

Service Category	Is this a core service?  If no, how does the service support access to core services & support clients achieving improved outcomes?	How does this service assist individuals <i>not in care</i> * to access primary care?  <i>*EIIHA: Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status-unaware and link them into care  <i>*Unmet Need:</i> Individuals diagnosed with HIV but with no evidence of care for 12 months  <i>*Continuum of Care:</i> The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade.	Documentation of Need  (Sources of Data include: 2016 Needs Assessment, 2017-2021 Comp Plan, 2016 Outcome Measures, 2016 Chart Reviews, Special Studies and surveys, etc.)  Which populations experience disproportionate need for and/or barriers to accessing this service?	Identify non-Ryan White Part A or Part B/ non-State Services Funding Sources  (i.e., Alternative Funding Sources)  Is this service typically covered under a Qualified Health Plan (QHP)?	Justify the use of Ryan White Part A, Part B and State Services funds for this service.  Is this a duplicative service or activity?	Service Efficiency  Can we make this service more efficient? For: a) Clients b) Providers  Can we bundle this service?  Has a recent capacity issue been identified?	Recommendation(s)
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**Part 1: Services offered by Ryan White Part A, Part B, and State Services in the Houston EMA/HSDA as of 03-19-19**

<p><b>Health Insurance Premium &amp; Co-Pay Assistance</b> <b>Part A</b> <b>Part B</b> <b>State Services</b></p> <p><b>Workgroup #2</b> <i>Motion: (Cruz/Pradia)</i> <i>Votes: Y=12; N=0;</i> <i>Abstentions=KMills.</i></p>	<p><input checked="" type="checkbox"/> Yes ___No</p>	<p><input type="checkbox"/> EIIHA <input checked="" type="checkbox"/> Unmet Need <input checked="" type="checkbox"/> Continuum of Care</p> <p><u>Unmet Need:</u> Reductions in unmet need can be aided by preventing PLWH from lapsing their HIV care. This service category can directly prevent unmet need by removing financial barriers to HIV care for those who are eligible for public or private health insurance. Currently, 42% of RW clients have some form of health insurance, and 6% have Marketplace coverage. This service will assist those clients to remain in HIV care via all insurance resources; This will also be utilized to assist federal health</p>	<p><u>Epi (2018):</u> Current # of living HIV cases in EMA: 29,078</p> <p><u>Need (2020):</u> Rank w/in funded services: #7 <i>% of RW clients with health insurance: 37%</i> <i>% of RW clients with Marketplace coverage: 4%</i></p> <p><u>Service Utilization (2019):</u> # clients served: 2,274 <i>(3% increase v. 2018)</i></p> <p><u>Outcomes (FY2018):</u> 81% of health insurance assistance clients were virally suppressed</p> <p><u>Pops. with difficulty accessing needed services:</u> Other / multiracial, HL, 25-49, Transgender, Homeless,</p>	<p>No known alternative funding sources exist for this service, though consumers between 100% and 400% FPL may qualify for Advanced Premium Tax Credits (subsidies).</p> <p>COBRA plans seems to have fewer out-of-pocket costs.</p> <p>Covered under QHP? ___Yes <input checked="" type="checkbox"/> No</p>	<p><b>Justify the use of funds:</b> This service category: - Is a HRSA-defined Core Medical Service - Has limited or no alternative funding source - Removes potential barriers to entry/retention in HIV care, thereby contributing to EIIHA goals and preventing unmet need - Facilitates national, state, and local goals related to retention in care and reducing unmet need - Supports federal health insurance marketplace participants</p> <p><b>Is this a duplicative service or activity?</b> - No, there is no known alternative funding for this</p>	<p><b>Can we make this service more efficient?</b> Yes, see attached service definitions for changes.</p> <p><b>Can we bundle this service?</b> No</p> <p><b>Has a recent capacity issue been identified?</b> No</p>	<p><b>Wg Motion:</b> Add text to the service definition that states clients should receive notification that payments have been made to and received by their insurance provider, update the justification chart, and keep the financial eligibility the same: 0 - 400%, ACA plans: must have a subsidy.</p>
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<p><b>Service Category</b></p>	<p><b>Is this a core service?</b> If no, how does the service support access to core services &amp; support clients achieving improved outcomes?</p>	<p><b>How does this service assist individuals <i>not in care</i>* to access primary care?</b>   <i>*EIIHA: Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status-unaware and link them into care   <i>*Unmet Need:</i> Individuals diagnosed with HIV but with no evidence of care for 12 months   <i>*Continuum of Care:</i> The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade.</p>	<p><b>Documentation of Need</b>                       (Sources of Data include: 2016 Needs Assessment, 2017-2021 Comp Plan, 2016 Outcome Measures, 2016 Chart Reviews, Special Studies and surveys, etc.)                       Which populations experience disproportionate need for and/or barriers to accessing this service?</p>	<p><b>Identify non-Ryan White Part A or Part B/ non-State Services Funding Sources</b>                       (i.e., Alternative Funding Sources)                       Is this service typically covered under a Qualified Health Plan (QHP)?</p>	<p><b>Justify the use of Ryan White Part A, Part B and State Services funds for this service.</b>   <b>Is this a duplicative service or activity?</b></p>	<p><b>Service Efficiency</b>                      Can we make this service more efficient? For:                      a) Clients                      b) Providers                      Can we bundle this service?                       Has a recent capacity issue been identified?</p>	<p><b>Recommendation(s)</b></p>
		<p>insurance marketplace participants.   <i>Continuum of Care:</i> Health Insurance Assistance facilitates maintenance/ retention in care and viral suppression by increasing access to non-RW private and public medical and pharmaceutical coverage. The savings yielded by securing non-RW healthcare coverage for PLWH increases the amount of funding available to provide other needed services throughout the Continuum of Care.</p>	<p>MSM, Rural</p>		<p>service as designed</p>		

