**DRAFT**

# Houston Area HIV Services Ryan White Planning Council
# 2223 West Loop South, Houston, Texas 77027

Joint Meeting of the Affected Community,
Quality Improvement and Priority and Allocations Committees

2:00 p.m., Tuesday, March 13, 2018
2223 W. Loop South, Room 532; Houston, Texas 77027

## Agenda

Purpose of the Joint Meeting: To determine the criteria used to select the FY 2019 Service Categories.

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I. Call to Order — Gloria Sierra and Denis Kelly, Co-Chairs, Quality Improvement Committee
   A. Moment of Reflection
   B. Adoption of the Agenda

II. Public Comment
(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting. All information from the public must be provided in this portion of the meeting.)

III. HRSA Service Categories — Tori Williams, Office of Support
   A. Review HRSA service definitions
   B. HRSA Defined Core Services
   C. Review list of FY 2018 Houston Part A, B and State Service-funded services

VI. Justification Tools — Gloria Sierra and Robert Noble
   A. FY 2019 Justification Chart

VII. Next Meeting (if necessary)
   A. Date and time
   B. Agenda items

VIII. Adjournment

**THE QUALITY IMPROVEMENT COMMITTEE MEETING WILL BEGIN IMMEDIATELY AFTER THE JOINT MEETING ADJOURNS.**

# Appendix

*RWHAP Legislation: Core Medical Services*

**Outpatient/Ambulatory Health Services**
*Description:*
Outpatient/Ambulatory Health Services are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight. Emergency room or urgent care services are not considered outpatient settings. Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing, including laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription, and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis

*Program Guidance:*
Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category whereas Treatment Adherence services provided during a Medical Case Management visit should be reported in the Medical Case Management service category.

*See* Policy Notice 13-04: Clarifications Regarding Clients Eligibility for Private Health Insurance and Coverage of Services by Ryan White HIV/AIDS Program
*See* Early Intervention Services

**AIDS Drug Assistance Program Treatments**
*Description:*
The AIDS Drug Assistance Program (ADAP) is a state-administered program authorized under Part B of the RWHAP to provide FDA-approved medications to low-income clients with HIV disease who have no coverage or limited health care coverage. ADAPs may also use program funds to purchase health insurance for eligible clients and for services that enhance access to, adherence to, and monitoring of antiretroviral therapy. RWHAP ADAP recipients must conduct a cost effectiveness analysis to ensure that purchasing health insurance is cost effective compared to the cost of medications in the aggregate.

Eligible ADAP clients must be living with HIV and meet income and other eligibility criteria as established by the state.

*Program Guidance:*
*See* PCN 07-03: The Use of Ryan White HIV/AIDS Program, Part B (formerly Title II), AIDS Drug Assistance Program (ADAP) Funds for Access, Adherence, and Monitoring Services;
PCN 13-05: Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Private Health Insurance; and

PCN 13-06: Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Medicaid

*See also* AIDS Pharmaceutical Assistance and Emergency Financial Assistance

**AIDS Pharmaceutical Assistance**
*Description:*
AIDS Pharmaceutical Assistance services fall into two categories, based on RWHAP Part funding.

1. Local Pharmaceutical Assistance Program (LPAP) is operated by a RWHAP Part A or B recipient or subrecipient as a supplemental means of providing medication assistance when an ADAP has a restricted formulary, waiting list and/or restricted financial eligibility criteria.

   RWHAP Part A or B recipients using the LPAP service category must establish the following:
   - Uniform benefits for all enrolled clients throughout the service area
   - A recordkeeping system for distributed medications
   - An LPAP advisory board
   - A drug formulary approved by the local advisory committee/board
   - A drug distribution system
   - A client enrollment and eligibility determination process that includes screening for ADAP and LPAP eligibility with rescreening at minimum of every six months
   - Coordination with the state's RWHAP Part B ADAP
     - A statement of need should specify restrictions of the state ADAP and the need for the LPAP
   - Implementation in accordance with requirements of the 340B Drug Pricing Program and the Prime Vendor Program

2. Community Pharmaceutical Assistance Program is provided by a RWHAP Part C or D recipient for the provision of long-term medication assistance to eligible clients in the absence of any other resources. The medication assistance must be greater than 90 days.

RWHAP Part C or D recipients using this service category must establish the following:

- A financial eligibility criteria and determination process for this specific service category
- A drug formulary consisting of HIV primary care medications not otherwise available to the client
- Implementation in accordance with the requirements of the 340B Drug Pricing Program and the Prime Vendor Program

*Program Guidance:*
For LPAPs: Only RWHAP Part A grant award funds or Part B Base award funds may be used to support an LPAP. ADAP funds may not be used for LPAP support. LPAP funds are not to be used for Emergency Financial Assistance. Emergency Financial Assistance may assist with medications not covered by the LPAP.

For Community Pharmaceutical Assistance: This service category should be used when RWHAP Part C or D funding is expended to routinely refill medications. RWHAP Part C or D recipients should use the Outpatient Ambulatory Health Services or Emergency Financial Assistance service for non-routine, short-term medication assistance.

*See* Ryan White HIV/AIDS Program Part A and B National Monitoring Standards
*See also* LPAP Policy Clarification Memo
*See also* AIDS Drug Assistance Program Treatments and Emergency Financial Assistance

**Oral Health Care**
*Description:*
Oral Health Care services provide outpatient diagnostic, preventive, and therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

*Program Guidance:*
None at this time.

**Early Intervention Services (EIS)**
*Description:*
The RWHAP legislation defines EIS for Parts A, B, and C. See § 2651(e) of the Public Health Service Act.

*Program Guidance:*
The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service. RWHAP Part recipients should be aware of programmatic expectations that stipulate the allocation of funds into specific service categories.

- RWHAP Parts A and B EIS services must include the following four components:
    - Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be HIV-infected
        - Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts
        - HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources
    - Referral services to improve HIV care and treatment services at key points of entry
    - Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care
    - Outreach Services and Health Education/Risk Reduction related to HIV diagnosis

- RWHAP Part C EIS services must include the following four components:
    - Counseling individuals with respect to HIV
    - High risk targeted HIV testing (confirmation and diagnosis of the extent of immune deficiency)
        - Recipients must coordinate these testing services under Part C EIS with other HIV prevention and testing programs to avoid duplication of efforts
        - The HIV testing services supported by Part C EIS funds cannot supplant testing efforts covered by other sources
    - Referral and linkage to care of HIV-infected clients to Outpatient/Ambulatory Health Services, Medical Case Management, Substance Abuse Care, and other services as part of a comprehensive care system including a system for tracking and monitoring referrals
    - Other clinical and diagnostic services related to HIV diagnosis

**Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals**

*Description:*

Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. To use RWHAP funds for health insurance premium and cost-sharing assistance, a RWHAP Part recipient must implement a methodology that incorporates the following requirements:

- RWHAP Part recipients must ensure that clients are buying health coverage that, at a minimum, includes at least one drug in each class of core

antiretroviral therapeutics from the Department of Health and Human Services (HHS) treatment guidelines along with appropriate HIV outpatient/ambulatory health services

- RWHAP Part recipients must assess and compare the aggregate cost of paying for the health coverage option versus paying for the aggregate full cost for medications and other appropriate HIV outpatient/ambulatory health services, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective

The service provision consists of either or both of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services and pharmacy benefits that provide a full range of HIV medications for eligible clients
- Paying cost-sharing on behalf of the client

*Program Guidance:*
Traditionally, RWHAP Parts A and B funding support health insurance premiums and cost-sharing assistance. If a RWHAP Part C or D recipient has the resources to provide this service, an equitable enrollment policy must be in place and it must be cost-effective and sustainable.

*See* PCN 07-05: Program Part B ADAP Funds to Purchase Health Insurance;
PCN 13-05: Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Private Health Insurance;
PCN 13-06: Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Medicaid; and
PCN 14-01: Revised 4/3/2015: Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Premium Tax Credits under the Affordable Care Act

**Home Health Care**
*Description:*
Home Health Care is the provision of services in the home that are appropriate to a client's needs and are performed by licensed professionals. Services must relate to the client's HIV disease and may include:

- Administration of prescribed therapeutics (e.g. intravenous and aerosolized treatment, and parenteral feeding)
- Preventive and specialty care
- Wound care
- Routine diagnostics testing administered in the home
- Other medical therapies

*Program Guidance:*

The provision of Home Health Care is limited to clients that are homebound. Home settings do not include nursing facilities or inpatient mental health/substance abuse treatment facilities.

**Medical Nutrition Therapy**
*Description:*
Medical Nutrition Therapy includes:

- Nutrition assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider's recommendation
- Nutrition education and/or counseling

These services can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.

*Program Guidance:*
All services performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Services not provided by a registered/licensed dietician should be considered Psychosocial Support Services under the RWHAP.

*See* Food-Bank/Home Delivered Meals

**Hospice Services**
*Description:*
Hospice Services are end-of-life care services provided to clients in the terminal stage of an HIV-related illness. Allowable services are:

- Mental health counseling
- Nursing care
- Palliative therapeutics
- Physician services
- Room and board

*Program Guidance:*
Services may be provided in a home or other residential setting, including a non-acute care section of a hospital that has been designated and staffed to provide hospice services. This service category does not extend to skilled nursing facilities or nursing homes.

To meet the need for hospice services, a physician must certify that a patient is terminally ill and has a defined life expectancy as established by the recipient. Counseling services provided in the context of hospice care must be consistent with the definition of mental health counseling. Palliative therapies must be consistent with those covered under respective state Medicaid programs.

**Home and Community-Based Health Services**
*Description:*
Home and Community-Based Health Services are provided to a client living with HIV in an integrated setting appropriate to a client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Services include:

- Appropriate mental health, developmental, and rehabilitation services
- Day treatment or other partial hospitalization services
- Durable medical equipment
- Home health aide services and personal care services in the home

*Program Guidance:*
Inpatient hospitals, nursing homes, and other long-term care facilities are not considered an integrated setting for the purposes of providing home and community-based health services.

**Mental Health Services**
*Description:*
Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

*Program Guidance:*
Mental Health Services are allowable only for HIV-infected clients.

*See* Psychosocial Support Services

**Substance Abuse Outpatient Care**
*Description:*
Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Services include:

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
    - Pretreatment/recovery readiness programs
    - Harm reduction
    - Behavioral health counseling associated with substance use disorder
    - Outpatient drug-free treatment and counseling
    - Medication assisted therapy
    - Neuro-psychiatric pharmaceuticals
    - Relapse prevention

*Program Guidance:*
Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the RWHAP, it is included in a documented plan.

Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific guidance.

*See* Substance Abuse Services (residential)

**Medical Case Management, including Treatment Adherence Services**
*Description:*
Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication). Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented services above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

*Program Guidance:*
Medical Case Management services have as their objective <u>improving health care outcomes</u> whereas Non-Medical Case Management Services have as their objective providing guidance and assistance in <u>improving access</u> to needed services.

Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence Services provided during a Medical Case Management visit should be reported in the Medical Case Management service category whereas Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.

*RWHAP Legislation: Support Services*

**Non-Medical Case Management Services**
*Description:*
Non-Medical Case Management Services (NMCM) provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical Case management services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans. This service category includes several methods of communication including face-to-face, phone contact, and any other forms of communication deemed appropriate by the RWHAP Part recipient. Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems

*Program Guidance:*
Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services whereas Medical Case Management services have as their objective improving health care outcomes.

**Child Care Services**
*Description:*
The RWHAP supports intermittent child care services for the children living in the household of HIV-infected clients for the purpose of enabling clients to attend medical visits, related appointments, and/or RWHAP-related meetings, groups, or training sessions.

Allowable use of funds include:

- A licensed or registered child care provider to deliver intermittent care

- Informal child care provided by a neighbor, family member, or other person (with the understanding that existing federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services)

*Program Guidance:*
The use of funds under this service category should be limited and carefully monitored. Direct cash payments to clients are not permitted.

Such arrangements may also raise liability issues for the funding source which should be carefully weighed in the decision process.

**Emergency Financial Assistance**
*Description:*
Emergency Financial Assistance provides limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential utilities, housing, food (including groceries, and food vouchers), transportation, and medication. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program.

*Program Guidance:*
Direct cash payments to clients are not permitted.

It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a client should not be funded through emergency financial assistance.

*See* AIDS Drug Assistance Program Treatments, AIDS Pharmaceutical Assistance, and other corresponding categories

**Food Bank/Home Delivered Meals**
*Description:*
Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:

- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where issues of water safety exist

*Program Guidance:*
Unallowable costs include household appliances, pet foods, and other non-essential products.

*See* Medical Nutrition Therapy. Nutritional services and nutritional supplements provided by a registered dietitian are considered a core medical service under the RWHAP.

**Health Education/Risk Reduction**
*Description:*
Health Education/Risk Reduction is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics covered may include:

- Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention
- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Health literacy
- Treatment adherence education

*Program Guidance:*
Health Education/Risk Reduction services cannot be delivered anonymously.

*See* Early Intervention Services

**Housing**
*Description:*
Housing services provide limited short-term assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain outpatient/ambulatory health services. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with these services.

Housing services are transitional in nature and for the purposes of moving or maintaining a client or family in a long-term, stable living situation. Therefore, such assistance cannot be provided on a permanent basis and must be accompanied by a strategy to identify, relocate, and/or ensure the client or family is moved to, or capable of maintaining, a long-term, stable living situation.

Eligible housing can include housing that provides some type of medical or supportive services (such as residential substance use disorder services or mental health services, residential foster care, or assisted living residential services) and housing that does not provide direct medical or supportive services, but is essential for a client or family to gain or maintain access to and compliance with HIV-related outpatient/ambulatory health services and treatment.

*Program Guidance:*
RWHAP Part recipients must have mechanisms in place to allow newly identified clients access to housing services. Upon request, RWHAP recipients must provide HAB with an individualized written housing plan, consistent with RWHAP Housing

Policy 11-01, covering each client receiving short term, transitional and emergency housing services. RWHAP recipients and local decision making planning bodies, (i.e., Part A and Part B) are strongly encouraged to institute duration limits to provide transitional and emergency housing services. The US Department of Housing and Urban Development (HUD) defines transitional housing as up to 24 months and HRSA/HAB recommends that recipients consider using HUD's definition as their standard.

