. Inpatient hospitals services, nursing home and other long-term care facilities are <b>NOT</b> included.
Target Population (age, gender, geographic, race, ethnicity, etc.):	Eligible recipients for home and community based health services are HIV/AIDS infected persons residing within the Houston HIV Service Delivery Area (HSDA) who are at least 18 years of age.
Services to be Provided:	Community-Based Health Services are designed to support the increased functioning and the return to self-sufficiency of clients through the provision of treatment and activities of daily living. Services must include: <ul style="list-style-type: none"> <li>• <b>Skilled Nursing:</b> Services to include medication administration, medication supervision, medication ordering, filling pill box, wound dressing changes, straight catheter insertion, education of family/significant others in patient</li> </ul>

**Service Category Definition - Ryan White Part B Grant  
April 1, 2017 - March 31, 2018**

	<p>care techniques, ongoing monitoring of patients’ physical condition and communication with attending physicians (s), personal care, and diagnostics testing.</p> <ul style="list-style-type: none"><li>• <b>Other Therapeutic Services:</b> Services to include recreational activities (fine/gross motor skills and cognitive development), replacement of durable medical equipment, information referral, peer support, and transportation.</li><li>• <b>Nutrition:</b> Services to include evaluation and counseling, supplemental nutrition, and daily nutritious meals.</li><li>• <b>Education:</b> Services to include instructional workshops of HIV related topics and life skills.</li></ul> <p>Services will be provided at least Monday through Friday for a minimum of 10 hours/day.</p>
Service Unit Definition(s):	A unit of service is defined as one (1) visit/day of care for one (1) client for a minimum of four hours. Services consist of medical health care and social services at a licensed adult day.
Financial Eligibility:	Income at or below 300% of Federal Poverty Guidelines
Client Eligibility:	HIV positive individuals at least 18 years of age residing within the Houston HSDA.
Agency Requirements:	Must be licensed by the Texas Department of Aging and Disability Services (DADS) as an Adult Day Care provider.
Staff Requirements:	<ul style="list-style-type: none"><li>• <b>Skilled Nursing Services</b> must be provided by a Licensed Vocational or Registered Nurse.</li><li>• <b>Other Therapeutic Services</b> are provided by paraprofessionals, such as an activities coordinator, and counselors (LPC, LMSW, and LMFTA).</li><li>• <b>Nutritional Services</b> are provided by a Registered Dietician and food managers.</li><li>• <b>Education Services</b> are provided by a health educator.</li></ul>
Special Requirements:	Must comply with the Houston EMA/HSDA Standards of Care. The agency must comply with <b>the DSHS Home and Community-Based Health Services Standards of Care</b> . The agency must have policies and procedures in place that comply with the standards <i>prior</i> to delivery of the service.

**Service Category Definition - Ryan White Part B Grant  
April 1, 2017 - March 31, 2018**

***FY 2018 RWPC “How to Best Meet the Need” Decision Process***

<b>Step in Process: Council</b>		Date: <b>06/08/17</b>
Recommendations:	Approved: Y_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: Steering Committee</b>		Date: <b>06/01/17</b>
Recommendations:	Approved: Y_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: Quality Assurance Committee</b>		Date: <b>05/18/17</b>
Recommendations:	Approved: Y_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: HTBMTN Workgroup</b>		Date: <b>04/25/17</b>
Recommendations:	<b>Financial Eligibility:</b>	
1.		
2.		
3.		



## DAY TREATMENT

*Day treatment*, technically referred to as *home and community-based health services*, provides therapeutic nursing, support services, and activities for persons living with HIV (PLWH) at a community-based location. This service does not currently include in-home health care, in-patient hospitalizations, or long-term nursing facilities.