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<p><b>Medical Nutritional Supplements and Therapy - Part A</b></p> <p><i>Workgroup #2</i></p> <p><i>Motion: (Mica/Hawkins)</i></p> <p><i>Votes: Y=10; N=2;</i></p> <p><i>Abstentions= KMills.</i></p>	<p><input checked="" type="checkbox"/> Yes ___ No</p>	<p><input type="checkbox"/> EIIHA</p> <p><input checked="" type="checkbox"/> Unmet Need</p> <p><input checked="" type="checkbox"/> Continuum of Care</p> <p><u>Unmet Need:</u> The most commonly cited reason for referral to this service by a RW clinician is to mitigate side effects from HIV medication. Currently, 8% of PLWH report that side effects prevent them from taking HIV medication. This service category eliminates potential barriers to HIV medication adherence by helping to alleviate side effects. In addition, evidence of an ART prescription is a criterion for met need.</p> <p><u>Continuum of Care:</u> Medical Nutrition Therapy facilitates viral suppression by allowing PLWH to mitigate HIV medication side effects with</p>	<p><u>Epi (2018):</u> Current # of living HIV cases in EMA: 29,078</p> <p><u>Need (2020):</u> Rank w/in funded services: #10</p> <p><u>Service Utilization (2019):</u> # clients served: 491 (3% decrease v. 2018)</p> <p><u>Outcomes (FY2018):</u> 67% of medical nutritional therapy clients with wasting syndrome or suboptimal body mass improved or maintained their body mass index. 85% of Medical Nutritional Therapy clients were virally suppressed</p> <p><u>Pops. with difficulty accessing needed services:</u> Females (sex at birth), Black/AA, 25-49, Homeless</p>	<p>No known alternative funding sources exist for this service</p> <p>Covered under QHP?*</p> <p>___ Yes <input checked="" type="checkbox"/> No</p> <p>*Some QHPs may cover prescribed supplements</p>	<p><b>Justify the use of funds:</b> This service category:</p> <ul style="list-style-type: none"> <li>- Is a HRSA-defined Core Medical Service</li> <li>- Is ranked as the #9 service need by PLWH</li> <li>- Has limited or no alternative funding source</li> <li>- Results in desirable health outcomes for clients who access the service</li> <li>- Removes barriers to HIV medication adherence, thereby facilitating national, state, and local goals related to viral load suppression</li> </ul> <p><b>Is this a duplicative service or activity?</b></p> <ul style="list-style-type: none"> <li>- Alternative funding for this service may be available through Medicaid.</li> </ul>	<p>Can we make this service more efficient?</p> <p>No</p> <p>Can we bundle this service?</p> <p>No</p> <p>Has a recent capacity issue been identified?</p> <p>No</p>	<p><b>Wg Motion:</b> Accept the service definition as presented, update the justification chart, and increase the financial eligibility to 400%.</p>

