

## Houston Area HIV Services Ryan White Planning Council

Quality Improvement Committee

2:00 p.m., Tuesday, May 15, 2018

Meeting Location: 2223 W. Loop South, Room 416; Houston, Texas 77027

### Agenda

\* Indicates that the report will be provided at the meeting

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- I. Call to Order Denis Kelly and  
Gloria Sierra, Co-Chairs
- A. Moment of Reflection
- B. Adoption of Agenda
- C. Approval of Minutes
1. 03-13-18 Joint Committee Meeting
2. 03-13-18 Quality Improvement Committee Meeting
- 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 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. Committee members are asked to remember that this is a time to hear from the community. It is not a time for dialogue. Committee members and staff are asked to refrain from asking questions of the person giving public comment.)
- III. Reports from Ryan White Administrative Agents
- A. Ryan White Part A\* Carin Martin
- B. Ryan White Part B and State Services\* Patrick Martin
- IV. The FY 2019 How to Best Meet the Need (HTBMN) Process
- A. FY 2019 HTBMN Workgroup Recommendations including  
Financial Eligibility
- B. FY 2019 HIV Targeting Chart
- V. New Business
- A. Checklist for Assessment of the Administrative Mechanism Amber Harbolt
- B. Quarterly Committee Report
- VI. Tentative: Old Business – See March committee packet for reports
- A. Part B/SS Annual Consumer Involvement Report Reachelian Ellison
- B. Part B/SS FY16 Chart Reviews Tiffany Shepherd
- VII. Announcements
- Public Hearing: 7:00 p.m., Monday, May 21, 2018, City Annex, 900 Bagby St, Houston, 77002
- Special Committee Meeting: 9:00 a.m., Tuesday, May 22, 2018, Room 240
- CANCELLED: June 19<sup>th</sup> Quality Improvement Committee meeting – no available rooms
- VIII. Adjourn

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

Joint Meeting of the Affected Community,  
Quality Improvement, Priority and Allocations Committees  
2:00 p.m., Tuesday, March 13, 2018  
Meeting Location: 2223 W. Loop South, Room 416, Houston, Texas 77027

**Minutes**

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

<b>QI MEMBERS PRESENT</b>	<b>OTHER MEMBERS PRESENT</b>	<b>OTHERS PRESENT</b>
Gloria Sierra, Co-Chair	Skeet Boyle, ACC	Sha'Terra Johnson-Fairley, TRG
Dennis Kelly, Co-Chair	Mona Cartwright-Biggs, ACC	Carin Martin, RWGA
Rosalind Belcher	Ma'Janae Chambers, ACC	Heather Keizman, RWGA
Daphne L. Jones, via phone	Johnny Deal, ACC	Tasha Traylor, RWGA
Tom Lindstrom	Herman Finley, ACC	Tori Williams, Ofc of Support
Viviana Santibanez	Ronnie Galley, ACC	Amber Harbolt, Ofc of Support
Eddie Givens (ACC)	Rodney Mills, ACC	Diane Beck, Ofc of Support
Billy Ray Grant, Jr.	Nancy Miertschin, CHP	
Pete Rodriguez	Ella Collins-Nelson, PA	
Tracy Sandles	Bobby Cruz, PA	
Crystal Starr	J. Hoxi Jones, PA	
David Watson	Allen Murray, PA	
	Krystal Perez, PA	
	C. Bruce Turner, PA	

ACC=Affected Community Committee; CHP=Comprehensive HIV Planning; OP=Operations; PA=Priority and Allocations

**Call to Order:** Denis Kelly, Co-Chair, Quality Improvement Committee, called the meeting to order at 2:11 p.m. and asked for a moment of reflection.

**Adoption of the Agenda:** ***Motion #1:** it was moved and seconded (Givens, Boyle) to adopt the agenda with one change: on VI. Justification tools change Robert Noble to Denis Kelly. **Motion carried.***

**Public Comment:** None.

**HRSA Service Categories:** Tori Williams, Office of Support, briefly summarized the attached documents: HRSA Part A and B Fundable Program Services List and Definitions for Eligible Services, FY 2018 Houston Part A, B and State Services-funded service categories and Ryan White Program legislation regarding Core Services. She explained that the list of funded service categories could change if a proposed idea is approved. A new service must be on the list of allowable services and within the parameters of what can be provided and the Council must justify why a service is funded and/or continues to be funded.

**Justification Tool:** The committee members reviewed the FY 2018 Justification Chart, which lists the

criteria used to select Ryan White Part A and B, and State Service funded services. **Motion #2**: *it was moved and seconded (Boyle, Collins-Nelson) to use the FY 2018 Justification Chart criteria for FY 2019. Motion carried.*

**Announcements:** None.

**Adjournment:** The meeting was adjourned at 2:27 p.m.

Submitted by:

Approved by:

\_\_\_\_\_  
Tori Williams, Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Committee Chair

\_\_\_\_\_  
Date

# 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 416; Houston, Texas 77027

### Minutes

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#### MEMBERS PRESENT

Gloria Sierra, Co-Chair  
Dennis Kelly, Co-Chair  
Rosalind Belcher  
Daphne L. Jones, via phone  
Tom Lindstrom  
Viviana Santibanez  
Eddie Givens  
Billy Ray Grant, Jr.  
Pete Rodriguez  
Tracy Sandles  
Crystal Starr  
David Watson

#### MEMBERS ABSENT

Ted Artiaga  
Connie Barnes  
David Benson, excused  
John Poole, excused  
Venita Ray  
Carol Suazo  
Kevin Aloysius  
Shamra Hodge, excused  
Tiffany Jones, excused

#### OTHERS PRESENT

Sha'Terra Johnson-Fairley, TRG  
Carin Martin, RWGA  
Tasha Traylor, RWGA  
Heather Keizman, RWGA  
Tori Williams, Ofc of Support  
Amber Harbolt, Ofc of Support  
Diane Beck, Ofc of Support

**Call to Order:** Gloria Sierra, Co-Chair, called the meeting to order at 2:39 p.m. and asked for a moment of reflection.

**Adoption of the Agenda:** ***Motion #1:** it was moved and seconded (Starr, Givens) to adopt the agenda with one change: Table item IV. C. Part B/SS FY16 Chart Reviews. **Motion carried.***

**Approval of the Minutes:** ***Motion #2:** it was moved and seconded (Givens, Denis) to approve the February 13, 2018 meeting minutes. **Motion carried.** Abstentions: Belcher, Grant, Rodriguez, Sandles, Santibanez, Starr, Watson.*

**Public Comment:** None.

#### **Reports from the Administrative Agents:**

Ryan White Part A - C. Martin said there have been no changes since February 2018.

Ryan White Part B and State Services - Johnson-Fairley presented the State Services-R Procurement and Health Insurance Assistance Program reports, see attached. She said that Reachelian Ellison would be at the next meeting to talk about the Consumer Interview Results and Tiffany Shepherd will present the chart reviews.

**How to Best Meet the Need:** Williams reviewed the How to Best Meet the Need process. The following members signed up for workgroups:

Special Workgroup #1:	Givens, Miertschin, Robinson, Rodriguez, Watson
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Scribe: D. Beck

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

**2018 Quality Assurance Meeting Voting Record for Meeting Date 03/13/18**

MEMBERS:	Motion #1 Agenda				Motion #2 Minutes				Motion #3 2018 Proposed Idea Form				Motion #4 2018 Criteria for Proposed Ideas			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Gloria Sierra, Co-Chair				C				C				C				C
Denis Kelly, Co-Chair		X				X				X				X		
Ted Artiaga	X				X				X				X			
Rosalind Belcher		X						X		X				X		
Connie Barnes	X				X				X				X			
David Benson	X				X				X				X			
Daphne L. Jones		X				X				X				X		
Tom Lindstrom		X				X				X				X		
John Poole	X				X				X				X			
Venita Ray	X				X				X				X			
Viviana Santibanez		X						X		X				X		
Carol Suazo	X				X				X				X			
Kevin Aloysius	X				X				X				X			
Eddie Givens		X				X				X				X		
Billy Ray Grant, Jr.		X						X	X				X			
Shamra Hodge	X				X				X				X			
Tiffany Jones	X				X				X				X			
Pete Rodriguez		X						X		X				X		
Tracy Sandles		X						X		X				X		
Crystal Starr		X						X		X				X		
David Watson		X						X		X				X		

# PUBLIC COMMENT

Submitted 02-13, 2018

From email to Office of Support and Ryan White Grant Administration

## **Subject:** Update on Substance Abuse Block Grant funds

There is legislation attached to this block grant that set aside 5% of the funding for HIV services for substance users. Due to poor wording in the enabling legislation from 1987 setting aside 5% of the block grant for HIV services, Texas has fallen under the AIDS case threshold for this set aside. (They used AIDS cases instead of HIV surveillance numbers.) The Center receives \$1,332,214 for case management and outreach from this source. The set aside will end 8.31.19. We have been in conversations with the state about how this funding can be repurposed to capture the training and expertise that the staff has gained in the 22 years we have had this set aside but it will not be for HIV. We have 4 clinical case managers and part of a supervisor serving current or former substance users and those in treatment. AAMA has 1 plus part of a supervisor. We would like the council and grants administration to know this so that when the next round of allocations are done, they will understand that these positions will be lost starting 9.1.19. Please let me know what information you need to brief the council.

--

Ann J. Robison, PhD  
Executive Director  
The Montrose Center

**Houston Area HIV Services Ryan White Planning Council**

2223 West Loop South, Suite 240, Houston, Texas 77027

713 572-3724 telephone; 713 572-3740 fax

www.rwpchouston.org

**FY 2019 How to Best Meet the Need Workgroup Service Category  
Recommendations Summary** (as of 04/26/18)

***Those services for which no change is recommended include:***

Ambulatory Outpatient Medical Care  
Case Management (Medical and Non-Medical Service Linkage)  
Early Intervention Services (targeting the Incarcerated)  
Emergency Financial Assistance  
Health Insurance Premium and Cost Sharing Assistance  
Home and Community Based Health Services (Day Treatment)  
Hospice Services  
Linguistic Services  
Local Pharmacy Assistance Program  
Medical Nutritional Therapy/Supplements  
Mental Health Services  
Oral Health (Untargeted and Targeting the Northern Rural Area)  
Outreach Services - Primary Care Re-Engagement  
Substance Abuse Treatment  
Transportation  
Vision Care

***Services with recommended changes include the following:***

**Case Management (Clinical)**

- 🚫 Explore the concept of bundling or complimenting Clinical Case Management with service linkage targeting HIV+ individuals with substance use disorders. Ask staff to provide the Quality Improvement committee details on how this could be done. It is recommended that the service linkage workers have experience working with substance abuse disorders.

**Referral for Health Care and Support Services**

- 🚫 Accept the service definition with one change: change 'service linkage worker' to 'ADAP Enrollment Worker' and keep the financial eligibility the same at 300%.



**Houston Area HIV Services Ryan White Planning Council**  
**Assessment of the Local Ryan White HIV/AIDS Program Administrative Mechanism**  
**Assessment Checklist**

(Quality Improvement Committee approved 05/18/17)

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**Background**

The Ryan White CARE Act requires local Planning Councils to “[a]ssess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area” (Ryan White Part A [formerly Title I] *Manual*, Section V, Chapter 1, Page 4). To meet this mandate, a time-specific documented observation of the local procurement, expenditure, and reimbursement process for Ryan White funds is conducted by the local Planning Councils (*Manual*, Section VI, Chapter 1, Page 7). The observation process is not intended to evaluate either the local administrative agencies for Ryan White funds or the individual service providers funded by Ryan White (*Manual*, Section VI, Chapter 1, Page 8). Instead, it produces information about the procurement, expenditure, and reimbursement process for the local *system* of Ryan White funding that can be used for overall quality improvement purposes.

**Process**

In the Houston eligible area, an assessment of the local administrative mechanism is performed for each Fiscal Year of Ryan White funding using a written checklist of specific data points. Taken together, the information generated by the checklist is intended to measure the overall efficacy of the local procurement, reimbursement, and contract monitoring processes of the administrative agents for (1) Ryan White Part A and Minority AIDS Initiative (MAI) funds; and (2) Ryan White Part B and State Services (SS) funds. The checklist is reviewed and approved annually by the Quality Improvement Committee of the Houston Area HIV Services Ryan White Planning Council, and application of the checklist, including data collection, review, analysis and reporting, is performed by the Ryan White Planning Council Office of Support in collaboration with the administrative agents for the funds. All data and documents reviewed in the process are publicly available.

**Checklist**

The checklist for the assessment of the administrative mechanism for the Houston eligible area is attached below. The following acronyms are used in the checklist:

AA:	Administrative Agent
DSHS:	Texas Department of State Health Services
FY:	Fiscal Year (The FY to be assessed for Part A, B, and MAI will be the immediate prior FY, ending February 28 [Part A and MAI] and March 31 [Part B]; the FY to be assessed for SS will be the most recent completed FY.
MAI:	Minority AIDS Initiative
MOU:	Memorandum of Understanding (between the AAs and the Planning Council)
NGA:	Notice of Grant Award
PC:	Ryan White Planning Council
RFP:	Request for Proposals
SOC:	Standards of Care
SS:	State Services

**Checklist for the Assessment of the Ryan White Administrative Mechanism in the Houston Area** (Quality Improvement Committee approved 05-18-17)

Intent of the Measure	Data Point to Measure	Method of Measurement	Data Source
<b>Section I: Procurement/Request for Proposals Process</b>			
<ul style="list-style-type: none"> <li>To assess the timeliness of the AA in authorizing contracted agencies to provide services</li> </ul>	Time between receipt of NGA or funding contract by the AA and when contracts are executed with funded service providers	a) How much time elapsed between receipt of the NGA or funding contract by the AA and contract execution with funded service providers (i.e., 30, 60, 90 days)?	Part A/MAI: (1) NGA; and (2) Commissioner's Court Agendas  Part B/SS: (1) DSHS Contract Face Sheet; and (2) Contract Tracking Sheet
<ul style="list-style-type: none"> <li>To assess the timeliness of the AA in procuring funds to contracted agencies to provide services</li> </ul>	Time between receipt of NGA or funding contract by the AA and when funds are procured to contracted service providers	b) What percentage of the grant award was procured by the: <input type="checkbox"/> 1 <sup>st</sup> quarter? <input type="checkbox"/> 2 <sup>nd</sup> quarter? <input type="checkbox"/> 3 <sup>rd</sup> quarter?	Year-to-date and year-end FY Procurement Reports provided by AA to PC
<ul style="list-style-type: none"> <li>To assess if the AA awarded funds to service categories as designed by the PC</li> </ul>	Comparison of the list of service categories awarded funds by the AA to the list of allocations made by the PC	c) Did the awarding of funds in specific categories match the allocations established by the PC at the: <input type="checkbox"/> 1 <sup>st</sup> quarter? <input type="checkbox"/> 2 <sup>nd</sup> quarter? <input type="checkbox"/> 3 <sup>rd</sup> quarter?	Year-to-date and year-end FY Procurement Reports provided by AA to PC  Final PC Allocations Worksheet
<ul style="list-style-type: none"> <li>To assess if the AAs make potential bidders aware of the grant award process</li> </ul>	Confirmation of communication by the AAs to potential bidders specific to the grant award process	d) Does the AA have a grant award process which: <input type="checkbox"/> Provides bidders with information on applying for grants? <input type="checkbox"/> Offers a bidder's conference?	RFP  Courtesy Notices for Pre-Bid Conferences
<ul style="list-style-type: none"> <li>To assess if the AAs are requesting bids for service category definitions approved by the PC</li> </ul>	Confirmation of communication by the AAs to potential bidders specific to PC products	e) Does the RFP incorporate service category definitions that are consistent with those defined by the PC?	RFP
<ul style="list-style-type: none"> <li>To assess if the AAs are procuring funds in alignment with allocations</li> </ul>	Comparison of final amounts procured and total amounts allocated in each service category	f) At the end of the award process, were there still unobligated funds?	Year-end FY Procurement Reports provided by AA to PC
<ul style="list-style-type: none"> <li>To assess if the AAs are dispersing all available funds for services and, if not, are unspent funds within the limits allowed by the funder</li> </ul>	Review of final spending amounts for each service category	g) At the end of the year, were there unspent funds? If so, in which service categories?	Year-end FY Procurement Reports provided by AA to PC

**Checklist for the Assessment of the Ryan White Administrative Mechanism in the Houston Area** (Quality Improvement Committee approved 05-18-17)

Intent of the Measure	Data Point to Measure	Method of Measurement	Data Source
<b>Section I: Procurement/Request for Proposals Process (con't)</b>			
<ul style="list-style-type: none"> <li>To assess if the AAs are making the PC aware of the procurement process</li> </ul>	Confirmation of communication by the AAs to the PC specific to procurement results	h) Does the AA have a method of communicating back to the PC the results of the procurement process?	MOU  PC Agendas
<b>Section II: Reimbursement Process</b>			
<ul style="list-style-type: none"> <li>To assess the timeliness of the AA in reimbursing contracted agencies for services provided</li> </ul>	Time elapsed between receipt of an accurate contractor reimbursement request or invoice and the issuance of payment by the AA	a) What is the average number of days that elapsed between receipt of an accurate contractor reimbursement request or invoice and the issuance of payment by the AA?  b) What percent of contractors were paid by the AA after submission of an accurate contractor reimbursement request or invoice: <input type="checkbox"/> Within 20 days? <input type="checkbox"/> Within 35 days? <input type="checkbox"/> Within 50 days?	Annual Contractor Reimbursement Report
<b>Section III: Contract Monitoring Process</b>			
<ul style="list-style-type: none"> <li>To assess if the AA is monitoring adherence by contracted agencies to PC quality standards</li> </ul>	Confirmation of use of adopted SOC in contract monitoring activities	a) Does the AA use the SOC as part of the contract monitoring process?	RFP  Policy and Procedure for Performing Site Visits  Quality Management Plan

**2018 Quarterly Report**  
**Quality Improvement Committee**  
(May 2018)

**Status of Committee Goals and Responsibilities (\*means mandated by HRSA)**

1. Conduct the “How to Best Meet the Needs” (HTBMN) process, with particular attention to the continuum of care with respect to HRSA identified core services.
2. Develop a process for including consumer input that is proactive and consumer friendly for the Standards of Care and Performance Measures review process.
3. Continue to improve the information, processes and reporting (within the committee and also thru collaboration with other Planning Council committees) needed to:
  - a. Identify “The Un-met Need”;
  - b. Determine “How to Best Meet the Needs”;
  - c. \*Strengthen and improve the description and measurement of medical and health related outcomes.
4. \*Identify and review the required information, processes and reporting needed to assess the “Efficiency of the Administrative Mechanism”. Focus on the status of specific actions and related time-framed based information concerning the efficiency of the administrative mechanism operation in the areas of:
  - a. Planning fund use (meeting RWPC identified needs, services and priorities);
  - b. Allocating funds (reporting the existence/use of contract solicitation, contract award and contract monitoring processes including any time-frame related activity);
  - c. Distributing funds (reporting contract/service/re-imbursement expenditures and status, as well as, reporting contract/service utilization information).
5. Annually, review the status of committee activities identified in the current Comprehensive Plan.

**Status of Tasks on the Timeline:**

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Committee Chairperson

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Date

## Table of Contents

### FY 2019 Houston EMA/HSDA Service Categories Definitions Ryan White Part A, Part B and State Services

<u>Service Definition</u>	<b>Approved FY18 Financial Eligibility</b> Based on federal poverty guidelines	<b>Proposed FY19 Financial Eligibility</b> Based on federal poverty guidelines	<b>Page #</b>
Ambulatory/Outpatient Medical Care (includes Medical Case Management, Service Linkage, Local Pharmacy Assistance) CBO, Public Clinic, Rural & Pediatric – Part A	<b>300%,</b> (None, None, 300% non-HIV, 500% HIV meds)	<b>300%,</b> (None, None, 300% non-HIV, 500% HIV meds)	<b>1 15 30 44</b>
Case Management (Clinical) - Part A	<b>No Financial Cap</b>	<b>No Financial Cap</b>	<b>56</b>
Case Management (Non-Medical, Service Linkage at Testing Sites) - Part A	<b>No Financial Cap</b>	<b>No Financial Cap</b>	<b>62</b>
Early Intervention Services (Incarcerated) - State Services	<b>No Financial Cap</b>	<b>No Financial Cap</b>	<b>69</b>
Emergency Financial Assistance Pharmacy Assistance – Part A	<b>500%</b>	<b>500%</b>	<b>72</b>
Health Insurance Premium and Cost Sharing Assistance - Part B/State Services - Part A	<b>0 - 400%</b> <b>ACA plans: must have a subsidy (see Pt. B service definition for exception)</b>	<b>0 - 400%</b> <b>ACA plans: must have a subsidy (see Pt. B service definition for exception)</b>	<b>76 79</b>
Home & Community-Based Health Services Adult Day Care (facility-based) - Part B	<b>300%</b>	<b>300%</b>	<b>82</b>
Hospice Services - State Services	<b>300%</b>	<b>300%</b>	<b>85</b>
Linguistic Services - State Services	<b>300%</b>	<b>300%</b>	<b>89</b>
Medical Nutritional Therapy and Nutritional Supplements - Part A	<b>300%</b>	<b>300%</b>	<b>92</b>
Mental Health Services – SS	<b>300%</b>	<b>300%</b>	<b>96</b>
Oral Health - Untargeted – Part B - Rural (North) – Part A	<b>300%</b>	<b>300%</b>	<b>100 103</b>
Outreach Services - Primary Care Retention - Part A	<b>No Financial Cap</b>	<b>No Financial Cap</b>	<b>106</b>
Referral for Health Care and Support Services ADAP Enrollment Workers – State Services-R	<b>No Financial Cap</b>	<b>No Financial Cap</b>	<b>109</b>
Substance Abuse Treatment - Part A	<b>300%</b>	<b>300%</b>	<b>111</b>
Transportation - Part A	<b>400%</b>	<b>400%</b>	<b>114</b>
Vision Care - Part A	<b>300%</b>	<b>300%</b>	<b>120</b>



FY 2018 Houston EMA Ryan White Part A/MAI Service Definition <b>Comprehensive Outpatient Primary Medical Care including Medical Case Management,                      Service Linkage and Local Pharmacy Assistance Program (LPAP) Services</b> (Revision Date: 5/21/15)	
HRSA Service Category Title: <b>RWGA Only</b>	1. Outpatient/Ambulatory Medical Care 2. Medical Case Management 3. AIDS Pharmaceutical Assistance (local) 4. Case Management (non-Medical)
Local Service Category Title:	Adult Comprehensive Primary Medical Care - CBO <ul style="list-style-type: none"> <li>i. Community-based Targeted to African American</li> <li>ii. Community-based Targeted to Hispanic</li> <li>iii. Community-based Targeted to White/MSM</li> </ul>
Amount Available: <b>RWGA Only</b>	Total estimated available funding: <u>\$0.00</u> (to be determined) <ul style="list-style-type: none"> <li>1. Primary Medical Care: <u>\$0.00</u> (including MAI)                             <ul style="list-style-type: none"> <li>i. Targeted to African American: <u>\$0.00</u> (incl. MAI)</li> <li>ii. Targeted to Hispanic: <u>\$0.00</u> (incl. MAI)</li> <li>iii. Targeted to White: <u>\$0.00</u></li> </ul> </li> <li>2. LPAP <u>\$0.00</u></li> <li>3. Medical Case Management: <u>\$0.00</u> <ul style="list-style-type: none"> <li>i. Targeted to African American <u>\$0.00</u></li> <li>ii. Targeted to Hispanic <u>\$0.00</u></li> <li>iii. Targeted to White <u>\$0.00</u></li> </ul> </li> <li>4. Service Linkage: <u>\$0.00</u></li> </ul> Note: The Houston Ryan White Planning Council (RWPC) determines overall annual Part A and MAI service category allocations & reallocations. RWGA has sole authority over contract award amounts.
Target Population:	Comprehensive Primary Medical Care – Community Based <ul style="list-style-type: none"> <li>i. Targeted to African American: African American ages 13 or older</li> <li>ii. Targeted to Hispanic: Hispanic ages 13 or older</li> <li>iii. Targeted to White: White (non-Hispanic) ages 13 or older</li> </ul>
Client Eligibility: Age, Gender, Race, Ethnicity, Residence, etc.	PLWHA residing in the Houston EMA (prior approval required for non-EMA clients). Contractor must adhere to Targeting requirements and Budget limitations as applicable.
Financial Eligibility:	<i>See FY 2018 Approved Financial Eligibility for Houston EMA/HSDA</i>
Budget Type: <b>RWGA Only</b>	Hybrid Fee for Service
Budget Requirement or Restrictions: <b>RWGA Only</b>	<b>Primary Medical Care:</b> No less than 75% of clients served in a Targeted subcategory must be members of the targeted population with the following exceptions: 100% of clients served with MAI funds must be members of the targeted population. 10% of funds designated to primary medical care must be