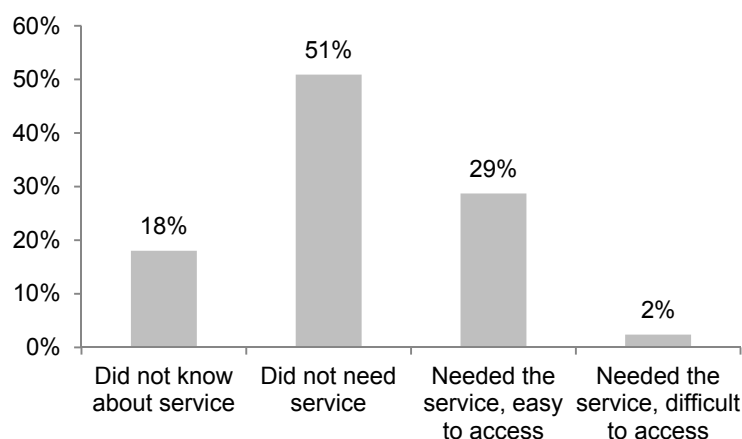
(**Graph 1**) In the 2016 Houston HIV Care Services Needs Assessment, 31% of participants indicated a need for *day treatment* in the past 12 months. 29% reported the service was easy to access, and 2% reported difficulty. 18% stated that they did not know the service was available.

(**Table 1**) When barriers to *day treatment* were reported, the most common barrier types were administrative (complex processes), eligibility (ineligible), health insurance-related (being uninsured), interactions with staff (poor communication or follow up), transportation (lack of transportation).

**TABLE 1-Top 5 Reported Barrier Types for Day Treatment, 2016**

	No.	%
1. Administrative (AD)	1	17%
2. Eligibility (EL)	1	17%
3. Health Insurance Coverage (I)	1	17%
4. Interactions with Staff (S)	1	17%
5. Transportation (T)	1	17%

**GRAPH 1-Day Treatment, 2016**



(**Table 2 and Table 3**) Need and access to services can be analyzed for needs assessment participants according to demographic and other characteristics, revealing the presence of any potential disparities in access to services. For *day treatment*, this analysis shows the following:

- More males than females found the service accessible.
- More other/multiracial PLWH found the service accessible than other race/ethnicities.
- More PLWH age 25 to 49 found the service accessible than other age groups.
- In addition, more unstably housed PLWH found the service difficult to access when compared to all participants.

**TABLE 2- Day Treatment, by Demographic Categories, 2016**

Experience with the Service	Sex		Race/ethnicity				Age		
	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not know about service	18%	18%	28%	17%	15%	0%	30%	20%	12%
Did not need service	49%	56%	56%	49%	50%	53%	52%	45%	61%
Needed, easy to access	30%	23%	13%	33%	31%	47%	17%	32%	24%
Needed, difficult to access	2%	3%	3%	1%	5%	0%	0%	2%	3%

**TABLE 3- Day Treatment, by Selected Special Populations, 2016**

Experience with the Service	Unstably Housed <sup>a</sup>	MSM <sup>b</sup>	Out of Care <sup>c</sup>	Recently Released <sup>d</sup>	Rural <sup>e</sup>	Transgender <sup>f</sup>
Did not know about service	27%	19%	50%	24%	32%	18%
Did not need service	38%	49%	50%	38%	50%	27%
Needed, easy to access	32%	30%	0%	38%	18%	55%
Needed, difficult to access	3%	2%	0%	0%	0%	0%

<sup>a</sup>Persons reporting housing instability <sup>b</sup>Men who have sex with men <sup>c</sup>Persons with no evidence of HIV care for 12 mo.

<sup>d</sup>Persons released from incarceration in the past 12 mo. <sup>e</sup>Non-Houston/Harris County residents <sup>f</sup>Persons with discordant sex assigned at birth and current gender







HOME & COMMUNITY-BASED HEALTH SERVICES  
2016 CHART REVIEW REPORT

## PREFACE

### DSHS Monitoring Requirements

The Texas Department of State Health Services (DSHS) contracts with The Houston Regional HIV/AIDS Resource Group, Inc. (TRG) to ensure that Ryan White Part B and State of Texas HIV Services funding is utilized to provide in accordance to negotiated Priorities and Allocations for the designated Health Service Delivery Area (HSDA). In Houston, the HSDA is a ten-county area including the following counties: Austin, Chambers, Colorado, Fort Bend, Harris, Liberty, Montgomery, Walker, Waller, and Wharton. As part of its General Provisions for Grant Agreements, DSHS also requires that TRG ensures that all Subgrantees comply with statutes and rules, perform client financial assessments, and delivery service in a manner consistent with established protocols and standards.