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		supplements, and increasing medication adherence.					
<b>Mental Health Services</b> <sup>‡</sup> (Professional Counseling)  <b>Workgroup #2</b> <b>Motion:</b> (Cruz/Vargas) Votes: Y=12; N=0; Abstentions= Leisher.	<input checked="" type="checkbox"/> Yes ___No	<input type="checkbox"/> EIIHA <input checked="" type="checkbox"/> Unmet Need <input checked="" type="checkbox"/> Continuum of Care  Unmet Need: Of 29% of 2016 Needs Assessment participants who reported falling out of care for >12 months since first entering care, 9% reported mental health concerns caused the lapse. Over half (57%) of participants recorded having a current mental health	Epi (2018): Current # of living HIV cases in EMA: 29,078  Need (2020): Rank w/in funded services: #8  Service Utilization (2019): # clients served: 288 (33% increase v. 2018)  Chart Review (2019): 96% of clients had treatment plans reviewed and/or	RW Part D (targets WICY), Medicaid, Medicare, private providers, and self-pay  Some services provided by MHMRA  Covered under QHP? <input checked="" type="checkbox"/> Yes ___No	Justify the use of funds: This service category: - Is a HRSA-defined Core Medical Service - Is ranked as the #7 service need by PLWH - Facilitates national, state, and local goals related to retention in care and preventing unmet need - Addresses a system-level objective (#8) from the Comprehensive Plan and (as a result of the motion)	Can we make this service more efficient? No  Can we bundle this service? No  Has a recent capacity issue been identified? No	<b>Wg Motion:</b> Add the allowability of telehealth to the service definition, update the justification chart, and keep the financial eligibility the same: 400%.

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		<p>condition diagnosis, and 65% reported experiencing at least one mental/emotional distress symptom in the past 12 months to such an extent that they desired professional help. Mental Health Services offers professional counseling for those with a mental health condition/concern, and, as a result, may help reduce lapses in HIV care. Mental Health Services also address local priorities related to mental health co-morbidities.</p> <p><u>Continuum of Care:</u> Mental Health Services facilitate linkage, maintenance/retention in care, and viral suppression by helping PLWH manage mental and emotional health concerns that may act as barriers to HIV care.</p>	<p>modified at least every 90 days. 100% of charts reviewed contained evidence of appropriate coordination across all medical care team members</p> <p><u>Pops. with difficulty accessing needed services:</u> Females (sex at birth), Other / multiracial, White, RR, Rural, Homeless</p>		<p>addresses certain Special Populations named in the Plan</p> <p><b>Is this a duplicative service or activity?</b>                      - This service is funded locally by other public and private sources for (1) specific Special Populations (e.g., WICY), (2) those meeting income, disability, and/or age-related eligibility criteria, and (3) those with private sector health insurance.</p>		