Housing services funds cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments.

*See* PCN 11-01 The Use of Ryan White HIV/AIDS Program Funds for Housing Referral Services and Short-term or Emergency Housing Needs

**Legal Services**
*See* Other Professional Services

**Linguistic Services**
*Description:*
Linguistic Services provide interpretation and translation services, both oral and written, to eligible clients. These services must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of RWHAP-eligible services.

*Program Guidance:*
Services provided must comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

**Medical Transportation**
*Description:*
Medical Transportation is the provision of nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services.

*Program Guidance:*
Medical transportation may be provided through:

- Contracts with providers of transportation services
- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject)
- Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle

- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
- Voucher or token systems

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees

**Other Professional Services**

*Description:*

Other Professional Services allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include:

- Legal services provided to and/or on behalf of the individual living with HIV and involving legal matters related to or arising from their HIV disease, including:
    - Assistance with public benefits such as Social Security Disability Insurance (SSDI)
    - Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the RWHAP
    - Preparation of:
        - Healthcare power of attorney
        - Durable powers of attorney
        - Living wills
- Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:
    - Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney
    - Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption
- Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits

*Program Guidance:*

Legal services exclude criminal defense and class-action suits unless related to access to services eligible for funding under the RWHAP.

*See* 45 CFR § 75.459

**Outreach Services**
*Description:*
Outreach Services include the provision of the following three activities:

- Identification of people who do not know their HIV status and linkage into Outpatient/Ambulatory Health Services
- Provision of additional information and education on health care coverage options
- Reengagement of people who know their status into Outpatient/Ambulatory Health Services

*Program Guidance:*
Outreach programs must be:

- Conducted at times and in places where there is a high probability that individuals with HIV infection and/or exhibiting high-risk behavior
- Designed to provide quantified program reporting of activities and outcomes to accommodate local evaluation of effectiveness
- Planned and delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort
- Targeted to populations known, through local epidemiologic data or review of service utilization data or strategic planning processes, to be at disproportionate risk for HIV infection

Funds may not be used to pay for HIV counseling or testing under this service category.

*See* Policy Notice 12-01: The Use of Ryan White HIV/AIDS Program Funds for Outreach Services. Outreach services cannot be delivered anonymously as personally identifiable information is needed from clients for program reporting.

*See* Early Intervention Services

**Permanency Planning**
*See* Other Professional Services

**Psychosocial Support Services**
*Description:*
Psychosocial Support Services provide group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns. These services may include:

- Bereavement counseling
- Caregiver/respite support (RWHAP Part D)
- Child abuse and neglect counseling
- HIV support groups

- Nutrition counseling provided by a non-registered dietitian (*see* Medical Nutrition Therapy Services)
- Pastoral care/counseling services

*Program Guidance:*
Funds under this service category may not be used to provide nutritional supplements (*See* Food Bank/Home Delivered Meals).

RWHAP-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation.

Funds may not be used for social/recreational activities or to pay for a client's gym membership.

For RWHAP Part D recipients, outpatient mental health services provided to affected clients (people not identified with HIV) should be reported as Psychosocial Support Services; this is generally only a permissible expense under RWHAP Part D.

*See* Respite Care Services

**Referral for Health Care and Support Services**
*Description:*
Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. This service may include referrals to assist eligible clients to obtain access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

*Program Guidance:*
Referrals for Health Care and Support Services provided by outpatient/ambulatory health care providers should be reported under the Outpatient/Ambulatory Health Services category.

Referrals for health care and support services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management).

**Rehabilitation Services**
*Description:*
Rehabilitation Services are provided by a licensed or authorized professional in accordance with an individualized plan of care intended to improve or maintain a client's quality of life and optimal capacity for self-care.

*Program Guidance:*

Examples of allowable services under this category are physical and occupational therapy.

**Respite Care**
*Description:*
Respite Care is the provision of periodic respite care in community or home-based settings that includes non-medical assistance designed to provide care for an HIV-infected client to relieve the primary caregiver responsible for the day-to-day care of an adult or minor living with HIV.

*Program Guidance:*
Recreational and social activities are allowable program activities as part of a respite care service provided in a licensed or certified provider setting including drop-in centers within HIV Outpatient/Ambulatory Health Services or satellite facilities.

Funds may not be used for off premise social/recreational activities or to pay for a client's gym membership.

Funds may be used to support informal, home-based Respite Care, but liability issues should be included in the consideration of this expenditure. Direct cash payments to clients are not permitted.

*See* Psychosocial Support Services

**Substance Abuse Services (residential)**
*Description:*
Substance Abuse Services (residential) is the provision of services for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. This service includes:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention
- Detoxification, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

*Program Guidance:*
Substance Abuse Services (residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the RWHAP.

Substance Abuse Services (residential) are not allowable services under RWHAP Parts C and D.

Acupuncture therapy may be allowable funded under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the RWHAP.

RWHAP funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.

# Service Categories

| CORE MEDICAL SERVICES | SUPPORT SERVICES |
|---|---|
| Outpatient/Ambulatory Health Services | Non-Medical Case Management Services |
| AIDS Drug Assistance Program Treatments | Child Care Services |
| AIDS Pharmaceutical Assistance | Emergency Financial Assistance |
| Oral Health Care | Food Bank/Home Delivered Meals |
| Early Intervention Services (EIS) | Health Education/Risk Reduction |
| Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals | Housing |
| Home Health Care | Other Professional Services |
| Home and Community-Based Health Services | Linguistic Services |
| Hospice Services | Medical Transportation |
| Mental Health Services | Outreach Services |
| Medical Nutrition Therapy | Psychosocial Support Services |
| Medical Case Management, including Treatment Adherence Services | Referral for Health Care and Support Services |
| Substance Abuse Outpatient Care | Rehabilitation Services |
| | Respite Care |
| | Substance Abuse Services (residential) |

# FY 2018 Ryan White Part A and B and State Services
# Funded Service Categories

** = HRSA-defined core service

**Part A Funded Service Categories:**

**Ambulatory/Outpatient Medical Care (includes Rural, Pediatrics, OB/GYN and Vision care)
**Case Management – Medical (including treatment adherence services)
Case Management – Non-medical (community based)
**Emergency Financial Assistance
**Health Insurance Assistance
**Local Pharmacy Assistance Program
**Medical Nutrition Therapy (including supplements)
**Oral Health (Rural)
Outreach Services
Program Support (Project LEAP, Case Management Training and Blue Book)
**Substance Abuse Treatment (Outpatient)
Transportation (Van-based and bus passes)

**Part B Funded Service Categories:**

**Health Insurance Assistance
**Home and Community based Health Services – Facility Based
**Oral Health Care (untargeted and prosthodontics)
Referral for Health Care and Support Services (ADAP Eligibility Workers)

**State Services Funded Service Categories:**

**Early Medical Intervention (Incarcerated)
**Health Insurance Assistance
**Hospice Services
Linguistics Services
**Mental Health

| Service Category | Is this a core service?<br>If no, how does the service support access to core services & support clients achieving improved outcomes? | How does this service assist individuals *not in care** to access primary care?<br>**EIIHA: Early Identification of Individuals with HIV/AIDS* seeks to identify the status-unaware and link them into care<br>**Unmet Need:* Individuals diagnosed with HIV but with no evidence of care for 12 months<br>**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. | Documentation of Need<br>(Sources of Data include: 2016 Needs Assessment, 2017-2021 Comp Plan, 2016 Outcome Measures, 2016 Chart Reviews, Special Studies and surveys, etc.) | Identify non-Ryan White Part A or Part B/ non-State Services Funding Sources<br>(i.e., Alternative Funding Sources)<br>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.<br>Is this a duplicative service or activity? | Service Efficiency<br>Can we make this service more efficient? For:<br>a) Providers<br>b) Clients<br>Can we bundle this service?<br>Has a recent capacity issue been identified? | Recommendation(s) |
|---|---|---|---|---|---|---|---|
| **Part 1: Services offered by Ryan White Part A, Part B, and State Services in the Houston EMA/HSDA as of 03-17-17** | | | | | | | |
| **Ambulatory/Outpatient Primary Medical Care (incl. Vision):** | | | | | | | |
| **CBO, Adult – Part A, Including LPAP, MCM & Svc Linkage** (Includes OB/GYN)<br>*See below for Public Clinic, Rural, Pediatric, Vision*<br>***Workgroup 1***<br>***Motion #1:***<br>*(Kelly/Bellard)*<br>*Votes: Y=6; N=2;*<br>*Abstentions = Kelly, Miertschin, Russey* | ✔ Yes ___No | ☒ EIIHA<br>☒ Unmet Need<br>☒ Continuum of Care<br>EIIHA: The purpose of the HRSA EIIHA initiative is to identify the status-*unaware* and facilitate their entry into Primary Care<br>Unmet Need: Facilitating entry/reentry into Primary Care reduces unmet need. Additionally, a criterion for met need is evidence of an ART prescription, and clients cannot access LPAP until they are enrolled in Primary Care.<br>Continuum of Care*:* Primary Care, MCM, and LPAP | Epi: An estimated 5,448 people in the EMA are HIV+ and unaware of their status (2015). The current estimate of unmet need in the EMA is 6,333, or 24% of all PLWH (2015).<br>Need (2016):<br>Current # of living HIV cases in EMA: 26,041<br>Rank w/in 10 Core Services:<br>*Primary Care: #1*<br>*LPAP: #3*<br>*Case Management: #2*<br>Service Utilization (2015):<br># clients served:<br>*Primary Care: 8,224 (5% increase v. 2015)*<br>*LPAP: 4*,392 | Primary Care:<br>Medicaid, Medicare, RW Part D, and private providers, including federal health insurance marketplace participants<br>LPAP:<br>ADAP, State Pharmacy Assistance Program, Medicaid, Medicare Part D, RW Health Insurance Assistance, the public clinic's pharmacy program, private sector Patient Assistance Programs, and private pharmacy benefit programs, including federal health insurance marketplace participants | Justify the use of funds:<br>This service category:<br>- Is a HRSA-defined Core Medical Service<br>- Is ranked as the #1 service need by PLWH; and use has increased<br>- Adheres to a medical home model and is bundled with LPAP, Medical Case Management, and Service Linkage<br>- Results in desirable health outcomes for clients who access the service<br>- Referring and linking the status-unaware to Primary Care is the goal of the national and local EIIHA initiative | Can we make this service more efficient?<br>No<br>Can we bundle this service?<br>Currently bundled with: LPAP, Medical Case Management, and Service Linkage<br>Has a recent capacity issue been identified?<br>No | **Motion 1:** Accept the service category definition as presented and keep financial eligibility the same: PriCare=300%, LPAP=300% + 500%, MCM/SLW=none; and ask the Office of Support to provide training on the Needs Assessment findings to case managers. |

‡ Service Category for Part B/State Services only.

**THE REMAINDER OF THIS PACKET**
**IS FOR THE**
**QUALITY IMPROVEMENT COMMITTEE**
**MEETING**

**DRAFT**

# Houston Area HIV Services Ryan White Planning Council

Quality Improvement Committee

2:00 p.m., Tuesday, March 13, 2018

Meeting Location: 2223 W. Loop South, Room 532; Houston, Texas 77027

## Agenda

* = Handout to be distributed at the meeting

| | | |
|---|---|---|
| I. | Call to Order | Denis Kelly and |
| | A. Welcoming Remarks and Moment of Reflection | Gloria Sierra, Co-Chairs |
| | B. Introductions | |
| | C. Adoption of Agenda | |
| | D. Approval of Minutes | |
| II. | Public Comments and Announcements | |
| | (NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing your self, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting. All information from the public must be provided in this portion of the meeting.) | |
| III. | Reports from the Administrative Agent – Part A/MAI | Carin Martin |
| | A. Procurement* | |
| | B. Other | |
| IV. | Reports from the Administrative Agent – Part B/State Services | Patrick Martin |
| | A. Procurement and Health Insurance Assistance Program | |
| | B. Part B/SS Annual Consumer Involvement Report | |
| | C. Part B/SS FY16 Chart Reviews* | Tiffany Shepherd |
| V. | How To Best Meet the Need (HTBMN) Meeting Schedule | |
| | A. Sign up for Training and Workgroup Meetings | |
| VI. | New Business | |
| | A. 2017-2021 Houston Area Comprehensive HIV Plan* | Amber Harbolt |
| | B. 2018 Criteria for Proposed Idea Forms | Tori Williams |
| | C. 2018 Proposed Idea Form | Tori Williams |
| VII. | Announcements | |
| | **Cancelled:** the April Quality Improvement Committee meeting so that Members can attend HTBMN training and workgroup meetings | |
| VIII. | Adjourn | |
| Optional: New members meet with committee mentor | | John Poole |

# Houston Area HIV Services Ryan White Planning Council

Quality Improvement Committee
11:00 a.m., Thursday, February 13, 2018
Meeting location: 2223 W. Loop South, Room 416; Houston, Texas 77027

## Minutes

| MEMBERS PRESENT | MEMBERS ABSENT | OTHERS PRESENT |
|---|---|---|
| Dennis Kelly, Co-Chair | Rosalind Belcher, excused | Samantha Robinson |
| Gloria Sierra, Co-Chair | Connie Barnes, excused | Patrick Martin, TRG |
| Ted Artiaga | David Benson, excused | Carin Martin, RWGA |
| Daphne L. Jones | Venita Ray, excused | Tasha Traylor, RWGA |
| Tom Lindstrom | Viviana Santibanez | Heather Keizman, RWGA |
| John Poole | Billy Ray Grant, Jr. | Tori Williams, Ofc of Support |
| Carol Suazo | Shamra Hodge, excused | Amber Harbolt, Ofc of Support |
| Kevin Aloysius | Tiffany Jones, excused | Diane Beck, Ofc of Support |
| Eddie Givens | Pete Rodriguez, excused | |
| Amana Turner | Crystal Starr, excused | |
| | David Watson | |

**Call to Order**: Gloria Sierra, Co-Chair, called the meeting to order at 1:12 p.m. and asked for a moment of reflection. She then invited members to introduce themselves.