As part of those requirements, TRG is required to perform annual quality compliance reviews on all Subgrantees. Quality Compliance Reviews focus on issues of administrative, clinical, consumer involvement, data management, fiscal, programmatic, and quality management nature. Administrative review examines Subgrantee operating systems including, but not limited to, non-discrimination, personnel management and Board of Directors. Clinical review includes review of clinical service provision in the framework of established protocols, procedures, standards and guidelines. Consumer involvement review examines the Subgrantee's frame work for gather client feedback and resolving client problems. Data management review examines the Subgrantee's collection of required data elements, service encounter data, and supporting documentation. Fiscal review examines the documentation to support billed units as well as the Subgrantee's fiscal management and control systems. Programmatic review examines non-clinical service provision in the framework of established protocols, procedures, standards and guidelines. Quality management review ensures that each Subgrantee has systems in place to address the mandate for a continuous quality management program.

### QM Component of Monitoring

As a result of quality compliance reviews, the Subgrantee receives a list of findings that must be address. The Subgrantee is required to submit an improvement plan to bring each finding into compliance. This plan is monitored as part of the Subgrantee's overall quality management monitoring. Additional follow-up reviews may occur (depending on the nature of the finding) to ensure that the improvement plan is being effectively implemented.

### Scope of Funding

TRG contracts with one Subgrantee to provide home and community-based health services in the Houston HSDA.

## INTRODUCTION

### Description of Service

Home and Community-based Health Services (facility-based) is defined as a day treatment program that includes Physician ordered therapeutic nursing, supportive and/or compensatory health services based on a written plan of care established by an interdisciplinary care team that includes appropriate healthcare professionals and paraprofessionals. Services include skilled nursing, nutritional counseling, evaluations and education, and additional therapeutic services and activities. **Skilled Nursing:** Services to include medication administration, medication supervision, medication ordering, filling pill box, wound dressing changes, straight catheter insertion, education of family/significant others in patient care techniques, ongoing monitoring of patients' physical condition and communication with attending physicians (s), personal care, and diagnostics testing. **Other Therapeutic Services:** Services to include recreational activities (fine/gross motor skills and cognitive development), replacement of durable medical equipment, information referral, peer support, and transportation. **Nutrition:** Services to include evaluation and counseling, supplemental nutrition, and daily nutritious meals. **Education:** Services to include instructional workshops of HIV related topics and life skills. *Inpatient hospitals services, nursing home and other long-term care facilities are NOT included.*

### Tool Development

The TRG Oral Healthcare Review tool is based upon the established local and DSHS standards of care.

### Chart Review Process

All charts were reviewed by Bachelors-degree registered nurse experienced in treatment, management, and clinical operations in HIV of over 10 years. The collected data for each site was recorded directly into a preformatted computerized database. The data collected during this process is to be used for service improvement.

### File Sample Selection Process

Using the ARIES database a file sample was created from a provider population of 46 who accessed home and community-based Health Services in the measurement year. The records of 42 clients were reviewed (representing 91% of the unduplicated population). The demographic makeup of the provider was used as a key to file sample pull.

*NOTE: DSHS has changed the file sample percentage which will result in a lower number of files being reviewed in 2016.*

## DEMOGRAPHICS HOME AND COMMUNITY BASED SERVICES

<b>2015 Annual</b>
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**Total UDC: 46    Total New: 5**

Age	Number of Clients	% of Total
Client's age as of the end of the reporting period		
Less than 2 years	0	0.00%
02 - 12 years	0	0.00%
13 - 24 years	0	0.00%
25 - 44 years	6	13.04%
45 - 64 years	35	76.09%
65 years or older	5	10.87%
Unknown	0	0.00%
		<b>46</b>
		<b>100%</b>
Gender	Number of Clients	% of Total
"Other" and "Refused" are counted as "Unknown"		
Female	12	26.09%
Male	33	71.74%
Transgender FTM	0	0.00%
Transgender MTF	1	2.17%
Unknown	0	0.00%
		<b>46</b>
		<b>100%</b>
Race/Ethnicity	Number of Clients	% of Total
Includes Multi-Racial Clients		
White	10	21.74%
Black	28	60.87%
Hispanic	7	15.22%
Asian	1	2.17%
Hawaiian/Pacific Islander	0	0.00%
Indian/Alaskan Native	0	0.00%
Unknown	0	0.00%
		<b>46</b>
		<b>100%</b>