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<p><b>Oral Health</b> Untargeted – Part B Rural (North) – Part A</p> <p><b>Workgroup #2</b> <i>Motion: (Pradia/Cruz)</i> <i>Votes: Y=10; N=2;</i> <i>Abstentions= Stacy.</i></p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> EIIHA <input type="checkbox"/> Unmet Need <input checked="" type="checkbox"/> Continuum of Care</p> <p><u>Continuum of Care:</u> Oral Health services support maintenance in HIV care by increasing access to care and treatment for HIV-related and general oral health diagnoses. Untreated oral health diagnoses can create poor health outcomes and may act as a financial barrier to HIV care.</p>	<p><u>Epi (2018):</u> Current # of living HIV cases in EMA: 29,078</p> <p><u>Need (2020):</u> Rank w/in funded services: #4</p> <p><u>Service Utilization (2019):</u> # clients served: 3,830 (7% increase v. 2018)</p> <p><u>Outcomes (FY2018):</u> Oral Health Care – Rural Target: 100% of client charts had evidence of vital signs assessment, 96% had evidence of hard and soft tissue examinations, 97% had evidence of receipt of periodontal screening, and 99% had evidence of oral health education.</p> <p>Oral Health Care – Untargeted: 99% had chart evidence for vital signs</p>	<p>In FY12, Medicaid Managed Care expanded benefits to include oral health services</p> <p>Covered under QHP*? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>*Some QHPs cover pediatric dental; low-cost add-on dental coverage can be purchased in Marketplace</p>	<p><b>Justify the use of funds:</b> This service category: - Is a HRSA-defined Core Medical Service - Is ranked as the #4 service need by PLWH.</p> <p><b>Is this a duplicative service or activity?</b> - This service is funded locally by one other public sources for its Managed Care clients only</p>	<p>Can we make this service more efficient? No</p> <p>Can we bundle this service? No</p> <p>Has a recent capacity issue been identified? Yes, clients report waiting lists for this service</p>	<p><b>Wg Motion:</b> Accept the service definition as presented, update the justification chart, and keep the financial eligibility the same: 300%.</p>

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			<p>assessment at initial visit, 99% had updated health histories in their chart, 89% had a signed dental treatment plan established or updated within the last year, and 75% had chart evidence of receipt of oral health education including smoking cessation.</p> <p><u>Pops. with difficulty accessing needed services:</u> Females (sex at birth), Other / multiracial, White, 25-49, OOC, RR, MSM</p>				

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<p><b>Substance Abuse Treatment – Part A</b></p> <p><b>Workgroup #2</b></p> <p><b>Motion:</b> (Pradia/Cruz)</p> <p>Votes: Y=10; N=2;</p> <p>Abstentions= Stacy, Leisher.</p>	<p><input checked="" type="checkbox"/> Yes ___No</p>	<p><input type="checkbox"/> EIIHA <input checked="" type="checkbox"/> Unmet Need <input checked="" type="checkbox"/> Continuum of Care</p> <p><u>Unmet Need:</u> Among PLWH with a history of unmet need, substance use is the #2 reason cited for falling out-of-care. Therefore, Substance Abuse Treatment services can directly prevent or reduce unmet need. Substance Abuse Treatment also addresses local priorities related to substance abuse co-morbidities.</p> <p><u>Continuum of Care:</u> Substance Abuse Treatment facilitates linkage, maintenance/retention in care, and viral suppression by helping PLWH manage substance abuse that may act as barriers to HIV care.</p>	<p><u>Epi (2018):</u> Current # of living HIV cases in EMA: 29,078</p> <p><u>Need (2020):</u> Rank w/in funded services: #12</p> <p><u>Service Utilization (2019):</u> # clients served: 27 (4% increase v. 2018)</p> <p><u>Outcomes (FY2018):</u> 57% of clients accessed primary care at least once after receiving Substance Abuse Treatment services and 69% were virally suppressed.</p> <p><u>Pops. with difficulty accessing needed services:</u> Black/AA, 18-24, RR, Homeless</p>	<p>RW Part C, Medicaid, Medicare, private providers, and self-pay.</p> <p>Some services provided by SAMHSA</p> <p>Covered under QHP? <input checked="" type="checkbox"/> Yes ___No</p>	<p><b>Justify the use of funds:</b> This service category:</p> <ul style="list-style-type: none"> <li>- Is a HRSA-defined Core Medical Service</li> <li>- Removes potential barriers to early entry into HIV care, thereby contributing to EIIHA goals</li> <li>- Prevents unmet need by addressing the #2 cause cited by PLWH for lapses in HIV care</li> <li>- Facilitates national, state, and local goals related to continuous HIV care and reducing unmet need</li> <li>- Addresses a system-level objective (#8) from the Comprehensive Plan and addresses certain Special Populations named in the Plan</li> </ul> <p><b>Is this a duplicative service or activity?</b></p>	<p>Can we make this service more efficient? No</p> <p>Can we bundle this service? No</p> <p>Has a recent capacity issue been identified? No</p>	<p><b>Wg Motion:</b> Add the allowability of telehealth to the service definition, update the justification chart, and keep the financial eligibility the same: 300%.</p>