**Adoption of the Agenda:** ***Motion #1****: it was moved and seconded (Artiaga, Turner) to table the Ryan White Part B/State Services FY16 Chart Reviews so that Tiffany Shepherd can present them to the committee at the March 2018 meeting.* ***Motion carried.***

***Motion #2****: it was moved and seconded (Artiaga, Suazo) to adopt the agenda.* ***Motion carried.***

**Approval of the Minutes:** ***Motion #3****: it was moved and seconded (Turner, Suazo) to approve the November 16, 2017 minutes.* ***Motion carried.*** Abstentions: Artiaga, Givens, Jones, Lindstrom, Suazo.

**Orientation for New Members:** Williams reviewed the attached documents: Nuts and Bolts for New Members, memorandum regarding End of Year Petty Cash Procedures and the Open Meetings Act Training memo.

**Public Comment:** See attached.

**Committee Orientation:** Williams reviewed the attached documents: Committee Description, 2018 Committee Goals, Conflict of Interest Statement and Voting Policy, Timeline of Critical 2018 Council Activities, and Committee Meeting Schedule. ***Motion #4****: it was moved and seconded (Artiaga, Givens) to use the 2017 Committee goals again in 2018.* **Motion carried**.

***Motion #5****: it was moved and seconded (Jones, Givens) to change the committee meeting time to 2:00 p.m.* **Motion carried**.

**Reports from Ryan White Grant Administration**
Training: C. Martin showed Committee members how to review a Part A and MAI quarterly Service Utilization Report and a Procurement Report. Keizman presented results of the Part A FY 2016 Chart Reviews for Oral Health – Rural Target, Primary Care, and Vision, as well as the Part A Clinical Quality Management Committee Quarterly Report. See attached.

**Reports from The Resource Group**
Training: P. Martin showed Committee members how to review Part B and State Services Procurement, Service Utilization, Health Insurance Assistance, and Client Satisfaction reports. He discussed the fiscal year terms for Part B and State Services reports as well as how often the committee could anticipate receiving each type of report from The Resource Group. He then reviewed the FY 2018 Part B/State Services Standards of Care, stating that the changes made were to bring standards in line with the state standards of care. See attached. ***Motion #6****: it was moved and seconded (Turner, Suazo) to approve the recommendations for the FY 2018 Part B/State Services Standards of Care.* **Motion carried**. Abstention: Givens.

**Criteria for Selecting the FY 2019 Service Categories:** See attached. Williams showed members the document that will be discussed at the March meeting.

**Elect a Vice Chair:** Jones volunteered to be the committee vice chair. ***Motion #6****: it was moved and seconded (Artiaga, Suazo) to accept Jones as the committee Vice Chair.* **Motion carried.**

**Announcements:** Harbolt said she is still looking for participants for the out of care special study. See attached flyer for more information.

**Adjourn**: The meeting was adjourned at 3:02 pm.

Submitted by: Approved by:

_____ _____

Tori Williams, Director Date Committee Chair Date

**Scribe: Beck**

**JA = Just arrived at meeting**
**LR = Left room temporarily**
**LM = Left the meeting**
**C = Chaired the meeting**

## 2018 Quality Improvement Meeting Voting Record for Meeting Date 02/13/18

| MEMBERS: | **Motion #1** Table Pt B/SS Chart Reviews | | | | **Motion #2** Agenda | | | | **Motion #3** Minutes | | | | **Motion #4** Committee Goals | | | | **Motion #5** QI meeting date/time | | | | **Motion #6** Pt B/SS SOC | | | | **Motion #7** Elect committee Vice Chair | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | ABSENT | YES | NO | ABSTAIN | ABSENT | YES | NO | ABSTAIN | ABSENT | YES | NO | ABSTAIN | ABSENT | YES | NO | ABSTAIN | ABSENT | YES | NO | ABSTAIN | ABSENT | YES | NO | ABSTAIN | ABSENT | YES | NO | ABSTAIN |
| Denis Kelly, Co-Chair | | | | **C** | | | | **C** | | | | **C** | | | | **C** | | | | | | | | **C** | | | | **C** |
| Gloria Sierra, Co-Chair | | | | **C** | | | | **C** | | | | **C** | | | | **C** | | | | | | | | **C** | | | | **C** |
| Ted Artiaga | | **X** | | | | **X** | | | | | | **X** | | **X** | | | | **X** | | | | **X** | | | | **X** | | |
| Rosalind Belcher | **X** | | | | **X** | | | | **X** | | | | **X** | | | | **X** | | | | **X** | | | | **X** | | | |
| Connie Barnes | **X** | | | | **X** | | | | **X** | | | | **X** | | | | **X** | | | | **X** | | | | **X** | | | |
| David Benson | **X** | | | | **X** | | | | **X** | | | | **X** | | | | **X** | | | | **X** | | | | **X** | | | |
| Daphne L. Jones | | **X** | | | | | | **X** | | | | **X** | | **X** | | | | **X** | | | | **X** | | | | **X** | | |
| Tom Lindstrom | | **X** | | | | | | **X** | | | | **X** | | **X** | | | | **X** | | | | **X** | | | | **X** | | |
| John Poole | **X** | | | | **X** | | | | **X** | | | | | **X** | | | | **X** | | | | **X** | | | | **X** | | |
| Venita Ray | **X** | | | | **X** | | | | **X** | | | | **X** | | | | **X** | | | | **X** | | | | **X** | | | |
| Viviana Santibanez | **X** | | | | **X** | | | | **X** | | | | **X** | | | | **X** | | | | **X** | | | | **X** | | | |
| Carol Suazo | | **X** | | | | **X** | | | | | | **X** | | **X** | | | | **X** | | | | **X** | | | | **X** | | |
| Kevin Aloysius | | **X** | | | | **X** | | | | **X** | | | | **X** | | | | **X** | | | | **X** | | | | **X** | | |
| Eddie Givens | | **X** | | | | | | **X** | | | | **X** | | | | **X** | | **X** | | | | | | **X** | | **X** | | |
| Billy Ray Grant, Jr. | **X** | | | | **X** | | | | **X** | | | | **X** | | | | **X** | | | | **X** | | | | **X** | | | |
| Shamra Hodge | **X** | | | | **X** | | | | **X** | | | | **X** | | | | **X** | | | | **X** | | | | **X** | | | |
| Tiffany Jones | **X** | | | | **X** | | | | **X** | | | | **X** | | | | **X** | | | | **X** | | | | **X** | | | |
| Pete Rodriguez | **X** | | | | **X** | | | | **X** | | | | **X** | | | | **X** | | | | **X** | | | | **X** | | | |
| Crystal Starr | **X** | | | | **X** | | | | **X** | | | | **X** | | | | **X** | | | | **X** | | | | **X** | | | |
| Amana Turner | | **X** | | | | **X** | | | | **X** | | | | **X** | | | | | **X** | | | **X** | | | | **X** | | |
| David Watson | **X** | | | | **X** | | | | **X** | | | | **X** | | | | **X** | | | | **X** | | | | **X** | | | |

# TRG Consumer Interview Results 2017

Interview and feedback Period February 2017-December 2017

## Overview

The Consumer Interview Process is used by The Resource Group (TRG) to determine client satisfaction and collect additional feedback from consumers. Client interviews are required as part of the Quality Compliance Reviews (QCR) at each agency in Houston and the fifty-one county areas of East Texas. During the 2017 QCR season one hundred and twenty-five (125) client participated in the interview process including monolingual Spanish clients, youth as young as 13 with caregivers/guardians. HIV positive clients have been in care ranging from two months though thirty years. The majority of sessions conducted were individual based interviews, while a few were conducted as group interviews. Below is a comparison between the 2016 and 2017 reporting process showing a decrease in participation. The total interviews do not include the nine (9) additional feedback form visiting out of state interns during the Home and Community-Based Health Care Services review.


## Cross-Service Trends

Overall, Clients reported satisfaction with the services they are receiving. Clients, who are in care, feel comfortable and satisfied with their medical team and care process. A high percentage of clients felt they were leaders on their health care team or an important team member of their team. Clients continue to become more descriptive in their roles with their medical team. Clients stated the medical staff answer questions and explain the things the client does not understand. Case managers were described as "good at helping and explaining things".
Statements included;

- "A list of private doctors who accept insured HIV + patients would be helpful as a reasonable alternative clinic and dental providers"

Clients in Houston and throughout East Texas mentioned general communication between staff and consumers at most service agencies needs improvement. Clients continue to become more open about discussing concerns and reporting dissatisfaction for improvement purposes. There is an ongoing disconnection between clients and the agency complaint process or how concerns are resolve at some agencies. Some clients continue to report they were not aware of the complaint process for problems with services. Some clients were familiar with the agency process and complaint forms. This discussion has continued multiple years.

Services which received the most detailed comments were Mental Health Services, Oral Health Care, Home and Community-Based Health Care Services and Ryan White Part D services. There was an increase in statements and conversations related to services each year in the TRG Client Interview Process. Most clients were comfortable offering suggestions and recommendation as to how more clients can be reached. In previous years, having online surveys available for clients who may not have the time during their day to complete a survey has been suggested.

Clients who had complaints expressed their complaints have been addressed and resolved. While a few clients worried that if they complained, it may affect their service or that it may take them longer to get an appointment. Clients expressed an explanation of "why they are waiting" was a good way to communicate. In instances, such as the doctor is running late or when calling letting clients know if some is out for the day or for a week. One client stated "I don't mind the waiting, but communication would be helpful, so I can decide if I am willing to wait or if I need to reschedule and appointment. I would like my time respected." A few clients expanded the same recommendation to include "the staff should check on clients in the lobby and in the exam rooms about every fifteen minutes. Especially if the clinic is crowded, busy or backed up the communication would ease my nerves." Phone system problems such as getting a live person and getting medication refills were discussed as problems. One client suggests an exit survey to ask about any complaints or comments at the end of a visit.

The lessons learned and questions which will be added to the questionnaire for 2018 include:

- Demographic information
    - Age category to capture youth participation for age Youth 12-17 and Young Adult 18-24
    - School district category for planning purpose based on school calendar and districts outside HISD
    - Basic gender identity category: Male, Female, and Transgender
- Dental specific questions
    - How many dental appointments have you had in the last 6 months?
    - Were you given a treatment plan? Yes/No/Don't remember
    - How many visits will it take to complete your service or treatment?
    - What were you told you need to have done?
- HRSA requested question add June 2017: Has anyone at this agency talked to you about the where to get care after hours?
- Incarcerated specific questions:
    - How many times have you been in Harris County Jail since being diagnosed?
    - How many times have you seen the doctor since you have been here?
    - Were you diagnosed in jail or outside on jail?
    - Have you received care /services from an agency outside of jail?
    - Which agency?

The client satisfaction questions are reviewed by TRG consumers and feedback is utilized to improve the evaluation process. The Client Interview Process has identified the need for Ryan

White agencies to create and facilitate agency specific/customized trainings for their consumers which may include but are not limited to:

- Consumers reviewing and providing feedback on agency policies and procedures
- Consumer trainings on each service which the agency provides and details to help clients understand the length of processes for specific procedures or service.

SERVICE-SPECIFIC TRENDS

Part D Specific

Individual/ family Interviews clients ranged 1 year to 8 years of receiving services (specific comments are listed below) Statements used to describe what keeps them coming back to the service and what is important about the services included;

- Very supportive a lot of information I was not aware of (new diagnosis)
- All the Doctors and team of healthcare they help me and give me a good reflection
- A list of Oral Health for clients with insurance
- A list for clients with insurance
- Education options of meds and resources
- Staff relates to kids and doctors explain things makes me want to come back.

Group Interviews -The participants ranged from eight (8) to twenty- two (22) years of service with this agency.

- Thirteen caregiver/parents and children/ youth were present during the discussion. Participants represented the youth Consumer Advisory Board (CAB), have been associated with clinical trials, pediatric care and HIV treatment.
- The participants identified that the group serves as a extended family for them when it comes to support for living with HIV.
- Statements used to describe what keeps them coming back to the service and what is important about the services included;
  - Staff friendly, helpful they give me resources
  - They are helpful and medically they are on top of everything
  - Everything is amazing its easy on my brain coming here. It's a great program.
  - My chart app is great helpful for medication.
- Participants expressed high levels of comfort addressing problems. Participants gave specific examples where problems had been encountered within hospital system and the Ryan White program staff addressed and resolved the problem.
  - Parking lot have to run out to check parking is overcrowded.
  - Being out of medication-mom and child out of meds. Mom out of meds 2 months concerns about next moths refill for daughter.
- Participants request more education about medications be presented.
- Participants also request a list of services or agencies who accept specific insurance.

Part D Patient Navigation Services

Clients were satisfied with this service. Clients stated that the service was useful and needed.

Mental Health Services

Clients were satisfied with this service. Many clients expressed satisfaction with the selection process of pairing a client with an appropriate therapist through this service.

Collective feedback included;

- "The staff is really good at matching clients and therapist." One client stated "a staff member called me and said there was someone she thought could better fit my needs. I had not met or talked to the therapist yet. Whatever their process is it is great because I have the best therapist for me. My therapist helps me grow."
- Clients commented on the ease of changing therapist when needed.
- "The therapy is effective. I feel like I have grown and I'm getting results."
- "I used to see my therapist once a week. Now I come once a month. My therapist said they have seen me making progress."
- "I am able to talk openly, and they listen."
- Once a month, the support group has a licensed therapist attend the group.
- The members identified that the group serves as a surrogate family for them when it comes to support for living with HIV.
- Members of the Part D group identified that they wanted to increase their collaboration with the service provider to increase membership and support the mutual goals of the group and the service provider.
- Male clients identified and suggested that "if you are a man that cares a backpack or bag you may not want to sit it on the floor and hooks in the male restrooms would be helpful"

Oral Health Care

Clients continued to be concerned with multiple appointments to receive dental care. The interview process identified one trending topics clients would like more information and education on dental services. Clients expressed a need for more information regarding time frames to complete dental procedures. "How long does it take to get a crown? I am not sure if scheduling delays were my fault or the clinics availability."

Home and Community-Based Health Care Services

Clients were satisfied with this service. Clients expressed satisfaction with the socialization and activities available through this service. Day treatment clients understanding of the service they are receiving has continued to improve from the previous years. The TRG recommends service education is continually administered to day treatment consumers.