	<p>reserved for invoicing diagnostic procedures at actual cost. Contractors may not exceed the allocation for each individual service component (Primary Medical Care, Medical Case Management, Local Pharmacy Assistance Program and Service Linkage) without prior approval from RWGA.</p> <p><b>Local Pharmacy Assistance Program (LPAP):</b> Houston RWPC guidelines for Local Pharmacy Assistance Program (LPAP) services: Contractor shall offer HIV medications from an approved formulary for a total not to exceed \$18,000 per contract year per client. Contractor shall offer HIV-related medications for a total not to exceed \$3,000 per contract year per client. These guidelines are determined by the RWPC. The RWPC determines the subcategories that shall include Ryan White LPAP funding.</p> <p>Medications must be provided in accordance with Houston EMA guidelines, HRSA/HAB rules and regulations and applicable Office of Pharmacy Affairs 340B guidelines.</p> <p>At least 75% of the total amount of the budget for LPAP services must be solely allocated to the actual cost of medications and may not include any storage, administrative, processing or other costs associated with managing the medication inventory or distribution.</p>
<p>Service Unit Definition/s: <b>RWGA Only</b></p>	<ul style="list-style-type: none"> <li>• Outpatient/Ambulatory Medical Care: One (1) unit of service = One (1) primary care office/clinic visit which includes the following: <ul style="list-style-type: none"> <li>• Primary care physician/nurse practitioner, physician's assistant or clinical nurse specialist examination of the patient, and</li> <li>• Medication/treatment education</li> <li>• Medication access/linkage</li> <li>• OB/GYN specialty procedures (as clinically indicated)</li> <li>• Nutritional assessment (as clinically indicated)</li> <li>• Laboratory (as clinically indicated, not including specialized tests)</li> <li>• Radiology (as clinically indicated, not including CAT scan or MRI)</li> <li>• Eligibility verification/screening (as necessary)</li> <li>• Follow-up visits wherein the patient is not seen by the MD/NP/PA are considered to be a component of the original primary care visit.</li> </ul> </li> <li>• Outpatient Psychiatric Services: 1 unit of service = A single (1) office/clinic visit wherein the patient is seen by a State licensed and board-eligible Psychiatrist or qualified Psychiatric Nurse Practitioner. This visit may or may not occur on the same date as a primary care office visit.</li> <li>• Nutritional Assessment and Plan: 1 unit of service = A single comprehensive nutritional assessment and treatment plan performed by a Licensed, Registered Dietician initiated upon a physician's order. Does not include the provision of</li> </ul>



	<p>Supplements or other products (clients may be referred to the Ryan White funded Medical Nutritional Therapy provider for provision of medically necessary supplements). The nutritional assessment visit may or may not occur on the same date as a medical office visit.</p> <ul style="list-style-type: none"> <li>• AIDS Pharmaceutical Assistance (local): A unit of service = a transaction involving the filling of a prescription or any other allowable medication need ordered by a qualified medical practitioner. The transaction will involve at least one item being provided for the client, but can be any multiple. The cost of medications provided to the client must be invoiced at actual cost.</li> <li>• Medical Case Management: 1 unit of service = 15 minutes of direct medical case management services to an eligible PLWHA performed by a qualified medical case manager.</li> <li>• Service Linkage (non-Medical Case Management): 1 unit of service = 15 minutes of direct service linkage services to an eligible PLWHA performed by a qualified service linkage worker.</li> </ul>
<p>HRSA Service Category Definition: <b>RWGA Only</b></p>	<ul style="list-style-type: none"> <li>• <b>Outpatient/Ambulatory medical care</b> is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.</li> <li>• <b>AIDS Pharmaceutical Assistance (local)</b> includes local pharmacy assistance programs implemented by Part A or Part B Grantees to provide HIV/AIDS medications to clients. This assistance can be funded with Part A grant funds and/or Part B base award funds. Local pharmacy assistance programs are not funded with ADAP earmark funding.</li> <li>• <b>Medical Case Management</b> services (including treatment adherence) are a range of client-centered services that link clients with health care, psychosocial, and other services. The</li> </ul>

	<p>coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.</p> <ul style="list-style-type: none"> <li>• <b>Case Management (non-Medical)</b> includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.</li> </ul>
Standards of Care:	Contractors must adhere to the most current published Part A/B Standards of Care for the Houston EMA/HSDA. <b>Services must meet or exceed applicable United States Department of Health and Human Services (DHHS) guidelines for the Treatment of HIV/AIDS.</b>
Local Service Category Definition/Services to be Provided:	<p><b>Outpatient/Ambulatory Primary Medical Care:</b> Services include on-site physician, physician extender, nursing, phlebotomy, radiographic, laboratory, pharmacy, intravenous therapy, home health care referral, licensed dietician, patient medication education, and patient care coordination. The Contractor must provide continuity of care with inpatient services and subspecialty services (either on-site or through specific referral to appropriate medical provider upon primary care Physician's order).</p> <p>Services provided to women shall further include OB/GYN physician &amp; physician extender services on-site or by referral, OB/GYN services, colposcopy, nursing, phlebotomy, radiographic, laboratory, pharmacy, intravenous therapy, home health care referral, licensed dietician, patient medication/women's health education, patient care coordination, and social services. The Contractor must provide continuity of care with inpatient services and subspecialty services (either on-site or through specific referral protocols to appropriate agencies upon primary care Physician's order).</p>

**Outpatient/Ambulatory Primary Medical Care must provide:**

- Continuity of care for all stages of adult HIV infection;
- Laboratory and pharmacy services including intravenous medications (either on-site or through established referral systems);
- Outpatient psychiatric care, including lab work necessary for the prescribing of psychiatric medications when appropriate (either on-site or through established referral systems);
- Access to the Texas ADAP program (either on-site or through established referral systems);
- Access to compassionate use HIV medication programs (either directly or through established referral systems);
- Access to HIV related research protocols (either directly or through established referral systems);
- Must at a minimum, comply with Houston EMA/HSDA Part A/B Standards for HIV Primary Medical Care. The Contractor must demonstrate on an ongoing basis the ability to provide state-of-the-art HIV-related primary care medicine in accordance with the most recent DHHS HIV treatment guidelines. Rapid advances in HIV treatment protocols require that the Contractor provide services that to the greatest extent possible maximize a patient's opportunity for long-term survival and maintenance of the highest quality of life possible.
- On-site Outpatient Psychiatry services.
- On-site Medical Case Management services.
- On-site Medication Education.
- Physical therapy services (either on-site or via referral).
- Specialty Clinic Referrals (either on-site or via referral).
- On-site pelvic exams as needed for female patients with appropriate follow-up treatment and referral.
- On site Nutritional Counseling by a Licensed Dietitian.

**Services for women must also provide:**

- Well woman care, including but not limited to: PAP, pelvic exam, HPV screening, breast examination, mammography, hormone replacement and education, pregnancy testing, contraceptive services excluding birth control medications.
- Obstetric Care: ante-partum through post-partum services, child birth/delivery services. Perinatal preventative education and treatment.
- On-site or by referral Colposcopy exams as needed, performed by an OB/GYN physician, or physician extender with a colposcopy provider qualification.
- Social services, including but not limited to, providing women

access to child care, transportation vouchers, food vouchers and support groups at the clinic site;

**Nutritional Assessment:** Services include provision of information about therapeutic nutritional/supplemental foods that are beneficial to the wellness and increased health conditions of clients by a Licensed Dietitian. Services may be provided either through educational or counseling sessions. Clients who receive these services may utilize the Ryan White Part A-funded nutritional supplement provider to obtain recommended nutritional supplements in accordance with program rules. Clients are limited to one (1) nutritional assessment per calendar year without prior approval of RWGA.

Patient Medication Education Services must adhere to the following requirements:

- Medication Educators must be State Licensed Medical Doctor (MD), Nurse Practitioner (NP), Physician Assistant (PA), Nurse (RN, LVN) or Pharmacist. Prior approval must be obtained prior to utilizing any other health care professional not listed above to provide medication education.
- Clients who will be prescribed ongoing medical regimens (i.e. ART) must be assessed for adherence to treatment at every clinical encounter using the EMA's approved adherence assessment tool. Clients with adherence issues related to lack of understanding must receive more education regarding their medical regimen. Clients with adherence issues that are behavioral or involve mental health issues must be provided counseling by the Medical Case Manager, Physician or Physician Extender and/or licensed nursing staff and, if clinically indicated, assessment and treatment by a qualified Psychiatrist or Psychiatric Nurse Practitioner.

**Outpatient Psychiatric Services:**

The program must provide:

- Diagnostic Assessments: comprehensive evaluation for identification of psychiatric disorders, mental status evaluation, differential diagnosis which may involve use of other clinical and laboratory tests, case formulation, and treatment plans or disposition.
- Emergency Psychiatric Services: rapid evaluation, differential diagnosis, acute treatment, crisis intervention, and referral. Must be available on a 24 hour basis including emergency room referral.
- Brief Psychotherapy: individual, supportive, group, couple, family, hypnosis, biofeedback, and other psychophysiological treatments and behavior modification.

- Psychopharmacotherapy: evaluation and medication treatment of psychiatric disorders, including, but not limited to, anxiety disorders, major depression, pain syndromes, habit control problems, psychosis and organic mental disorders.
- Rehabilitation Services: Physical, psychosocial, behavioral, and/or cognitive training.

Screening for Eye Disorders: Contractor must ensure that patients receive appropriate screening and treatment for CMV, glaucoma, cataracts, and other related problems.

**Local Medication Assistance Program (LPAP):** LPAP provides pharmaceuticals to patients otherwise ineligible for medications through private insurance, Medicaid/Medicare, State ADAP, SPAP or other sources. Allowable medications are only those on the Houston EMA Ryan White Part A Formulary. Eligible clients may be provided Fuzeon™ on a case-by-case basis with prior approval of Ryan White Grant Administration (RWGA). The cost of Fuzeon™ does not count against a client's annual maximum. HIV-related medication services are the provision of physician or physician-extender prescribed HIV-related medications to prevent serious deterioration of health. Does not include drugs available to the patient from other programs or payers or free of charge (such as birth control and TB medications) or medications available over the counter (OTC) without prescription.

Contractor must offer all medications on the Texas ADAP formulary, for a total not to exceed \$18,000.00 per contract year per client. Contractor must provide allowable HIV-related medications (i.e. non-HIV medications) for a total not to exceed \$3,000 per contract year per client. Contractor may be reimbursed ADAP dispensing fees (e.g. \$5/Rx) in accordance with RWGA business rules for those ADAP clients who are unable to pay the ADAP dispensing fee.

**Medical Case Management Services:** Services include screening all primary medical care patients to determine each patient's level of need for Medical Case Management services, performing a comprehensive assessment, including an assessment of the patient's health literacy, and developing a medical service plan for each client that demonstrates a documented need for such services, monitoring medical service plan to ensure its implementation, and educating client regarding wellness, medication and health care appointment adherence. The Medical Case Manager serves as an advocate for the client and as a liaison with medical providers on behalf of the client. The Medical Case Manager ensures linkage to mental health, substance abuse and other client services as indicated by the medical service plan.

**Service Linkage:** The purpose of Service Linkage is to assist clients

	<p>with the procurement of needed services so that the problems associated with living with HIV are mitigated. Service Linkage is a working agreement between a client and a Service Linkage Worker for an indeterminate period, based on client need, during which information, referrals and service linkage are provided on an as-needed basis. Service Linkage assists clients who do not require the intensity of Medical Case Management per RWGA Quality Management guidelines. Service Linkage is both office-based and field based. Service Linkage Workers are expected to coordinate activities with referral sources where newly-diagnosed or not-in-care PLWHA may be identified, including 1:1 case conferences with testing site personnel to ensure the successful transition of referrals into Primary Care Services. Such incoming referral coordination includes meeting prospective clients at the referring Provider location in order to develop rapport with individuals prior to the individual's initial Primary Care appointment and ensuring such new intakes to Primary Care services have sufficient support to make the often difficult transition into ongoing primary medical care. Service Linkage also includes follow-up to re-engage lost-to-care patients. Lost-to-care patients are those patients who have not returned for scheduled appointments with Provider nor have provided Provider with updated information about their current Primary Medical Care provider (in the situation where patient may have obtained alternate service from another medical provider). Contractor must document efforts to re-engage lost-to-care patients prior to closing patients in the CPCDMS. Service Linkage extends the capability of existing programs by providing "hands-on" outreach and linkage to care services to those PLWHA who are not currently accessing primary medical care services. Service Linkage includes the issuance of bus pass vouchers and gas cards per published RWGA guidelines. Service Linkage complements and extends the service delivery capability of Medical Case Management services.</p>
<p>Agency Requirements:</p>	<p><b>Providers and system must be Medicaid/Medicare certified.</b></p> <p><b>Eligibility and Benefits Coordination:</b> Contractor must implement consumer-friendly, culturally and linguistically appropriate new and ongoing patient eligibility verification and benefit coordination processes that ensure accountability with Ryan White Payer of Last Resort requirements while achieving maximum utilization of eligible benefits. Eligibility processes should provide clients with a meaningful understanding of their benefits, expected out-of-pocket expenses and other information needed to ensure full and continued participation in care.</p> <p><b>LPAP Services:</b> Contractor must:</p> <p>Provide pharmacy services on-site or through an established contractual relationship that meets all requirements. Alternate (off-site) approaches must be approved prior to implementation by</p>

	<p>RWGA.</p> <p>Either directly, or via subcontract with an eligible 340B Pharmacy program entity, must:</p> <p>Ensure a comprehensive financial intake application to determine client eligibility for this program to insure that these funds are used as a last resort for purchase of medications.</p> <p>Ensure the documented capability of interfacing with the Texas HIV Medication Program operated by the Texas Department of State Health Services. This capability must be fully documented and is subject to independent verification by RWGA.</p> <p>Ensure medication assistance provided to clients does not duplicate services already being provided in the Houston area. The process for accomplishing this must be fully documented and is subject to independent verification by RWGA.</p> <p>Ensure, either directly or via a 340B Pharmacy Program Provider, at least 2 years of continuous documented experience in providing HIV/AIDS medication programs utilizing Ryan White Program or similar public sector funding. This experience must be documented and is subject to independent verification by RWGA.</p> <p>Ensure all medications are purchased via a qualified participant in the federal 340B Drug Pricing Program and Prime Vendor Program, administered by the HRSA Office of Pharmacy Affairs. Note: failure to maintain 340B or Prime Vendor drug pricing may result in a negative audit finding, cost disallowance or termination of contract awarded. Contractor must maintain 340B Program participation throughout the contract term. All eligible medications must be purchased in accordance with Program 340B guidelines and program requirements.</p> <p>Ensure Houston area HIV/AIDS service providers are informed of this program and how the client referral and enrollment processes functions. Contractor must maintain documentation of such marketing efforts.</p> <p>Implement a consistent process to enroll eligible patients in available pharmaceutical company Patient Assistance Programs prior to using Ryan White Part A funded LPAP resources.</p> <p>Ensure information regarding the program is provided to PLWHA, including historically under-served and unserved populations (e.g., African American, Hispanic/Latino, Asian, Native American, Pacific Islander) and women not currently obtaining prescribed HIV and HIV-related medications.</p> <p>Offer, at no charge to the client, delivery options for medication</p>
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	<p>refills, including but not limited to courier, USPS or other package delivery service.</p> <p><b>Case Management Operations and Supervision:</b> The Service Linkage Workers (SLW) and Medical Case Managers (MCM) must function within the clinical infrastructure of Contractor and receive ongoing supervision that meets or exceeds published Standards of Care. An MCM may supervise SLWs.</p>
Staff Requirements:	<p>Contractor is responsible for ensuring that services are provided by State licensed internal medicine and OB/GYN physicians, specialty care physicians, psychiatrists, registered nurses, nurse practitioners, vocational nurses, pharmacists, physician assistants, clinical nurse specialists, physician extenders with a colposcopy provider qualification, x-ray technologists, State licensed dieticians, licensed social worker and ancillary health care providers in accordance with appropriate State licensing and/or certification requirements and with knowledge and experience of HIV disease. In addition, Contractor must ensure the following staff requirements are met:</p> <p><b>Outpatient Psychiatric Services:</b> Director of the Program must be a Board Certified Psychiatrist. Licensed and/or Certified allied health professionals (Licensed Psychologists, Physicians, Psychiatric Nurse Practitioners, Licensed Master Social Workers, Licensed Professional Counselors, Licensed Marriage and Family Therapists, Certified Alcohol and Drug Abuse Counselors, etc.) must be used in all treatment modalities. Documentation of the Director’s credentials, licensures and certifications must be included in the proposal. Documentation of the Allied Health professional licensures and certifications must be included in the proposal appendices.</p> <p><b>Medication and Adherence Education:</b> The program must utilize an RN, LVN, PA, NP, pharmacist or MD licensed by the State of Texas, who has at least two (2) years paid experience in the preceding five (5) years in HIV/AIDS care, to provide the educational services. Licensed social workers who have at least two (2) years paid experience in the preceding five (5) years in HIV/AIDS care may also provide adherence education and counseling.</p> <p><b>Nutritional Assessment (primary care):</b> Services must be provided by a licensed registered dietician. Dieticians must have a minimum of two (2) years of experience providing nutritional assessment and counseling to PLWHA.</p> <p><b>Medical Case Management:</b> The program must utilize a state licensed Social Worker to provide Medical Case Management Services. The Contractor must maintain the assigned number of Medical Case Management FTEs throughout the contract term.</p> <p><b>Contractor must provide to RWGA the names of each Medical Case Manager and the individual assigned to supervise those</b></p>



	<p><b>Medical Case Managers by 03/30/15, and thereafter within 15 days after hire.</b></p> <p><b>Service Linkage:</b> The program must utilize Service Linkage Workers who have at a minimum a Bachelor's degree from an accredited college or university with a major in social or behavioral sciences. Documented paid work experience in providing client services to PLWHA may be substituted for the Bachelor's degree requirement on a 1:1 basis (1 year of documented paid experience may be substituted for 1 year of college). All Service Linkage Workers must have a minimum of one (1) year paid work experience with PLWHA. Contractor must maintain the assigned number of Service Linkage FTEs throughout the contract term. <b>Contractor must provide to RWGA the names of each Service Linkage Worker and the individual assigned to supervise those Service Linkage Workers by 03/30/15, and thereafter within 15 days after hire.</b></p> <p><b>Supervision of Case Managers:</b> The Service Linkage Workers and Medical Case Managers must function within the clinical infrastructure of Contractor and receive ongoing supervision that meets or exceeds Houston EMA/HSDA Part A/B Standards of Care for Service Linkage and Medical Case Management as applicable. An MCM may supervise SLWs.</p>
Special Requirements:	<p><b>All primary medical care services must meet or exceed current United States DHHS Treatment Guidelines for the treatment and management of HIV disease.</b></p> <p>Contractor must provide all required program components - Primary Medical Care, Medical Case Management, Service Linkage (non-medical Case Management) and Local Pharmacy Assistance Program (LPAP) services.</p> <p><b>Primary Medical Care Services:</b> Services funded under this grant cannot be used to supplant insurance or Medicare/Medicaid reimbursements for such services. Clients eligible for such reimbursement may not be billed to this contract. Medicare and private insurance co-payments may be eligible for reimbursement under Ryan White Health Insurance Assistance (HINS) program guidelines. Patients needing such assistance should be referred to the local Ryan White-funded HINS provider for assistance. Under no circumstances may the Contractor bill the County for the difference between the reimbursement from Medicaid, Medicare or Third Party insurance and the fee schedule under the contract. Furthermore, potential clients who are Medicaid/Medicare eligible or have other Third Party payers may not be denied services or referred elsewhere by the Contractor based on their reimbursement status (i.e. Medicaid/Medicare eligible clients may not be referred elsewhere in order that non-Medicaid/Medicare eligible clients may be added to the contract). Failure to serve Medicaid/Medicare eligible clients</p>

based on their reimbursement status will be grounds for the immediate termination of contract.

**For primary medical care services targeted to the Latino community at least 50% of the clinical care team must be fluent in Spanish.**

**Diagnostic Procedures:** A single Diagnostic Procedure limited to procedures on the approved list of diagnostic procedures (see below) without prior County approval. Approved diagnostic procedures will be reimbursed at invoice cost. Part A and Part A/MAI-funded programs must refer to the RWGA website for the most current list of approved diagnostic procedures and corresponding codes: [www.hcpbes.org/rwga](http://www.hcpbes.org/rwga). **Diagnostic procedures not listed on the website must have prior approval by RWGA.**

**Outpatient Psychiatric Services:** Client must not be eligible for services from other programs/providers or any other reimbursement source (i.e. Medicaid, Medicare, private insurance) unless the client is in crisis and cannot be provided immediate services from the other programs/providers. In this case, clients may be provided services, as long as the client applies for the other programs/providers, until the other programs/providers can take over services. Program must be supervised by a Psychiatrist and include diagnostic assessments, emergency evaluations and psycho-pharmacotherapy.

**Maintaining Referral Relationships (Point of Entry Agreements):** Contractor must maintain appropriate relationships with entities that constitute key points of access to the health care system for individuals with HIV disease, including but not limited to, Harris Health System and other Houston EMA-located emergency rooms, Harris County Jail, Texas Department of Criminal Justice incarceration facilities, Immigration detention centers, substance abuse treatment and detoxification programs, adult and juvenile detention facilities, Sexually Transmitted Disease clinics, federally qualified health centers (FQHC), HIV disease counseling and testing sites, mental health programs and homeless shelters. These referral relationships must be documented with written collaborative agreements, contracts or memoranda of understanding between Contractor and appropriate point of entry entities and are subject to audit by RWGA. Contractor and POE entity staff must regularly (e.g. weekly, bi-weekly depending on volume of referrals) meet 1:1 to discuss new referrals to primary medical care services. Such case conferences must be documented in the client record and properly entered into the CPCDMS.

**Use of CPCDMS Data System:** Contractor must comply with CPCDMS business rules and procedures. Contractor must enter into the CPCDMS all required clinical data, including but not limited to, HAART treatment including all changes in medication regimens,

Opportunistic Infections, screening and treatment for STDs and Hepatitis A, B, C and other clinical screening and treatment data required by HRSA, TDSHS and the County. Contractor must perform Registration updates in accordance with RWGA CPCDMS business rules for all clients wherein Contractor is client's CPCDMS record-owning agency. Contractor must utilize an electronic verification system to verify insurance/3rd party payer status monthly or per visit (whichever is less frequent).

**Bus Pass Distribution:** The County will provide Contractor with METRO bus pass vouchers. Bus Pass vouchers must be distributed in accordance with RWGA policies and procedures, standards of care and financial eligibility guidelines. Contractor may only issue METRO bus pass vouchers to clients wherein the Contractor is the CPCDMS record owning Contractor. METRO bus pass vouchers shall be distributed as follows:

**Expiration of Current Bus Pass:** In those situation wherein the bus pass expiration date does not coincide with the CPCDMS registration update the Contractor must distribute METRO bus pass vouchers to eligible clients upon the expiration of the current bus pass or when a Value-based bus card has been expended on eligible transportation needs. Contractor may issue METRO bus passes to eligible clients living outside the METRO service area in those situations where the Contractor has documented in the client record that the client will utilize the METRO system to access needed HIV-related health care services located in the METRO service area.

**Gas Cards:** Primary Medical Care Contractors must distribute gasoline vouchers to eligible clients residing in the rural service area in accordance with RWGA policies and procedures, standards of care and financial eligibility guidelines. Gas Cards are only available to Rural primary medical care Contractors without prior approval by RWGA.

***FY 2019 RWPC “How to Best Meet the Need” Decision Process***

<b>Step in Process: Council</b>		Date: <b>06/14/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: Steering Committee</b>		Date: <b>06/07/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: Quality Improvement Committee</b>		Date: <b>05/15/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: HTBMN Workgroup #1</b>		Date: <b>04/24/18</b>
Recommendations:	<b>Financial Eligibility:</b> PriCare=300%, EFA=500%, LPAP=300% +500%, MCM=none, SLW=none.	
1. Accept the service definition as presented.		
2. Keep the financial eligibility the same		
3.		