From 01/01/15 - 12/31/15

<b>2016 Annual</b>
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**Total UDC: 38    Total New: 36**

Age	Number of Clients	% of Total
Client's age as of the end of the reporting period		
Less than 2 years	0	0.00%
02 - 12 years	0	0.00%
13 - 24 years	0	0.00%
25 - 44 years	11	28.95%
45 - 64 years	24	63.16%
65 years or older	3	7.89%
Unknown	0	0.00%
		<b>38</b>
		<b>100%</b>
Gender	Number of Clients	% of Total
"Other" and "Refused" are counted as "Unknown"		
Female	12	31.58%
Male	25	65.79%
Transgender FTM	0	0.00%
Transgender MTF	1	2.63%
Unknown	0	0.00%
		<b>38</b>
		<b>100%</b>
Race/Ethnicity	Number of Clients	% of Total
Includes Multi-Racial Clients		
White	5	13.16%
Black	25	65.79%
Hispanic	7	18.42%
Asian	0	0.00%
Hawaiian/Pacific Islander	0	0.00%
Indian/Alaskan Native	1	2.63%
Unknown	0	0.00%
		<b>38</b>
		<b>100%</b>

From 01/01/16 - 12/31/16



## RESULTS OF REVIEW

### Progress Notes

Percentage of HIV-positive clients who had clear, concise, and comprehensive progress notes in their record each visit.

	Yes	No	N/A
Client records clear, concise, and comprehensive progress notes.	42	0	-
Clients in community based health services that were reviewed.	42	42	-
Rate	<b>100%</b>	<b>0%</b>	-

### Vital Signs

Percentage of HIV-positive clients who had vital signs taken at least once a week.

	Yes	No	N/A
Client records that showed vital signs were taken at each visit.	42	0	-
Clients in community based health services that were reviewed.	42	42	-
Rate	<b>100%</b>	<b>0%</b>	-

### Multidisciplinary Team Conference

Percentage of HIV-positive clients who received a community based health services that had at least one multidisciplinary team conference

	Yes	No	N/A
Client records that showed evidence of at least one multidisciplinary team conference.	42	0	-
Clients in community based health services that were reviewed.	42	40	-
Rate	<b>100%</b>	<b>0%</b>	-

### Recent Lab Results

Percentage of HIV-positive clients who have documented lab results in the medical record

	Yes	No	N/A
Client records that showed evidence of a recent lab test.	38	4	-
Clients in community based health services that were reviewed.	42	42	-
Rate	<b>91%</b>	<b>9%</b>	-

### Viral Load Counts

Percentage of HIV-positive clients who have an undetectable or decrease in viral load while attending the Community Based Health Services

	Yes	No	N/A
Client records that showed evidence of an undetectable or decreased viral load on their last blood test.	30	8	-
Clients in community based health services that were reviewed.	38	38	-
Rate	<b>79%</b>	<b>21%</b>	-

CD4 Values

Percentage of HIV-positive clients who have an increase in CD4 or level CD4 while attending the Community Based Health Services

	Yes	No	N/A
Client records that showed evidence of increased or level in CD4.	32	6	-
Clients in community based health services that were reviewed.	38	38	-
Rate	<b>84%</b>	<b>16%</b>	-

Hypertension Comorbidity

Percentage of HIV-positive clients who have been diagnosed with elevated blood pressure and are antihypertensive medications.

	Yes	No	N/A
Client records that showed evidence of a diagnosis of hypertension.	15	27	-
Clients in community based health services that were reviewed.	42	42	-
Rate	<b>36%</b>	<b>64%</b>	-

Controlled Hypertension

Percentage of HIV-positive clients who have been diagnosed with elevated blood pressure and are antihypertensive medications and that have controlled Blood Pressures.