Interviews were conducted as one large group, which included a group of interns from out of state on a weeklong assignment in the day treatment center. The participants identified that the group serves as a extended family for them when it comes to support for living with HIV.
Statements used to describe what keeps them coming back to the service and what is important about the services included;

There were multiple comments of appreciation and compliments for the staff; "The transportation driver is such a safe driver"

Clients were asked other than staff "what do you like best or what keeps you coming back to this program. Below are comments

- Field trips and opportunities to try some new stuff or just get out of the everyday existence.
- Opportunities to meet different people (clients as well as staff and volunteers)
- Art therapy and crafts are helpful and fun
- Different speakers and education topics presented to learn about.
- "Coming here airs my mind out and keeps me from being depressed"
- "My income is limited and this program helps me save on my monthly bills like lights and food. Plus coming here keeps me from being at home lonely, missing meals and getting more depressed."

Recommendations or suggestions for the day treatment program;

- "Can the program extend to Saturdays?"
- "I would like to see more visitors and volunteers"
- "I wish we could take trips to Galveston or Kemah"
- "It would be nice if they had some condoms available in here. We still need them"
- "It would be nice if we had some dictionaries. Some of us like to look up words."

When asked what topics or information do you need to be better involved in your care? The following were given as responses;

- Information on home health care
- Alzheimer's
- Dementia
- Exercise equipment
- More art supplies
- More volunteers
- Computers

<u>Early Intervention Services – Incarcerated (EIS)</u>

EIS clients seem to be very knowledgeable and appreciative of access to service. Statements used to describe what keeps them coming back to the service and what is important about the services included;

- "The Doctor makes sure I get my medications so that's the best part for me"
- "They are trying to help me stay alive"
- "They are caring and dedicated, professional and they listen"
- One client informed the interviewer, that a Doctor asked, "How long have you had HIV?" where other inmates could hear. The client went on to state, "I did say something to the doctor and he apologized. I think they need to be more aware to try to remember that is private. I do think he handled it well with his apology because he could have had an "so what I don't care attitude".

<u>Linguistic Services</u>

There were no issues related to this service and due to the nature of the service delivered, there are no consumer interviews conducted for this service.

<u>Hospice Care Services</u>

There were no issues of note related to this service and due to the nature of the service delivered; consumer interviews were not conducted for this service.

Health Insurance Premium (HIP)

HIP clients were satisfied and appreciative for the availability of the service. Clients stated that HIP was simple to get and easy to use. One client stated" I thought I would lose my insurance because I could no longer afford it. This service was lifesaving and I do not know what I would have done without it. I have never needed any service before. I was embarrassed, ashamed and even scared they would not help me. But the staff was warm friendly and comforting. They did everything they said they would and I really appreciate that."

**Rural Specific Service**

Statements used to describe what keeps them coming back to the service and what is important about the services included;

- "The front desk girl is sweet and good"
- "The Receptionist never has an attitude "
- "I love the reminder calls"
- "The service is excellent. They do a great job
- " Any time I need help I know I can come here

Medical Care

- "The doctor and NP are easy to talk to I like how they explain things to me they are very knowledgeable, they are good at referrals. There are no questions they can answer. The staff give information openly and honestly. There are no questions they will not answer."
- "The doctor is great I recommend her highly."
- "The staff is nice and they notice if you are upset and ask question to try and help"
- "They take their time but they get you in to the back quickly".
- "The nurses are like a friend or relative"
- "The lab person is good."
- "the doctor and the nurses are awesome"
- There were concerns about waiting time in the exam rooms. "I get claustrophobic because I am alone in there so long."
- "It is hard to get refills. Calling 24 hours prior is not working. I have to physically come here to move the process."
- "They don't communicate with the clients in the lobby if there are delays. I had a12:30 appointment and didn't get seen until 3pm"

Mental Health

- "The Therapist is great'
- "I used to be scared someone would know about my health because I would be out with friends but still take my medications. I told my friends I take medications for seizures which is partly true. Now if they don't see me take my medications they will ask about them and that helps me stay on schedule. I learned confidence from the staff and the support group. I don't have to tell my friends everything, but I can also stay adherent with their help."

- "I usually talk to the support group about my problems and it is helpful"
- "I like the support, privacy, the service is a blessing. I can get my medications with help"
- "The staff is friendly and understanding and that helps a lot."
- "They do a great job"
- "They listen and they offer me options"
- "I get moral support from the staff, call and reminders. Those things help a lot"
- "How they treat you makes a huge difference in my health. My Doctor cares and got me back on track now I am undetectable"
- "I cried a lot and the staff treated me good. They were very caring"
- "One doctor seemed stiff at first like he was homophobic, but he opened up and he's great."
- "The staff is helpful most of the time"

Client statements of concerns or recommendations are listed below;

- "They should have condoms in the exam room and case management office"
- "I would like to see Bilingual males- as case managers and medical staff."
- "A list of area food pantries that identifies HIV and Gay friendly locations"
- "We need vision services"
- "Discounts to a local fitness center would be nice maybe somewhere like Planet Fitness"
- "They should check on clients who have waited more than 15 minutes (in the lobby and the exam rooms) and communicate what's going on."

<u>Oral Health</u>

- "The dentist talks a lot and his sight is bad"

<u>Case Management</u>

- "I don't like the high turnover" (Multiple comments)
- "Mrs. Craig is very attentive. She crosses her T's and dots her I's with a great personality and opened minded."
- "I would like a list of referrals for some services in the community that includes which ones are fee, reduced cost/copay and accept insurance. It would also be helpful to know which insurances are accepted" (at the community agency)
- "I would like to see the buddy system (peer support) at Special Health'
- "Pamphlets should be available at Dr. appointments (when they tell you some new information)"
- "HIV support groups at night would be nice. I want to come but I work in the daytime"
- "Mammograms are needed and hard to get".
- "I am confused about referrals that are community agencies. I was referred out for a service and the service was not completed and I am confused as to why? I was not sure if they didn't want to do the procedure because of my HIV status. I still don't have an answer."
- "Dr. Yates has a negative attitude."
- "Labs in Tyler are referred out of Special Health. The staff at the lab is insensitive."

When asked "If there are topics clients would like more information and training on?" Below are the responses?

- Understanding Diabetes
- Understanding Cancers
- A list of herbs that may interfere with medications. (identifying the med and the herb)
- Cyst Removal Information
- Mental health- What do therapist do and what are the options at Special Health?
- Understanding Blood Pressure

Additional Information from 2017

Intern Feedback- Home and Community-Based Health Care Services had inters present during the audit week. As a method, of gathering feedback from various perspectives the interns who were present for the group interview with clients. Nine (9) evaluations were collected for a five-question hand out.

1) Did you learn anything new during your time at working with this program? 9 out of 9 responded with varied responses.
   - I learned about the impact HIV has on people's lives
   - I have learned a lot about this particular community and more about treatment and how people diagnosed with HIV/AIDS live their lives. I enjoyed learning about how the program works and what it has to offer.
   - I learned a lot about the people that come to day treatment.
   - I learned a lot when the auditor was talking to the clients. Ex: the difference between the therapist and the psychiatrist and separating drug abuse from mental health
   - Yes, active listening and talking through things can really help people with problems they may have experienced in life. A laugh or smile goes a long way.
   - I learned about the lives of those who are HIV positive and how they go on with their daily lives.
   - The auditor spoke about separating mental illness from drug abuse. This seemed to be relevant to clients.
   - I learned about the side effects and life styles of HIV positive people.
   - Yes, a client taught me to breath exercise is important. I learned to make candles and organize.
   - Yes, I learned a lot about how organizations like this function. The audit was very educational.

2) What did you enjoy the most about the program? 9 out of 9 responded with varied responses.
   - I really enjoyed getting to know all of the great people
   - Talking with the clients and getting to know them
   - The people I've learned a lot about myself this week
   - The people and the atmosphere seeing how the program really impacted the clients
   - Doing something new with someone new everyday
   - It was great to get to know everyone and their unique backgrounds.
   - I love the family dynamic and open atmosphere of the day center

- I enjoyed that the clients were offered the opportunity to socialize with other clients that share a common ground. I really enjoyed getting to know the clients.
- I really enjoyed getting to know the clients. Their stories kept me engaged and laughing. I enjoyed the family atmosphere and the friendly staff. The of HIV patients has completely disappeared for me.

3) What did you like least? 3 out of 9 responded. Overall there were very few responses indicating problems or dissatisfaction.
   - Honestly it was all great.
   - I had no complaints
   - Being able to stay only 5 hours instead of longer, but I understand the clients probably don't want to stay longer.

4) Do you have any recommendations for ways to improve the program? 8 out of 9 responded with responses indicating the one major theme of having more volunteer opportunities.
   - Maybe have alternative options available for those that don't want to participate in the main activities
   - Bring more volunteers and more community outreach
   - It seems like they enjoy having new faces come in and do activities so maybe have more volunteers/ visitors come in and do more activities with them.
   - They seem to enjoy a break from the monotony with having new volunteers. The service provider could maybe reach out to local universities to get new volunteers on a regular basis to provide the clients more people to talk to.
   - The clients seemed to like having us this week. Get college aged volunteers to come and hang out.
   - Bring in more volunteers that so that the clients can talk to more people and share their stories. This could offer new perspectives and opportunity to encourage the public health education
   - Taylor activities for each individual to optimize involvement and enjoyment. They all have their own strengths to build upon.

5) Additional comments (regarding program, facilitator, ect)7 out of 9 responded with responses indicating the one major theme of satisfaction with the staff.
   - The direct service staff rocks at her job
   - It was awesome! All of the and clients were great.
   - This is an amazing program and really makes a difference in the clients lives.
   - All the employees care so much and put so much work and heart into their jobs
   - All of the staff is amazing.
   - The direct service staff is the best
   - The direct service staff is awesome! All employees seem to really enjoy their jobs and engage with the clients.

# THE RESOURCE GROUP
# 2017 CHART REVIEW
# COMBINED PACKET

# TABLE OF CONTENTS

# EARLY INTERVENTION SERVICES - INCARCERATED
# 2017 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 HDSA 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.

*In 2016, DSHS contracted with Germane Solutions to perform chart reviews of specific service categories. These chart reviews change from year-to-year and are determined at the beginning of each calendar year. TRG does not duplicate the chart reviews if a review was conducted Germane Solutions. Therefore, the chart review report for 2017 resulted in no chart review results. TRG will resume the monitoring process in 2018. However, to assist in the quality analysis of the EIS services, the 2016 data is presented below.*

## 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 Early Intervention Services in the Houston HSDA.

# INTRODUCTION

## Description of Service

Early Intervention Services-Incarceration (EIS) includes the connection of incarcerated in the Harris County Jail into medical care, the coordination of their medical care while incarcerated, and the transition of their care from Harris County Jail to the community. Services must include: assessment of the client, provision of client education regarding disease and treatment, education and skills building to increase client's health literacy, establishment of THMP/ADAP post-release eligibility (as applicable), care coordination with medical resources within the jail, care coordination with service providers outside the jail, and discharge planning.

## Tool Development

The Early Intervention Services review tool is based upon the established local standards of care.

## Chart Review Process

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 927 who accessed Early Intervention Services in the measurement year. The records of 59 clients were reviewed (representing 6% 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-Early Intervention Services

| 2015 Annual | | |
|---|---|---|
| **Total UDC:** 871 | **Total New:** 293 | |
| **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 | 55 | 6.31% |
| 25 - 44 years | 464 | 53.27% |
| 45 - 64 years | 340 | 39.04% |
| 65 years or older | 12 | 1.38% |
| Unknown | 0 | 0.00% |
| | 871 | 100% |
| **Gender** | **Number of Clients** | **% of Total** |
| "Other" and "Refused" are counted as "Unknown" | | |
| Female | 157 | 18.03% |
| Male | 700 | 80.37% |
| Transgender FTM | 0 | 0.00% |
| Transgender MTF | 14 | 1.61% |
| Unknown | 0 | 0.00% |
| | 871 | 100% |
| **Race/ Ethnicity** | **Number of Clients** | **% of Total** |
| Includes Multi-Racial Clients | | |
| White | 138 | 15.84% |
| Black | 637 | 73.13% |
| Hispanic | 90 | 10.33% |
| Asian | 0 | 0.00% |
| Hawaiian/Pacific Islander | 0 | 0.00% |
| Indian/Alaskan Native | 6 | 0.69% |
| Unknown | 0 | 0.00% |
| | 871 | 100% |

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

| 2016 Annual | | |
|---|---|---|
| **Total UDC:** 927 | **Total New:** 279 | |
| **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 | 53 | 5.72% |
| 25 - 44 years | 492 | 53.07% |
| 45 - 64 years | 369 | 39.81% |
| 65 years or older | 13 | 1.40% |
| Unknown | 0 | 0.00% |
| | 927 | 100% |
| **Gender** | **Number of Clients** | **% of Total** |
| "Other" and "Refused" are counted as "Unknown" | | |
| Female | 148 | 15.97% |
| Male | 766 | 82.63% |
| Transgender FTM | 0 | 0.00% |
| Transgender MTF | 13 | 1.40% |
| Unknown | 0 | 0.00% |
| | 927 | 100% |
| **Race/ Ethnicity** | **Number of Clients** | **% of Total** |
| Includes Multi-Racial Clients | | |
| White | 156 | 16.83% |
| Black | 661 | 71.31% |
| Hispanic | 106 | 11.43% |
| Asian | 1 | 0.11% |
| Hawaiian/Pacific Islander | 0 | 0.00% |
| Indian/Alaskan Native | 3 | 0.32% |
| Unknown | 0 | 0.00% |
| | 927 | 100% |

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

## RESULTS OF REVIEW

Intake Assessment

Percentage of HIV-positive clients who had a completed intake assessment present in the client record.

| | Yes | No | N/A |
|---|---|---|---|
| Number of client with a completed intake assessment in the client record. | 56 | 1 | 2 |
| Number of HIV-infected clients in early intervention services that were reviewed. | 57 | 57 | 59 |
| Rate | **98%** | 2% | - |

Intake Assessment

Percentage of HIV-positive clients that self-reports being in care (attending a medical appointment) in the last 6 months prior to incarceration.