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Service Category	<p><b>Is this a core service?</b></p> <p>If no, how does the service support access to core services &amp; support clients achieving improved outcomes?</p>	<p><b>How does this service assist individuals <i>not in care</i>* to access primary care?</b></p> <p><i>*EIIHA: Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status-unaware and link them into care</p> <p><i>*Unmet Need:</i> Individuals diagnosed with HIV but with no evidence of care for 12 months</p> <p><i>*Continuum of Care:</i> The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade.</p>	<p><b>Documentation of Need</b></p> <p>(Sources of Data include: 2016 Needs Assessment, 2017-2021 Comp Plan, 2016 Outcome Measures, 2016 Chart Reviews, Special Studies and surveys, etc.)</p> <p>Which populations experience disproportionate need for and/or barriers to accessing this service?</p>	<p><b>Identify non-Ryan White Part A or Part B/ non-State Services Funding Sources</b></p> <p>(i.e., Alternative Funding Sources)</p> <p>Is this service typically covered under a Qualified Health Plan (QHP)?</p>	<p><b>Justify the use of Ryan White Part A, Part B and State Services funds for this service.</b></p> <p><b>Is this a duplicative service or activity?</b></p>	<p><b>Service Efficiency</b></p> <p>Can we make this service more efficient? For:</p> <p>a) Clients b) Providers</p> <p>Can we bundle this service?</p> <p>Has a recent capacity issue been identified?</p>	<p><b>Recommendation(s)</b></p>
					<p>- This service is funded locally by other public and private sources for (1) those meeting income, disability, and/or age-related eligibility criteria, and (2) those with private sector health insurance.</p>		
<p><b>Case Management – Non-Medical - State Services</b> (Targeting Substance Use Disorders)</p> <p><b>Workgroup #2</b> <b>Motion:</b> (Hawkins/Pradia) Votes: Y=11; N=0; Abstentions= Stacy, Leisher, Sanchez.</p>	<p>___ Yes <input checked="" type="checkbox"/> No</p>	<p><input checked="" type="checkbox"/> EIIHA <input checked="" type="checkbox"/> Unmet Need <input checked="" type="checkbox"/> Continuum of Care</p> <p><u>EIIHA:</u> The EMA's EIIHA Strategy identifies Service Linkage as a local strategy for attaining Goals #3-4 of the national EIIHA initiative. Additionally, linking the newly diagnosed into HIV care via strategies such as Service Linkage fulfills the national, state, and local</p>	<p><u>Epi (2018):</u> Current # of living HIV cases in EMA: 29,078</p> <p><u>Need (2020):</u> Rank of all types of case management w/in funded services: #3</p> <p><u>Service Utilization (2019):</u> Service delivery began on September 1, 2019</p> <p><u>Pops. with difficulty accessing</u></p>	<p>This service was previously funded under SAMHSA.</p> <p>Covered under QHP? ___ Yes <input checked="" type="checkbox"/> No</p>	<p><b>Justify the use of funds:</b> This service category:</p> <ul style="list-style-type: none"> <li>- Is a HRSA-defined Support Service</li> <li>- Results in desirable health outcomes for clients who access the service</li> <li>- Is a strategy for attaining national EIIHA goals locally</li> <li>- Prevents the newly diagnosed from having unmet need</li> <li>- Facilitates national, state,</li> </ul>		<p><b>Wg Motion:</b> Add the allowability of telehealth to the service definition, update the justification chart, and keep the financial eligibility the same: none.</p>

‡ Service Category for Part B/State Services only.