FY 2018 Houston EMA Ryan White Part A/MAI Service Definition <b>Comprehensive Outpatient Primary Medical Care including Medical Case Management,            Service Linkage and Local Pharmacy Assistance Program (LPAP) Services</b> (Revision Date: 5/21/15)	
HRSA Service Category Title: <b>RWGA Only</b>	1. Outpatient/Ambulatory Medical Care 2. Medical Case Management 3. AIDS Pharmaceutical Assistance (local) 4. Case Management (non-Medical)
Local Service Category Title:	Adult Comprehensive Primary Medical Care i. Targeted to Public Clinic ii. Targeted to Women at Public Clinic
Amount Available: <b>RWGA Only</b>	Total estimated available funding: <u>\$0.00</u> (to be determined)  1. Primary Medical Care: <u>\$0.00</u> (including MAI) i. Targeted to Public Clinic: <u>\$0.00</u> ii. Targeted to Women at Public Clinic: <u>\$0.00</u> 2. LPAP <u>\$0.00</u> 3. Medical Case Management: <u>\$0.00</u> i. Targeted to Public Clinic: <u>\$0.00</u> ii. Targeted to Women at Public Clinic: <u>\$0.00</u> 4. Service Linkage: <u>\$0.00</u> Note: The Houston Ryan White Planning Council (RWPC) determines annual Part A and MAI service category allocations & reallocations. RWGA has sole authority over contract award amounts.
Target Population:	Comprehensive Primary Medical Care – Community Based i. Targeted to Public Clinic ii. Targeted to Women at Public Clinic
Client Eligibility: Age, Gender, Race, Ethnicity, Residence, etc.	PLWHA residing in the Houston EMA (prior approval required for non-EMA clients). Contractor must adhere to Targeting requirements and Budget limitations as applicable.
Financial Eligibility:	<i>See FY 2018 Approved Financial Eligibility for Houston EMA/HSDA</i>
Budget Type: <b>RWGA Only</b>	Hybrid Fee for Service
Budget Requirement or Restrictions: <b>RWGA Only</b>	<b>Primary Medical Care:</b> 100% of clients served under the <i>Targeted to Women at Public Clinic</i> subcategory must be female  10% of funds designated to primary medical care must be reserved for invoicing diagnostic procedures at actual cost.  Contractors may not exceed the allocation for each individual service component (Primary Medical Care, Medical Case Management, Local Pharmacy Assistance Program and Service Linkage) without

	<p>prior approval from RWGA.</p> <p><b>Local Pharmacy Assistance Program (LPAP):</b></p> <p>Houston RWPC guidelines for Local Pharmacy Assistance Program (LPAP) services: Contractor shall offer HIV medications from an approved formulary for a total not to exceed \$18,000 per contract year per client. Contractor shall offer HIV-related medications for a total not to exceed \$3,000 per contract year per client. These guidelines are determined by the RWPC. The RWPC determines the subcategories that shall include Ryan White LPAP funding.</p> <p>Medications must be provided in accordance with Houston EMA guidelines, HRSA/HAB rules and regulations and applicable Office of Pharmacy Affairs 340B guidelines.</p> <p>At least 75% of the total amount of the budget for LPAP services must be solely allocated to the actual cost of medications and may not include any storage, administrative, processing or other costs associated with managing the medication inventory or distribution.</p>
<p>Service Unit Definition/s:</p> <p><b>RWGA Only</b></p>	<ul style="list-style-type: none"> <li>• Outpatient/Ambulatory Medical Care: One (1) unit of service = One (1) primary care office/clinic visit which includes the following:</li> <li>• Primary care physician/nurse practitioner, physician’s assistant or clinical nurse specialist examination of the patient, and</li> <li>• Medication/treatment education</li> <li>• Medication access/linkage</li> <li>• OB/GYN specialty procedures (as clinically indicated)</li> <li>• Nutritional assessment (as clinically indicated)</li> <li>• Laboratory (as clinically indicated, not including specialized tests)</li> <li>• Radiology (as clinically indicated, not including CAT scan or MRI)</li> <li>• Eligibility verification/screening (as necessary)</li> <li>• Follow-up visits wherein the patient is not seen by the MD/NP/PA are considered to be a component of the original primary care visit.</li> <li>• Outpatient Psychiatric Services: 1 unit of service = A single (1) office/clinic visit wherein the patient is seen by a State licensed and board-eligible Psychiatrist or qualified Psychiatric Nurse Practitioner. This visit may or may not occur on the same date as a primary care office visit.</li> <li>• Medication Education: 1 unit of service = A single pharmacy visit wherein a Ryan White eligible client is provided medication education services by a qualified pharmacist. This visit may or may not occur on the same date as a primary care office visit. Maximum reimbursement allowable for a medication education visit may not exceed \$50.00 per visit. The visit must include at least one prescription medication being provided to clients. A maximum of one (1) Medication</li> </ul>

	<p>Education Visit may be provided to an individual client per day, regardless of the number of prescription medications provided.</p> <ul style="list-style-type: none"> <li>• Nutritional Assessment and Plan: 1 unit of service = A single comprehensive nutritional assessment and treatment plan performed by a Licensed, Registered Dietician initiated upon a physician's order. Does not include the provision of Supplements or other products (clients may be referred to the Ryan White funded Medical Nutritional Therapy provider for provision of medically necessary supplements). The nutritional assessment visit may or may not occur on the same date as a medical office visit.</li> <li>• AIDS Pharmaceutical Assistance (local): A unit of service = a transaction involving the filling of a prescription or any other allowable medication need ordered by a qualified medical practitioner. The transaction will involve at least one item being provided for the client, but can be any multiple. The cost of medications provided to the client must be invoiced at actual cost.</li> <li>• Medical Case Management: 1 unit of service = 15 minutes of direct medical case management services to an eligible PLWHA performed by a qualified medical case manager.</li> <li>• Service Linkage (non-Medical Case Management): 1 unit of service = 15 minutes of direct service linkage services to an eligible PLWHA performed by a qualified service linkage worker.</li> </ul>
<p>HRSA Service Category Definition:</p> <p><b>RWGA Only</b></p>	<ul style="list-style-type: none"> <li>• <b>Outpatient/Ambulatory medical care</b> is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.</li> <li>• <b>AIDS Pharmaceutical Assistance (local)</b> includes local pharmacy assistance programs implemented by Part A or Part B</li> </ul>

	<p>Grantees to provide HIV/AIDS medications to clients. This assistance can be funded with Part A grant funds and/or Part B base award funds. Local pharmacy assistance programs are not funded with ADAP earmark funding.</p> <ul style="list-style-type: none"> <li>• <b>Medical Case Management</b> services (including treatment adherence) are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.</li> <li>• <b>Case Management (non-Medical)</b> includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.</li> </ul>
Standards of Care:	<p>Contractors must adhere to the most current published Part A/B Standards of Care for the Houston EMA/HSDA. <b>Services must meet or exceed applicable United States Department of Health and Human Services (DHHS) guidelines for the Treatment of HIV/AIDS.</b></p>



<p>Local Service Category Definition/Services to be Provided:</p>	<p><b>Outpatient/Ambulatory Primary Medical Care:</b> Services include on-site physician, physician extender, nursing, phlebotomy, radiographic, laboratory, pharmacy, intravenous therapy, home health care referral, licensed dietician, patient medication education, and patient care coordination. The Contractor must provide continuity of care with inpatient services and subspecialty services (either on-site or through specific referral to appropriate medical provider upon primary care Physician's order).</p> <p>Services provided to women shall further include OB/GYN physician &amp; physician extender services on-site or by referral, OB/GYN services, colposcopy, nursing, phlebotomy, radiographic, laboratory, pharmacy, intravenous therapy, home health care referral, licensed dietician, patient medication/women's health education, patient care coordination, and social services. The Contractor must provide continuity of care with inpatient services and subspecialty services (either on-site or through specific referral protocols to appropriate agencies upon primary care Physician's order).</p> <p><b>Outpatient/Ambulatory Primary Medical Care must provide:</b></p> <ul style="list-style-type: none"> <li>• Continuity of care for all stages of adult HIV infection;</li> <li>• Laboratory and pharmacy services including intravenous medications (either on-site or through established referral systems);</li> <li>• Outpatient psychiatric care, including lab work necessary for the prescribing of psychiatric medications when appropriate (either on-site or through established referral systems);</li> <li>• Access to the Texas ADAP program (either on-site or through established referral systems);</li> <li>• Access to compassionate use HIV medication programs (either directly or through established referral systems);</li> <li>• Access to HIV related research protocols (either directly or through established referral systems);</li> <li>• Must at a minimum, comply with Houston EMA/HSDA Part A/B Standards for HIV Primary Medical Care. The Contractor must demonstrate on an ongoing basis the ability to provide state-of-the-art HIV-related primary care medicine in accordance with the most recent DHHS HIV treatment guidelines. Rapid advances in HIV treatment protocols require that the Contractor provide services that to the greatest extent possible maximize a patient's opportunity for long-term survival and maintenance of the highest quality of life possible.</li> <li>• On-site Outpatient Psychiatry services.</li> <li>• On-site Medical Case Management services.</li> </ul>
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- On-site Medication Education.
- Physical therapy services (either on-site or via referral).
- Specialty Clinic Referrals (either on-site or via referral).
- On-site pelvic exams as needed for female patients with appropriate follow-up treatment and referral.
- On site Nutritional Counseling by a Licensed Dietitian.

**Women's Services must also provide:**

- Well woman care, including but not limited to: PAP, pelvic exam, HPV screening, breast examination, mammography, hormone replacement and education, pregnancy testing, contraceptive services excluding birth control medications.
- Obstetric Care: ante-partum through post-partum services, child birth/delivery services. Perinatal preventative education and treatment.
- On-site or by referral Colposcopy exams as needed, performed by an OB/GYN physician, or physician extender with a colposcopy provider qualification.
- Social services, including but not limited to, providing women access to child care, transportation vouchers, food vouchers and support groups at the clinic site;

**Nutritional Assessment:** Services include provision of information about therapeutic nutritional/supplemental foods that are beneficial to the wellness and increased health conditions of clients by a Licensed Dietitian. Services may be provided either through educational or counseling sessions. Clients who receive these services may utilize the Ryan White Part A-funded nutritional supplement provider to obtain recommended nutritional supplements in accordance with program rules. Clients are limited to one (1) nutritional assessment per calendar year without prior approval of RWGA.

Patient Medication Education Services must adhere to the following requirements:

- Medication Educators must be State Licensed Medical Doctor (MD), Nurse Practitioner (NP), Physician Assistant (PA), Nurse (RN, LVN) or Pharmacist. Prior approval must be obtained prior to utilizing any other health care professional not listed above to provide medication education.
- Clients who will be prescribed ongoing medical regimens (i.e. ART) must be assessed for adherence to treatment at every clinical encounter using the EMA's approved adherence assessment tool. Clients with adherence issues related to lack of understanding must receive more education regarding their

medical regimen. Clients with adherence issues that are behavioral or involve mental health issues must be provided counseling by the Medical Case Manager, Physician or Physician Extender and/or licensed nursing staff and, if clinically indicated, assessment and treatment by a qualified Psychiatrist or Psychiatric Nurse Practitioner.

### **Outpatient Psychiatric Services:**

The program must provide:

- **Diagnostic Assessments:** comprehensive evaluation for identification of psychiatric disorders, mental status evaluation, differential diagnosis which may involve use of other clinical and laboratory tests, case formulation, and treatment plans or disposition.
- **Emergency Psychiatric Services:** rapid evaluation, differential diagnosis, acute treatment, crisis intervention, and referral. Must be available on a 24 hour basis including emergency room referral.
- **Brief Psychotherapy:** individual, supportive, group, couple, family, hypnosis, biofeedback, and other psychophysiological treatments and behavior modification.
- **Psychopharmacotherapy:** evaluation and medication treatment of psychiatric disorders, including, but not limited to, anxiety disorders, major depression, pain syndromes, habit control problems, psychosis and organic mental disorders.
- **Rehabilitation Services:** Physical, psychosocial, behavioral, and/or cognitive training.

**Screening for Eye Disorders:** Contractor must ensure that patients receive appropriate screening and treatment for CMV, glaucoma, cataracts, and other related problems.

**Local Medication Assistance Program (LPAP):** LPAP provides pharmaceuticals to patients otherwise ineligible for medications through private insurance, Medicaid/Medicare, State ADAP, SPAP or other sources. Allowable medications are only those on the Houston EMA Ryan White Part A Formulary. Eligible clients may be provided Fuzeon™ on a case-by-case basis with prior approval of Ryan White Grant Administration (RWGA). The cost of Fuzeon™ does not count against a client's annual maximum. HIV-related medication services are the provision of physician or physician-extender prescribed HIV-related medications to prevent serious deterioration of health. Does not include drugs available to the patient from other programs or payers or free of charge (such as birth

control and TB medications) or medications available over the counter (OTC) without prescription.

Contractor must offer all medications on the Texas ADAP formulary, for a total not to exceed \$18,000.00 per contract year per client. Contractor must provide allowable HIV-related medications (i.e. non-HIV medications) for a total not to exceed \$3,000 per contract year per client. Contractor may be reimbursed ADAP dispensing fees (e.g. \$5/Rx) in accordance with RWGA business rules for those ADAP clients who are unable to pay the ADAP dispensing fee.

**Medical Case Management Services:** Services include screening all primary medical care patients to determine each patient's level of need for Medical Case Management services, performing a comprehensive assessment, including an assessment of the patient's health literacy, and developing a medical service plan for each client that demonstrates a documented need for such services, monitoring medical service plan to ensure its implementation, and educating client regarding wellness, medication and health care appointment adherence. The Medical Case Manager serves as an advocate for the client and as a liaison with medical providers on behalf of the client. The Medical Case Manager ensures linkage to mental health, substance abuse and other client services as indicated by the medical service plan.

**Service Linkage:** The purpose of Service Linkage is to assist clients with the procurement of needed services so that the problems associated with living with HIV are mitigated. Service Linkage is a working agreement between a client and a Service Linkage Worker for an indeterminate period, based on client need, during which information, referrals and service linkage are provided on an as-needed basis. Service Linkage assists clients who do not require the intensity of Medical Case Management per RWGA Quality Management guidelines. Service Linkage is both office-based and field based. Service Linkage Workers are expected to coordinate activities with referral sources where newly-diagnosed or not-in-care PLWHA may be identified, including 1:1 case conferences with testing site personnel to ensure the successful transition of referrals into Primary Care Services. Such incoming referral coordination includes meeting prospective clients at the referring Provider location in order to develop rapport with individuals prior to the individual's initial Primary Care appointment and ensuring such new intakes to Primary Care services have sufficient support to make the often

	<p>difficult transition into ongoing primary medical care. Service Linkage also includes follow-up to re-engage lost-to-care patients. Lost-to-care patients are those patients who have not returned for scheduled appointments with Provider nor have provided Provider with updated information about their current Primary Medical Care provider (in the situation where patient may have obtained alternate service from another medical provider). Contractor must document efforts to re-engage lost-to-care patients prior to closing patients in the CPCDMS. Service Linkage extends the capability of existing programs by providing “hands-on” outreach and linkage to care services to those PLWHA who are not currently accessing primary medical care services. Service Linkage includes the issuance of bus pass vouchers and gas cards per published RWGA guidelines. Service Linkage complements and extends the service delivery capability of Medical Case Management services.</p>
Agency Requirements:	<p><b>Providers and system must be Medicaid/Medicare certified.</b></p> <p><b>Eligibility and Benefits Coordination:</b> Contractor must implement consumer-friendly, culturally and linguistically appropriate new and ongoing patient eligibility verification and benefit coordination processes that ensure accountability with Ryan White Payer of Last Resort requirements while achieving maximum utilization of eligible benefits. Eligibility processes should provide clients with a meaningful understanding of their benefits, expected out-of-pocket expenses and other information needed to ensure full and continued participation in care.</p> <p><b>LPAP Services:</b> Contractor must: Provide pharmacy services on-site or through an established contractual relationship that meets all requirements. Alternate (off-site) approaches must be approved prior to implementation by RWGA.</p> <p>Either directly, or via subcontract with an eligible 340B Pharmacy program entity, must:</p> <p>Ensure a comprehensive financial intake application to determine client eligibility for this program to insure that these funds are used as a last resort for purchase of medications.</p> <p>Ensure the documented capability of interfacing with the Texas HIV Medication Program operated by the Texas Department of State Health Services. This capability must be fully documented and is</p>

subject to independent verification by RWGA.

Ensure medication assistance provided to clients does not duplicate services already being provided in the Houston area. The process for accomplishing this must be fully documented and is subject to independent verification by RWGA.

Ensure, either directly or via a 340B Pharmacy Program Provider, at least 2 years of continuous documented experience in providing HIV/AIDS medication programs utilizing Ryan White Program or similar public sector funding. This experience must be documented and is subject to independent verification by RWGA.

Ensure all medications are purchased via a qualified participant in the federal 340B Drug Pricing Program and Prime Vendor Program, administered by the HRSA Office of Pharmacy Affairs. Note: failure to maintain 340B or Prime Vendor drug pricing may result in a negative audit finding, cost disallowance or termination of contract awarded. Contractor must maintain 340B Program participation throughout the contract term. All eligible medications must be purchased in accordance with Program 340B guidelines and program requirements.

Ensure Houston area HIV/AIDS service providers are informed of this program and how the client referral and enrollment processes functions. Contractor must maintain documentation of such marketing efforts.

Implement a consistent process to enroll eligible patients in available pharmaceutical company Patient Assistance Programs prior to using Ryan White Part A funded LPAP resources.

Ensure information regarding the program is provided to PLWHA, including historically under-served and unserved populations (e.g., African American, Hispanic/Latino, Asian, Native American, Pacific Islander) and women not currently obtaining prescribed HIV and HIV-related medications.

Offer, at no charge to the client, delivery options for medication refills, including but not limited to courier, USPS or other package delivery service.

**Case Management Operations and Supervision:** The Service Linkage Workers (SLW) and Medical Case Managers (MCM) must function within the clinical infrastructure of Contractor and receive

	ongoing supervision that meets or exceeds published Standards of Care. An MCM may supervise SLWs.
Staff Requirements:	<p>Contractor is responsible for ensuring that services are provided by State licensed internal medicine and OB/GYN physicians, specialty care physicians, psychiatrists, registered nurses, nurse practitioners, vocational nurses, pharmacists, physician assistants, clinical nurse specialists, physician extenders with a colposcopy provider qualification, x-ray technologists, State licensed dieticians, licensed social worker and ancillary health care providers in accordance with appropriate State licensing and/or certification requirements and with knowledge and experience of HIV disease. In addition, Contractor must ensure the following staff requirements are met:</p> <p><b>Outpatient Psychiatric Services:</b> Director of the Program must be a Board Certified Psychiatrist. Licensed and/or Certified allied health professionals (Licensed Psychologists, Physicians, Psychiatric Nurse Practitioners, Licensed Master Social Workers, Licensed Professional Counselors, Licensed Marriage and Family Therapists, Certified Alcohol and Drug Abuse Counselors, etc.) must be used in all treatment modalities. Documentation of the Director’s credentials, licensures and certifications must be included in the proposal. Documentation of the Allied Health professional licensures and certifications must be included in the proposal appendices.</p> <p><b>Medication and Adherence Education:</b> The program must utilize an RN, LVN, PA, NP, pharmacist or MD licensed by the State of Texas, who has at least two (2) years paid experience in the preceding five (5) years in HIV/AIDS care, to provide the educational services. Licensed social workers who have at least two (2) years paid experience in the preceding five (5) years in HIV/AIDS care may also provide adherence education and counseling.</p> <p><b>Nutritional Assessment (primary care):</b> Services must be provided by a licensed registered dietician. Dieticians must have a minimum of two (2) years of experience providing nutritional assessment and counseling to PLWHA.</p> <p><b>Medical Case Management:</b> The program must utilize a state licensed Social Worker to provide Medical Case Management Services. The Contractor must maintain the assigned number of Medical Case Management FTEs throughout the contract term.  <b>Contractor must provide to RWGA the names of each Medical Case Manager and the individual assigned to supervise those</b></p>

	<p><b>Medical Case Managers by 03/30/15, and thereafter within 15 days after hire.</b></p> <p><b>Service Linkage:</b> The program must utilize Service Linkage Workers who have at a minimum a Bachelor's degree from an accredited college or university with a major in social or behavioral sciences. Documented paid work experience in providing client services to PLWHA may be substituted for the Bachelor's degree requirement on a 1:1 basis (1 year of documented paid experience may be substituted for 1 year of college). All Service Linkage Workers must have a minimum of one (1) year paid work experience with PLWHA. Contractor must maintain the assigned number of Service Linkage FTEs throughout the contract term. <b>Contractor must provide to RWGA the names of each Service Linkage Worker and the individual assigned to supervise those Service Linkage Workers by 03/30/15, and thereafter within 15 days after hire.</b></p> <p><b>Supervision of Case Managers:</b> The Service Linkage Workers and Medical Case Managers must function within the clinical infrastructure of Contractor and receive ongoing supervision that meets or exceeds Houston EMA/HSDA Part A/B Standards of Care for Service Linkage and Medical Case Management as applicable. An MCM may supervise SLWs.</p>
<p>Special Requirements: <b>RWGA Only</b></p>	<p><b>All primary medical care services must meet or exceed current United States DHHS Treatment Guidelines for the treatment and management of HIV disease.</b></p> <p>Contractor must provide all required program components - Primary Medical Care, Medical Case Management, Service Linkage (non-medical Case Management) and Local Pharmacy Assistance Program (LPAP) services.</p> <p><b>Primary Medical Care Services:</b> Services funded under this grant cannot be used to supplant insurance or Medicare/Medicaid reimbursements for such services. Clients eligible for such reimbursement may not be billed to this contract. Medicare and private insurance co-payments may be eligible for reimbursement under Ryan White Health Insurance Assistance (HINS) program guidelines. Patients needing such assistance should be referred to the local Ryan White-funded HINS provider for assistance. Under no circumstances may the Contractor bill the County for the difference between the reimbursement from Medicaid, Medicare or Third Party insurance and the fee schedule under the contract. Furthermore,</p>



potential clients who are Medicaid/Medicare eligible or have other Third Party payers may not be denied services or referred elsewhere by the Contractor based on their reimbursement status (i.e. Medicaid/Medicare eligible clients may not be referred elsewhere in order that non-Medicaid/Medicare eligible clients may be added to the contract). Failure to serve Medicaid/Medicare eligible clients based on their reimbursement status will be grounds for the immediate termination of contract.

**Diagnostic Procedures:** A single Diagnostic Procedure limited to procedures on the approved list of diagnostic procedures (see below) without prior County approval. Approved diagnostic procedures will be reimbursed at invoice cost. Part A and Part A/MAI-funded programs must refer to the RWGA website for the most current list of approved diagnostic procedures and corresponding codes: [www.hcphes.org/rwga](http://www.hcphes.org/rwga). **Diagnostic procedures not listed on the website must have prior approval by RWGA.**

**Outpatient Psychiatric Services:** Client must not be eligible for services from other programs/providers or any other reimbursement source (i.e. Medicaid, Medicare, private insurance) unless the client is in crisis and cannot be provided immediate services from the other programs/providers. In this case, clients may be provided services, as long as the client applies for the other programs/providers, until the other programs/providers can take over services. Program must be supervised by a Psychiatrist and include diagnostic assessments, emergency evaluations and psycho-pharmacotherapy.

**Maintaining Referral Relationships (Point of Entry Agreements):** Contractor must maintain appropriate relationships with entities that constitute key points of access to the health care system for individuals with HIV disease, including but not limited to, Harris Health System and other Houston EMA-located emergency rooms, Harris County Jail, Texas Department of Criminal Justice incarceration facilities, Immigration detention centers, substance abuse treatment and detoxification programs, adult and juvenile detention facilities, Sexually Transmitted Disease clinics, federally qualified health centers (FQHC), HIV disease counseling and testing sites, mental health programs and homeless shelters. These referral relationships must be documented with written collaborative agreements, contracts or memoranda of understanding between Contractor and appropriate point of entry entities and are subject to audit by RWGA. Contractor and POE entity staff must regularly (e.g.

weekly, bi-weekly depending on volume of referrals) meet 1:1 to discuss new referrals to primary medical care services. Such case conferences must be documented in the client record and properly entered into the CPCDMS.

Use of CPCDMS Data System: Contractor must comply with CPCDMS business rules and procedures. Contractor must enter into the CPCDMS all required clinical data, including but not limited to, HAART treatment including all changes in medication regimens, Opportunistic Infections, screening and treatment for STDs and Hepatitis A, B, C and other clinical screening and treatment data required by HRSA, TDSHS and the County. Contractor must perform Registration updates in accordance with RWGA CPCDMS business rules for all clients wherein Contractor is client's CPCDMS record-owning agency. Contractor must utilize an electronic verification system to verify insurance/3rd party payer status monthly or per visit (whichever is less frequent).

**Bus Pass Distribution:** The County will provide Contractor with METRO bus pass vouchers. Bus Pass vouchers must be distributed in accordance with RWGA policies and procedures, standards of care and financial eligibility guidelines. Contractor may only issue METRO bus pass vouchers to clients wherein the Contractor is the CPCDMS record owning Contractor. METRO bus pass vouchers shall be distributed as follows:

**Expiration of Current Bus Pass:** In those situation wherein the bus pass expiration date does not coincide with the CPCDMS registration update the Contractor must distribute METRO bus pass vouchers to eligible clients upon the expiration of the current bus pass or when a Value-based bus card has been expended on eligible transportation needs. Contractor may issue METRO bus passes to eligible clients living outside the METRO service area in those situations where the Contractor has documented in the client record that the client will utilize the METRO system to access needed HIV-related health care services located in the METRO service area.

**Gas Cards:** Primary Medical Care Contractors must distribute gasoline vouchers to eligible clients residing in the rural service area in accordance with RWGA policies and procedures, standards of care and financial eligibility guidelines. Gas Cards are only available to Rural primary medical care Contractors without prior approval by RWGA.

***FY 2019 RWPC “How to Best Meet the Need” Decision Process***

<b>Step in Process: Council</b>		Date: <b>06/14/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: Steering Committee</b>		Date: <b>06/07/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: Quality Improvement Committee</b>		Date: <b>05/15/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: HTBMN Workgroup #1</b>		Date: <b>04/24/18</b>
Recommendations:	<b>Financial Eligibility:</b> PriCare=300%, EFA=500%, LPAP=300% +500%, MCM=none, SLW=none.	
1. Accept the service definition as presented.		
2. Keep the financial eligibility the same		
3.		