| | Yes | No | Unknown | N/A (New Dx) |
|---|---|---|---|---|
| Number of client with a completed intake assessment in the client record. | 40 | 10 | 3 | 6 |
| Number of HIV-infected clients in early intervention services that were reviewed. | 53 | 53 | 53 | 59 |
| Rate | **75%** | 19% | 6% | - |

Health Literacy and Education: Risk Assessment

Percentage of HIV-positive clients that had documentation of the client being assessed for risk and provided targeted health literacy and education in the client record (including receipt of a blue book).

| | Yes | No | Partial (blue book only) | N/A |
|---|---|---|---|---|
| Number of client records that documented health literacy and education. | 38 | 4 | 12 | 5 |
| Number of HIV-infected clients in early intervention services that were reviewed. | 54 | 54 | 54 | 59 |
| Rate | **70%** | 7% | 22% | - |

Health Literacy and Education: Medication Adherence

Percentage of HIV-positive clients who had documentation of discussion of medication adherence by the EIS case manager in the client record.

| | Yes | No | N/A |
|---|---|---|---|
| Number of client records who had documentation of discussion of medication adherence by the EIS case manager in the client record | 34 | 20 | 5 |
| Number of HIV-infected clients in early intervention services that were reviewed. | 54 | 54 | 59 |
| Rate | **63%** | 37% | - |

Linkage: Newly Diagnosed

Percentage of newly-diagnosed clients (incarcerated 30 days or longer) that initiate care through the EIS program

| | Yes | No | N/A |
|---|---|---|---|
| Number of newly-diagnosed clients (incarcerated 30 days or longer) that initiate care through the EIS program | 6 | 0 | 53 |
| Number of newly-diagnosed HIV-infected clients in early intervention services that were reviewed. | 6 | 6 | 59 |
| Rate | **100.0%** | 0.0% | - |

Linkage: Medical Care

Percentage of HIV-positive clients that accessed a medical provider and obtained an appointment.

| | Yes | No | N/A |
|---|---|---|---|
| Number of client records that document linkage to a medical provider and access to an appointment | 55 | 0 | 4 |
| Number of HIV-infected clients in early intervention services that were reviewed. | 55 | 55 | 59 |
| Rate | **100.0%** | 0.0% | - |

Multidisciplinary Team Conference

Percentage of HIV-positive clients who received early intervention services that had at least one multidisciplinary team conference

| | Yes | No | N/A |
|---|---|---|---|
| Number of client records that showed evidence of at least one multidisciplinary team conference. | 0 | 55 | 4 |
| Number of HIV-infected clients in early intervention services that were reviewed. | 55 | 55 | 59 |
| Rate | **0%** | 100.0% | 7% |

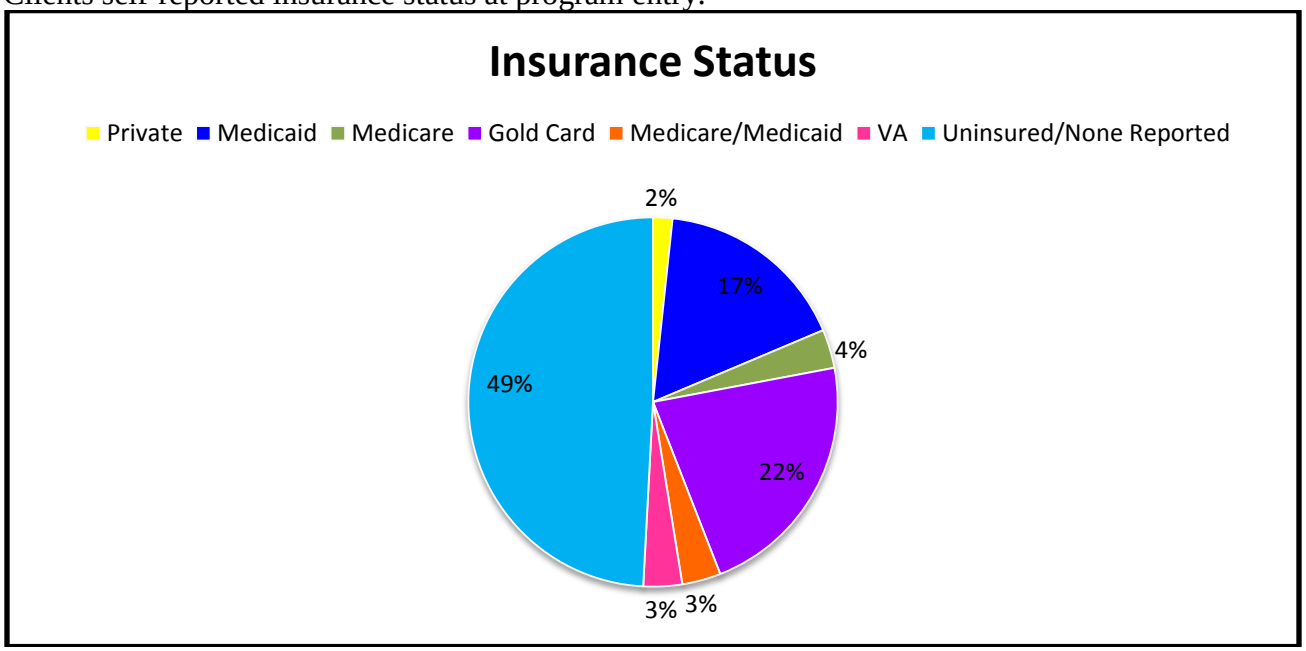
Discharge Planning

Percentage of HIV-positive clients who had a discharge plan present in the client record.

| | Yes | No | N/A |
|---|---|---|---|
| Number of client with a completed discharge plan in the client record. | 44 | 10 | 5 |
| Number of HIV-infected clients in early intervention services that were reviewed. | 54 | 54 | 59 |
| Rate | **81%** | 19% | 8% |

Insurance Status

Clients self-reported insurance status at program entry.




## HISTORICAL DATA

Not applicable for 2016 Chart Review as this is the first time this service category has been presented.

## CONCLUSIONS

Overall, quality of services is good. Through the chart review: 98% (56) of clients completed an intake assessment and 81% (44) developed a discharge plan. Of the clients enrolled into the EIS program 100% were linked accessed a care provider; with 100% (6) of the newly-diagnosed clients accessing care. However, only 50% (3) of the newly-diagnosed clients documented a discharge plan. 75% (40) of clients self-reported accessing medical care within the last six months of entering the EIS program and 51% (30) reported a third-party payer source (including the HCHD Gold Card)

# HOME & COMMUNITY-BASED HEALTH SERVICES
# 2017 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 HDSA 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 28 who accessed home and community-based Health Services in the measurement year. The records of 35 clients were reviewed for the annual review process. 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 2017.*

# DEMOGRAPHICS
## HOME AND COMMUNITY BASED SERVICES

**2016 Annual**

**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% |
| | 38 | 100% |
| **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% |
| | 38 | 100% |
| **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% |
| | 38 | 100% |

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

**2017 Annual**

**Total UDC: 28** **Total New: 3**

| 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 | 4 | 14.29% |
| 45 - 64 years | 21 | 75.00% |
| 65 years or older | 3 | 10.71% |
| Unknown | 0 | 0.00% |
| | 28 | 100% |
| **Gender** | **Number of Clients** | **% of Total** |
| "Other" and "Refused" are counted as "Unknown" | | |
| Female | 9 | 32.14% |
| Male | 18 | 64.29% |
| Transgender FTM | 0 | 0.00% |
| Transgender MTF | 1 | 3.57% |
| Unknown | 0 | 0.00% |
| | 28 | 100% |
| **Race/Ethnicity** | **Number of Clients** | **% of Total** |
| Includes Multi-Racial Clients | | |
| White | 2 | 7.14% |
| Black | 21 | 75.00% |
| Hispanic | 5 | 17.86% |
| Asian | 0 | 0.00% |
| Hawaiian/Pacific Islander | 0 | 0.00% |
| Indian/Alaskan Native | 0 | 0.00% |
| Unknown | 0 | 0.00% |
| | 28 | 100% |

From 01/01/17 - 12/31/17

## RESULTS OF REVIEW

**Intake**

Percentage of clients who have documentation of signed case manager and clinical health provider order for Home and Community-Based Health Services is located in client file.

| | Yes | No | N/A |
|---|---|---|---|
| Number of client records that showed evidence of the measure | 35 | 0 | - |
| Number of clients records that were reviewed. | 35 | 35 | - |
| Rate | **100%** | **0%** | - |

**Implementation of Care Plan**

Percentage of clients who have a care plan that has been written and signed by case manager and primary care provider that includes all planned services, quantity, and length of time services are to be provided

| | Yes | No | N/A |
|---|---|---|---|
| Number of client records that showed evidence of the measure | 34 | 1 | - |
| Number of clients records that were reviewed. | 35 | 35 | - |
| Rate | **97%** | **3%** | - |

Percentage of clients who have documentation that care plan was reviewed regularly and revised with any changes and signed by the professional

| | Yes | No | N/A |
|---|---|---|---|
| Number of client records that showed evidence of the measure | 33 | 1 | 1 |
| Number of clients records that were reviewed. | 34 | 34 | 35 |
| Rate | **97%** | **3%** | - |

**Provision of Service**

Percentage of clients who had clear, concise, and comprehensive progress notes in their record each visit and is signed by the professional giving service.

| | Yes | No | N/A |
|---|---|---|---|
| Number of client records that showed evidence of the measure | 34 | 1 | - |
| Number of clients records that were reviewed. | 35 | 35 | - |
| Rate | **97%** | **3%** | - |

Percentage of client records show documentation that care plan has been reviewed and updated at least every 60 days

| | Yes | No | N/A |
|---|---|---|---|
| Number of client records that showed evidence of the measure | 31 | 3 | - |
| Number of clients records that were reviewed. | 34 | 34 | - |
| Rate | **91%** | **9%** | - |

Percentage of client records show documentation that the patient's primary medical care provider has been updated about patient's condition.

| | Yes | No | N/A |
|---|---|---|---|
| Number of client records that showed evidence of the measure | 0 | 0 | 35 |

| | | | |
|---|---|---|---|
| Number of clients records that were reviewed. | 35 | 35 | 35 |
| Rate | **0%** | **0%** | **100%** |

Percentage of client record shows documentation of continued assessment ensuring patient does not need Acute Care

| | Yes | No | N/A |
|---|---|---|---|
| Number of client records that showed evidence of the measure | 35 | 0 | - |
| Number of clients records that were reviewed. | 35 | 35 | - |
| Rate | **100%** | **0%** | - |

**Coordination of Services**

Percentage of clients who show documentation that services provided are coordinated with other service providers to avoid duplication

| | Yes | No | N/A |
|---|---|---|---|
| Number of client records that showed evidence of the measure | 35 | 0 | - |
| Number of clients records that were reviewed. | 35 | 35 | - |
| Rate | **100%** | **0%** | - |

Percentage of clients who show a referral to an appropriate service provider is evident in the client's record if transferred.

| | Yes | No | N/A |
|---|---|---|---|
| Number of client records that showed evidence of the measure | 0 | 0 | 35 |
| Number of clients records that were reviewed. | 35 | 35 | 35 |
| Rate | **0%** | **0%** | **100%** |

Percentage of clients who have documentation of discharge when client meets discharge criteria.

| | Yes | No | N/A |
|---|---|---|---|
| Number of client records that showed evidence of the measure | 14 | 0 | 21 |
| Number of clients records that were reviewed. | 14 | 14 | - |
| Rate | **100%** | **0%** | - |

**Documentation**

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

| | Yes | No | N/A |
|---|---|---|---|
| Number of client records that showed evidence of the measure | 35 | 0 | - |
| Number of clients records that were reviewed. | 35 | 35 | - |
| Rate | **100%** | **0%** | - |

Percentage of clients who received services that showed evidence of periodic multidisciplinary team conference

| | Yes | No | N/A |
|---|---|---|---|
| Number of client records that showed evidence of the measure | 34 | 1 | - |
| Number of clients records that were reviewed. | 35 | 35 | - |
| Rate | **97%** | **3%** | - |

**Comorbidities**

Percentage of clients who have been diagnosed with elevated blood pressure.

| | Yes | No | NA |
|---|---|---|---|
| Number of client records that showed evidence of the measure | 14 | 21 | 0 |
| Number of clients records that were reviewed. | 35 | 35 | - |
| Rate | **40%** | 60% | - |

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

| | Yes | No | N/A |
|---|---|---|---|
| Number of client records that showed evidence of the measure | 8 | 6 | 21 |
| Number of clients records that were reviewed. | 14 | 14 | - |
| Rate | **57%** | **43%** | - |

## CONCLUSIONS

Overall, quality of services provided meets or exceeds minimum thresholds. Five indicators reviewed were in compliance at a 100%, with 100% of clients in HCBS having their vital signs taken at least once a week. Through the nursing assessment: 36% (14) were identified with a diagnosis of hypertension (+4% increase from last year) and 57% of those showed evidence that their hypertension was controlled (Systolic <140, Diastolic <90) in the past 6 months.

# HOSPICE SERVICES
# 2017 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 HDSA 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 the area of the 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 one Subgrantee to provide hospice services in the Houston HSDA.

# INTRODUCTION

## Description of Service

Hospice services encompass palliative care for terminally ill clients and support services for clients and their families. Services are provided by a licensed nurse and/or physical therapist. Additionally, unlicensed personnel may deliver services under the delegation of a licensed nurse or physical therapist, to a client or a client's family as part of a coordinated program. A physician must certify that a patient is terminal, defined under Medicaid hospice regulations as having a life expectancy of 6 months or less.

Services must include but are not limited to medical and nursing care, palliative care, and psychosocial support for the patient, as well as a mechanism for bereavement referral for surviving family members. Counseling services provided in the context of hospice care must be consistent with the (Ryan White) definition of mental health counseling. Palliative therapies must be consistent with those covered under respective State Medicaid Program.

## Tool Development

The TRG Hospice 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

File sample was selected from a population of 51 who accessed hospice services in the measurement year. The records of 38 clients were reviewed, representing 75% of the unduplicated population. The demographic makeup of the provider was used as a key to file sample pull.

