

FY 2022 How to Best Meet the Need Justification for Each Service Category – Workgroup #3

| Service Category | <p>Is this a core service?</p> <p>If no, how does the service support access to core services & support clients achieving improved outcomes?</p> | <p>How does this service assist individuals <i>not in care</i>* to access primary care?</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><i>*Ending the HIV Epidemic:</i> The local plan to end new HIV infections by addressing four strategies – diagnose, treat, protect, and respond.</p> | <p>Documentation of Need</p> <p>(Sources of Data include: 2020 Needs Assessment, 2017-2021 Comp Plan, 2016 Ending the HIV Epidemic Plan, 2018 Outcome Measures, 2018 Chart Reviews, Special Studies, Surveys and HIV and COVID-19 related documents and more)</p> <p>Which populations experience disproportionate need for and/or barriers to accessing this service?</p> | <p>Identify non-Ryan White Part A, Part B/ non-State Services, or Ending the HIV Epidemic initiative funding sources to identify if there is duplicate funding or the need to fill in a gap.</p> <p>(i.e., Alternative Funding Sources)</p> <p>Is this service typically covered under a Qualified Health Plan (QHP)?</p> | <p>Justify the use of Ryan White Part A, Part B and State Services funds for this service.</p> <p>Is this a duplicative service or activity?</p> | <p>Service Efficiency</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>Does this service assist special populations to access primary care?</p> <p><i>Examples:</i></p> <p>a) Youth transitioning into adult care b) Recently released individuals moving into free world care c) Pregnant women no longer needing OB/GYN care</p> | <p>Recommendation(s)</p> |
|---|---|---|---|--|--|--|---------------------------------|
| Part 1: Services offered by Ryan White Part A, Part B, and State Services in the Houston EMA/HSDA as of 03-16-21 | | | | | | | |
| <p>Early Intervention Services (EIS)† (Incarcerated) (Harris County Jail)</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p><input type="checkbox"/> EIIHA <input type="checkbox"/> Unmet Need <input type="checkbox"/> Continuum of Care</p> | | <p>Covered under QHP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | | | |
| <p>Emergency Financial Assistance - Other</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p><input type="checkbox"/> EIIHA <input type="checkbox"/> Unmet Need <input type="checkbox"/> Continuum of Care</p> | | <p>Covered under QHP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | | | |

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|--|---|---|---|--|--|--|---------------------------------|
| <p>Home and Community-Based Services[‡] (Facility-based) (Adult Day Treatment)</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p><input type="checkbox"/> EIIHA <input type="checkbox"/> Unmet Need <input type="checkbox"/> Continuum of Care</p> | | <p>Covered under QHP?*</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>*Some QHPs may cover prescribed supplements</p> | | | |
| <p>Hospice [‡]</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p><input type="checkbox"/> EIIHA <input type="checkbox"/> Unmet Need <input type="checkbox"/> Continuum of Care</p> | | <p>Covered under QHP?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | |

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| <p>Linguistic Services[‡]</p> | <p>___Yes <input checked="" type="checkbox"/> No</p> | <p><input type="checkbox"/> EIIHA <input type="checkbox"/> Unmet Need <input type="checkbox"/> Continuum of Care</p> | | <p>Covered under QHP*? ___Yes <input checked="" type="checkbox"/> No *Some QHPs cover pediatric dental; low-cost add-on dental coverage can be purchased in Marketplace</p> | | | |
| <p>Transportation – Part A (Van-based, bus passes & gas vouchers)</p> | <p>___Yes <input checked="" type="checkbox"/> No</p> | <p><input type="checkbox"/> EIIHA <input type="checkbox"/> Unmet Need <input type="checkbox"/> Continuum of Care</p> | | <p>Covered under QHP? <input checked="" type="checkbox"/> Yes ___No</p> | | | |

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| Service Category | Justification for Discontinuing the Service |
|---|--|
| Part 2: Services allowed by HRSA but not offered by Part A, Part B or State Services funding in the Houston EMA/HSDA as of 03-17-2020 <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 5 p.m. on May 4, 2014. This form is available by calling the Office of Support: 713 572-3724)</i> | |
| Buddy Companion/Volunteerism | Low use, need and gap according to the 2002 Needs Assessment (NA). |
| Childcare Services (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. |
| Emergency Financial Assistance | According to the HOPWA representative, they provide significant funding for emergency rent and utility assistance. (See City Council approved allocations.) |
| Food Pantry (Urban) | Service available from alternative sources. |
| HE/RR | In order to eliminate duplication, eliminate this service but strengthen the patient education component of primary care. |
| Home and Community-based Health Services (In-home services) | Category unfunded due to difficulty securing vendor. |
| Housing Assistance (Emergency rental assistance) Housing Related Services (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. |
| Minority Capacity Building Program | The Capacity Building program targeted to minority substance abuse providers was a one-year program in FY2004. |
| Outreach Services | Significant alternative funding. |
| Psychosocial Support Services (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. |
| Rehabilitation | Service available from alternative sources. |

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