FY 2018 Houston EMA Ryan White Part A/MAI Service Definition <b>Comprehensive Outpatient Primary Medical Care including Medical Case Management,            Service Linkage and Local Pharmacy Assistance Program (LPAP) Services - Rural</b> (Revision Date: 5/21/15)	
HRSA Service Category Title: <b>RWGA Only</b>	1. Outpatient/Ambulatory Medical Care 2. Medical Case Management 3. AIDS Pharmaceutical Assistance (local) 4. Case Management (non-Medical)
Local Service Category Title:	Adult Comprehensive Primary Medical Care - Targeted to Rural
Amount Available: <b>RWGA Only</b>	Total estimated available funding: <u>\$0.00</u> (to be determined)  1. Primary Medical Care: <u>\$0.00</u> 2. LPAP <u>\$0.00</u> 3. Medical Case Management: <u>\$0.00</u> 4. Service Linkage: <u>\$0.00</u> Note: The Houston Ryan White Planning Council (RWPC) determines overall annual Part A and MAI service category allocations & reallocations. RWGA has sole authority over contract award amounts.
Target Population:	Comprehensive Primary Medical Care – Targeted to Rural
Client Eligibility: Age, Gender, Race, Ethnicity, Residence, etc.	PLWHA residing in the Houston EMA/HSDA counties <b>other than Harris County</b> (prior approval required for non-EMA clients). Contractor must adhere to Targeting requirements and Budget limitations as applicable.
Financial Eligibility:	<i>See FY 2018 Approved Financial Eligibility for Houston EMA/HSDA</i>
Budget Type: <b>RWGA Only</b>	Hybrid Fee for Service
Budget Requirement or Restrictions: <b>RWGA Only</b>	<b>Primary Medical Care:</b> No less than 75% of clients served in a Targeted subcategory must be members of the targeted population with the following exceptions: 10% of funds designated to primary medical care must be reserved for invoicing diagnostic procedures at actual cost. Contractors may not exceed the allocation for each individual service component (Primary Medical Care, Medical Case Management, Local Pharmacy Assistance Program and Service Linkage) without prior approval from RWGA. <b>Local Pharmacy Assistance Program (LPAP):</b> Houston RWPC guidelines for Local Pharmacy Assistance Program (LPAP) services: Contractor shall offer HIV medications from an approved formulary for a total not to exceed \$18,000 per contract year per client. Contractor shall offer HIV-related medications for a total not to exceed \$3,000 per contract year per client. These guidelines are determined by the RWPC. The RWPC determines the

	<p>subcategories that shall include Ryan White LPAP funding. Medications must be provided in accordance with Houston EMA guidelines, HRSA/HAB rules and regulations and applicable Office of Pharmacy Affairs 340B guidelines.</p> <p>At least 75% of the total amount of the budget for LPAP services must be solely allocated to the actual cost of medications and may not include any storage, administrative, processing or other costs associated with managing the medication inventory or distribution.</p>
Service Unit Definition/s:	<ul style="list-style-type: none"> <li>• Outpatient/Ambulatory Medical Care: One (1) unit of service = One (1) primary care office/clinic visit which includes the following: <ul style="list-style-type: none"> <li>• Primary care physician/nurse practitioner, physician’s assistant or clinical nurse specialist examination of the patient, and</li> <li>• Medication/treatment education</li> <li>• Medication access/linkage</li> <li>• OB/GYN specialty procedures (as clinically indicated)</li> <li>• Nutritional assessment (as clinically indicated)</li> <li>• Laboratory (as clinically indicated, not including specialized tests)</li> <li>• Radiology (as clinically indicated, not including CAT scan or MRI)</li> <li>• Eligibility verification/screening (as necessary)</li> <li>• Follow-up visits wherein the patient is not seen by the MD/NP/PA are considered to be a component of the original primary care visit.</li> </ul> </li> <li>• Outpatient Psychiatric Services: 1 unit of service = A single (1) office/clinic visit wherein the patient is seen by a State licensed and board-eligible Psychiatrist or qualified Psychiatric Nurse Practitioner. This visit may or may not occur on the same date as a primary care office visit.</li> <li>• Nutritional Assessment and Plan: 1 unit of service = A single comprehensive nutritional assessment and treatment plan performed by a Licensed, Registered Dietician initiated upon a physician’s order. Does not include the provision of Supplements or other products (clients may be referred to the Ryan White funded Medical Nutritional Therapy provider for provision of medically necessary supplements). The nutritional assessment visit may or may not occur on the same date as a medical office visit.</li> <li>• AIDS Pharmaceutical Assistance (local): A unit of service = a transaction involving the filling of a prescription or any other allowable medication need ordered by a qualified medical practitioner. The transaction will involve at least one item being provided for the client, but can be any multiple. The cost of medications provided to the client must be invoiced at actual cost.</li> <li>• Medical Case Management: 1 unit of service = 15 minutes of direct medical case management services to an eligible PLWHA</li> </ul>

	<p>performed by a qualified medical case manager.</p> <ul style="list-style-type: none"> <li>• <b>Service Linkage (non-Medical Case Management):</b> 1 unit of service = 15 minutes of direct service linkage services to an eligible PLWHA performed by a qualified service linkage worker.</li> </ul>
<p>HRSA Service Category Definition: <b>RWGA Only</b></p>	<ul style="list-style-type: none"> <li>• <b>Outpatient/Ambulatory medical care</b> is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.</li> <li>• <b>AIDS Pharmaceutical Assistance (local)</b> includes local pharmacy assistance programs implemented by Part A or Part B Grantees to provide HIV/AIDS medications to clients. This assistance can be funded with Part A grant funds and/or Part B base award funds. Local pharmacy assistance programs are not funded with ADAP earmark funding.</li> <li>• <b>Medical Case Management</b> services (including treatment adherence) are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation</li> </ul>

	<p>and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.</p> <ul style="list-style-type: none"> <li>• <b>Case Management (non-Medical)</b> includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.</li> </ul>
Standards of Care:	<p>Contractors must adhere to the most current published Part A/B Standards of Care for the Houston EMA/HSDA. <b>Services must meet or exceed applicable United States Department of Health and Human Services (DHHS) guidelines for the Treatment of HIV/AIDS.</b></p>
Local Service Category Definition/Services to be Provided:	<p><b>Outpatient/Ambulatory Primary Medical Care:</b> Services include on-site physician, physician extender, nursing, phlebotomy, radiographic, laboratory, pharmacy, intravenous therapy, home health care referral, licensed dietician, patient medication education, and patient care coordination. The Contractor must provide continuity of care with inpatient services and subspecialty services (either on-site or through specific referral to appropriate medical provider upon primary care Physician’s order).</p> <p>Services provided to women shall further include OB/GYN physician &amp; physician extender services on-site or by referral, OB/GYN services, colposcopy, nursing, phlebotomy, radiographic, laboratory, pharmacy, intravenous therapy, home health care referral, licensed dietician, patient medication/women’s health education, patient care coordination, and social services. The Contractor must provide continuity of care with inpatient services and subspecialty services (either on-site or through specific referral protocols to appropriate agencies upon primary care Physician’s order).</p> <p><b>Outpatient/Ambulatory Primary Medical Care must provide:</b></p> <ul style="list-style-type: none"> <li>• Continuity of care for all stages of adult HIV infection;</li> <li>• Laboratory and pharmacy services including intravenous medications (either on-site or through established referral systems);</li> <li>• Outpatient psychiatric care, including lab work necessary for the prescribing of psychiatric medications when appropriate (either on-site or through established referral systems);</li> <li>• Access to the Texas ADAP program (either on-site or through established referral systems);</li> <li>• Access to compassionate use HIV medication programs (either directly or through established referral systems);</li> </ul>

- Access to HIV related research protocols (either directly or through established referral systems);
- Must at a minimum, comply with Houston EMA/HSDA Part A/B Standards for HIV Primary Medical Care. The Contractor must demonstrate on an ongoing basis the ability to provide state-of-the-art HIV-related primary care medicine in accordance with the most recent DHHS HIV treatment guidelines. Rapid advances in HIV treatment protocols require that the Contractor provide services that to the greatest extent possible maximize a patient's opportunity for long-term survival and maintenance of the highest quality of life possible.
- On-site Outpatient Psychiatry services.
- On-site Medical Case Management services.
- On-site Medication Education.
- Physical therapy services (either on-site or via referral).
- Specialty Clinic Referrals (either on-site or via referral).
- On-site pelvic exams as needed for female patients with appropriate follow-up treatment and referral.
- On site Nutritional Counseling by a Licensed Dietitian.

**Services for women must also provide:**

- Well woman care, including but not limited to: PAP, pelvic exam, HPV screening, breast examination, mammography, hormone replacement and education, pregnancy testing, contraceptive services excluding birth control medications.
- Obstetric Care: ante-partum through post-partum services, child birth/delivery services. Perinatal preventative education and treatment.
- On-site or by referral Colposcopy exams as needed, performed by an OB/GYN physician, or physician extender with a colposcopy provider qualification.
- Social services, including but not limited to, providing women access to child care, transportation vouchers, food vouchers and support groups at the clinic site;

**Nutritional Assessment:** Services include provision of information about therapeutic nutritional/supplemental foods that are beneficial to the wellness and increased health conditions of clients by a Licensed Dietitian. Services may be provided either through educational or counseling sessions. Clients who receive these services may utilize the Ryan White Part A-funded nutritional supplement provider to obtain recommended nutritional supplements in accordance with program rules. Clients are limited to one (1) nutritional assessment per calendar year without prior approval of RWGA.

Patient Medication Education Services must adhere to the following requirements:



- Medication Educators must be State Licensed Medical Doctor (MD), Nurse Practitioner (NP), Physician Assistant (PA), Nurse (RN, LVN) or Pharmacist. Prior approval must be obtained prior to utilizing any other health care professional not listed above to provide medication education.
- Clients who will be prescribed ongoing medical regimens (i.e. ART) must be assessed for adherence to treatment at every clinical encounter using the EMA's approved adherence assessment tool. Clients with adherence issues related to lack of understanding must receive more education regarding their medical regimen. Clients with adherence issues that are behavioral or involve mental health issues must be provided counseling by the Medical Case Manager, Physician or Physician Extender and/or licensed nursing staff and, if clinically indicated, assessment and treatment by a qualified Psychiatrist or Psychiatric Nurse Practitioner.

### **Outpatient Psychiatric Services:**

The program must provide:

- Diagnostic Assessments: comprehensive evaluation for identification of psychiatric disorders, mental status evaluation, differential diagnosis which may involve use of other clinical and laboratory tests, case formulation, and treatment plans or disposition.
- Emergency Psychiatric Services: rapid evaluation, differential diagnosis, acute treatment, crisis intervention, and referral. Must be available on a 24 hour basis including emergency room referral.
- Brief Psychotherapy: individual, supportive, group, couple, family, hypnosis, biofeedback, and other psychophysiological treatments and behavior modification.
- Psychopharmacotherapy: evaluation and medication treatment of psychiatric disorders, including, but not limited to, anxiety disorders, major depression, pain syndromes, habit control problems, psychosis and organic mental disorders.
- Rehabilitation Services: Physical, psychosocial, behavioral, and/or cognitive training.

Screening for Eye Disorders: Contractor must ensure that patients receive appropriate screening and treatment for CMV, glaucoma, cataracts, and other related problems.

**Local Medication Assistance Program (LPAP):** LPAP provides pharmaceuticals to patients otherwise ineligible for medications through private insurance, Medicaid/Medicare, State ADAP, SPAP or other sources. Allowable medications are only those on the Houston EMA Ryan White Part A Formulary. Eligible clients may be

provided Fuzeon™ on a case-by-case basis with prior approval of Ryan White Grant Administration (RWGA). The cost of Fuzeon™ does not count against a client's annual maximum. HIV-related medication services are the provision of physician or physician-extender prescribed HIV-related medications to prevent serious deterioration of health. Does not include drugs available to the patient from other programs or payers or free of charge (such as birth control and TB medications) or medications available over the counter (OTC) without prescription.

Contractor must offer all medications on the Texas ADAP formulary, for a total not to exceed \$18,000.00 per contract year per client. Contractor must provide allowable HIV-related medications (i.e. non-HIV medications) for a total not to exceed \$3,000 per contract year per client. Contractor may be reimbursed ADAP dispensing fees (e.g. \$5/Rx) in accordance with RWGA business rules for those ADAP clients who are unable to pay the ADAP dispensing fee.

**Medical Case Management Services:** Services include screening all primary medical care patients to determine each patient's level of need for Medical Case Management services, performing a comprehensive assessment, including an assessment of the patient's health literacy, and developing a medical service plan for each client that demonstrates a documented need for such services, monitoring medical service plan to ensure its implementation, and educating client regarding wellness, medication and health care appointment adherence. The Medical Case Manager serves as an advocate for the client and as a liaison with medical providers on behalf of the client. The Medical Case Manager ensures linkage to mental health, substance abuse and other client services as indicated by the medical service plan.

**Service Linkage:** The purpose of Service Linkage is to assist clients with the procurement of needed services so that the problems associated with living with HIV are mitigated. Service Linkage is a working agreement between a client and a Service Linkage Worker for an indeterminate period, based on client need, during which information, referrals and service linkage are provided on an as-needed basis. Service Linkage assists clients who do not require the intensity of Medical Case Management per RWGA Quality Management guidelines. Service Linkage is both office-based and field based. Service Linkage Workers are expected to coordinate activities with referral sources where newly-diagnosed or not-in-care PLWHA may be identified, including 1:1 case conferences with testing site personnel to ensure the successful transition of referrals into Primary Care Services. Such incoming referral coordination includes meeting prospective clients at the referring Provider location in order to develop rapport with individuals prior to the individual's initial Primary Care appointment and ensuring such new intakes to

	<p>Primary Care services have sufficient support to make the often difficult transition into ongoing primary medical care. Service Linkage also includes follow-up to re-engage lost-to-care patients. Lost-to-care patients are those patients who have not returned for scheduled appointments with Provider nor have provided Provider with updated information about their current Primary Medical Care provider (in the situation where patient may have obtained alternate service from another medical provider). Contractor must document efforts to re-engage lost-to-care patients prior to closing patients in the CPCDMS. Service Linkage extends the capability of existing programs by providing “hands-on” outreach and linkage to care services to those PLWHA who are not currently accessing primary medical care services. Service Linkage includes the issuance of bus pass vouchers and gas cards per published RWGA guidelines. Service Linkage complements and extends the service delivery capability of Medical Case Management services.</p>
<p>Agency Requirements:</p>	<p><b>Providers and system must be Medicaid/Medicare certified.</b></p> <p><b>Eligibility and Benefits Coordination:</b> Contractor must implement consumer-friendly, culturally and linguistically appropriate new and ongoing patient eligibility verification and benefit coordination processes that ensure accountability with Ryan White Payer of Last Resort requirements while achieving maximum utilization of eligible benefits. Eligibility processes should provide clients with a meaningful understanding of their benefits, expected out-of-pocket expenses and other information needed to ensure full and continued participation in care.</p> <p><b>LPAP Services:</b> Contractor must:</p> <p>Provide pharmacy services on-site or through an established contractual relationship that meets all requirements. Alternate (off-site) approaches must be approved prior to implementation by RWGA.</p> <p>Either directly, or via subcontract with an eligible 340B Pharmacy program entity, must:</p> <p>Ensure a comprehensive financial intake application to determine client eligibility for this program to insure that these funds are used as a last resort for purchase of medications.</p> <p>Ensure the documented capability of interfacing with the Texas HIV Medication Program operated by the Texas Department of State Health Services. This capability must be fully documented and is subject to independent verification by RWGA.</p> <p>Ensure medication assistance provided to clients does not duplicate services already being provided in the Houston area. The process for accomplishing this must be fully documented and is subject to</p>

	<p>independent verification by RWGA.</p> <p>Ensure, either directly or via a 340B Pharmacy Program Provider, at least 2 years of continuous documented experience in providing HIV/AIDS medication programs utilizing Ryan White Program or similar public sector funding. This experience must be documented and is subject to independent verification by RWGA.</p> <p>Ensure all medications are purchased via a qualified participant in the federal 340B Drug Pricing Program and Prime Vendor Program, administered by the HRSA Office of Pharmacy Affairs. Note: failure to maintain 340B or Prime Vendor drug pricing may result in a negative audit finding, cost disallowance or termination of contract awarded. Contractor must maintain 340B Program participation throughout the contract term. All eligible medications must be purchased in accordance with Program 340B guidelines and program requirements.</p> <p>Ensure Houston area HIV/AIDS service providers are informed of this program and how the client referral and enrollment processes functions. Contractor must maintain documentation of such marketing efforts.</p> <p>Implement a consistent process to enroll eligible patients in available pharmaceutical company Patient Assistance Programs prior to using Ryan White Part A funded LPAP resources.</p> <p>Ensure information regarding the program is provided to PLWHA, including historically under-served and unserved populations (e.g., African American, Hispanic/Latino, Asian, Native American, Pacific Islander) and women not currently obtaining prescribed HIV and HIV-related medications.</p> <p>Offer, at no charge to the client, delivery options for medication refills, including but not limited to courier, USPS or other package delivery service.</p> <p><b>Case Management Operations and Supervision:</b> The Service Linkage Workers (SLW) and Medical Case Managers (MCM) must function within the clinical infrastructure of Contractor and receive ongoing supervision that meets or exceeds published Standards of Care. An MCM may supervise SLWs.</p>
Staff Requirements:	<p>Contractor is responsible for ensuring that services are provided by State licensed internal medicine and OB/GYN physicians, specialty care physicians, psychiatrists, registered nurses, nurse practitioners, vocational nurses, pharmacists, physician assistants, clinical nurse specialists, physician extenders with a colposcopy provider qualification, x-ray technologists, State licensed dieticians, licensed social worker and ancillary health care providers in accordance with appropriate State licensing and/or certification requirements and with</p>

knowledge and experience of HIV disease. In addition, Contractor must ensure the following staff requirements are met:

**Outpatient Psychiatric Services:** Director of the Program must be a Board Certified Psychiatrist. Licensed and/or Certified allied health professionals (Licensed Psychologists, Physicians, Psychiatric Nurse Practitioners, Licensed Master Social Workers, Licensed Professional Counselors, Licensed Marriage and Family Therapists, Certified Alcohol and Drug Abuse Counselors, etc.) must be used in all treatment modalities. Documentation of the Director's credentials, licensures and certifications must be included in the proposal. Documentation of the Allied Health professional licensures and certifications must be included in the proposal appendices.

**Medication and Adherence Education:** The program must utilize an RN, LVN, PA, NP, pharmacist or MD licensed by the State of Texas, who has at least two (2) years paid experience in the preceding five (5) years in HIV/AIDS care, to provide the educational services. Licensed social workers who have at least two (2) years paid experience in the preceding five (5) years in HIV/AIDS care may also provide adherence education and counseling.

**Nutritional Assessment (primary care):** Services must be provided by a licensed registered dietician. Dieticians must have a minimum of two (2) years of experience providing nutritional assessment and counseling to PLWHA.

**Medical Case Management:** The program must utilize a state licensed Social Worker to provide Medical Case Management Services. The Contractor must maintain the assigned number of Medical Case Management FTEs throughout the contract term.

**Contractor must provide to RWGA the names of each Medical Case Manager and the individual assigned to supervise those Medical Case Managers by 03/30/15, and thereafter within 15 days after hire.**

**Service Linkage:** The program must utilize Service Linkage Workers who have at a minimum a Bachelor's degree from an accredited college or university with a major in social or behavioral sciences. Documented paid work experience in providing client services to PLWHA may be substituted for the Bachelor's degree requirement on a 1:1 basis (1 year of documented paid experience may be substituted for 1 year of college). All Service Linkage Workers must have a minimum of one (1) year paid work experience with PLWHA. Contractor must maintain the assigned number of Service Linkage FTEs throughout the contract term. **Contractor must provide to RWGA the names of each Service Linkage Worker and the individual assigned to supervise those Service Linkage Workers by 03/30/15, and thereafter within 15 days after hire.**

	<p><b>Supervision of Case Managers:</b> The Service Linkage Workers and Medical Case Managers must function within the clinical infrastructure of Contractor and receive ongoing supervision that meets or exceeds Houston EMA/HSDA Part A/B Standards of Care for Service Linkage and Medical Case Management as applicable. An MCM may supervise SLWs.</p>
<p>Special Requirements: RWGA Only</p>	<p><b>All primary medical care services must meet or exceed current United States DHHS Treatment Guidelines for the treatment and management of HIV disease.</b></p> <p>Contractor must provide all required program components - Primary Medical Care, Medical Case Management, Service Linkage (non-medical Case Management) and Local Pharmacy Assistance Program (LPAP) services.</p> <p><b>Primary Medical Care Services:</b> Services funded under this grant cannot be used to supplant insurance or Medicare/Medicaid reimbursements for such services. Clients eligible for such reimbursement may not be billed to this contract. Medicare and private insurance co-payments may be eligible for reimbursement under Ryan White Health Insurance Assistance (HINS) program guidelines. Patients needing such assistance should be referred to the local Ryan White-funded HINS provider for assistance. Under no circumstances may the Contractor bill the County for the difference between the reimbursement from Medicaid, Medicare or Third Party insurance and the fee schedule under the contract. Furthermore, potential clients who are Medicaid/Medicare eligible or have other Third Party payers may not be denied services or referred elsewhere by the Contractor based on their reimbursement status (i.e. Medicaid/Medicare eligible clients may not be referred elsewhere in order that non-Medicaid/Medicare eligible clients may be added to the contract). Failure to serve Medicaid/Medicare eligible clients based on their reimbursement status will be grounds for the immediate termination of contract.</p> <p><b>For primary medical care services targeted to the Latino community at least 50% of the clinical care team must be fluent in Spanish.</b></p> <p><b>Diagnostic Procedures:</b> A single Diagnostic Procedure limited to procedures on the approved list of diagnostic procedures (see below) without prior County approval. Approved diagnostic procedures will be reimbursed at invoice cost. Part A and Part A/MAI-funded programs must refer to the RWGA website for the most current list of approved diagnostic procedures and corresponding codes: <a href="http://www.hcphes.org/rwga">www.hcphes.org/rwga</a>. <b>Diagnostic procedures not listed on the website must have prior approval by RWGA.</b></p> <p><b>Outpatient Psychiatric Services:</b> Client must not be eligible for</p>

services from other programs/providers or any other reimbursement source (i.e. Medicaid, Medicare, private insurance) unless the client is in crisis and cannot be provided immediate services from the other programs/providers. In this case, clients may be provided services, as long as the client applies for the other programs/providers, until the other programs/providers can take over services. Program must be supervised by a Psychiatrist and include diagnostic assessments, emergency evaluations and psycho-pharmacotherapy.

**Maintaining Referral Relationships (Point of Entry Agreements):** Contractor must maintain appropriate relationships with entities that constitute key points of access to the health care system for individuals with HIV disease, including but not limited to, Harris Health System and other Houston EMA-located emergency rooms, Harris County Jail, Texas Department of Criminal Justice incarceration facilities, Immigration detention centers, substance abuse treatment and detoxification programs, adult and juvenile detention facilities, Sexually Transmitted Disease clinics, federally qualified health centers (FQHC), HIV disease counseling and testing sites, mental health programs and homeless shelters. These referral relationships must be documented with written collaborative agreements, contracts or memoranda of understanding between Contractor and appropriate point of entry entities and are subject to audit by RWGA. Contractor and POE entity staff must regularly (e.g. weekly, bi-weekly depending on volume of referrals) meet 1:1 to discuss new referrals to primary medical care services. Such case conferences must be documented in the client record and properly entered into the CPCDMS.

Use of CPCDMS Data System: Contractor must comply with CPCDMS business rules and procedures. Contractor must enter into the CPCDMS all required clinical data, including but not limited to, HAART treatment including all changes in medication regimens, Opportunistic Infections, screening and treatment for STDs and Hepatitis A, B, C and other clinical screening and treatment data required by HRSA, TDSHS and the County. Contractor must perform Registration updates in accordance with RWGA CPCDMS business rules for all clients wherein Contractor is client's CPCDMS record-owning agency. Contractor must utilize an electronic verification system to verify insurance/3rd party payer status monthly or per visit (whichever is less frequent).

**Bus Pass Distribution:** The County will provide Contractor with METRO bus pass vouchers. Bus Pass vouchers must be distributed in accordance with RWGA policies and procedures, standards of care and financial eligibility guidelines. Contractor may only issue METRO bus pass vouchers to clients wherein the Contractor is the CPCDMS record owning Contractor. METRO bus pass vouchers shall be distributed as follows:

**Expiration of Current Bus Pass:** In those situation wherein the bus pass expiration date does not coincide with the CPCDMS registration update the Contractor must distribute METRO bus pass vouchers to eligible clients upon the expiration of the current bus pass or when a Value-based bus card has been expended on eligible transportation needs. Contractor may issue METRO bus passes to eligible clients living outside the METRO service area in those situations where the Contractor has documented in the client record that the client will utilize the METRO system to access needed HIV-related health care services located in the METRO service area.

**Gas Cards:** Primary Medical Care Contractors must distribute gasoline vouchers to eligible clients residing in the rural service area in accordance with RWGA policies and procedures, standards of care and financial eligibility guidelines. Gas Cards are only available to Rural primary medical care Contractors without prior approval by RWGA.



***FY 2019 RWPC “How to Best Meet the Need” Decision Process***

<b>Step in Process: Council</b>		Date: <b>06/14/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: Steering Committee</b>		Date: <b>06/07/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: Quality Improvement Committee</b>		Date: <b>05/15/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: HTBMN Workgroup #1</b>		Date: <b>04/24/18</b>
Recommendations:	<b>Financial Eligibility:</b> PriCare=300%, EFA=500%, LPAP=300% +500%, MCM=none, SLW=none.	
1. Accept the service definition as presented.		
2. Keep the financial eligibility the same		
3.		