*NOTE: DSHS changed the file sample percentage which will result in a lower number of files being reviewed in 2017.*

# Demographics- Hospice

## 2016 Annual

**Total UDC: 38 Total New: 33**

| 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 | 16 | 42.11% |
| 45 - 64 years | 22 | 57.89% |
| 65 years or older | 0 | 0.00% |
| Unknown | 0 | 0.00% |
| | 38 | 100.00% |
| **Gender** | **Number of Clients** | **% of Total** |
| "Other" and "Refused" are counted as "Unknown" | | |
| Female | 9 | 23.68% |
| Male | 29 | 76.32% |
| Transgender FTM | 0 | 0.00% |
| Transgender MTF | 0 | 0.00% |
| Unknown | 0 | 0.00% |
| | 38 | 100.00% |
| **Race/ Ethnicity** | **Number of Clients** | **% of Total** |
| Includes Multi-Racial Clients | | |
| White | 9 | 23.68% |
| Black | 20 | 52.63% |
| Hispanic | 8 | 21.05% |
| Asian | 1 | 2.63% |
| Hawaiian/Pacific Islander | 0 | 0.00% |
| Indian/Alaskan Native | 0 | 4.00% |
| Unknown | 0 | 0.00% |
| | 38 | 100.00% |

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

## 2017 Annual

**Total UDC: 51 Total New: 39**

| 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 | 1 | 1.96% |
| 25 - 44 years | 17 | 33.33% |
| 45 - 64 years | 30 | 58.82% |
| 65 years or older | 3 | 5.88% |
| Unknown | | 0.00% |
| | 51 | 100.00% |
| **Gender** | **Number of Clients** | **% of Total** |
| "Other" and "Refused" are counted as "Unknown" | | |
| Female | 9 | 17.65% |
| Male | 42 | 82.35% |
| Transgender FTM | 0 | 0.00% |
| Transgender MTF | 0 | 0.00% |
| Unknown | 0 | 0.00% |
| | 51 | 100.00% |
| **Race/ Ethnicity** | **Number of Clients** | **% of Total** |
| Includes Multi-Racial Clients | | |
| White | 19 | 37.25% |
| Black | 24 | 47.06% |
| Hispanic | 8 | 15.69% |
| Asian | 0 | 2.63% |
| Hawaiian/Pacific Islander | 0 | 0.00% |
| Indian/Alaskan Native | 0 | 0.00% |
| Unknown | 0 | 0.00% |
| | 51 | 100.00% |

From 01/01/17 - 12/31/17

## RESULTS OF REVIEW

**ADMISSION ORDERS AND ASSESSMENT**

Percentage of client records that have a Hospice Certificate Letter in the chart

| | Yes | No | N/A |
|---|---|---|---|
| Client records that evidenced a Hospice Certificate Letter. | 38 | 0 | - |
| Clients in hospice services that were reviewed. | 38 | 38 | - |
| Rate | **100%** | **0%** | - |

Percentage of client records that have admission orders

| | Yes | No | N/A |
|---|---|---|---|
| Client records that showed evidence of an admission order. | 38 | 0 | - |
| Clients in hospice services that were reviewed. | 38 | 38 | - |
| Rate | **100%** | **0%** | - |

Percentage of client records that had a Comprehensive Assessment completed within 48 hours

| | Yes | No | N/A |
|---|---|---|---|
| Client records that evidenced a completed Comprehensive Assessment within 48 hours. | 38 | 0 | - |
| Clients in hospice services that were reviewed. | 38 | 38 | - |
| Rate | **100%** | **0%** | - |

Percentage of HIV-positive client records that showed assessment for pain at each shift

| | Yes | No | N/A |
|---|---|---|---|
| Client records that showed evidence of a pain assessment at each shift. | 38 | 0 | - |
| Clients in hospice services that were reviewed. | 38 | 38 | - |
| Rate | **100%** | **0%** | - |

Percentage of client records that have symptom management orders

| | Yes | No | N/A |
|---|---|---|---|
| Client records that evidenced symptom management orders. | 38 | 0 | - |
| Clients in hospice services that were reviewed. | 38 | 38 | - |
| Rate | **100%** | **0%** | - |

**CARE PLAN, UPDATES AND MULTIDICPLINARY TEAM (MDT) DOCUMENTAITON**

Percentage of client records that have a completed initial plan of care within 7 days of admission.

| | Yes | No | N/A |
|---|---|---|---|
| Client records that evidence a completed initial plan of care within 7 days of admission | 38 | 0 | - |
| Clients in hospice services that were reviewed. | 38 | 38 | - |
| Rate | **100%** | **0%** | - |

Percentage of client records that have a completed plan of care reviewed and/or updated at least monthly.

| | Yes | No | N/A |
|---|---|---|---|
| Client records that evidenced a completed plan of care that was updated at least monthly. | 21 | 0 | 17 |
| Clients in hospice services that were reviewed. | 21 | 21 | 38 |
| Rate | **100%** | **0%** | **45%** |

Percentage of client records that showed weekly updates to the MDT care plan

| | Yes | No | N/A |
|---|---|---|---|
| Client records that showed evidence of weekly updates to the MDT. | 38 | 0 | - |
| Clients in hospice services that were reviewed. | 38 | 38 | - |
| Rate | **100%** | **0%** | - |

**SERVICES**

Percentage of client records that evidenced daily nurse's notes

| | Yes | No | N/A |
|---|---|---|---|
| Number of client records that evidenced daily nursing documentation. | 38 | 0 | - |
| Clients in oral health services that were reviewed. | 38 | 38 | - |
| Rate | **100%** | **0%** | - |

Percentage of client records that had bereavement care plans

| | Yes | No | N/A |
|---|---|---|---|
| Client records that showed evidence of bereavement care plans. | 37 | 0 | 1 |
| Clients in oral health services that were reviewed. | 37 | 37 | 38 |
| Rate | **100%** | **0%** | 3% |

Percentage of client records that had dietary counseling

| | Yes | No | N/A |
|---|---|---|---|
| Number of client records that evidenced dietary counseling | 1 | 0 | 37 |
| Clients in oral health services that were reviewed. | 1 | 1 | 38 |
| Rate | **100%** | **0%** | 97% |

Percentage of client records that had spiritual counseling

| | Yes | No | N/A |
|---|---|---|---|
| Client records that evidenced spiritual counseling. | 38 | 0 | - |
| Clients in oral health services that were reviewed. | 38 | 38 | - |
| Rate | **100%** | **0%** | - |

Percentage of client records that had pain management needs assessed each shift

| | Yes | No | N/A |
|---|---|---|---|
| Number of client records that evidence a pain assessment each shift | 38 | 0 | - |
| Clients in oral health services that were reviewed. | 38 | 38 | - |
| Rate | **100%** | **0%** | - |

**FAMILY SUPPORT**

Percentage of client records that showed end of life support services were given to the family.

| | Yes | No | N/A |
|---|---|---|---|
| Client records that showed evidence of support services being offered to the family. | 38 | 0 | - |
| Clients in hospice services that were reviewed. | 38 | 38 | - |
| Rate | **100%** | **0%** | - |

**HOMELESSNESS**

Percentage of client records that show the client was homeless on admission

| | Yes | No | N/A |
|---|---|---|---|
| Client records that showed evidence of homeless on admission. | 3 | 35 | - |
| Clients in hospice services that were reviewed. | 38 | 38 | - |

| | | | |
|---|---|---|---|
| Rate | **8%** | **92%** | - |

**SUBSTANCE ABUSE**

Percentage of client records that showed the client had active substance abuse on admission.

| | Yes | No | N/A |
|---|---|---|---|
| Client records that evidenced active substance abuse on admission. | 3 | 35 | - |
| Clients in hospice services that were reviewed. | 38 | 38 | - |
| Rate | **8%** | **92%** | - |

**PSYCHIATRIC ILLNESS**

Percentage of client records that showed the client had active psychiatric illness on admission (excluding depression).

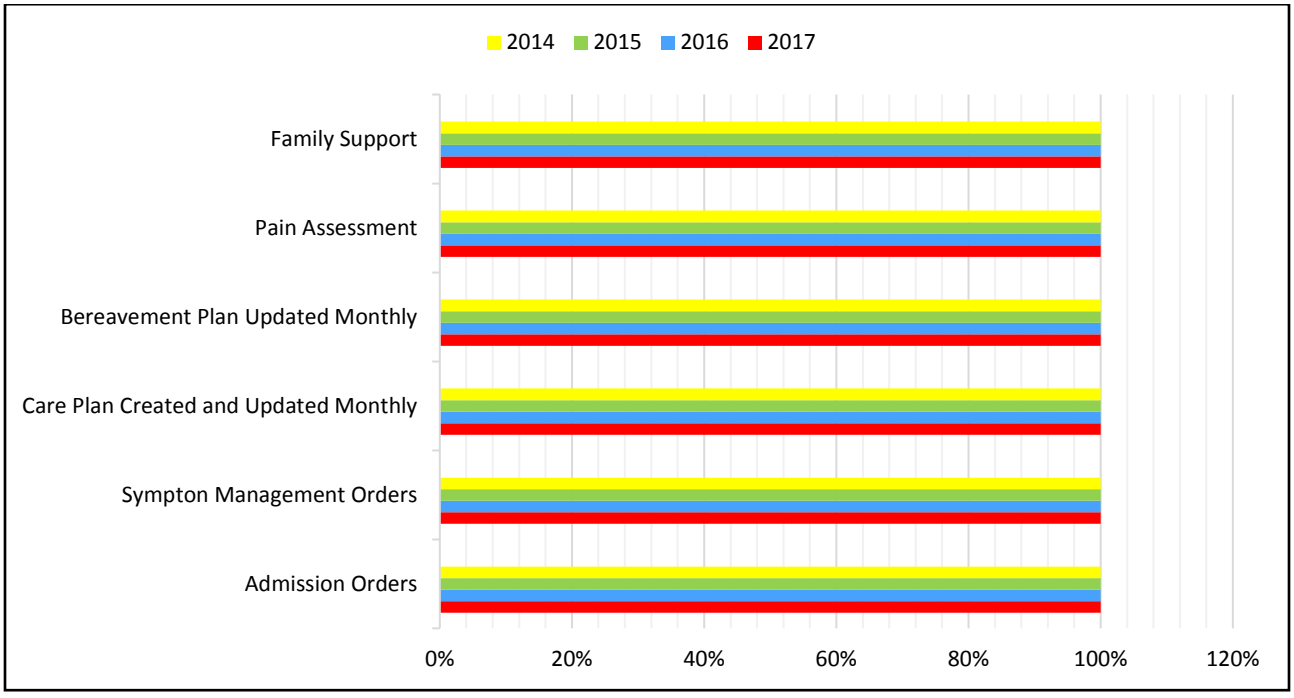
| | Yes | No | N/A |
|---|---|---|---|
| Number of client records that evidenced active psychiatric illness | 3 | 35 | - |
| Clients in hospice services that were reviewed. | 38 | 38 | - |
| Rate | **8%** | **92%** | - |

**DISCHARGE**

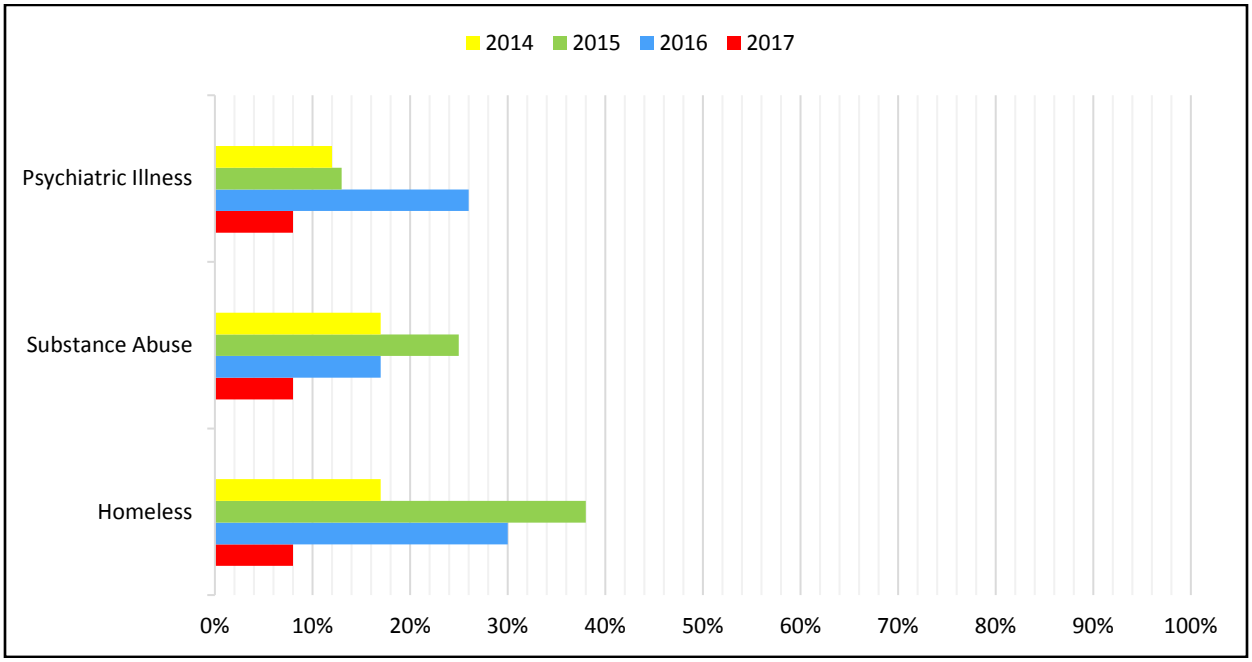
Percentage of client records that showed completed discharge documentation

| | Yes | No | N/A |
|---|---|---|---|
| Client records that evidenced completed discharge documentation. | 38 | 0 | - |
| Clients in hospice services that were reviewed. | 38 | 38 | - |
| Rate | **100%** | **0%** | - |

## HISTORICAL DATA



## COMORBIDITY DATA




## CONCLUSION

The review showed that Hospice Care continue to be delivered at a very high standard. All fifteen Standard of Care data elements were scored at 100% compliance, including care plan, symptom management and family support. Of the client records reviewed, 8% (3) of records indicated the client was homeless on admission. This is a significant decrease from 30% in 2016. Additionally, 8% (3) of records reviewed showed evidence that the client had active substance abuse on admission (decrease from 17% in 2015); 8% (3) of records reviewed showed evidence of active psychiatric illness on admission (excluding depression). This is a decrease from 26% in 2016. Demographically, the client's served in the age bracket 45 and up, is increasing with 15 (60%) clients in 2015, 22 (58%) clients in 2016 and 33 (65%) clients in 2017.