<p><b>Service Category</b></p>	<p><b>Is this a core service?</b> If no, how does the service support access to core services &amp; support clients achieving improved outcomes?</p>	<p><b>How does this service assist individuals <i>not in care</i>* to access primary care?</b>  *EIIHA: <i>Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status-unaware and link them into care  *Unmet Need: Individuals diagnosed with HIV but with no evidence of care for 12 months  *Continuum of Care: The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade.</p>	<p><b>Documentation of Need</b>  (Sources of Data include: 2016 Needs Assessment, 2017-2021 Comp Plan, 2016 Outcome Measures, 2016 Chart Reviews, Special Studies and surveys, etc.)  Which populations experience disproportionate need for and/or barriers to accessing this service?</p>	<p><b>Identify non-Ryan White Part A or Part B/ non-State Services Funding Sources</b>  (i.e., Alternative Funding Sources)  Is this service typically covered under a Qualified Health Plan (QHP)?</p>	<p><b>Justify the use of Ryan White Part A, Part B and State Services funds for this service.</b>  <b>Is this a duplicative service or activity?</b></p>	<p><b>Service Efficiency</b> Can we make this service more efficient? For: a) Clients b) Providers Can we bundle this service?  Has a recent capacity issue been identified?</p>	<p><b>Recommendation(s)</b></p>
		<p>goal of linkage to HIV medical care ≤ 3 months of diagnosis. In 2015, 19% of the newly diagnosed in the EMA were <i>not</i> linked within this timeframe.</p> <p><u>Unmet Need:</u> Service Linkage at HIV testing sites is specifically designed to prevent newly diagnosed PLWH from falling out-of-care by facilitating entry into HIV primary care immediately upon diagnosis. In 2015, 12% of the newly diagnosed PLWH were not linked to care by the end of the year.</p> <p><u>Continuum of Care:</u> Service Linkage supports linkage to care, maintenance/retention in care and viral suppression for PLWH.</p>	<p><u>needed services:</u> <i>Case Management:</i> Other/multiracial, Black/AA, 18-24, OOC, Transgender, RR, Homeless</p>		<p>and local goals related to linkage to care</p> <p><b>Is this a duplicative service or activity?</b> - This service is funded locally by other RW Parts for specific Special Populations and for clients served by specific funded agencies/programs only</p>		

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Service Category	Justification for Discontinuing the Service
<p><b>Part 2: Services <i>allowed</i> by HRSA but not offered by Part A, Part B or State Services funding in the Houston EMA/HSDA as of 03-17-20</b>  <i>(In order for any of the services listed below to be considered for funding, a New Idea Form must be submitted to the Office of Support for the Ryan White Planning Council no later than <b>5 p.m. on May 4, 2020</b>. This form is available by calling the Office of Support: 832 927-7926)</i></p>	
<b>Buddy Companion/Volunteerism</b>	Low use, need and gap according to the 2002 Needs Assessment (NA).
<b>Childcare Services</b> (In Home Reimbursement; at Primary Care sites)	Primary care sites have alternative funding to provide this service so clients will continue to receive the service through alternative sources.
<b>Food Pantry</b> (Urban)	Service available from alternative sources.
<b>HE/RR</b>	In order to eliminate duplication, eliminate this service but strengthen the patient education component of primary care.
<b>Home and Community-based Health Services</b> (In-home services)	Category unfunded due to difficulty securing vendor.
<b>Housing Assistance</b> (Emergency rental assistance) <b>Housing Related Services</b> (Housing Coordination)	According to the HOPWA representative, they provide significant funding for emergency rent and utility assistance. (See City Council approved allocations.) But, HOPWA does not give emergency shelter vouchers because they feel there are shelters for this purpose and because it is more prudent to use limited resources to provide long-term housing.
<b>Minority Capacity Building Program</b>	The Capacity Building program targeted to minority substance abuse providers was a one-year program in FY2004.
<b>Psychosocial Support Services</b> (Counseling/Peer)	Duplicates patient education program in primary care and case management. The boundary between peer and client gets confusing and difficult to supervise. Not cost effective, costs almost as much per client as medical services.
<b>Rehabilitation</b>	Service available from alternative sources.

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