FY 2018 Houston EMA/HSDA Ryan White Part A/MAI Service Definition <b>Comprehensive Outpatient Primary Medical Care including Medical Case Management            and Service Linkage Services - Pediatric</b> (Last Review/Approval Date: 6/3/16)	
HRSA Service Category Title: <b>RWGA Only</b>	1. Outpatient/Ambulatory Medical Care 2. Medical Case Management 3. Case Management (non-Medical)
Local Service Category Title:	Comprehensive Primary Medical Care Targeted to Pediatric
Target Population:	HIV-infected resident of the Houston EMA 0 – 18 years of age. Provider may continue services to previously enrolled clients until the client's 22nd birthday.
Financial Eligibility:	<i>See FY 2018 Approved Financial Eligibility for Houston EMA/HSDA</i>
Budget Type: <b>RWGA Only</b>	Hybrid Fee for Service
Budget Requirement or Restrictions: <b>RWGA Only</b>	<b>Primary Medical Care:</b> 10% of funds designated to primary medical care must be reserved for invoicing diagnostic procedures at actual cost. Contractors may not exceed the allocation for each individual service component (Primary Medical Care, Medical Case Management and Service Linkage) without prior approval from RWGA.
Service Unit Definition/s: <b>RWGA Only</b>	<ul style="list-style-type: none"> <li>• Outpatient/Ambulatory Medical Care: One (1) unit of service = One (1) primary care office/clinic visit which includes the following:</li> <li>• Primary care physician/nurse practitioner, physician's assistant or clinical nurse specialist examination of the patient, and</li> <li>• Medication/treatment education</li> <li>• Medication access/linkage</li> <li>• OB/GYN specialty procedures (as clinically indicated)</li> <li>• Nutritional assessment (as clinically indicated)</li> <li>• Laboratory (as clinically indicated, not including specialized tests)</li> <li>• Radiology (as clinically indicated, not including CAT scan or MRI)</li> <li>• Eligibility verification/screening (as necessary)</li> <li>• Follow-up visits wherein the patient is not seen by the MD/NP/PA are considered to be a component of the original primary care visit.</li> <li>• Outpatient Psychiatric Services: 1 unit of service = A single (1)</li> </ul>

	<p>office/clinic visit wherein the patient is seen by a State licensed and board-eligible Psychiatrist or qualified Psychiatric Nurse Practitioner. This visit may or may not occur on the same date as a primary care office visit.</p> <ul style="list-style-type: none"> <li>• Medical Case Management: 1 unit of service = 15 minutes of direct medical case management services to an eligible PLWHA performed by a qualified medical case manager.</li> <li>• Service Linkage (non-Medical Case Management): 1 unit of service = 15 minutes of direct service linkage services to an eligible PLWHA performed by a qualified service linkage worker.</li> </ul>
<p>HRSA Service Category Definition: <b>RWGA Only</b></p>	<ul style="list-style-type: none"> <li>• <b>Outpatient/Ambulatory medical care</b> is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.</li> <li>• <b>Medical Case Management</b> services (including treatment adherence) are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex</li> </ul>

	<p>HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.</p> <ul style="list-style-type: none"> <li>• <b>Case Management (non-Medical)</b> includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.</li> </ul>
Standards of Care:	<p>Contractors must adhere to the most current published Part A/B Standards of Care for the Houston EMA/HSDA. <b>Services must meet or exceed applicable United States Department of Health and Human Services (DHHS) guidelines for the Treatment of HIV/AIDS.</b></p>
Local Service Category Definition/Services to be Provided:	<p><b>Outpatient/Ambulatory Primary Medical Care:</b> Services include on-site physician, physician extender, nursing, phlebotomy, radiographic, laboratory, pharmacy, intravenous therapy, home health care referral, licensed dietician, patient medication education, and patient care coordination. The Contractor must provide continuity of care with inpatient services and subspecialty services (either on-site or through specific referral to appropriate medical provider upon primary care Physician's order).</p> <p>Services provided to women shall further include OB/GYN physician &amp; physician extender services on-site or by referral, OB/GYN services, colposcopy, nursing, phlebotomy, radiographic, laboratory, pharmacy, intravenous therapy, home health care referral, licensed dietician, patient medication/women's health education, patient care coordination, and social services. The Contractor must provide continuity of care with inpatient services and subspecialty services (either on-site or through specific referral protocols to appropriate agencies upon primary care Physician's order).</p> <p><b>Outpatient/Ambulatory Primary Medical Care must provide:</b></p> <ul style="list-style-type: none"> <li>• Continuity of care for all stages of adult HIV infection;</li> <li>• Laboratory and pharmacy services including intravenous</li> </ul>

	<p>medications (either on-site or through established referral systems);</p> <ul style="list-style-type: none"> <li>• Outpatient psychiatric care, including lab work necessary for the prescribing of psychiatric medications when appropriate (either on-site or through established referral systems);</li> <li>• Access to the Texas ADAP program (either on-site or through established referral systems);</li> <li>• Access to compassionate use HIV medication programs (either directly or through established referral systems);</li> <li>• Access to HIV related research protocols (either directly or through established referral systems);</li> <li>• Must at a minimum, comply with Houston EMA/HSDA Part A/B Standards for HIV Primary Medical Care. The Contractor must demonstrate on an ongoing basis the ability to provide state-of-the-art HIV-related primary care medicine in accordance with the most recent DHHS HIV treatment guidelines. Rapid advances in HIV treatment protocols require that the Contractor provide services that to the greatest extent possible maximize a patient's opportunity for long-term survival and maintenance of the highest quality of life possible.</li> <li>• On-site Outpatient Psychiatry services.</li> <li>• On-site Medical Case Management services.</li> <li>• On-site Medication Education.</li> <li>• Physical therapy services (either on-site or via referral).</li> <li>• Specialty Clinic Referrals (either on-site or via referral).</li> <li>• On-site pelvic exams as needed for female patients with appropriate follow-up treatment and referral.</li> <li>• On site Nutritional Counseling by a Licensed Dietitian.</li> </ul> <p><b>Services for females of child bearing age must also provide:</b></p> <ul style="list-style-type: none"> <li>• Well woman care, including but not limited to: PAP, pelvic exam, breast examination, mammography, hormone replacement and education, pregnancy testing, contraceptive services excluding birth control medications.</li> <li>• Obstetric Care: ante-partum through post-partum services, child birth/delivery services. Perinatal preventative education and treatment.</li> <li>• On-site or by referral Colposcopy exams as needed, performed by an OB/GYN physician, or physician extender with a colposcopy provider qualification.</li> <li>• Social services, including but not limited to, providing women access to child care, transportation vouchers, food vouchers and support groups at the clinic site;</li> </ul> <p>Patient Medication Education Services must adhere to the following</p>
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requirements:

- Medication Educators must be State Licensed Medical Doctor (MD), Nurse Practitioner (NP), Physician Assistant (PA), Nurse (RN, LVN) or Pharmacist. Prior approval must be obtained prior to utilizing any other health care professional not listed above to provide medication education.
- Clients who will be prescribed ongoing medical regimens (i.e. ART) must be assessed for adherence to treatment at every clinical encounter using the EMA's approved adherence assessment tool. Clients with adherence issues related to lack of understanding must receive more education regarding their medical regimen. Clients with adherence issues that are behavioral or involve mental health issues must be provided counseling by the Medical Case Manager, Physician or Physician Extender and/or licensed nursing staff and, if clinically indicated, assessment and treatment by a qualified Psychiatrist or Psychiatric Nurse Practitioner.

#### **Outpatient Psychiatric Services:**

The program must provide:

- Diagnostic Assessments: comprehensive evaluation for identification of psychiatric disorders, mental status evaluation, differential diagnosis which may involve use of other clinical and laboratory tests, case formulation, and treatment plans or disposition.
- Emergency Psychiatric Services: rapid evaluation, differential diagnosis, acute treatment, crisis intervention, and referral. Must be available on a 24 hour basis including emergency room referral.
- Brief Psychotherapy: individual, supportive, group, couple, family, hypnosis, biofeedback, and other psychophysiological treatments and behavior modification.
- Psychopharmacotherapy: evaluation and medication treatment of psychiatric disorders, including, but not limited to, anxiety disorders, major depression, pain syndromes, habit control problems, psychosis and organic mental disorders.
- Rehabilitation Services: Physical, psychosocial, behavioral, and/or cognitive training.

Screening for Eye Disorders: Contractor must ensure that patients receive appropriate screening and treatment for CMV, glaucoma, cataracts, and other related problems.

**Medical Case Management Services:** Services include screening all

primary medical care patients to determine each patient's level of need for Medical Case Management services, performing a comprehensive assessment, including an assessment of the patient's health literacy, and developing a medical service plan for each client that demonstrates a documented need for such services, monitoring medical service plan to ensure its implementation, and educating client regarding wellness, medication and health care appointment adherence. The Medical Case Manager serves as an advocate for the client and as a liaison with medical providers on behalf of the client. The Medical Case Manager ensures linkage to mental health, substance abuse and other client services as indicated by the medical service plan.

**Service Linkage:** The purpose of Service Linkage is to assist clients with the procurement of needed services so that the problems associated with living with HIV are mitigated. Service Linkage is a working agreement between a client and a Service Linkage Worker for an indeterminate period, based on client need, during which information, referrals and service linkage are provided on an as-needed basis. Service Linkage assists clients who do not require the intensity of Medical Case Management per RWGA Quality Management guidelines. Service Linkage is both office-based and field based. Service Linkage Workers are expected to coordinate activities with referral sources where newly-diagnosed or not-in-care PLWHA may be identified, including 1:1 case conferences with testing site personnel to ensure the successful transition of referrals into Primary Care Services. Such incoming referral coordination includes meeting prospective clients at the referring Provider location in order to develop rapport with individuals prior to the individual's initial Primary Care appointment and ensuring such new intakes to Primary Care services have sufficient support to make the often difficult transition into ongoing primary medical care. Service Linkage also includes follow-up to re-engage lost-to-care patients. Lost-to-care patients are those patients who have not returned for scheduled appointments with Provider nor have provided Provider with updated information about their current Primary Medical Care provider (in the situation where patient may have obtained alternate service from another medical provider). Contractor must document efforts to re-engage lost-to-care patients prior to closing patients in the CPCDMS. Service Linkage extends the capability of existing programs by providing "hands-on" outreach and linkage to care services to those PLWHA who are not currently accessing primary

	<p>medical care services. Service Linkage includes the issuance of bus pass vouchers and gas cards per published RWGA guidelines. Service Linkage complements and extends the service delivery capability of Medical Case Management services.</p>
<p>Agency Requirements:</p>	<p><b>Providers and system must be Medicaid/Medicare certified.</b></p> <p><b>Eligibility and Benefits Coordination:</b> Contractor must implement consumer-friendly, culturally and linguistically appropriate new and ongoing patient eligibility verification and benefit coordination processes that ensure accountability with Ryan White Payer of Last Resort requirements while achieving maximum utilization of eligible benefits. Eligibility processes should provide clients with a meaningful understanding of their benefits, expected out-of-pocket expenses and other information needed to ensure full and continued participation in care.</p> <p><b>Case Management Operations and Supervision:</b> The Service Linkage Workers (SLW) and Medical Case Managers (MCM) must function within the clinical infrastructure of Contractor and receive ongoing supervision that meets or exceeds published Standards of Care. An MCM may supervise SLWs.</p>
<p>Staff Requirements:</p>	<p>Contractor is responsible for ensuring that services are provided by State licensed internal medicine and OB/GYN physicians, specialty care physicians, psychiatrists, registered nurses, nurse practitioners, vocational nurses, pharmacists, physician assistants, clinical nurse specialists, physician extenders with a colposcopy provider qualification, x-ray technologists, State licensed dieticians, licensed social worker and ancillary health care providers in accordance with appropriate State licensing and/or certification requirements and with knowledge and experience of HIV disease. In addition, Contractor must ensure the following staff requirements are met:</p> <p><b>Outpatient Psychiatric Services:</b> Director of the Program must be a Board Certified Psychiatrist. Licensed and/or Certified allied health professionals (Licensed Psychologists, Physicians, Psychiatric Nurse Practitioners, Licensed Master Social Workers, Licensed Professional Counselors, Licensed Marriage and Family Therapists, Certified Alcohol and Drug Abuse Counselors, etc.) must be used in all treatment modalities. Documentation of the Director's credentials, licensures and certifications must be included in the proposal. Documentation of the Allied Health professional licensures and</p>



certifications must be included in the proposal appendices.

**Medication and Adherence Education:** The program must utilize an RN, LVN, PA, NP, pharmacist or MD licensed by the State of Texas, who has at least two (2) years paid experience in the preceding five (5) years in HIV/AIDS care, to provide the educational services. Licensed social workers who have at least two (2) years paid experience in the preceding five (5) years in HIV/AIDS care may also provide adherence education and counseling.

**Medical Case Management:** The program must utilize a state licensed Social Worker to provide Medical Case Management Services. The Contractor must maintain the assigned number of Medical Case Management FTEs throughout the contract term.

**Contractor must provide to RWGA the names of each Medical Case Manager and the individual assigned to supervise those Medical Case Managers by 03/30/17, and thereafter within 15 days after hire.**

**Service Linkage:** The program must utilize Service Linkage Workers who have at a minimum a Bachelor's degree from an accredited college or university with a major in social or behavioral sciences. Documented paid work experience in providing client services to PLWHA may be substituted for the Bachelor's degree requirement on a 1:1 basis (1 year of documented paid experience may be substituted for 1 year of college). All Service Linkage Workers must have a minimum of one (1) year paid work experience with PLWHA. Contractor must maintain the assigned number of Service Linkage FTEs throughout the contract term. **Contractor must provide to RWGA the names of each Service Linkage Worker and the individual assigned to supervise those Service Linkage Workers by 03/30/17, and thereafter within 15 days after hire.**

**Supervision of Case Managers:** The Service Linkage Workers and Medical Case Managers must function within the clinical infrastructure of Contractor and receive ongoing supervision that meets or exceeds Houston EMA/HSDA Part A/B Standards of Care for Service Linkage and Medical Case Management as applicable. An MCM may supervise SLWs.

<p>Special Requirements: RWGA Only</p>	<p><b>All primary medical care services must meet or exceed current United States DHHS Treatment Guidelines for the treatment and management of HIV disease.</b></p> <p>Contractor must provide all required program components - Primary Medical Care, Medical Case Management and Service Linkage (non-medical Case Management) services.</p> <p><b>Primary Medical Care Services:</b> Services funded under this grant cannot be used to supplant insurance or Medicare/Medicaid reimbursements for such services. Clients eligible for such reimbursement may not be billed to this contract. Medicare and private insurance co-payments may be eligible for reimbursement under Ryan White Health Insurance Assistance (HINS) program guidelines. Patients needing such assistance should be referred to the local Ryan White-funded HINS provider for assistance. Under no circumstances may the Contractor bill the County for the difference between the reimbursement from Medicaid, Medicare or Third Party insurance and the fee schedule under the contract. Furthermore, potential clients who are Medicaid/Medicare eligible or have other Third Party payers may not be denied services or referred elsewhere by the Contractor based on their reimbursement status (i.e. Medicaid/Medicare eligible clients may not be referred elsewhere in order that non-Medicaid/Medicare eligible clients may be added to the contract). Failure to serve Medicaid/Medicare eligible clients based on their reimbursement status will be grounds for the immediate termination of contract.</p> <p><b>Diagnostic Procedures:</b> A single Diagnostic Procedure limited to procedures on the approved list of diagnostic procedures (see below) without prior County approval. Approved diagnostic procedures will be reimbursed at invoice cost. Part A and Part A/MAI-funded programs must refer to the RWGA website for the most current list of approved diagnostic procedures and corresponding codes: <a href="http://www.hcphes.org/rwga">www.hcphes.org/rwga</a>. <b>Diagnostic procedures not listed on the website must have prior approval by RWGA.</b></p> <p><b>Outpatient Psychiatric Services:</b> Client must not be eligible for services from other programs/providers or any other reimbursement source (i.e. Medicaid, Medicare, private insurance) unless the client is in crisis and cannot be provided immediate services from the other programs/providers. In this case, clients may be provided services, as long as the client applies for the other programs/providers, until the other programs/providers can take over services. Program must be</p>
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supervised by a Psychiatrist and include diagnostic assessments, emergency evaluations and psycho-pharmacotherapy.

**Maintaining Referral Relationships** (Point of Entry Agreements): Contractor must maintain appropriate relationships with entities that constitute key points of access to the health care system for individuals with HIV disease, including but not limited to, Harris Health System and other Houston EMA-located emergency rooms, Harris County Jail, Texas Department of Criminal Justice incarceration facilities, Immigration detention centers, substance abuse treatment and detoxification programs, adult and juvenile detention facilities, Sexually Transmitted Disease clinics, federally qualified health centers (FQHC), HIV disease counseling and testing sites, mental health programs and homeless shelters. These referral relationships must be documented with written collaborative agreements, contracts or memoranda of understanding between Contractor and appropriate point of entry entities and are subject to audit by RWGA. Contractor and POE entity staff must regularly (e.g. weekly, bi-weekly depending on volume of referrals) meet 1:1 to discuss new referrals to primary medical care services. Such case conferences must be documented in the client record and properly entered into the CPCDMS.

Use of CPCDMS Data System: Contractor must comply with CPCDMS business rules and procedures. Contractor must enter into the CPCDMS all required clinical data, including but not limited to, HAART treatment including all changes in medication regimens, Opportunistic Infections, screening and treatment for STDs and Hepatitis A, B, C and other clinical screening and treatment data required by HRSA, TDSHS and the County. Contractor must perform Registration updates in accordance with RWGA CPCDMS business rules for all clients wherein Contractor is client's CPCDMS record-owning agency. Contractor must utilize an electronic verification system to verify insurance/3rd party payer status monthly or per visit (whichever is less frequent).

**Bus Pass Distribution:** The County will provide Contractor with METRO bus pass vouchers. Bus Pass vouchers must be distributed in accordance with RWGA policies and procedures, standards of care and financial eligibility guidelines. Contractor may only issue METRO bus pass vouchers to clients wherein the Contractor is the CPCDMS record owning Contractor. METRO bus pass vouchers shall be distributed as follows:

	<p><b>Expiration of Current Bus Pass:</b> In those situation wherein the bus pass expiration date does not coincide with the CPCDMS registration update the Contractor must distribute METRO bus pass vouchers to eligible clients upon the expiration of the current bus pass or when a Value-based bus card has been expended on eligible transportation needs. Contractor may issue METRO bus passes to eligible clients living outside the METRO service area in those situations where the Contractor has documented in the client record that the client will utilize the METRO system to access needed HIV-related health care services located in the METRO service area.</p>
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***FY 2019 RWPC “How to Best Meet the Need” Decision Process***

<b>Step in Process: Council</b>		Date: <b>06/14/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: Steering Committee</b>		Date: <b>06/07/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: Quality Improvement Committee</b>		Date: <b>05/15/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: HTBMN Workgroup #1</b>		Date: <b>04/24/18</b>
Recommendations:	Financial Eligibility: PriCare=300%, MCM=none, SLW=none.	
1. Accept the service definition as presented.		
2. Keep the financial eligibility the same		
3.		

FY 2018 Houston EMA/HSDA Ryan White Part A/MAI Service Definition <b>Clinical Case Management</b> (Last Review/Approval Date: 6/3/16)	
HRSA Service Category Title: <b>RWGA Only</b>	<b>Medical Case Management</b>
Local Service Category Title:	<b>Clinical Case Management (CCM)</b>
Budget Type: <b>RWGA Only</b>	<b>Unit Cost</b>
Budget Requirements or Restrictions: <b>RWGA Only</b>	Not applicable.
HRSA Service Category Definition: <b>RWGA Only</b>	<p><i>Medical Case Management services (including treatment adherence)</i> are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.</p>
Local Service Category Definition:	<p><b>Clinical Case Management:</b> Identifying and screening clients who are accessing HIV-related services from a clinical delivery system that provides Mental Health treatment/counseling and/or Substance Abuse treatment services; assessing each client's medical and psychosocial history and current service needs; developing and regularly updating a clinical service plan based upon the client's needs and choices; implementing the plan in a timely manner; providing information, referrals and assistance with linkage to medical and psychosocial services as needed; monitoring the efficacy and quality of services through periodic reevaluation; advocating on behalf of clients to decrease service gaps and remove barriers to services helping clients develop and utilize independent living skills and strategies. Assist clients in obtaining needed resources, including bus pass vouchers and gas cards per published HCPHES/RWGA policies.</p>

<p>Target Population (age, gender, geographic, race, ethnicity, etc.):</p>	<p>Services will be available to eligible HIV-infected clients residing in the Houston EMA with priority given to clients most in need. All clients who receive services will be served without regard to age, gender, race, color, religion, national origin, sexual orientation, or handicap. Services will target low income individuals with HIV/AIDS who demonstrate multiple medical, mental health, substance use/abuse and psychosocial needs including, but not limited to: mental health counseling (i.e. professional counseling), substance abuse treatment, primary medical care, specialized care, alternative treatment, medications, placement in a medical facility, emotional support, basic needs for food, clothing, and shelter, transportation, legal services and vocational services. Services will also target clients who cannot function in the community due to barriers which include, but are not limited to, mental illness and psychiatric disorders, drug addiction and substance abuse, extreme lack of knowledge regarding available services, inability to maintain financial independence, inability to complete necessary forms, inability to arrange and complete entitlement and medical appointments, homelessness, deteriorating medical condition, illiteracy, language/cultural barriers and/or the absence of speech, sight, hearing, or mobility.</p> <p><i>Clinical Case Management</i> is intended to serve eligible clients, especially those underserved or unserved population groups which include: African American, Hispanic/Latino, Women and Children, Veteran, Deaf/Hard of Hearing, Substance Abusers, Homeless and Gay/Lesbian/Transsexual.</p>
<p>Services to be Provided:</p>	<p>Provision of Clinical Case Management activities performed by the Clinical Case Manager.</p> <p><i>Clinical Case Management</i> is a working agreement between a client and a Clinical Case Manager for a defined period of time based on the client's assessed needs. <i>Clinical Case Management</i> services include performing a comprehensive assessment and developing a clinical service plan for each client; monitoring plan to ensure its implementation; and educating client regarding wellness, medication and health care compliance in order to maximize benefit of mental health and/or substance abuse treatment services. The <i>Clinical Case Manager</i> serves as an advocate for the client and as a liaison with mental health, substance abuse and medical treatment providers on behalf of the client. The Clinical Case Manager ensures linkage to mental health, substance abuse, primary medical care and other client services as indicated by the clinical service plan. The Clinical Case Manager will perform <i>Mental Health</i> and <i>Substance Abuse/Use Assessments</i> in accordance with RWGA Quality Management guidelines. Service plan must reflect an ongoing discussion of mental health treatment and/or substance abuse treatment, primary medical care and medication adherence, per</p>

	<p>client need. <i>Clinical Case Management</i> is both office and community-based. Clinical Case Managers will interface with the primary medical care delivery system as necessary to ensure services are integrated with, and complimentary to, a client's medical treatment plan.</p>
Service Unit Definition(s): <b>RWGA Only</b>	One unit of service is defined as 15 minutes of direct client services and allowable charges.
Financial Eligibility:	Refer to the RWPC's approved <i>Financial Eligibility for Houston EMA Services</i> .
Client Eligibility:	HIV-infected individuals residing in the Houston EMA.
Agency Requirements:	<p><i>Clinical Case Management</i> services will comply with the HCPHES/RWGA published Clinical Case Management Standards of Care and policies and procedures as published and/or revised, including linkage to the CPCDMS data system</p> <p><i>Clinical Case Management Services</i> must be provided by an agency with a documented history of, and current capacity for, providing mental health counseling services (categories b., c. and d. as listed under <i>Amount Available</i> above) or substance abuse treatment services to PLWH/A (category a. under <i>Amount Available</i> above) in the Houston EMA. Specifically, an applicant for this service category must clearly demonstrate it has provided mental health treatment services (e.g. professional counseling) or substance abuse treatment services (as applicable to the specific CCM category being applied for) in the previous calendar or grant year to individuals with an HIV diagnosis. Acceptable documentation for such treatment activities includes standardized reporting documentation from the County's <i>CPCDMS</i> or Texas Department of State Health Services' <i>ARIES</i> data systems, Ryan White Services Report (RSR), SAMSHA or TDSHS/SAS program reports or other verifiable <u>published</u> data. Data submitted to meet this requirement is subject to audit by HCPHES/RWGA prior to an award being recommended. <b>Agency-generated non-verifiable data is not acceptable.</b> In addition, applicant agency must demonstrate it has the capability to continue providing mental health treatment and/or substance abuse treatment services for the duration of the contract term and any subsequent one-year contract renewals. Acceptable documentation of such continuing capability includes <u>current</u> funding from Ryan White (all Parts), TDSHS HIV-related funding (Ryan White, State Services, State-funded Substance Abuse Services), SAMSHA and other ongoing federal, state and/or public or private foundation HIV-related funding for mental health treatment and/or substance abuse treatment services. Proof of such funding must be documented in the application and is subject to independent verification by HCPHES/RWGA prior to an award being recommended.</p>



	<p>Loss of funding and corresponding loss of capacity to provide mental health counseling or substance abuse treatment services as applicable may result in the termination of Clinical Case Management Services awarded under this service category. Continuing eligibility for Clinical Case Management Services funding is explicitly contingent on applicant agency maintaining verifiable capacity to provide mental health counseling or substance abuse treatment services as applicable to PLWH/A during the contract term.</p> <p><b>Applicant agency must be Medicaid and Medicare Certified.</b></p>
<p>Staff Requirements:</p>	<p>Clinical Case Managers must spend at least 42% (867 hours per FTE) of their time providing direct case management services. Direct case management services include any activities with a client (face-to-face or by telephone), communication with other service providers or significant others to access client services, monitoring client care, and accompanying clients to services. Indirect activities include travel to and from a client's residence or agency, staff meetings, supervision, community education, documentation, and computer input. Direct case management activities must be documented in the Centralized Patient Care Data Management System (CPCDMS) according to CPCDMS business rules.</p> <p><i>Must comply with applicable HCPHES/RWGA Houston EMA/HSDA Part A/B Ryan White Standards of Care:</i></p> <p><u>Minimum Qualifications:</u></p> <p><b>Clinical Case Managers</b> must have at a minimum a Bachelor's degree from an accredited college or university with a major in social or behavioral sciences and have a current and in good standing State of Texas license (LBSW, LSW, LMSW, LCSW, LPC, LPC-I, LMFT, LMFT-A or higher level of licensure). The Clinical Case Manager may supervise the Service Linkage Worker. CCM targeting Hispanic PLWHA must demonstrate both written and verbal fluency in Spanish.</p> <p><u>Supervision:</u></p> <p>The <b>Clinical Case Manager (CCM)</b> must function with the clinical infrastructure of the applicant agency and receive supervision in accordance with the CCM's licensure requirements. At a minimum, the CCM must receive ongoing supervision that meets or exceeds HCPHES/RWGA published Ryan White Part A/B Standards of Care for Clinical Case Management. If applicant agency also has Service Linkage Workers funded under Ryan White Part A the CCM may supervise the Service Linkage Worker(s). Supervision provided by a CCM that is <u>not</u> client specific is considered <b>indirect time</b> and is not billable.</p>
<p>Special Requirements: <b>RWGA Only</b></p>	<p>Contractor must employ full-time Clinical Case Managers. Prior approval must be obtained from RWGA to split full-time equivalent</p>

(FTE) CCM positions among other contracts or to employ part-time staff. **Contractor must provide to RWGA the names of each Clinical Case Manager and the program supervisor no later than 3/30/17. Contractor must inform RWGA in writing of any changes in personnel assigned to contract within seven (7) business days of change.**

Contractor must comply with CPCDMS data system business rules and procedures.

Contractor must perform CPCDMS new client registrations and registration updates for clients needing ongoing case management services as well as those clients who may only need to establish system of care eligibility. Contractor must issue bus pass vouchers in accordance with HCPHES/RWGA policies and procedures.

***FY 2019 RWPC “How to Best Meet the Need” Decision Process***

<b>Step in Process: Council</b>		Date: <b>06/14/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: Steering Committee</b>		Date: <b>06/07/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: Quality Improvement Committee</b>		Date: <b>05/15/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: HTBMN Workgroup #1</b>		Date: <b>04/24/18</b>
Recommendations:	<b>Financial Eligibility: None</b>	
1. Explore the concept of bundling or complimenting Clinical Case Management with service linkage targeting HIV+ individuals with substance use disorders. Ask staff to provide the Quality Improvement committee details on how this could be done. It is recommended that the service linkage workers have experience working with substance abuse disorders.		
2. Keep the financial eligibility the same.		
3.		