	Yes	No	N/A
Client records that showed evidence of controlled hypertension.	15	0	-
Clients in community based health services that were reviewed.	15	15	-
Rate	<b>100%</b>	<b>0%</b>	-

Diabetes Comorbidity

Percentage of HIV-positive clients who have been diagnosed with elevated blood glucose levels and are diabetic medications.

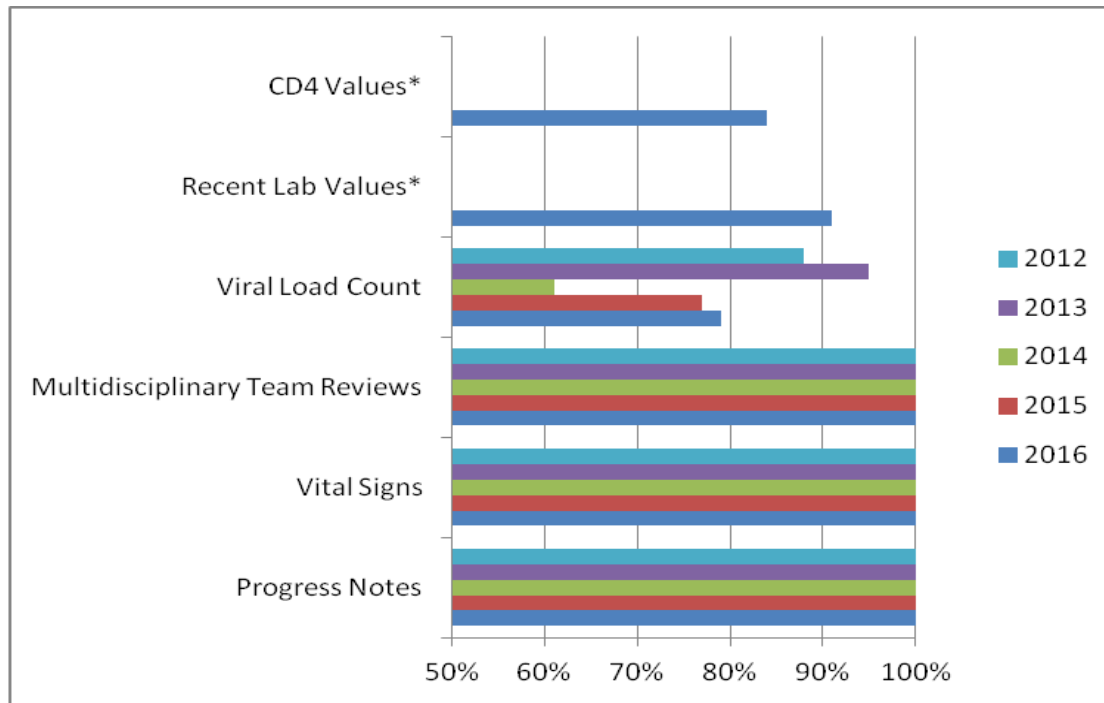
	Yes	No	N/A
Client records that showed evidence of a diagnosis of diabetes.	6	36	-
Clients in community based health services that were reviewed.	42	42	-
Rate	<b>14%</b>	<b>86%</b>	-