# MENTAL HEALTH SERVICES
# 2017 CHART REVIEW

# 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 HDSA 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.

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## QM Component of Monitoring

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## Scope of Funding

TRG contracts with one Subgrantee to provide hospice services in the Houston HSDA.

# INTRODUCTION

Description of Service

Mental Health Services are treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such services. **Individual Therapy/counseling** is defined as 1:1 or family-based crisis intervention and/or mental health therapy provided by a licensed mental health practitioner to an eligible HIV positive or HIV/AIDS affected individual. **Support Groups** are defined as professionally led (licensed therapists or counselor) groups that comprise HIV positive individuals, family members, or significant others for the purpose of providing emotional support directly related to the stress of caring for an HIV positive person.

Tool Development

The TRG Mental Health Services Tool is based upon established local 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, the file sample was created from a provider population of 293 who accessed mental health services in the measurement. The records of 59 clients were reviewed, representing 20% of the unduplicated population. The demographic makeup of the providers was used as a key to file sample pull.

*NOTES: DSHS changed the file sample percentage which will result in a lower number of files being reviewed in 2017.*

# Demographics- Mental Health

**2016 Annual**

**Total UDC: 404 Total New: 137**

| 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 | 11 | 2.72% |
| 25 - 44 years | 176 | 43.56% |
| 45 - 64 years | 200 | 49.50% |
| 65 years or older | 17 | 4.21% |
| Unknown | 0 | 0.00% |
| | 404 | 100% |
| **Gender** | **Number of Clients** | **% of Total** |
| "Other" and "Refused" are counted as "Unknown" | | |
| Female | 43 | 10.64% |
| Male | 354 | 87.62% |
| Transgender FTM | 0 | 0.00% |
| Transgender MTF | 7 | 1.73% |
| Unknown | 0 | 0.00% |
| | 404 | 100% |
| **Race/Ethnicity** | **Number of Clients** | **% of Total** |
| Includes Multi-Racial Clients | | |
| White | 157 | 38.86% |
| Black | 148 | 36.63% |
| Hispanic | 75 | 18.56% |
| Asian | 23 | 5.69% |
| Hawaiian/Pacific Islander | 1 | 0.25% |
| Indian/Alaskan Native | 0 | 0.00% |
| Unknown | 0 | 0.00% |
| | 404 | 100% |

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

**2017 Annual**

**Total UDC: 293 Total New: 104**

| 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 | 5 | 1.71% |
| 25 - 44 years | 116 | 39.59% |
| 45 - 64 years | 159 | 54.27% |
| 65 years or older | 13 | 4.44% |
| Unknown | 0 | 0.00% |
| | 293 | 100% |
| **Gender** | **Number of Clients** | **% of Total** |
| "Other" and "Refused" are counted as "Unknown" | | |
| Female | 10 | 3.41% |
| Male | 278 | 94.88% |
| Transgender FTM | 0 | 0.00% |
| Transgender MTF | 5 | 1.71% |
| Unknown | 0 | 0.00% |
| | 293 | 100% |
| **Race/Ethnicity** | **Number of Clients** | **% of Total** |
| Includes Multi-Racial Clients | | |
| White | 131 | 44.71% |
| Black | 94 | 32.08% |
| Hispanic | 67 | 22.87% |
| Asian | 1 | 0.34% |
| Hawaiian/Pacific Islander | 0 | 0.00% |
| Indian/Alaskan Native | 0 | 0.00% |
| Unknown | 0 | 0.00% |
| | 293 | 100% |

**From 01/01/17 - 12/31/17**

## RESULTS OF REVIEW

Psychosocial Assessment

Psychosocial Assessment completed no later than third counseling session.

| | Yes | No | N/A |
|---|---|---|---|
| Clients with assessment completed no later than the 3rd appt. | 59 | - | - |
| Client records reviewed that included in this measure. | 59 | - | - |
| Rate | **100%** | - | - |

Psychosocial Assessment: Required Elements

Psychosocial Assessment included assessment of all elements in the Mental Health Standards.

| | Yes | No | N/A |
|---|---|---|---|
| Clients with assessment completed no later than the 3rd appt. | 59 | - | - |
| Client records reviewed that included in this measure. | 59 | - | - |
| Rate | **100%** | - | - |

Treatment Plan

Treatment Plan completed no later than third counseling session.

| | Yes | No | N/A |
|---|---|---|---|
| Clients with treatment plans completed no later than the 3rd counseling session. | 52 | - | 7 |
| Client records reviewed that included in this measure. | 52 | - | 59 |
| Rate | **100%** | - | 12% |

Treatment Plan: Signed by Therapist

Treatment Plan was signed by the mental health professional who rendered service.

| | Yes | No | N/A |
|---|---|---|---|
| Clients with treatment plans signed by the mental health professional rendering service. | 52 | - | 7 |
| Client records reviewed that included in this measure. | 52 | - | 59 |
| Rate | **100%** | - | 12% |

Treatment Plan: Reviewed/Modified

Treatment Plan was reviewed and/modified at least every ninety (90) days.

| | Yes | No | N/A |
|---|---|---|---|
| Clients with treatment plans reviewed/modified every 90 days. | 50 | 2 | 7 |
| Client records reviewed that included in this measure. | 52 | 52 | 59 |
| Rate | **96%** | **4%** | 12% |

Services Provided: Required Elements

Treatment included counseling covering all elements outlined in the Mental Health Standards.

| | Yes | No | N/A |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Clients who received counseling covering all elements. | 59 | - | - |
| Client records reviewed that included in this measure. | 59 | - | - |
| Rate | **100%** | - | - |

Services Provided: Psychiatric Evaluation

Treatment included psychiatric evaluation was conducted/referral completed if needed.

| | Yes | No | N/A |
|---|---|---|---|
| Clients who psychiatric evaluation was conducted/referral completed if needed. | 1 | - | 58 |
| Client records reviewed that included in this measure. | 59 | - | 59 |
| Rate | **100%** | - | - |

Services Provided: Psychiatric Medication

Treatment included psychotropic medication management services, if needed.

| | Yes | No | N/A |
|---|---|---|---|
| Clients who documented psychotropic medication management service was provided if needed. | - | - | 59 |
| Client records reviewed that included in this measure. | 59 | - | 59 |
| Rate | **0%** | - | 100% |

Services Provided: Progress Notes

Progress notes completed for each counseling session and contained all elements outlined in the Mental Health Standards.

| | Yes | No | N/A |
|---|---|---|---|
| Clients with progress notes complete and containing all elements. | 59 | - | - |
| Client records reviewed that included in this measure. | 59 | - | - |
| Rate | **100%** | - | - |

Services Provided: Medical Care Coordination

Evidence that care was coordinated as appropriate across all medical care coordination team members.

| | Yes | No | N/A |
|---|---|---|---|
| Clients with care coordinated across team. | 59 | - | - |
| Client records reviewed that included in this measure. | 59 | - | - |
| Rate | **100%** | - | - |

Referrals: Referrals Made As Needed

Documentation that referrals were made as needed to specialized medical/mental health providers/services.

| | Yes | No | N/A |
|---|---|---|---|
| Clients with referral needed and made. | 27 | - | 32 |
| Client records reviewed that included in this measure. | 27 | - | 59 |

| | | | |
|---|---|---|---|
| Rate | **100%** | - | - |

Referrals: Referrals Outcome

Documentation is present in client's record of the referral and the outcome of the referral.

| | Yes | No | N/A |
|---|---|---|---|
| Clients with referral document with outcome of referral. | 27 | - | 32 |
| Client records reviewed that included in this measure. | 27 | - | 59 |
| Rate | **100%** | - | - |

Discharge Planning

Documentation is present that discharge planning was completed with the client.

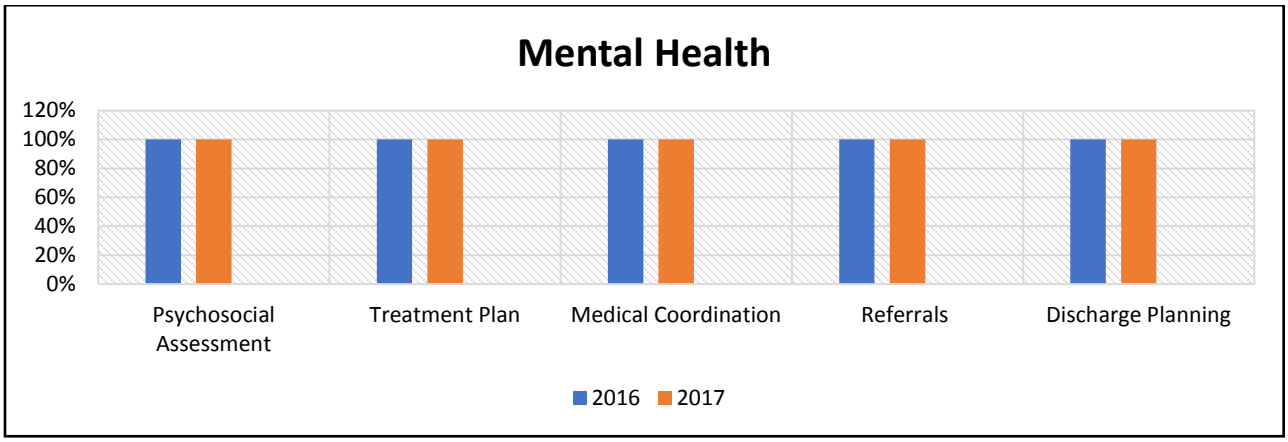
| | Yes | No | N/A |
|---|---|---|---|
| Clients with documented discharge planning. | 26 | - | 33 |
| Client records reviewed that included in this measure. | 26 | - | 59 |
| Rate | **100%** | - | - |

Discharge

Documentation is reason for discharge is located in the client's record and is consistent with agency policies.

| | Yes | No | N/A |
|---|---|---|---|
| Clients with documented reason for discharge. | 23 | - | 36 |
| Client records reviewed that included in this measure. | 23 | - | 59 |
| Rate | **100%** | - | - |

## HISTORICAL DATA




## CONCLUSION

Quality of mental health services continues to excellent. All clients reviewed (100%) completed a psychosocial assessment no later than the third counseling session, all clients had a treatment plan and medical care coordination was appropriate across all medical care coordination team members. Eleven data elements were met at 100%. Although 100% of clients had an appropriate treatment plan, 96% (50) had their plan reviewed and/or modified at least every ninety (90) days.

# ORAL HEALTH CARE SERVICES
# 2017 CHART REVIEW

# 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 HDSA 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 Subgrantee's comply with statutes and rules, perform client financial assessments, and delivery service in a manner consistent with established protocols and standards.

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## Scope of Funding

TRG contracts with two Subgrantees to provide oral health care services in the Houston HSDA.

## INTRODUCTION

Description of Service

Restorative dental services, oral surgery, root canal therapy, fixed and removable prosthodontics; periodontal services includes subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Oral medication (including pain control) for HIV patients 15 years old or older must be based on a comprehensive individual treatment plan. Prosthodontics services to HIV infected individuals including but not limited to examinations and diagnosis of need for dentures, crowns, bridgework and implants, diagnostic measurements, laboratory services, tooth extraction, relines and denture repairs.

Emergency procedures will be treated on a walk-in basis as availability and funding allows. Funded Oral Health Care providers are permitted to provide necessary emergency care regardless of a client's annual benefit balance. If a provider cannot provide adequate services for emergency care, the patient should be referred to a hospital emergency room.

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. 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

File sample was selected from a provider population of 2,918 clients who accessed oral healthcare services in the measurement year. The records of 160 clients were reviewed, representing 5% 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 2017.*

# Demographics- Oral Healthcare Services

**2016 Annual**

**Total UDC: 3153** **Total New: 2088**

| 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 | 66 | 2.09% |
| 25 - 44 years | 1155 | 36.63% |
| 45 - 64 years | 1719 | 54.52% |
| 65 years or older | 213 | 6.76% |
| Unknown | 0 | 0.00% |
| | 3153 | 100% |

| Gender | Number of Clients | % of Total |
|---|---|---|
| "Other" and "Refused" are counted as "Unknown" | | |
| Female | 846 | 26.83% |
| Male | 2288 | 72.57% |
| Transgender FTM | 1 | 0.03% |
| Transgender MTF | 18 | 0.57% |
| Unknown | 0 | 0.00% |
| | 3153 | 100% |

| Race/Ethnicity | Number of Clients | % of Total |
|---|---|---|
| Includes Multi-Racial Clients | | |
| White | 554 | 17.57% |
| Black | 1600 | 50.75% |
| Hispanic | 950 | 30.13% |
| Asian | 37 | 1.17% |
| Hawaiian/Pacific Islander | 3 | 0.10% |
| Indian/Alaskan Native | 9 | 0.29% |
| Unknown | 0 | 0.00% |
| | 3153 | 100% |

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

**2017 Annual**

**Total UDC: 2918** **Total New: 783**

| 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 | 66 | 2.26% |
| 25 - 44 years | 1091 | 37.40% |
| 45 - 64 years | 1565 | 53.62% |
| 65 years or older | 196 | 6.72% |
| Unknown | 0 | 0.00% |
| | 2918 | 100% |

| Gender | Number of Clients | % of Total |
|---|---|---|
| "Other" and "Refused" are counted as "Unknown" | | |
| Female | 759 | 26.01% |
| Male | 2132 | 73.06% |
| Transgender FTM | 1 | 0.04% |
| Transgender MTF | 26 | 0.89% |
| Unknown | 0 | 0.00% |
| | 2918 | 100% |

| Race/Ethnicity | Number of Clients | % of Total |
|---|---|---|
| Includes Multi-Racial Clients | | |
| White | 473 | 16.21% |
| Black | 1478 | 50.65% |
| Hispanic | 917 | 31.43% |
| Asian | 43 | 1.47% |
| Hawaiian/Pacific Islander | 1 | 0.04% |
| Indian/Alaskan Native | 6 | 0.20% |
| Unknown | 0 | 0% |
| | 2918 | 100% |