FY 2018 Houston EMA/HSDA Ryan White Part A Service Definition <b>Service Linkage at Testing Sites</b> (Revision Date: 03/03/14)	
HRSA Service Category Title: <b>RWGA Only</b>	<b>Non-medical Case Management</b>
Local Service Category Title:	<p><b>A. Service Linkage targeted to Not-In-Care and Newly-Diagnosed PLWHA in the Houston EMA/HSDA</b></p> <p><b>Not-In-Care PLWHA</b> are individuals who know their HIV status but have not been actively engaged in outpatient primary medical care services for more than six (6) months.</p> <p><b>Newly-Diagnosed PLWHA</b> are individuals who have learned their HIV status within the previous six months and are not currently receiving outpatient primary medical care or case management services as documented in the CPCDMS data system.</p> <p><b>B. Youth targeted Service Linkage, Care and Prevention:</b> Service Linkage Services targeted to Youth (13 – 24 years of age), including a focus on not-in-care and newly-diagnosed Youth in the Houston EMA.</p> <p>*Not-In-Care PLWHA are Youth who know their HIV status but have not been actively engaged in outpatient primary medical care services in the previous six (6) months.</p> <p>*Newly-Diagnosed Youth are Youth who have learned their HIV status within the previous six months and are not currently receiving outpatient primary medical care or case management services as documented in the CPCDMS data system.</p>
Budget Type: <b>RWGA Only</b>	Fee-for-Service
Budget Requirements or Restrictions: <b>RWGA Only</b>	Early intervention services, including HIV testing and Comprehensive Risk Counseling Services (CRCS) must be supported via alternative funding (e.g. TDSHS, CDC) and may not be charged to this contract.
HRSA Service Category Definition: <b>RWGA Only</b>	<p><b>Case Management (non-Medical)</b> includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.</p> <p><b>Early intervention services (EIS)</b> include counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, tests to diagnose to extent of immune deficiency, tests to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and providing therapeutic measures.</p>
Local Service Category	<b>A. Service Linkage:</b> Providing allowable Ryan White Program

<p>Definition:</p>	<p>outreach and service linkage activities to newly-diagnosed and/or <i>Not-In-Care</i> PLWHA who know their status but are not currently enrolled in outpatient primary medical care with information, referrals and assistance with linkage to medical, mental health, substance abuse and psychosocial services as needed; advocating on behalf of clients to decrease service gaps and remove barriers to services helping clients develop and utilize independent living skills and strategies. Assist clients in obtaining needed resources, including bus pass vouchers and gas cards per published HCPHES/RWGA policies.</p> <p><b>B. Youth targeted Service Linkage, Care and Prevention:</b>          Providing Ryan White Program appropriate outreach and service linkage activities to newly-diagnosed and/or not-in-care HIV-positive Youth who know their status but are not currently enrolled in outpatient primary medical care with information, referrals and assistance with linkage to medical, mental health, substance abuse and psychosocial services as needed; advocating on their behalf to decrease service gaps and remove barriers to services; helping Youth develop and utilize independent living skills and strategies. Assist clients in obtaining needed resources, including bus pass vouchers and gas cards per published HCPHES/RWGA policies. Provide comprehensive medical case management to HIV-positive youth identified through outreach and in-reach activities.</p>
<p>Target Population (age, gender, geographic, race, ethnicity, etc.):</p>	<p><b>A. Service Linkage:</b> Services will be available to eligible HIV-infected clients residing in the Houston EMA/HSDA with priority given to clients most in need. All clients who receive services will be served without regard to age, gender, race, color, religion, national origin, sexual orientation, or handicap. Services will target low income individuals with HIV/AIDS who demonstrate multiple medical, mental health, substance use/abuse and psychosocial needs including, but not limited to: mental health counseling, substance abuse treatment, primary medical care, specialized care, alternative treatment, medications, placement in a medical facility, emotional support, basic needs for food, clothing, and shelter, transportation, legal services and vocational services. Services will also target clients who cannot function in the community due to barriers which include, but are not limited to, mental illness and psychiatric disorders, drug addiction and substance abuse, extreme lack of knowledge regarding available services, inability to maintain financial independence, inability to complete necessary forms, inability to arrange and complete entitlement and medical appointments, homelessness, deteriorating medical condition, illiteracy, language/cultural barriers and/or the absence of speech, sight, hearing, or mobility.</p> <p><b>Service Linkage</b> is intended to serve eligible clients in the Houston EMA/HSDA, especially those underserved or unserved population groups which include: African American, Hispanic/Latino, Women</p>

	<p>and Children, Veteran, Deaf/Hard of Hearing, Substance Abusers, Homeless and Gay/Lesbian/Transsexual.</p> <p><b>B. Youth targeted Service Linkage, Care and Prevention:</b> Services will be available to eligible HIV-infected Youth (ages 13 – 24) residing in the Houston EMA/HSDA with priority given to clients most in need. All Youth who receive services will be served without regard to age (i.e. limited to those who are between 13- 24 years of age), gender, race, color, religion, national origin, sexual orientation, or handicap. Services will target low income Youth living with HIV/AIDS who demonstrate multiple medical, mental health, substance use/abuse and psychosocial needs including, but not limited to: mental health counseling, substance abuse treatment, primary medical care, specialized care, alternative treatment, medications, placement in a medical facility, emotional support, basic needs for food, clothing, and shelter, transportation, legal services and vocational services. Services will also target Youth who cannot function in the community due to barriers which include, but are not limited to, mental illness and psychiatric disorders, drug addiction and substance abuse, extreme lack of knowledge regarding available services, inability to maintain financial independence, inability to complete necessary forms, inability to arrange and complete entitlement and medical appointments, homelessness, deteriorating medical condition, illiteracy, language/cultural barriers and/or the absence of speech, sight, hearing, or mobility.</p> <p><b>Youth Targeted Service Linkage, Care and Prevention</b> is intended to serve eligible youth in the Houston EMA/HSDA, especially those underserved or unserved population groups which include: African American, Hispanic/Latino, Substance Abusers, Homeless and Gay/Lesbian/Transsexual.</p>
Services to be Provided:	<p><b>Goal (A): Service Linkage:</b> The expectation is that a single Service Linkage Worker Full Time Equivalent (FTE) targeting Not-In-Care and/or newly-diagnosed PLWHA can serve approximately 80 <u>newly-diagnosed or not-in-care</u> PLWH/A per year.</p> <p>The purpose of <b>Service Linkage</b> is to assist clients with the procurement of needed services so that the problems associated with living with HIV are mitigated. <b>Service Linkage</b> is a working agreement between a client and a Service Linkage Worker (SLW) for an indeterminate period, based on client need, during which information, referrals and service linkage are provided on an as-needed basis. The purpose of <b>Service Linkage</b> is to assist clients who do not require the intensity of <i>Clinical or Medical Case Management</i>, as determined by RWGA Quality Management guidelines. <b>Service Linkage</b> is both <u>office- and field-based</u> and <b>may include the issuance of bus pass vouchers and gas cards per</b></p>

	<p><b>published guidelines.</b> Service Linkage targeted to Not-In-Care and/or Newly-Diagnosed PLWHA extends the capability of existing programs with a documented track record of identifying Not-In-Care and/or newly-diagnosed PLWHA by providing “hands-on” outreach and linkage to care services to those PLWHA who are not currently accessing primary medical care services.</p> <p>In order to ensure linkage to an ongoing support system, eligible clients identified funded under this contract, including clients who may obtain their medical services through non-Ryan White-funded programs, must be transferred to a Ryan White-funded Primary Medical Care, Clinical Case Management or Service Linkage program within 90 days of initiation of services as documented in both ECLIPS and CPCDMS data systems. Those clients who choose to access primary medical care from a non-Ryan White source, including private physicians, <u>may receive ongoing service linkage services from provider</u> or must be transferred to a Clinical (CCM) or Primary Care/Medical Case Management site per client need and the preference of the client.</p> <p><b>GOAL (B):</b> This effort will continue a program of <i>Service Linkage, Care and Prevention to Engage HIV Seropositive Youth</i> targeting youth (ages 13-24) with a focus on Youth of color. This service is designed to reach HIV seropositive youth of color not engaged in clinical care and to link them to appropriate clinical, supportive, and preventive services. The specific objectives are to: (1) conduct outreach (service linkage) to assist seropositive Youth learn their HIV status, (2) link HIV-infected Youth with primary care services, and (3) prevent transmission of HIV infection from targeted clients.</p>
Service Unit Definition(s): <b>RWGA Only</b>	One unit of service is defined as 15 minutes of direct client services and allowable charges.
Financial Eligibility:	Refer to the RWPC’s approved <i>Financial Eligibility for Houston EMA Services</i> .
Client Eligibility:	Not-In-Care and/or newly-diagnosed HIV-infected individuals residing in the Houston EMA.
Agency Requirements:	<p><b>Service Linkage</b> services will comply with the HCPHES/RWGA published <b>Service Linkage</b> Standards of Care and policies and procedures as published and/or revised, including linkage to the CPCDMS data system.</p> <p><u>Agency must comply with all applicable City of Houston DHHS ECLIPS and RWGA/HCPHES CPCDMS business rules and policies &amp; procedures.</u></p> <p><b>Service Linkage</b> targeted to Not-In-Care and/or newly diagnosed PLWHA must be planned and delivered in coordination with local HIV prevention/outreach programs to avoid duplication of services</p>

	<p>and be designed with quantified program reporting that will accommodate local effectiveness evaluation. Contractor must document established linkages with agencies that serve HIV-infected clients or serve individuals who are members of high-risk population groups (e.g., men who have sex with men, injection drug users, sex-industry workers, youth who are sentenced under the juvenile justice system, inmates of state and local jails and prisons). Contractor must have formal collaborative, referral or Point of Entry (POE) agreements with Ryan White funded HIV/AIDS primary care providers.</p>
<p>Staff Requirements:</p>	<p>Service Linkage Workers must spend at least 42% (867 hours per FTE) of their time providing direct client services. Direct service linkage and case management services include any activities with a client (face-to-face or by telephone), communication with other service providers or significant others to access client services, monitoring client care, and accompanying clients to services. Indirect activities include travel to and from a client's residence or agency, staff meetings, supervision, community education, documentation, and computer input. Direct case management activities must be documented in the CPCDMS according to system business rules.</p> <p><i>Must comply with applicable HCPHES/RWGA published Ryan White Part A/B Standards of Care:</i></p> <p><u>Minimum Qualifications:</u>  <b>Service Linkage Workers</b> must have at a minimum a Bachelor's degree from an accredited college or university with a major in social or behavioral sciences. Documented paid work experience in providing client services to PLWH/A may be substituted for the Bachelor's degree requirement on a 1:1 basis (1 year of documented paid experience may be substituted for 1 year of college). All Service Linkage Workers must have a minimum of one (1) year paid work experience with PLWHA.</p> <p><u>Supervision:</u>  The Service Linkage Worker must function within the clinical infrastructure of the applicant agency and receive ongoing supervision that meets or exceeds HCPHES/RWGA published Ryan White Part A/B Standards of Care for Service Linkage.</p>
<p>Special Requirements:  <b>RWGA Only</b></p>	<p>Contractor must be have the capability to provide Public Health Follow-Up by qualified Disease Intervention Specialists (DIS) to locate, identify, inform and refer newly-diagnosed and not-in-care PLWHA to outpatient primary medical care services.</p> <p>Contractor must perform CPCDMS new client registrations and, for those newly-diagnosed or out-of-care clients referred to non-Ryan White primary care providers, registration updates per RWGA</p>



	<p>business rules for those needing ongoing service linkage services as well as those clients who may only need to establish system of care eligibility. This service category does not routinely distribute Bus Passes. However, if so directed by RWGA, Contractor must issue bus pass vouchers in accordance with HCPHES/RWGA policies and procedures.</p>
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***FY 2019 RWPC “How to Best Meet the Need” Decision Process***

<b>Step in Process: Council</b>		Date: <b>06/14/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: Steering Committee</b>		Date: <b>06/07/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: Quality Improvement Committee</b>		Date: <b>05/15/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: HTBMN Workgroup #1</b>		Date: <b>04/24/18</b>
Recommendations:	Financial Eligibility: None	
1. Accept the service definition as presented.		
2. Keep the financial eligibility the same		
3.		

**Service Category Definition - DSHS State Services  
September 1, 2017 - August 31, 2018**

Local Service Category:	<b>Early Intervention Services – Incarcerated</b>
Amount Available:	<b>To be determined</b>
Unit Cost	
Budget Requirements or Restrictions ( <b>TRG Only</b> ):	Maximum 10% of budget for Administrative Cost. No direct medical costs may be billed to this grant.
DSHS Service Category Definition:	<p>Support of Early Intervention Services (EIS) that include identification of individuals at points of entry and access to services and provision of:</p> <ul style="list-style-type: none"> <li>• HIV Testing and Targeted counseling</li> <li>• Referral services</li> <li>• Linkage to care</li> <li>• Health education and literacy training that enable clients to navigate the HIV system of care</li> </ul> <p>These services must focus on expanding key points of entry and documented tracking of referrals.</p> <p>Counseling, testing, and referral activities are designed to bring people living with HIV into Outpatient Ambulatory Medical Care. The goal of EIS is to decrease the number of underserved individuals with HIV/AIDS by increasing access to care. EIS also provides the added benefit of educating and motivating clients on the importance and benefits of getting into care.</p>
Local Service Category Definition:	This service 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.
Target Population (age, gender, geographic, race, ethnicity, etc.):	Services are for people living with HIV incarcerated in The Harris County Jail.
Services to be Provided:	Services include but are not limited to CPCDMS registration/update, assessment, provision of client education, coordination of medical care services provided while incarcerated, medication regimen transition, multidisciplinary team review, discharge planning, and referral to community resources.
Service Unit Definition(s) ( <b>TRG Only</b> ):	One unit of service is defined as 15 minutes of direct client services or coordination of care on behalf of client.
Financial Eligibility:	Due to incarceration, no income or residency documentation is required.
Client Eligibility:	People living with HIV incarcerated in the Harris County Jail.
Agency Requirements ( <b>TRG Only</b> ):	As applicable. the agency’s facility(s) shall be appropriately licensed or certified as required by Texas Department of State Health Services, for the provision of HIV Early Intervention Services, including phlebotomy services.

	Agency/staff will establish memoranda of understanding (MOUs) with key points of entry into care to facilitate access to care for those who are identified by testing in HCJ. Agency must execute Memoranda of Understanding with Ryan White funded Outpatient Ambulatory Medical Care providers. The Administrative Agency must be notified in writing if any OAMC providers refuse to execute an MOU.
Staff Requirements:	Not Applicable.
Special Requirements (TRG Only):	Must comply with the Houston EMA/HSDA Standards of Care. The agency must comply with <b>the DSHS Early Intervention Services Standards of Care</b> . The agency must have policies and procedures in place that comply with the standards <i>prior</i> to delivery of the service.

***FY 2019 RWPC “How to Best Meet the Need” Decision Process***

<b>Step in Process: Council</b>		Date: <b>06/14/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: Steering Committee</b>		Date: <b>06/07/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: Quality Improvement Committee</b>		Date: <b>05/15/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: HTBMN Workgroup #3</b>		Date: <b>04/25/18</b>
Recommendations:	Financial Eligibility: None	
1. Accept the service definition as presented and keep the financial eligibility the same		
2.		
3.		

FY 2018 Houston EMA/HSDA Ryan White Part A Service Definition <b>Emergency Financial Assistance – Pharmacy Assistance</b> (Revised April 2017)	
HRSA Service Category Title: <b>RWGA Only</b>	Emergency Financial Assistance
Local Service Category Title:	Emergency Financial Assistance – Pharmacy Assistance
Budget Type: <b>RWGA Only</b>	Hybrid Fee-for-Service
Budget Requirements or Restrictions: <b>RWGA Only</b>	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.
HRSA Service Category Definition: <b>RWGA Only</b>	<i>Emergency Financial Assistance</i> 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.
Local Service Category Definition:	Emergency Financial Assistance – Pharmacy Assistance provides limited one-time and/or short-term 14-day supply of pharmaceuticals to patients otherwise ineligible for medications through private insurance, Medicaid/Medicare, State ADAP, SPAP or other sources. One refill for up to 14-day supply available with RWGA prior approval. Allowable medications are only those on the Houston EMA Ryan White Part A Formulary. HIV-related medication services are the provision of physician or physician-extender prescribed HIV medications to prevent serious deterioration of health. Does not include drugs available to the patient from other programs or payers or free of charge or medications available over the counter (OTC) without prescription. Contractor must offer all medications on the Texas ADAP formulary.
Target Population (age, gender, geographic, race, ethnicity, etc.):	Services will be available to eligible HIV-infected clients residing in the Houston EMA/HSDA.
Services to be Provided:	Contractor must: Provide pharmacy services on-site or through an established contractual relationship that meets all requirements. Alternate (off-site) approaches must be approved prior to implementation by RWGA. Either directly, or via subcontract with an eligible 340B Pharmacy program entity, must: Ensure a comprehensive financial intake application to determine client eligibility for this program to insure that these funds are used as a last resort for purchase of medications. Ensure the documented capability of interfacing with the Texas HIV Medication Program

	<p>operated by the Texas Department of State Health Services. This capability must be fully documented and is subject to independent verification by RWGA. Ensure medication assistance provided to clients does not duplicate services already being provided in the Houston area. The process for accomplishing this must be fully documented and is subject to independent verification by RWGA. Ensure, either directly or via a 340B Pharmacy Program Provider, at least 2 years of continuous documented experience in providing HIV/AIDS medication programs utilizing Ryan White Program or similar public sector funding. This experience must be documented and is subject to independent verification by RWGA. Ensure all medications are purchased via a qualified participant in the federal 340B Drug Pricing Program and Prime Vendor Program, administered by the HRSA Office of Pharmacy Affairs. Note: failure to maintain 340B or Prime Vendor drug pricing may result in a negative audit finding, cost disallowance or termination of contract awarded. Contractor must maintain 340B Program participation throughout the contract term. All eligible medications must be purchased in accordance with Program 340B guidelines and program requirements.</p> <p>Ensure Houston area HIV/AIDS service providers are informed of this program and how the client referral and enrollment processes functions. Contractor must maintain documentation of such marketing efforts.</p> <p>Implement a consistent process to enroll eligible patients in available pharmaceutical company Patient Assistance Programs prior to using Ryan White Part A funded Emergency Financial Assistance – Pharmacy Assistance or LPAP resources. Ensure information regarding the program is provided to PLWHA, including historically underserved and unserved populations (e.g., African American, Hispanic/Latino, Asian, Native American, Pacific Islander) and women not currently obtaining prescribed HIV and HIV-related medications.</p>
<p>Service Unit Definition(s): <b>RWGA Only</b></p>	<p>A unit of service = a transaction involving the filling of a prescription or any other allowable HIV treatment medication need ordered by a qualified medical practitioner. The transaction will involve at least one item being provided for the client, but can be any multiple. The cost of medications provided to the client must be invoiced at actual cost.</p>
<p>Financial Eligibility:</p>	<p>Refer to the RWPC's approved <i>FY 2018 Financial Eligibility for Houston EMA/HSDA Services</i>.</p>
<p>Client Eligibility:</p>	<p>PLWHA residing in the Houston EMA (prior approval required for non-EMA clients).</p>
<p>Agency Requirements:</p>	<p>Contractor must provide all required program components - Primary Medical Care, Medical Case Management, Service Linkage (non-medical Case Management), Local Pharmacy Assistance Program (LPAP), and Emergency Financial Assistance-Pharmacy services.</p>

Staff Requirements:	Must meet all applicable Houston EMA/HSDA Part A/B Standards of Care.
Special Requirements: <b>RWGA Only</b>	Not Applicable.



***FY 2019 RWPC “How to Best Meet the Need” Decision Process***

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Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: Steering Committee</b>		Date: <b>06/07/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: Quality Improvement Committee</b>		Date: <b>05/15/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: HTBMN Workgroup #1</b>		Date: <b>04/24/18</b>
Recommendations:	Financial Eligibility: 500%	
1. Accept the service definition as presented.		
2. Keep the financial eligibility the same		
3.		

**Service Category Definition - Ryan White Part B Grant  
April 1, 2018 - March 31, 2019**

**Service Category Definition - DSHS State Services Grant  
September 1, 2017 - August 31, 2018**

Local Service Category:	<b>Health Insurance Premium and Cost Sharing Assistance</b>
Amount Available:	<b>To be determined</b>
Budget Requirements or Restrictions (TRG Only):	Contractor must spend no more than 20% of funds on disbursement transactions. The remaining 80% of funds must be expended on the actual cost of the payment(s) disbursed. ADAP dispensing fees are not allowable under this service category.
Local Service Category Definition:	<p><b>Health Insurance Premium and Cost Sharing Assistance:</b> The Health Insurance Premium and Cost Sharing Assistance service category is intended to help people living with HIV continue medical care without gaps in health insurance coverage or disruption of treatment. A program of financial assistance for the payment of health insurance premiums and co-pays, co-insurance and deductibles to enable eligible individuals with HIV disease to utilize their existing third party or public assistance (e.g. Medicare) medical insurance.</p> <p><u>Co-Payment:</u> A cost-sharing requirement that requires the insured to pay a specific dollar amount for each unit of service.</p> <p><u>Co-Insurance:</u> A cost-sharing requirement that requires the insured to pay a percentage of costs for covered services/prescription</p> <p><u>Deductible:</u> A cost-sharing requirement that requires the insured pay a certain amount for health care or prescription, before the prescription drug plan or other insurance begins to pay.</p> <p><u>Premium:</u> The amount paid by the insured to an insurance company to obtain or maintain and insurance policy.</p> <p><u>Advance Premium Tax Credit (APTC) Tax Liability:</u> Tax liability associated with the APTC reconciliation; reimbursement cap of 50% of the tax due up to a maximum of \$500.</p>
Target Population (age, gender, geographic, race, ethnicity, etc.):	All Ryan White eligible clients with 3 <sup>rd</sup> party insurance coverage (COBRA, private policies, Qualified Health Plans, CHIP, Medicaid, Medicare and Medicare Supplemental plans) within the Houston HSDA.
Services to be Provided:	Contractor may provide assistance with: <ul style="list-style-type: none"> <li>• Insurance premiums,</li> <li>• And deductibles, co-insurance and/or co-payments.</li> </ul>
Service Unit Definition (TRG Only):	A unit of service will consist of payment of health insurance premiums, co-payments, co-insurance, deductible, or a combination.
Financial Eligibility:	<p>Affordable Care Act (ACA) Marketplace Plans: 100-400% of federal poverty guidelines. All other insurance plans at or below 400% of federal poverty guidelines.</p> <p>Exception: Clients who were enrolled prior to November 1, 2015 will maintain their eligibility in subsequent plan years even if below 100% or between 400-500% of federal poverty guidelines.</p>

Client Eligibility:	People living with HIV in the Houston HSDA and have insurance or be eligible (within local financial eligibility guidelines) to purchase a Qualified Health Plan through the Marketplace.
Agency Requirements (TRG Only):	<p>Agency must:</p> <ul style="list-style-type: none"> <li>• Provide a comprehensive financial intake/application to determine client eligibility for this program to insure that these funds are used as a last resort in order for the client to utilize his/her existing insurance or be eligible to purchase a qualified health plan through the Marketplace.</li> <li>• Clients will not be put on wait lists nor will Health Insurance Premium and Cost Sharing Assistance services be postponed or denied due to funding without notifying the Administrative Agency.</li> <li>• Conduct marketing in-services with Houston area HIV/AIDS service providers to inform them of this program and how the client referral and enrollment processes function.</li> <li>• Establish formal written agreements with all Houston HSDA Ryan White-funded (Part A, B, C, D) primary care, mental health and substance abuse provider agencies to enable clients of these agencies to enroll in Health Insurance assistance at his/her primary care, mental health or substance abuse provider site. (i.e. No need for client to physically present to Health Insurance provider.)</li> <li>• Utilizes the RW Planning Council-approved prioritization of cost sharing assistance when limited funds warrant it (<u>premiums take precedence</u>). <ul style="list-style-type: none"> <li>○ <b>Priority Ranking of Requests (in descending order):</b> <ul style="list-style-type: none"> <li>▪ HIV medication co-pays and deductibles (medications on the Texas ADAP formulary)</li> <li>▪ Non-HIV medication co-pays and deductibles</li> <li>▪ Co-payments for provider visits (eg. physician visit and/or lab copayments)</li> <li>▪ Medicare Part D (Rx) premiums</li> <li>▪ APTC Tax Liability</li> <li>▪ Out of Network out-of-pocket expenses</li> </ul> </li> </ul> </li> <li>• Utilizes the RW Planning Council –approved consumer out-of-pocket methodology.</li> </ul>
Special Requirements (TRG Only):	<p>Must comply with the Houston EMA/HSDA Standards of Care and, pending the most current DSHS guidance, client must:</p> <ul style="list-style-type: none"> <li>• Purchase Silver Level Plan with formulary equivalency</li> <li>• Take advance premium credit</li> <li>• No assistance for Out of Network out-of-pocket expenses without prior approval of the Administrative Agent.</li> </ul> <p>Must comply with DSHS Interim Guidance. Must comply with updated guidance from DSHS. Must comply with the Eastern HASA Health Insurance Assistance Policy and Procedure (HIA-1701).</p>

***FY 2019 RWPC “How to Best Meet the Need” Decision Process***

<b>Step in Process: Council</b>		Date: <b>06/14/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: Steering Committee</b>		Date: <b>06/07/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: Quality Improvement Committee</b>		Date: <b>05/15/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: HTBMN Workgroup #2</b>		Date: <b>04/24/18</b>
Recommendations:	<b>Financial Eligibility: 0-400%; ACA plans must have a subsidy</b>	
1. Accept the service definition as presented and keep the financial eligibility the same		
2.		
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FY 2018 Houston EMA/HSDA Ryan White Part A/MAI Service Definition <b>Health Insurance Co-Payments and Co-Insurance Assistance</b> (Revision Date: 5/21/15)	
HRSA Service Category Title:	<b>Health Insurance Premium and Cost Sharing Assistance</b>
Local Service Category Title:	<b>Health Insurance Co-Payments and Co-Insurance</b>
Budget Type:	<b>Hybrid Fee for Service</b>
Budget Requirements or Restrictions:	Agency must spend no more than 20% of funds on disbursement transactions. The remaining 80% of funds must be expended on the actual cost of the payment(s) disbursed.
HRSA Service Category Definition:	<i>Health Insurance Premium &amp; Cost Sharing Assistance</i> is the provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-payments, and deductibles.
Local Service Category Definition:	<p>A program of financial assistance for the payment of health insurance premiums, deductibles, co-insurance, co-payments and tax liability payments associated with Advance Premium Tax Credit (APTC) reconciliation to enable eligible individuals with HIV disease to utilize their existing third party or public assistance (e.g. Medicare) medical insurance.</p> <p><u>Co-Payment</u>: A cost-sharing requirement that requires the insured to pay a specific dollar amount for each unit of service.</p> <p><u>Co-Insurance</u>: A cost-sharing requirement that requires the insured to pay a percentage of costs for covered services/prescription</p> <p><u>Deductible</u>: A cost-sharing requirement that requires the insured to pay a certain amount for health care or prescription, before the prescription drug plan or other insurance begins to pay.</p> <p><u>Premium</u>: The amount paid by the insured to an insurance company to obtain or maintain and insurance policy.</p> <p><u>APTC Tax Liability</u>: The difference paid on a tax return if the advance credit payments that were paid to a health care provider were more than the actual eligible credit.</p>
Target Population (age, gender, geographic, race, ethnicity, etc.):	All Ryan White eligible clients with 3 <sup>rd</sup> party insurance coverage (COBRA, private policies, Qualified Health Plans, CHIP, Medicaid, Medicare and Medicare Supplemental) within the Houston EMA.
Services to be Provided:	Provision of financial assistance with premiums, deductibles, co-insurance, and co-payments. Also includes tax liability payments associated with APTC reconciliation up to 50% of liability with a \$500 maximum.