Controlled Diabetes

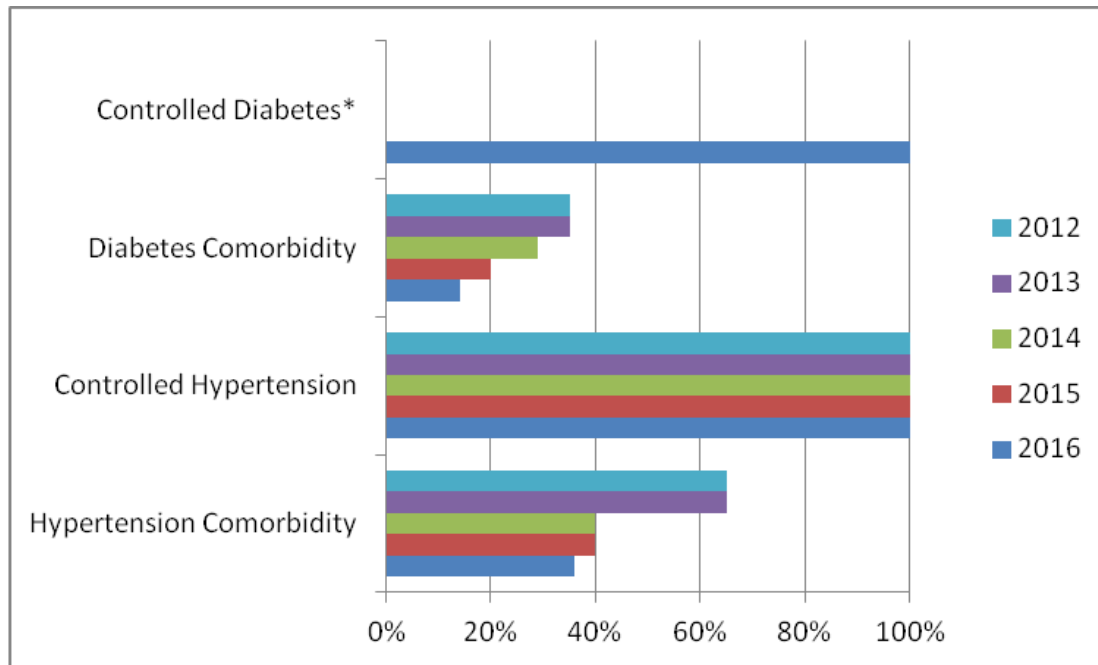
Percentage of HIV-positive clients who have been diagnosed with elevated blood glucose levels and are diabetic medications and have blood glucose levels within normal range.

	Yes	No	N/A
Client records that showed evidence of controlled diabetes.	6	0	-
Clients in community based health services that were reviewed.	6	6	-
Rate	<b>100%</b>	<b>0%</b>	-

## HISTORICAL DATA



## COMORBIDITY DATA



## CONCLUSIONS

Overall, quality of services provided meets or exceeds minimum thresholds. Through the nursing assessment: 36% (15) were identified with a diagnosis of hypertension (-4% decrease from last year) and 100% of those showed evidence that their hypertension was controlled

(Systolic <140, Diastolic <90) in the past 6 months. Percentage of HIV-positive clients who have an undetectable or decrease viral load has improved from 78% in 2015 to 79% in 2016 (61% in 2014). 14% (6) of clients who identified with elevated blood glucose levels (diabetes) and 100% of those showed evidence that their diabetes was controlled (glucose levels with normal range). 84% (32) of clients reviewed documented an increased CD4 or level CD4 while attending HCBS and 100% had their vital sign taken at least once a week.



# Benefits of Adult Day Care

February 9, 2016

By Sarah Lipsky (<https://www.longtermsol.com/author/slipsky/>)

In today's world, elder caregiving is recognized as a key element of everyday life for millions of families throughout the United States. Adult Day Care is an important care option for families as they transition into the role of primary caregiver for their loved ones.

In greater numbers than ever before, caregiver family members face a crucial dilemma between creating and maintaining a healthy life balance for themselves and for their elderly family members. For many caregivers, finding the balance between caring for their loved one and living a normal outside life for themselves can be incredibly difficult. Family caregivers often become overwhelmed by the sheer amount of work they face when caring for their loved ones. Between medicine schedules, physical stress, and the lack of proper care knowledge to meet ailing senior needs, caregivers often find themselves unable to handle the day-to-day demands while also juggling their own responsibilities.

Adult Day Care is an important source of respite care, providing comprehensive programs specially tailored to adults who need supervision and assistance during the day. The service centers offer social activities and health care programs for adults with

physical disabilities and cognitive impairments, while supervising seniors who are frail and unable to be alone for long periods of time. Being a part of an Adult Day Care program allows the individual to live at home while also receiving the crucial required daily care that many families simply do not have the capacity to provide. Potentially, the family can avoid making the difficult decision to move the elderly relative to a full time assisted living facility if an Adult Day Care program is in place. Additionally, it allows caregivers to have peace of mind and a deserved break from the daily struggle of meeting their family member's needs and balancing their own responsibilities.