**From 01/01/17 - 12/31/17**

## RESULTS OF REVIEW

Client's HIV primary care provider contact information is documented in the client's oral health care record.

| | Yes | No | N/A |
|---|---|---|---|
| Number of client records that showed evidence of the measure | 156 | 9 | 2 |
| Number of clients records that were reviewed. | 165 | 165 | - |
| Rate | **95%** | **5%** | - |

An initial or updated dental and medical history within the last year is documented in the client's oral healthcare record (HRSA HAB Measure)

| | Yes | No | N/A |
|---|---|---|---|
| Number of client records that showed evidence of the measure | 147 | 13 | 7 |
| Clients records that were reviewed. | 160 | 160 | - |
| Rate | **92%** | **8%** | - |

Periodontal Screening/Examination conducted within the last year is documented in the client's oral healthcare record (HRSA HAB Measure)

| | Yes | No | N/A |
|---|---|---|---|
| Number of client records that showed evidence of the measure | 126 | 17 | 24 |
| Clients records that were reviewed. | 143 | 143 | - |
| Rate | **88%** | **12%** | - |

Dental provider obtained an initial baseline blood pressure/pulse reading during the initial limited physical examination and is documented in the client's oral healthcare record. If not obtained, dental provider documented reason.

| | Yes | No | N/A |
|---|---|---|---|
| Number of client records that showed evidence of the measure | 149 | 11 | 7 |
| Clients records that were reviewed. | 160 | 160 | - |
| Rate | **93%** | **7%** | - |

Oral examination conducted within the last year is documented in the client's oral healthcare record

| | Yes | No | N/A |
|---|---|---|---|
| Number of client records that showed evidence of the measure | 138 | 11 | 18 |
| Clients records that were reviewed. | 149 | 149 | - |
| Rate | **93%** | **7%** | - |

Dental treatment plan to include specific diagnostic, preventive, and therapeutic was established or updated within the last year and signed by the oral healthcare professional providing the services (HRSA HAB Measure)

| | Yes | No | N/A |
|---|---|---|---|
| Number of client records that showed evidence of the measure | 117 | 18 | 32 |
| Clients records that were reviewed. | 135 | 135 | - |

| | | | |
|---|---|---|---|
| Rate | **87%** | **13%** | - |

Phase 1 treatment plan to include prevention, maintenance and/or elimination of oral pathology resulting from dental caries or periodontal disease was established within one year of initial assessment and signed by the oral healthcare professional providing the services (HRSA HAB Measure)

| | Yes | No | N/A |
|---|---|---|---|
| Number of client records that showed evidence of the measure | 114 | 18 | 35 |
| Clients records that were reviewed. | 132 | 132 | - |
| Rate | **86%** | **14%** | - |

Oral health education for oral hygiene instruction and smoking cessation if applicable conducted within the last year is documented in the patient's oral healthcare record (HRSA HAB Measure)

| | Yes | No | N/A |
|---|---|---|---|
| Client records that showed evidence of an intraoral exam. | 36 | 112 | 19 |
| Clients in oral health services that were reviewed. | 148 | 148 | - |
| Rate | **24%** | **76%** | - |

## CONCLUSIONS

The 2017 data shows a continuation of excellent overall oral healthcare services. All indicators reviewed were modified for the Germane Solutions review, which has a threshold of 50%. All but one indicator was well above the established threshold for DSHS. Treatment plans and completed oral health examinations were well documented. Also, periodontal screening/examination were documented at 88%. The newest data element assessed oral instruction and smoking cessation, which was documented at a compliance rate of 24% will be re-examined this year assess how the provider(s) are documented the indicator.

# The Houston Regional HIV/AIDS Resource Group, Inc.

## FY 1718 DSHS State Services Rebate

## Procurement Report

## September 1, 2017- August 31, 2018

**Chart reflects spending through January 2018**

**Spending Target: 41%**

Revised 2/15/2018

| Priority | Service Category | Original Allocation per RWPC | % of Grant Award | Amendment | Contractual Amount | % of Grant Award | Date of Original Procurement | Expended YTD | Percent YTD |
|---|---|---|---|---|---|---|---|---|---|
| 6 | ADAP Eligibility Worker | $375,000 | 38% | | $375,000 | 38% | 9/1/2017 | $34,021 | 9% |
| 7 | Emergency Financial Assistance | $600,000 | 62% | | $600,000 | 62% | 9/1/2017 | $64,988 | 11% |
| **Total Houston HSDA** | | $975,000 | 100% | $0 | $975,000 | 100% | | $99,009 | 10% |

AEW: Two agencies have not submitted reports and one position unassigned for $ 75,000

EFA: The public clinic is yet to utilize services

# FY 2019 *HOW TO BEST MEET THE NEED* WORKGROUP SCHEDULE *(Revised 02/22/18)*

**Houston Ryan White Planning Council, 2223 W. Loop South; Houston, TX 77027**

## TRAINING FOR ALL PARTICIPANTS:

***1:30 p.m. ~ Thursday, April 12, 2018 ~ 2223 West Loop South, Room 532***

## SPECIAL WORKGROUPS:

***Monday, April 16, 2018***

***11:00 a.m. Outreach***

***12:30 p.m. Referral for Health Care and Support Services***

***2223 West Loop South, Room 416***

All workgroup packets are available online at www.rwpcHouston.org on the calendar for each date below (packets are in pdf format and are posted as they become available).

| *Workgroup 1* | *Workgroup 2* | *Workgroup 3* | *Workgroup 4* |
|---|---|---|---|
| **10:30 a.m.**<br>**Tuesday, April 24, 2018**<br>Room #532 | **1:30 p.m.**<br>**Tuesday, April 24, 2018**<br>Room #532 | **3:00 p.m.**<br>**Wednesday, April 25, 2018**<br>Room #416 | **10:00 a.m.**<br>**Tuesday, May 22, 2018**<br>Room #240 |
| **Group Leaders:** | **Group Leaders:** | **Group Leaders:** | **Group Leaders:**<br>Ella Collins-Nelson & Johnny Deal |
| ***SERVICE CATEGORIES:*** | ***SERVICE CATEGORIES:*** | ***SERVICE CATEGORIES:*** | ***SERVICE CATEGORIES:*** |
| **Ambulatory/Outpatient Medical Care** (includes Emergency Financial Assistance, Local Pharmacy Assistance, Medical Case Management and Service Linkage) – Adult and Rural | Health Insurance Premium & Co-pay Assistance | Early Intervention Services (Incarcerated)‡ | Blue Book |
| **Ambulatory/Outpatient Medical Care** (includes Medical Case Management and Service Linkage) – Pediatric | Medical Nutritional Therapy and Supplements | Home & Community-based Health Services (Adult Day Treatment)‡ | |
| **Clinical Case Management** | Mental Health Services‡ | Hospice | |
| **Non-Medical Case Management** (Service Linkage at Test Sites) | Oral Health – Rural & Untargeted‡ | Linguistic Services‡ | |
| **Vision Care** | Substance Abuse Treatment/ Counseling | Transportation (Van-based – untargeted & rural) | |

Part A categories in **BOLD** print are due to be RFP'd.

‡ Service Category for Part B/State Services only; Part B/State Services categories are RFP'd every year. **To confirm information for Part B/State Services, call 713 526-1016.**

DRAFT

# Quality Improvement Committee

# 2018 Criteria for Reviewing Ideas

In order for the Quality Improvement Committee to review a request for an idea, the idea must:

1.) Fit within the HRSA Glossary of HIV-Related Service Categories.

2.) Not duplicate a service currently being provided by Ryan White Part A or B or State Services funding.

3.) Document the need using one or more Planning Council publications.

4.) *For an emerging need only,* attach documentation from an outside source. Acceptable sources may include:

- Letter on agency letterhead from three other agencies describing their experience related to this need.
- Or, documentation from HIV websites or newspaper articles including a copy of the original document or study sited in the article or website.

**DRAFT**

# 2018 Proposed Idea

**(Applicant must complete this two-page form as it is. Agency identifying information must be removed or the application will not be reviewed. Please read the attached documents before completing this form: 1.) HRSA HIV-Related Glossary of Service Categories to understand federal restrictions regarding each service category, 2.) Criteria for Reviewing New Ideas, and 3.) Criteria & Principles to Guide Decision Making.)**

**THIS BOX TO BE COMPLETED BY RWPC SUPPORT STAFF ONLY**

_____ Control Number Date Received_____

Proposal will be reviewed by the: Quality Assurance Committee on:_____ (date)
Priority & Allocation Committee on: _____ (date)

## THIS PAGE IS FOR THE QUALITY IMPROVEMENT COMMITTEE
## (See Glossary of HIV-Related Service Categories & Criteria for Reviewing New Ideas)

1. SERVICE CATEGORY:_____
   (The service category must be one of the Ryan White Part A or B service categories as described in the HRSA Glossary of HIV-Related Service Categories.)

   This will provide _____ clients with _____ units of service.

2. ADDRESS THE FOLLOWING:
   - **A. DESCRIPTION OF SERVICE:**
   - **B. TARGET POPULATION (Race or ethnic group and/or geographic area):**
   - **C. SERVICES TO BE PROVIDED (including goals and objectives):**
   - **D. ANTICIPATED HEALTH OUTCOMES (Related to Knowledge, Attitudes, Practices, Health Data, Quality of Life, and Cost Effectiveness):**

3. ATTACH DOCUMENTATION IN ORDER TO JUSTIFY THE NEED FOR THIS NEW IDEA. AND, DEMONSTRATE THE NEED IN AT LEAST ONE OF THE FOLLOWING PLANNING COUNCIL DOCUMENTS:

___ Current Needs Assessment (Year:_____) Page(s): ___Paragraph: ___
___ Current HIV Comprehensive Plan (Year:_____) Page(s): ___Paragraph: ___
___ Health Outcome Results: Date: _____ Page(s): ___Paragraph: ___
___ Other Ryan White Planning Document:
Name & Date of Document: _____ Page(s): ___Paragraph: ___

RECOMMENDATION OF QUALITY IMPROVEMENT COMMITTEE:
___ Recommended ___ Not Recommended ___ Sent to How To Best Meet Need

REASON FOR RECOMMENDATION:

(Continue on Page 2 of this application form)

**DRAFT**

# Proposed Idea

**THIS PAGE IS FOR THE PRIORITY AND ALLOCATIONS COMMITTEE**
*(See Criteria and Principles to Guide Decision Making)*

THIS BOX TO BE COMPLETED BY RWPC SUPPORT STAFF ONLY AND INCLUDE A BRIEF HISTORY OF RELATED SERVICE CATEGORY, IF AVAILABLE.

CURRENTLY APPROVED RELATED SERVICE CATEGORY ALLOCATION/UTILIZATION:
Allocation: $_____
Expenditure: $_____ Year-to-Date

Utilization: _____ Unduplicated Clients Served Year-to-Date
_____ Units of Service Provided Year-to-Date

AMOUNT OF FUNDING REQUESTED:
$_____This will provide funding for the following purposes which will further the objectives in this service category: (describe how):

PLEASE STATE HOW THIS IDEA WILL MEET THE PRIORITY AND ALLOCATIONS CRITERIA AND PRINCIPLES TO GUIDE DECISION MAKING. SITE SPECIFIC STEPS AND ITEMS WITHIN THE STEPS:

RECOMMENDATION OF PRIORITY AND ALLOCATIONS COMMITTEE:

___ Recommended for Funding in the Amount of: $_____
___ Not Recommended for Funding
___ Other:

REASON FOR RECOMMENDATION:

# FYI

**If you are interested in helping your community, we invite you to JOIN US!!**

******Must 18 years of age or older and a person living with HIV to participate******

# LEADERSHIP TRAININGS

March 19th – 21st

9:30 a.m. – 3:30 p.m.

AFH (UNDERNEATH THE AWNING)
6260 Westpark Drive, Suite 100
Houston, TX 77057

- **Make a difference**
- **Become better educated about HIV**
- **Get Empowered to help yourself and others**
- **Learn key advocacy tools to begin fighting against stigma**

For More Information and/or to Register Contact:

**Angela F. Hawkins**
**(713) 382-3783**
**pwnusagha421@gmail.com**

**** Breakfast and Lunch provided for Daytime Classes and Dinner for the Evening Classes****

***Due to venue constraints, you MUST register in order to attend!!***

April 2nd – 4th

5:30 p.m. – 9:00 p.m.

Legacy Community Health
1415 California Street
Houston, TX 77006

AIDS United Public Policy Committee

AIDS Foundation Houston

Positive Women's Network - Texas, Greater Houston Area
pwn-usa.org

Legacy Community Health

# Join Positive Women's Network Texas
# in Deepening the PLHIV leadership bench in Texas

Positive Women's Network- Texas seeks to prepare and equip 100 People Living with HIV in Texas to participate effectively in decision-making and policy advocacy efforts by increasing understanding of meaningful involvement of people living with HIV, avenues for involvement, and key advocacy issues such as HIV criminalization and Healthcare. We will also support meaningful involvement on decision-making and advisory bodies for those already engaged or getting newly engaged.

**PROJECT GOALS**

1. Train a minimum of 100 PLHIV to integrate MIPA in their roles in the community to influence decisions that impact PLHIV
2. Decrease the use of stigmatizing language to describe people living with HIV.
3. Strengthen and grow a network of TX PLHIV advocates
4. Support PLHIV already working in the field and/or serving on planning councils, CABs, and other decision making or advisory bodies to have a greater impact in advancing human rights and dignity for PLHIV
5. Increase meaningful participation by PLHIV on existing boards, planning groups, and other advisory and decision- making bodies.

**Project Execution**

- 3-day, 6 hours a day training
- Training Materials Provided
- Breakfast and Lunch Provided
- Bus passes and gift cards for gas on a case by case basis

**Who can join?**

- This project is specifically for any person Living with HIV/AIDS
- 18 yrs. or older

**How to get involved**

If you have clients that you believe may benefit from this training, or you would like to host this training in your area please contact:


**Dallas Fort Worth area & surrounding counties**

Roxanne Glapion
214-466-0475
Dfwpwn.usa@gmail.com

**Houston area & surrounding counties**

Angela F. Hawkins
713-382-3783
Afhawkins1964@gmail.com