Service Unit Definition(s): <b>(RWGA only)</b>	1 unit of service = A payment of a premium, deductible, co-insurance, co-payment or tax liability associated with APTC reconciliation for an HIV-infected person with insurance coverage.
Financial Eligibility:	Refer to the RWPC's approved <i>Financial Eligibility for Houston EMA Services</i> .
Client Eligibility:	HIV-infected individuals residing in the Houston EMA meeting financial eligibility requirements and have insurance or be eligible to purchase a Qualified Health Plan through the Marketplace.
Agency Requirements:	<p>Agency must:</p> <ul style="list-style-type: none"> <li>• Provide a comprehensive financial intake/application to determine client eligibility for this program to insure that these funds are used as a last resort in order for the client to utilize his/her existing insurance or be eligible to purchase a qualified health plan through the Marketplace.</li> <li>• Ensure that assistance provided to clients does not duplicate services already being provided through Ryan White Part B or State Services. The process for ensuring this requirement must be fully documented.</li> <li>• Have mechanisms to vigorously pursue any excess premium tax credit a client receives from the IRS upon submission of the client's tax return for those clients that receive financial assistance for eligible out of pocket costs associated with the purchase and use of Qualified Health Plans obtained through the Marketplace.</li> <li>• Conduct marketing with Houston area HIV/AIDS service providers to inform such entities of this program and how the client referral and enrollment processes function. Marketing efforts must be documented and are subject to review by RWGA.</li> <li>• Clients will not be put on wait lists nor will Health Insurance Premium and Cost Sharing Assistance services be postponed or denied without notifying the Administrative Agency.</li> <li>• Establish formal written agreements with all Houston HSDA Ryan White-funded (Part A, B, C, D) primary care, mental health and substance abuse provider agencies to enable clients of these agencies to enroll in Health Insurance assistance at his/her primary care, mental health or substance abuse provider site. (i.e. No need for client to physically present to Health Insurance provider.)</li> <li>• Utilize RWGA approved prioritization of cost sharing assistance, when limited funds warrant it.</li> <li>• Utilize consumer out-of-pocket methodology approved by RWGA.</li> </ul>
Staff Requirements:	None
Special Requirements:	Agency must comply with the Houston EMA/HSDA Standards of Care and Health Insurance Assistance service category program policies.

***FY 2019 RWPC “How to Best Meet the Need” Decision Process***

<b>Step in Process: Council</b>		Date: <b>06/14/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: Steering Committee</b>		Date: <b>06/07/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: Quality Improvement Committee</b>		Date: <b>05/15/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: HTBMN Workgroup #2</b>		Date: <b>04/24/18</b>
Recommendations:	<b>Financial Eligibility: 0-400%; ACA plans must have a subsidy</b>	
1. Accept the service definition as presented and keep the financial eligibility the same		
2.		
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**Service Category Definition - Ryan White Part B Grant  
April 1, 2018 - March 31, 2019**

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



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

***FY 2019 RWPC “How to Best Meet the Need” Decision Process***

<b>Step in Process: Council</b>		Date: <b>06/14/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: Steering Committee</b>		Date: <b>06/07/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: Quality Improvement Committee</b>		Date: <b>05/15/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: HTBMN Workgroup #3</b>		Date: <b>04/25/18</b>
Recommendations:	Financial Eligibility: 300%	
1. Accept the service definition as presented and keep the financial eligibility the same		
2.		
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**Service Category Definition - DSHS State Services  
September 1, 2017 - August 31, 2018**

Local Service Category:	<b>Hospice Services</b>
Amount Available:	<b>To be determined</b>
Unit Cost	
Budget Requirements or Restrictions:	Maximum 10% of budget for Administrative Cost
DSHS Service Category Definition:	<p>Provision of Hospice Care provided by licensed hospice care providers to clients in the terminal stages of illness, 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 care for terminal patients.</p> <p>Hospice services include, but are not limited to, the palliation and management of the terminal illness and conditions related to the terminal illness. Allowable Ryan White/State Services funded services are:</p> <ul style="list-style-type: none"> <li>• Room</li> <li>• Board</li> <li>• Nursing care</li> <li>• Mental health counseling, to include bereavement counseling</li> <li>• Physician services</li> <li>• Palliative therapeutics</li> </ul> <p>Ryan White/State Service funds may not be used for funeral, burial, cremation, or related expenses. Funds may not be used for nutritional services, durable medical equipment and medical supplies or case management services.</p>
Local Service Category Definition:	<p>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.</p> <p>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.</p>
Target Population (age, gender, geographic, race, ethnicity, etc.):	Individuals with AIDS residing in the Houston HIV Service Delivery (HSDA).

Services to be Provided:	<p>Services must include but are not limited to medical and nursing care, palliative care, psychosocial support and spiritual guidance 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.</p> <p>Allowable Ryan White/State Services funded services are:</p> <ul style="list-style-type: none"> <li>• Room</li> <li>• Board</li> <li>• Nursing care</li> <li>• Mental health counseling, to include bereavement counseling</li> <li>• Physician services</li> <li>• Palliative therapeutics</li> </ul> <p>Services NOT allowed under this category:</p> <ul style="list-style-type: none"> <li>• HIV medications under hospice care unless paid for by the client.</li> <li>• Medical care for acute conditions or acute exacerbations of chronic conditions other than HIV for potentially Medicaid eligible residents.</li> <li>• Funeral, burial, cremation, or related expenses.</li> <li>• Nutritional services.</li> <li>• Durable medical equipment and medical supplies.</li> <li>• Case management services.</li> </ul>
Service Unit Definition(s):	A unit of service is defined as one (1) twenty-four (24) hour day of hospice services that includes a full range of physical and psychological support to HIV patients in the final stages of AIDS.
Financial Eligibility:	Income at or below 300% Federal Poverty Guidelines.
Client Eligibility:	Individuals with an AIDS diagnosis and certified by his or her physician that the individual's prognosis is for a life expectancy of six (6) months or less if the terminal illness runs its normal course
Agency Requirements:	<p>Agency/provider is a licensed hospital/facility and maintains a valid State license with a residential AIDS Hospice designation, or is certified as a Special Care Facility with Hospice designation.</p> <p>Provider must inform Administrative Agency regarding issue of long term care facilities denying admission for people living with HIV based on inability to provide appropriate level of skilled nursing care.</p> <p>Services must be provided by a medically directed interdisciplinary team, qualified in treating individual requiring hospice services.</p> <p>Staff will refer Medicaid/Medicare eligible clients to a Hospice Provider for medical, support, and palliative care. Staff will document an attempt has been made to place Medicaid/Medicare eligible clients in another facility prior to admission.</p>

Staff Requirements:	All hospice care staff who provide direct-care services and who require licensure or certification, must be properly licensed or certified by the State of Texas.
Special Requirements:	<p>These services must be:</p> <ul style="list-style-type: none"> <li>• Available 24 hours a day, seven days a week, during the last stages of illness, during death, and during bereavement;</li> <li>• Provided by a medically directed interdisciplinary team;</li> <li>• Provided in nursing home, residential unit, or inpatient unit according to need. These services do not include inpatient care normally provided in a licensed hospital to a terminally ill person who has not elected to be a hospice client.</li> <li>• Residents seeking care for hospice at Agency must first seek care from other facilities and denial must be documented in the resident's chart.</li> </ul> <p>Must comply with the Houston EMA/HSDA Standards of Care.</p> <p>The agency must comply with <b>the DSHS Hospice Standards of Care</b>. The agency must have policies and procedures in place that comply with the standards <i>prior</i> to delivery of the service.</p>

***FY 2019 RWPC “How to Best Meet the Need” Decision Process***

<b>Step in Process: Council</b>		Date: <b>06/14/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: Steering Committee</b>		Date: <b>06/07/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: Quality Improvement Committee</b>		Date: <b>05/15/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: HTBMN Workgroup #3</b>		Date: <b>04/25/18</b>
Recommendations:	Financial Eligibility: 300%	
1. Accept the service definition as presented and keep the financial eligibility the same		
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**Service Category Definition - DSHS State Services  
September 1, 2017 - August 31, 2018**

Local Service Category:	<b>Linguistics Services</b>
Amount Available:	<b>To be determined</b>
Unit Cost:	
Budget Requirements or Restrictions ( <b>TRG Only</b> ):	Maximum of 10% of budget for Administrative Cost.
DSHS Service Category Definition	<p>Support for Linguistic Services includes interpretation (oral) and translation (written) services, provided by qualified individuals as a component of HIV service delivery between the provider and the client, when such services are necessary to facilitate communication between the provider and client and/or support delivery of Ryan White-eligible services.</p> <p>Linguistic Services include interpretation/translation services provided by qualified interpreters to people living with HIV (including those who are deaf/hard of hearing and non-English speaking individuals) for the purpose of ensuring communication between client and providers while accessing medical and Ryan White fundable support services that have a direct impact on primary medical care. These standards ensure that language is not barrier to any client seeking HIV related medical care and support; and linguistic services are provided in a culturally appropriate manner.</p> <p>Services are intended to be inclusive of all cultures and sub-cultures and not limited to any particular population group or sets of groups. They are especially designed to assure that the needs of racial, ethnic, and linguistic populations severely impacted by the HIV epidemic receive quality, unbiased services.</p>
Local Service Category Definition:	To provide one hour of interpreter services including, but not limited to, sign language for deaf and /or hard of hearing and native language interpretation for monolingual people living with HIV.
Target Population (age, gender, geographic, race, ethnicity, etc.):	People living with HIV in the Houston HIV Service Delivery Area (HSDA).
Services to be Provided:	Services include language translation and signing for deaf and/or hearing impaired HIV+ persons. Services exclude Spanish Translation Services.
Service Unit Definition(s) ( <b>TRG Only</b> ):	A unit of service is defined as one hour of interpreter services to an eligible client.
Financial Eligibility:	Income at or below 300% Federal Poverty Guidelines.
Client Eligibility:	people living with HIV in the Houston HSDA

Agency Requirements <b>(TRG Only):</b>	Any qualified and interested agency may apply and subcontract actual interpretation services out to various other qualifying agencies.
Staff Requirements:	ASL interpreters must be certified. Language interpreters must have completed a forty (40) hour community interpreter training course approved by the DSHS.
Special Requirements <b>(TRG Only):</b>	Must comply with the Houston EMA/HSDA Standards of Care. The agency must comply with <b>the DSHS Linguistic Services Standards of Care</b> . The agency must have policies and procedures in place that comply with the standards <i>prior</i> to delivery of the service.



***FY 2019 RWPC “How to Best Meet the Need” Decision Process***

<b>Step in Process: Council</b>		Date: <b>06/14/18</b>
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<b>Step in Process: Quality Improvement Committee</b>		Date: <b>05/15/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: HTBMN Workgroup #3</b>		Date: <b>04/25/18</b>
Recommendations:	Financial Eligibility: 300%	
1. Accept the service definition as presented and keep the financial eligibility the same		
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FY 2018 Houston EMA/HSDA Ryan White Part A Service Definition	
<b>Medical Nutritional Therapy</b> (Last Review/Approval Date: 6/3/16)	
HRSA Service Category Title: <b>RWGA Only</b>	<b>Medical Nutritional Therapy</b>
Local Service Category Title:	<b>Medical Nutritional Therapy and Nutritional Supplements</b>
Budget Type: <b>RWGA Only</b>	<b>Hybrid</b>
Budget Requirements or Restrictions: <b>RWGA Only</b>	<p><b>Supplements:</b> An individual client may not exceed \$1,000.00 in supplements annually without <b>prior</b> approval by RWGA.</p> <p><b>Nutritional Therapy:</b> An individual nutritional education/counseling session lasting a minimum of 45 minutes. Provision of professional (licensed registered dietician) education/counseling concerning the therapeutic importance of foods and nutritional supplements that are beneficial to the wellness and improved health conditions of clients. Medically, it is expected that symptomatic or mildly symptomatic clients will be seen once every 12 weeks while clients with higher acuity will be seen once every 6 weeks.</p>
HRSA Service Category Definition: <b>RWGA Only</b>	<b>Medical nutrition therapy</b> is provided by a licensed registered dietitian outside of a primary care visit <b>and may include the provision of nutritional supplements.</b>
Local Service Category Definition:	<p><b>Supplements:</b> Up to a 90-day supply at any given time, per client, of approved nutritional supplements that are listed on the Houston EMA/HSDA Nutritional Supplement Formulary. Nutritional counseling must be provided for each disbursement of nutritional supplements.</p> <p><b>Nutritional Therapy:</b> An individual nutritional education/counseling session lasting a minimum of 45 minutes. Provision of professional (licensed registered dietician) education/counseling concerning the therapeutic importance of foods and nutritional supplements that are beneficial to the wellness and improved health conditions of clients. Medically, it is expected that symptomatic or mildly symptomatic clients will be seen once every 12 weeks while clients with higher acuity will be seen once every 6 weeks. Services must be provided under written order from a state licensed medical provider (MD, DO or PA) with prescribing privileges and must be based on a written nutrition plan developed by a licensed registered dietician.</p>
Target Population (age, gender, geographic, race, ethnicity, etc.):	HIV/AIDS infected persons living within the Houston Eligible Metropolitan Area (EMA) or HIV Service Delivery Area (HSDA).
Services to be Provided:	<p><b>Supplements:</b> The provision of nutritional supplements to eligible clients with a written referral from a licensed physician or PA that specifies frequency, duration and amount and includes a written nutritional plan prepared by a licensed, registered dietician.</p> <p><i>Nutritional Supplement Disbursement Counseling</i> is a component of</p>

	<p><i>Medical Nutritional Therapy. Nutritional Supplement Disbursement Counseling</i> is a component of the disbursement transaction and is defined as the provision of information by a licensed registered dietitian about therapeutic nutritional and/or supplemental foods that are beneficial to the wellness and increased health condition of clients provided in conjunction with the disbursement of supplements. Services may be provided either through educational or counseling sessions. Also included in this service are follow up sessions with clients' Primary Care provider regarding the effectiveness of the supplements. The number of sessions for each client shall be determined by a written assessment conducted by the Licensed Dietitian but may not exceed twelve (12) sessions per client per contract year.</p> <p><b>Medical Nutritional Therapy:</b> Service must be provided under written order of a state licensed medical provider (MD, DO, PA) with prescribing privileges and must include a written plan developed by state licensed registered dietitian. Client must receive a full range of medical nutritional therapy services including, but not limited to, diet history and recall; estimation of nutrition intake; assessment of weight change; calculation of nutritional requirements related to specific medication regimens and disease status, meal preparation and selection suggestions; calorie counts; evaluation of clinically appropriate laboratory results; assessment of medication-nutrient interactions; and bio-impedance assessment. If patient evaluation indicates the need for interventions such as nutritional supplements, appetite stimulants, or treatment of underlying pathogens, the dietitian must share such findings with the patient's primary medical provider (MD, DO or PE) and provide recommendations. Clients needing additional nutritional resources will be referred to case management services as appropriate and/or local food banks.</p> <p>Provider must furnish information on this service category to at least the health care providers funded by Ryan White Parts A, B, C and D and TDSHS State Services.</p>
<p>Service Unit Definition(s): <b>RWGA Only</b></p>	<p><b>Supplements:</b> One (1) unit of service = a single visit wherein an eligible client receives allowable nutritional supplements (up to a 90 day supply) and nutritional counseling by a licensed dietitian as clinically indicated. A visit wherein the client receives counseling but no supplements is <u>not</u> a billable <u>disbursement transaction</u>.</p> <p><b>Medical Nutritional Therapy:</b> An individual nutritional counseling session lasting a minimum of 45 minutes.</p>
<p>Financial Eligibility:</p>	<p>Refer to the RWPC's approved <i>FY 2017 Financial Eligibility for Houston EMA Services</i>.</p>
<p>Client Eligibility:</p>	<p><b>Nutritional Supplements:</b> HIV-infected and documentation that the client is actively enrolled in primary medical care.</p>

	<b><i>Medical Nutritional Therapy:</i></b> HIV-infected resident and documentation that the client is actively enrolled in primary medical care.
Agency Requirements:	None.
Staff Requirements:	The nutritional counseling services under this category must be provided by a licensed registered dietician. Dieticians must have a minimum of two (2) years experience providing nutritional assessment and counseling to PLWHA.
Special Requirements: <b>RWGA Only</b>	Must comply with Houston EMA/HSDA Part A/B Standards of Care, HHS treatment guidelines and applicable HRSA/HAB HIV Clinical Performance Measures.  Must comply with the Houston EMA/HSDA approved Medical Nutritional Therapy Formulary.

***FY 2019 RWPC “How to Best Meet the Need” Decision Process***

<b>Step in Process: Council</b>		Date: <b>06/14/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
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Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: HTBMN Workgroup #2</b>		Date: <b>04/24/18</b>
Recommendations:	Financial Eligibility: 300%	
1. Accept the service definition as presented and keep the financial eligibility the same		
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**Service Category Definition - DSHS State Services Grant  
September 1, 2017 - August 31, 2018**

Local Service Category:	<b>Mental Health Services</b>
Amount Available:	<b>To be determined</b>
Unit Cost	
Budget Requirements or Restrictions ( <b>TRG Only</b> ):	Maximum of 10% of budget for Administrative Cost.
DSHS Service Category Definition	<p>Mental Health Services include psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, based on a detailed treatment plan, and provided by a mental health professional licensed or authorized within the State to provide such services, typically including psychiatrists, psychologists, and licensed clinical social workers.</p> <p>Mental health counseling services includes outpatient mental health therapy and counseling (individual and family) provided solely by Mental Health Practitioners licensed in the State of Texas.</p> <p>Mental health services include:</p> <ul style="list-style-type: none"> <li>• Mental Health Assessment</li> <li>• Treatment Planning</li> <li>• Treatment Provision</li> <li>• Individual psychotherapy</li> <li>• Family psychotherapy</li> <li>• Conjoint psychotherapy</li> <li>• Group psychotherapy</li> <li>• Psychiatric medication assessment, prescription and monitoring</li> <li>• Psychotropic medication management</li> <li>• Drop-In Psychotherapy Groups</li> <li>• Emergency/Crisis Intervention</li> </ul> <p>General mental health therapy, counseling and short-term (based on the mental health professionals judgment) bereavement support is available for family members or significant others of people living with HIV.</p>
Local Service Category Definition:	<p><b>Individual Therapy/counseling</b> 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 person living with HIV.</p> <p><b>Support Groups</b> are defined as professionally led (licensed therapists or counselor) groups that comprise people living with HIV, family members, or significant others for the purpose of providing emotional support directly related to the stress of caring for people living with HIV.</p>
Target Population (age, gender, geographic, race, ethnicity, etc.):	People living with HIV and affected individuals living within the Houston HIV Service Delivery Area (HSDA).
Services to be Provided:	Agencies are encouraged to have available to clients all modes of counseling services, i.e., crisis, individual, family, and group. Sessions may be conducted in-home. Agency must provide professional support group sessions led by a licensed counselor.
Service Unit Definition(s) ( <b>TRG Only</b> ):	<p><b>Individual and Family Crisis Intervention and Therapy:</b> A unit of service is defined as an individual counseling session lasting a minimum of 45 minutes.</p> <p><b>Group Therapy:</b> A unit of service is defined as one (1) eligible client attending 90 minutes of group therapy. The minimum time allowable for a single group session is 90</p>

	<p>minutes and maximum time allowable for a single group session is 120 minutes. No more than one unit may be billed per session for an individual or group session.</p> <p>A minimum of three (3) clients must attend a group session in order for the group session to be eligible for reimbursement.</p> <p><b>Consultation:</b> One unit of service is defined as 15 minutes of communication with a medical or other appropriate provider to ensure case coordination.</p>
Financial Eligibility:	Income at or below 300% Federal Poverty Guidelines.
Client Eligibility:	<p>For individual therapy session, person living with HIV or the affected significant other of a person living with HIV, resident of Houston HSDA.</p> <p>Person living with HIV must have a current DSM diagnosis eligible for reimbursement under the State Medicaid Plan.</p> <p>Client must not be eligible for services from other programs or providers (i.e. MHMRA of Harris County) or any other reimbursement source (i.e. Medicaid, Medicare, Private Insurance) unless the client is in crisis and cannot be provided immediate services from the other programs/providers. In this case, clients may be provided services, as long as the client applies for the other programs /providers, until the other programs/providers can take over services.</p> <p>Medicaid/Medicare, Third Party Payer and Private Pay status of clients receiving services under this grant must be verified by the provider prior to requesting reimbursement under this grant. For support group sessions, client must be either a person living with HIV or the significant other of person living with HIV. Affected significant other is eligible for services only related to the stress of caring for a person living with HIV.</p>
Agency Requirements (TRG Only):	<p>Agency must provide assurance that the mental health practitioner shall be supervised by a licensed therapist qualified by the State to provide clinical supervision. This supervision should be documented through supervision notes. Keep attendance records for group sessions.</p> <p>Must provide 24-hour access to a licensed counselor for current clients with emotional emergencies.</p> <p>Clients eligible for Medicaid or 3rd party payer reimbursement may not be billed to grant funds. Medicare Co-payments may be billed to the contract as ½ unit of service.</p> <p>Documentation of at least one therapist certified by Medicaid/Medicare on the staff of the agency must be provided in the proposal. All funded agencies must maintain the capability to serve and seek reimbursement from Medicaid/Medicare throughout the term of their contract. Potential clients who are Medicaid/ Medicare eligible may not be denied services by a funded agency based on their reimbursement status (Medicaid/Medicare eligible clients may not be referred elsewhere in order that non-Medicaid/Medicare eligible clients may be added to this grant). Failure to serve Medicaid/Medicare eligible clients based on their reimbursement status will be grounds for the immediate termination of the provider's contract.</p> <p>Must comply with the State Services Standards of Care.</p> <p>Must provide a plan for establishing criteria for prioritizing participation in</p>

	<p>group sessions and for termination from group participation.</p> <p>Providers and system must be Medicaid/Medicare certified to ensure that Ryan White funds are the payer of last resort.</p>
Staff Requirements:	<p>It is required that counselors have the following qualifications: Licensed Mental Health Practitioner by the State of Texas (LCSW, LMSW, LPC PhD, Psychologist, or LMFT).</p> <p>At least two years experience working with HIV disease or two years work experience with chronic care of a catastrophic illness.</p> <p>Counselors providing family sessions must have at least two years experience in family therapy.</p> <p>Counselors must be covered by professional liability insurance with limits of at least \$300,000 per occurrence.</p>
Special Requirements (TRG Only):	<p>All mental health interventions must be based on proven clinical methods and in accordance with legal and ethical standards. The importance of maintaining confidentiality is of critical importance and cannot be overstated unless otherwise indicated based on Federal, state and local laws and guidelines (i.e. abuse, self or other harm). All programs must comply with the Health Insurance Portability and Accountability Act (HIPAA) standards for privacy practices of protected health information (PHI) information.</p> <p>Medicare and private insurance co-payments are eligible for reimbursement under this grant (in this situation the agency will be reimbursed the client's co-payment only, not the cost of the session which must be billed to Medicare and/or the Third party payer). Extensions will be addressed on an individual basis when meeting the criteria of counseling directly related to HIV illness. Under no circumstances will the agency be reimbursed more than two (2) units of individual therapy per client in any single 24-hour period.</p> <p>Agency should develop services that focus on the Special Populations identified in the <i>2012 Houston Area Comprehensive Plan for HIV Prevention and Care Services</i> including Adolescents, Homeless, Incarcerated &amp; Recently Released (IRR), Injection Drug Users (IDU), Men who Have Sex with Men (MSM), and Transgender populations. Additionally, services should focus on increasing access for individuals living in rural counties.</p> <p>Must comply with the Houston EMA/HSDA Standards of Care. The agency must comply with <b>the DSHS Mental Health Services Standards of Care</b>. The agency must have policies and procedures in place that comply with the standards <i>prior</i> to delivery of the service.</p>



***FY 2019 RWPC “How to Best Meet the Need” Decision Process***

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Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: Steering Committee</b>		Date: <b>06/07/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: Quality Improvement Committee</b>		Date: <b>05/15/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: HTBMN Workgroup #2</b>		Date: <b>04/24/18</b>
Recommendations:	Financial Eligibility: 300%	
1. Accept the service definition as presented and keep the financial eligibility the same		
2.		
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**Service Category Definition - Ryan White Part B Grant  
April 1, 2018 - March 31, 2019**