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### **Benefits of Adult Day Care**

- Preserves independence
- Promotes Social and Cognitive Function
- Safely engages seniors in appropriate physical activities
  - Creates routine and daily expectations
- Improves senior health and quality of life
  - Social Interaction

About half of the United States population has at least one chronic condition, according to the Centers for Disease Control and Prevention (<http://www.cdc.gov/chronicdisease/>). Adults

ages 65 and older, 75 percent of whom have chronic conditions, are expected to make up 19 percent of the population by 2030, compared with 12 percent in 2000.

Adult day care helps to remedy these issues by offering older adults a place to go every day and receive care, nutritious meals, mental and physical stimulation, and companionship.

### **Benefits of Adult Day Care for Caregivers**

- Reduce stress
- Improves participant and caregiver relationships
  - Reduced anxiety or guilt
  - Peace of Mind
- Financial Relief-Adult day care is often less expensive than in-home medical care or full time rehabilitation facilities.
  - Freedom to continue working
  - Improved Quality of Life

According to the Alzheimer's and Dementia Caregiver Center (<https://www.alz.org/care/>) Website, here are some of the most important questions to ask when choosing an Adult Day Care center.

- What are the hours, fees and services? (Be sure to ask about the minimum attendance requirements and the notification policy for absences.)

- What types of programs are offered?
- Are people with dementia separated from other participants or included in general activities?
- Will the center evaluate the person's needs? How will this evaluation be accomplished? What types of health care professionals are on staff? How do you screen them?
  - How are emergency situations handled?
  - How do you ensure the safety of the participants?
    - Is transportation available?

When an adult loved one loses the ability care for him or herself, families can be forced into a difficult position to make tough decisions. Adult Day Care is an option that allows the family member to live at home, while the caregiver simultaneously maintains his or her daily life activities.

For more information, the Caregiver Action Network (<http://www.caregiveraction.org/>) is a non-profit organization providing education, peer support, and resources to family caregivers across the country free of charge.

## References:

Abutaleb, Yasmeen. "Caregivers: Two-Fifths Of U.S. Adults Care For Sick, Elderly Relatives."

[Http://www.huffingtonpost.com/2013/06/20/caregivers-adults-care-for-elderly-relatives-sandwich-generation\\_n\\_3469779.html](http://www.huffingtonpost.com/2013/06/20/caregivers-adults-care-for-elderly-relatives-sandwich-generation_n_3469779.html).

Huffingtonpost.com, 20 June 2013. Web. 1 Feb. 2016.

<[http://www.huffingtonpost.com/2013/06/20/caregivers-adults-care-for-elderly-relatives-sandwich-generation\\_n\\_3469779.html](http://www.huffingtonpost.com/2013/06/20/caregivers-adults-care-for-elderly-relatives-sandwich-generation_n_3469779.html)>.

2 Adult Day Care | Caregiver Center | Alzheimer's Association."

Alzheimer's Association. [Www.alz.org](http://www.alz.org), 2016. Web. 01 Feb.

2016. <<https://www.alz.org/care/alzheimers-dementia-adult-day-centers.asp>>.

## Related Links:

Senior Housing 101: Senior Care Types Explained

(<http://www.aplaceformom.com/senior-care-resources/articles/senior-housing-options>)

Adult Day Care Fact Sheet (<http://www.eldercare.gov>

[/Eldercare.NET/Public/Resources/Factsheets](http://www.eldercare.gov/Eldercare.NET/Public/Resources/Factsheets)

[/Adult\\_Day\\_Care.aspx](http://www.eldercare.gov/Eldercare.NET/Public/Resources/Factsheets/Adult_Day_Care.aspx))

Benefits of Adult Day Care (<http://www.adultdaycare.org>

[/resources/benefits-of-adult-day-care/](http://www.adultdaycare.org/resources/benefits-of-adult-day-care/))

Seniorliving.org (<http://www.seniorliving.org/lifestyles/adult-day-care/>)