Local Service Category:	<b>Oral Health Care</b>
Amount Available:	<b>To be determined</b>
Unit Cost:	
Budget Requirements or Restrictions ( <b>TRG Only</b> ):	Maximum of 10% of budget for Administrative Costs
Local Service Category Definition:	<p>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 people living with HIV 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.</p> <p>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.</p>
Target Population (age, gender, geographic, race, ethnicity, etc.):	People living with HIV residing in the Houston HIV Service Delivery Area (HSDA).
Services to be Provided:	<p>Services must include, but are not limited to: individual comprehensive treatment plan; diagnosis and treatment of HIV-related oral pathology, including oral Kaposi's Sarcoma, CMV ulceration, hairy leukoplakia, xerostomia, lichen planus, aphthous ulcers and herpetic lesions; diffuse infiltrative lymphocytosis; standard preventive procedures, including oral hygiene instruction, diet counseling and home care program; oral prophylaxis; restorative care; oral surgery including dental implants; root canal therapy; fixed and removable prosthodontics including crowns and bridges; periodontal services, including subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Proposer must have mechanism in place to provide oral pain medication as prescribed for clients by the dentist.</p> <p>Limitations:</p> <ul style="list-style-type: none"> <li>• Cosmetic dentistry for cosmetic purposes only is prohibited.</li> <li>• Maximum amount that may be funded by Ryan White/State Services per patient is \$3,000/year. <ul style="list-style-type: none"> <li>• In cases of emergency, the maximum amount may exceed the above cap</li> <li>• In cases where there is extensive care needed once the procedure has begun, the maximum amount may exceed the above cap.</li> </ul> </li> <li>• Dental providers must document <i>via approved waiver</i> the reason for exceeding the yearly maximum amount.</li> </ul>
Service Unit Definition(s) ( <b>TRG Only</b> ):	General Dentistry: A unit of service is defined as one (1) dental visit which includes 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

	<p>(including pain control) for HIV patients 15 years old or older must be based on a comprehensive individual treatment plan.</p> <p>Prosthodontics: A unit of services is defined as one (1) Prosthodontics visit.</p>
Financial Eligibility:	Income at or below 300% Federal Poverty Guidelines. Maximum amount that may be funded by Ryan White/State Services per patient is \$3,000/year.
Client Eligibility:	Person living with HIV; Adult resident of Houston HSDA
Agency Requirements (TRG Only):	<p><b>To ensure that Ryan White is payer of last resort, Agency and/or dental providers (clinicians) must be Medicaid certified and enrolled in all Dental Plans offered to Texas STAR+PLUS eligible clients in the Houston EMA/HSDA.</b> Agency/providers must ensure Medicaid certification and billing capability for STAR+PLUS eligible patients remains current throughout the contract term.</p> <p>Agency must document that the primary patient care dentist has 2 years prior experience treating HIV disease and/or on-going HIV educational programs that are documented in personnel files and updated regularly. Dental facility and appropriate dental staff must maintain Texas licensure/certification and follow all applicable OSHA requirements for patient management and laboratory protocol.</p>
Staff Requirements:	State of Texas dental license; licensed dental hygienist and state radiology certification for dental assistants.
Special Requirements (TRG Only):	<p>Must comply with the Houston EMA/HSDA Standards of Care.</p> <p>The agency must comply with <b>the DSHS Oral Health Care Standards of Care</b>. The agency must have policies and procedures in place that comply with the standards <i>prior</i> to delivery of the service.</p>

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Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: Steering Committee</b>		Date: <b>06/07/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: Quality Improvement Committee</b>		Date: <b>05/15/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: HTBMN Workgroup #2</b>		Date: <b>04/24/18</b>
Recommendations:	Financial Eligibility: 300%	
1. Accept the service definition as presented and keep the financial eligibility the same		
2.		
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FY 2018 Houston EMA/HSDA Ryan White Part A/MAI Service Definition <b>Oral Health/Rural</b> (Last Review/Approval Date: 6/3/16)	
HRSA Service Category Title: <b>RWGA Only</b>	<b>Oral Health</b>
Local Service Category Title:	<b>Oral Health – <u>Rural (North)</u></b>
Budget Type: <b>RWGA Only</b>	<b>Unit Cost</b>
Budget Requirements or Restrictions: <b>RWGA Only</b>	Not Applicable
HRSA Service Category Definition: <b>RWGA Only</b>	<b>Oral health care</b> includes diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers.
Local Service Category Definition:	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, diagnostic measurements, laboratory services, tooth extractions, relines and denture repairs.
Target Population (age, gender, geographic, race, ethnicity, etc.):	HIV/AIDS infected individuals residing in Houston Eligible Metropolitan Area (EMA) or Health Service Delivery Area (HSDA) counties other than Harris County. Comprehensive Oral Health services targeted to individuals residing in the northern counties of the EMA/HSDA, including Waller, Walker, Montgomery, Austin, Chambers and Liberty Counties.
Services to be Provided:	Services must include, but are not limited to: individual comprehensive treatment plan; diagnosis and treatment of HIV-related oral pathology, including oral Kaposi's Sarcoma, CMV ulceration, hairy leukoplakia, xerostomia, lichen planus, aphthous ulcers and herpetic lesions; diffuse infiltrative lymphocytosis; standard preventive procedures, including oral hygiene instruction, diet counseling and home care program; oral prophylaxis; restorative care; oral surgery including dental implants; root canal therapy; fixed and removable prosthodontics including crowns, bridges and implants; periodontal services, including subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Proposer must have mechanism in place to provide oral pain medication as prescribed for clients by the dentist.
Service Unit Definition(s): <b>RWGA Only</b>	General Dentistry: A unit of service is defined as one (1) dental visit which includes restorative dental services, oral surgery, root

	<p>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.</p> <p>Prosthodontics: A unit of services is defined as one (1) Prosthodontics visit.</p>
Financial Eligibility:	Refer to the RWPC's approved <i>Financial Eligibility for Houston EMA/HSDA Services</i> .
Client Eligibility:	HIV-infected adults residing in the rural area of Houston EMA/HSDA meeting financial eligibility criteria.
Agency Requirements:	<p>Agency must document that the primary patient care dentist has 2 years prior experience treating HIV disease and/or on-going HIV educational programs that are documented in personnel files and updated regularly.</p> <p>Service delivery site must be located in one of the northern counties of the EMA/HSDA area: Waller, Walker, Montgomery, Austin, Chambers or Liberty Counties</p>
Staff Requirements:	State of Texas dental license; licensed dental hygienist and state radiology certification for dental assistants.
Special Requirements: <b>RWGA Only</b>	<p><u>Agency and/or dental providers (clinicians) must be Medicaid certified and enrolled in all Dental Plans offered to Texas STAR+PLUS eligible clients in the Houston EMA/HSDA.</u></p> <p><u>Agency/providers must ensure Medicaid certification and billing capability for STAR+PLUS eligible patients remains current throughout the contract term.</u></p> <p>Must comply with the joint Part A/B standards of care where applicable.</p>

***FY 2019 RWPC “How to Best Meet the Need” Decision Process***

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<b>Step in Process: Steering Committee</b>		Date: <b>06/07/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: Quality Improvement Committee</b>		Date: <b>05/15/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: HTBMN Workgroup #2</b>		Date: <b>04/24/18</b>
Recommendations:	Financial Eligibility: 300%	
1. Accept the service definition as presented and keep the financial eligibility the same		
2.		
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FY 2018 Houston EMA/HSDA Ryan White Part A Service Definition <b>Outreach Services – Primary Care Re-Engagement</b> Revised June 2017	
HRSA Service Category Title: <b>RWGA Only</b>	Outreach Services
Local Service Category Title:	Outreach Services – Primary Care Re-Engagement
Budget Type: <b>RWGA Only</b>	Fee-for-Service
Budget Requirements or Restrictions: <b>RWGA Only</b>	Outreach services are restricted to those patients who have not returned for scheduled appointments with Provider as outlined in the RWGA approved Outreach Inclusion Criteria, and are included on the Outreach list.
HRSA Service Category Definition: <b>RWGA Only</b>	<i>Outreach Services</i> 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
Local Service Category Definition:	Providing allowable Ryan White Program outreach and service linkage activities to PLWHA who know their status but are not actively engaged in outpatient primary medical care with information, referrals and assistance with medical appointment setting, mental health, substance abuse and psychosocial services as needed; advocating on behalf of clients to decrease service gaps and remove barriers to services helping clients develop and utilize independent living skills and strategies. Assist clients in obtaining needed resources, including bus pass vouchers and gas cards per published HCPHES/RWGA policies. Outreach services must be conducted at times and in places where there is a high probability that individuals with HIV infection will be contacted, 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 review of clinic medical records, to be at disproportionate risk of disengagement with primary medical care services.
Target Population (age, gender, geographic, race, ethnicity, etc.):	Services will be available to eligible HIV-infected clients residing in the Houston EMA/HSDA with priority given to clients most in need. Services are restricted to those clients who meet the contractor's RWGA approved Outreach Inclusion Criteria. The Outreach Inclusion Criteria components must include, at minimum 2 consecutive missed primary care provider and/or HIV lab appointments. Outreach Inclusion Criteria may also include VL



	suppression, substance abuse, and ART treatment failure components.
Services to be Provided:	Outreach service is field based. Outreach workers are expected to coordinate activities with PLWHA, including locations outside of primary care clinic in order to develop rapport with individuals and ensuring intakes to Primary Care services have sufficient support to make the often difficult transition into ongoing primary medical care. Outreach patients are those patients who have not returned for scheduled appointments with Provider as outlined in the RWGA approved Outreach Inclusion Criteria. Contractor must document efforts to re-engage Primary Care Re-Engagement Outreach patients prior to closing patients in the CPCDMS.
Service Unit Definition(s): <b>RWGA Only</b>	TBD
Financial Eligibility:	Refer to the RWPC's approved <i>FY 2018 Financial Eligibility for Houston EMA/HSDA Services</i> .
Client Eligibility:	PLWHA residing in the Houston EMA (prior approval required for non-EMA clients).
Agency Requirements:	Outreach Services must function within the clinical infrastructure of Contractor and receive ongoing supervision that meets or exceeds published Standards of Care.
Staff Requirements:	Must meet all applicable Houston EMA/HSDA Part A/B Standards of Care.
Special Requirements: <b>RWGA Only</b>	Not Applicable.

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<b>Step in Process: Quality Improvement Committee</b>		Date: <b>05/15/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: HTBMN Special Workgroup #1</b>		Date: <b>04/16/18</b>
Recommendations:	Financial Eligibility: None	
1. Accept the service definition as presented.		
2. Keep the financial eligibility the same		
3.		

**Service Category Definition - DSHS State Services - Rebate (SS-R)  
September 1, 2017 - August 31, 2018**

Local Service Category:	<b>Clinic-Based ADAP Enrollment Service Linkage Worker</b>
Amount Available:	<b>To be determined</b>
Unit Cost	
Budget Requirements or Restrictions ( <b>TRG Only</b> ):	Maximum 10% of budget for Administrative Cost. No direct medical costs may be billed to this grant.
DSHS Service Category Definition:	Direct a client to a service in person or through telephone, written, or other types of communication, including management of such services where they are not provided as part of Ambulatory Outpatient Medical Care or Case Management Services.
Local Service Category Definition:	<p>AIDS Drug Assistance Program (ADAP) Enrollment Service Linkage Workers (SLWs) are co-located at Ryan-White funded clinics to ensure the efficient and accurate submission of ADAP applications to the Texas HIV Medication Program (THMP). ADAP enrollment SLWs will meet with all potential new ADAP enrollees, explain ADAP program benefits and requirements, and assist clients with the submission of complete, accurate ADAP applications. ADAP Enrollment SLWs will submit annual recertifications by the last day of the client's birth month and semi-annual Attestations six months later to ensure there is no the lapse in ADAP eligibility and loss of benefits. Other responsibilities will include:</p> <ul style="list-style-type: none"> <li>• Track the status of all pending applications and promptly follow-up with applicants regarding missing documentation or other needed information to ensure completed applications are submitted as quickly as feasible;</li> <li>• Maintain communication with designated THMP staff to quickly resolve any missing or questioned application information or documentation to ensure any issues affecting pending applications are resolved as quickly as possible;</li> </ul> <p>ADAP Enrollment workers must maintain relationships with the Ryan White ADAP Network (RWAN).</p>
Target Population (age, gender, geographic, race, ethnicity, etc.):	People living with HIV in the Houston HDSA in need of medications through the Texas HIV Medication Program
Services to be Provided:	Services include but are not limited to completion of ADAP applications/six-month attestations/recertifications, gathering of supporting documentation for ADAP applications/six-month attestations/recertifications, submission of ADAP applications/six-month attestations/recertifications, and interactions with clients as part of the ADAP application process.
Service Unit Definition(s) ( <b>TRG Only</b> ):	One unit of service is defined as 15 minutes of direct client services or coordination of application process on behalf of client.
Financial Eligibility:	Income at or below 300% of Federal Poverty Guidelines
Client Eligibility:	People living with HIV in the Houston HDSA
Agency Requirements ( <b>TRG Only</b> ):	Agency must be funded for Outpatient Ambulatory Medical Care bundled service category under Ryan White Part A/B/DSHS SS.
Staff Requirements:	Not Applicable.
Special Requirements ( <b>TRG Only</b> ):	The agency must comply with <b>the DSHS Referral to Healthcare Standards of Care</b> . The agency must have policies and procedures in place that comply with the standards <i>prior</i> to delivery of the service.

***FY 2019 RWPC “How to Best Meet the Need” Decision Process***

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<b>Step in Process: HTBMN Special Workgroup #2</b>		Date: <b>04/16/18</b>
Recommendations:	Financial Eligibility: 300%	
1. Accept the service definition with one change: change ‘service linkage worker’ to ‘ADAP Enrollment Worker’ and keep the financial eligibility the same.		
2.		
3.		

FY 2018 Houston EMA/HSDA Ryan White Part A Service Definition <b>Substance Abuse Services - Outpatient</b> (Last Review/Approval Date: 6/3/16)	
HRSA Service Category Title: <b>RWGA Only</b>	Substance Abuse Services Outpatient
Local Service Category Title:	Substance Abuse Treatment/Counseling
Budget Type: <b>RWGA Only</b>	Fee-for-Service
Budget Requirements or Restrictions: <b>RWGA Only</b>	Minimum group session length is 2 hours
HRSA Service Category Definition: <b>RWGA Only</b>	<b>Substance abuse services outpatient</b> is the provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting, rendered by a physician or under the supervision of a physician, or by other qualified personnel.
Local Service Category Definition:	Treatment and/or counseling HIV-infected individuals with substance abuse disorders delivered in accordance with State licensing guidelines.
Target Population (age, gender, geographic, race, ethnicity, etc.):	HIV-infected individuals with substance abuse disorders, residing in the Houston Eligible Metropolitan Area (EMA/HSDA).
Services to be Provided:	Services for all eligible HIV/AIDS patients with substance abuse disorders. Services provided must be integrated with HIV-related issues that trigger relapse. All services must be provided in accordance with the Texas Department of Health Services/Substance Abuse Services (TDSHS/SAS) Chemical Dependency Treatment Facility Licensure Standards. Service provision must comply with the applicable treatment standards.
Service Unit Definition(s): <b>RWGA Only</b>	<b>Individual Counseling:</b> One unit of service = one individual counseling session of at least 45 minutes in length with one (1) eligible client. <b>A single session lasting longer than 45 minutes qualifies as only a single unit</b> – no fractional units are allowed. Two (2) units are allowed for initial assessment/orientation session. <b>Group Counseling:</b> One unit of service = 60 minutes of group treatment for one eligible client. A single session must last a minimum of 2 hours. Support Groups are defined as professionally led groups that are comprised of HIV-positive individuals, family members, or significant others for the purpose of providing Substance Abuse therapy.
Financial Eligibility:	Refer to the RWPC's approved <i>Financial Eligibility for Houston EMA/HSDA Services</i> .
Client Eligibility:	HIV-infected individuals with substance abuse co-morbidities/disorders.
Agency Requirements:	Agency must be appropriately licensed by the State. All services must be provided in accordance with applicable Texas Department of State Health Services/Substance Abuse Services (TDSHS/SAS) Chemical

	<p>Dependency Treatment Facility Licensure Standards. Client must not be eligible for services from other programs or providers (i.e. MHMRA of Harris County) or any other reimbursement source (i.e. Medicaid, Medicare, Private Insurance) unless the client is in crisis and cannot be provided immediate services from the other programs/providers. In this case, clients may be provided services, as long as the client applies for the other programs/providers, until the other programs/providers can take over services. All services must be provided in accordance with the TDSHS/SAS Chemical Dependency Treatment Facility Licensure Standards. Specifically, regarding service provision, services must comply with the most current version of the applicable Rules for Licensed Chemical Dependency Treatment. Services provided must be integrated with HIV-related issues that trigger relapse.</p> <p>Provider must provide a written plan no later than 3/30/17 documenting coordination with local TDSHS/SAS HIV Early Intervention funded programs if such programs are currently funded in the Houston EMA.</p>
Staff Requirements:	Must meet all applicable State licensing requirements and Houston EMA/HSDA Part A/B Standards of Care.
Special Requirements: <b>RWGA Only</b>	Not Applicable.

***FY 2019 RWPC “How to Best Meet the Need” Decision Process***

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<b>Step in Process: HTBMN Workgroup #2</b>		Date: <b>04/24/18</b>
Recommendations:	Financial Eligibility: 300%	
1. Accept the service definition as presented and keep the financial eligibility the same		
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3.		

FY 2018 Houston EMA/HSDA Ryan White Part A Service Definition <b>Medical Transportation (Van Based)</b> (Revision Date: 03/03/14)	
HRSA Service Category Title: <b>RWGA Only</b>	<b>Medical Transportation</b>
Local Service Category Title:	<b>a. Transportation targeted to Urban</b> <b>b. Transportation targeted to Rural</b>
Budget Type: <b>RWGA Only</b>	<b>Hybrid Fee for Service</b>
Budget Requirements or Restrictions: <b>RWGA Only</b>	<ul style="list-style-type: none"> <li>• Units assigned to Urban Transportation must only be used to transport clients whose residence is in Harris County.</li> <li>• Units assigned to Rural Transportation may only be used to transport clients who reside in Houston EMA/HSDA counties <u>other than</u> Harris County.</li> <li>• Mileage reimbursed for transportation is based on the documented distance in miles from a client's Trip Origin to Trip Destination <b>as documented by a standard Internet-based mapping program (i.e. Google Maps, Map Quest, Yahoo Maps) approved by RWGA.</b> Agency must print out and file in the client record a trip plan from the appropriate Internet-based mapping program that clearly delineates the mileage between Point of Origin and Destination (and reverse for round trips). This requirement is subject to audit by the County.</li> <li>• Transportation to employment, employment training, school, or other activities not directly related to a client's treatment of HIV disease is <u>not</u> allowable. Clients may not be transported to entertainment or social events under this contract.</li> <li>• Taxi vouchers must be made available for documented emergency purposes and to transport a client to a disability hearing, emergency shelter or for a documented medical emergency.</li> <li>• Contractor must reserve 7% of the total budget for Taxi Vouchers.</li> <li>• Maximum monthly utilization of taxi vouchers cannot exceed 14% of the total amount of funding reserved for Taxi Vouchers.</li> <li>• Emergencies warranting the use of Taxi Vouchers include: van service is unavailable due to breakdown, scheduling conflicts or inclement weather or other unanticipated event. A spreadsheet listing client's 11-digit code, age, date of service, number of trips, and reason for emergency should be kept on-site and available for review during Site Visits.</li> <li>• <b>Contractor must provide RWGA a copy of the agreement between Contractor and a licensed taxi vendor by March 30, 2015.</b></li> <li>• All taxi voucher receipts must have the taxi company's name, the driver's name and/or identification number, number of miles driven, destination (to and from), and exact cost of trip. The Contractor will add the client's 11-digit code to the receipt and include all receipts with the monthly Contractor Expense Report</li> </ul>



	<p>(CER).</p> <ul style="list-style-type: none"> <li>• A copy of the taxi company’s statement (on company letterhead) must be included with the monthly CER. Supporting documentation of disbursement payments may be requested with the CER.</li> </ul>
<p>HRSA Service Category Definition: <b>RWGA Only</b></p>	<p><b>Medical transportation services</b> include conveyance services provided, directly or through voucher, to a client so that he or she may access health care services.</p>
<p>Local Service Category Definition:</p>	<p>a. Urban Transportation: Contractor will develop and implement a medical transportation program that provides essential transportation services to <b>HRSA-defined Core Services</b> through the use of individual employee or contract drivers with vehicles/vans to Ryan White Program-eligible individuals residing in Harris County. Clients residing outside of Harris County are ineligible for Urban transportation services. Exceptions to this requirement require <u>prior</u> written approval from RWGA.</p> <p>b. Rural Transportation: Contractor will develop and implement a medical transportation program that provides essential transportation services to <b>HRSA-defined Core Services</b> through the use of individual employee or contract drivers with vehicles/vans to Ryan White Program-eligible individuals residing in Houston EMA/HSDA counties other than Harris County. Clients residing in Harris County are ineligible for this transportation program. Exceptions to this requirement require <u>prior</u> written approval from RWGA.</p> <p>Essential transportation is defined as transportation to public and private outpatient medical care and physician services, substance abuse and mental health services, pharmacies and other services where eligible clients receive Ryan White-defined Core Services and/or medical and health-related care services, including clinical trials, essential to their well-being.</p> <p>The Contractor shall ensure that the transportation program provides taxi vouchers to eligible clients only in the following cases:</p> <ul style="list-style-type: none"> <li>• To access emergency shelter vouchers or to attend social security disability hearings;</li> <li>• Van service is unavailable due to breakdown or inclement weather;</li> <li>• Client’s medical need requires immediate transport;</li> <li>• Scheduling Conflicts.</li> </ul> <p><b>Contractor must provide clear and specific justification (reason) for the use of taxi vouchers and include the documentation in the client’s file for <u>each</u> incident. RWGA must approve supporting documentation for taxi voucher reimbursements.</b></p> <p>For clients living in the METRO service area, written certification</p>

	<p>from the client's principal medical provider (e.g. medical case manager or physician) is required to access van-based transportation, to be renewed every 180 days. <b>Medical Certifications should be maintained on-site by the provider in a single file (listed alphabetically by 11-digit code) and will be monitored at least annually during a Site Visit.</b> It is the Contractor's responsibility to determine whether a client resides within the METRO service area. Clients who live outside the METRO service area but within Harris County (e.g. Baytown) are not required to provide a written medical certification to access van-based transportation. All clients living in the Metro service area may receive a maximum of 4 non-certified round trips per year (including taxi vouchers). Non-certified trips will be reviewed during the annual Site Visit. Provider must maintain an up-to-date spreadsheet documenting such trips.</p> <p>The Contractor must implement the general transportation program in accordance with the Transportation Standards of Care that include entering all transportation services into the Centralized Patient Care Data Management System (CPCDMS) and providing eligible children with transportation services to Core Services appointments. Only actual mileage (documented per the selected Internet mapping program) transporting eligible clients from Origin to Destination will be reimbursed under this contract. The Contractor must make reasonable effort to ensure that routes are designed in the most efficient manner possible to minimize actual client time in vehicles.</p>
Target Population (age, gender, geographic, race, ethnicity, etc.):	<p>a. Urban Transportation: HIV/AIDS-infected and Ryan White Part A/B eligible affected individuals residing in Harris County.</p> <p>b. Rural Transportation: HIV/AIDS-infected and Ryan White Part A/B eligible affected individuals residing in Fort Bend, Waller, Walker, Montgomery, Austin, Colorado, Liberty, Chambers and Wharton Counties.</p>
Services to be Provided:	<p>To provide Medical Transportation services to access Ryan White Program defined <b>Core Services</b> for eligible individuals. Transportation will include round trips to single destinations and round trips to multiple destinations. Taxi vouchers will be provided to eligible clients only for identified emergency situations. Caregiver must be allowed to accompany the HIV-infected rider. <b>Eligibility for Transportation Services is determined by the client's County of residence as documented in the CPCDMS.</b></p>
Service Unit Definition(s): <b>RWGA Only</b>	<p>One (1) unit of service = one (1) mile driven with an eligible client as passenger. Client cancellations and/or no-shows are <u>not</u> reimbursable.</p>
Financial Eligibility:	<p>Refer to the RWPC's approved <i>Financial Eligibility for Houston EMA Services</i>.</p>
Client Eligibility:	<p>a. Urban Transportation: Only individuals diagnosed with HIV/AIDS and Ryan White Program eligible HIV-affected individuals residing inside Harris County will be eligible for services.</p>

	<p>b. Rural Transportation: Only individuals diagnosed with HIV/AIDS and Ryan White Program eligible HIV-affected individuals residing in Houston EMA/HSDA Counties other than Harris County are eligible for Rural Transportation services.</p> <p>Documentation of the client's eligibility in accordance with approved Transportation Standards of Care must be obtained by the Contractor prior to providing services. The Contractor must ensure that eligible clients have a signed consent for transportation services, client rights and responsibilities prior to the commencement of services.</p> <p>Affected significant others may accompany an HIV-infected person as medically necessary (minor children may accompany their caregiver as necessary). Ryan White Part A/B eligible affected individuals may utilize the services under this contract for travel to Core Services when the aforementioned criteria are met and the use of the service is directly related to a person with HIV infection. An example of an eligible transportation encounter by an affected individual is transportation to a Professional Counseling appointment.</p>
Agency Requirements	<p>Proposer must be a Certified Medicaid Transportation Provider. Contractor must furnish such documentation to Harris County upon request from Ryan White Grant Administration prior to March 1<sup>st</sup> annually. Contractor must maintain such certification throughout the term of the contract. Failure to maintain certification as a Medicaid Transportation provider may result in termination of contract.</p> <p>Contractor must provide each client with a written explanation of contractor's scheduling procedures upon initiation of their first transportation service, and annually thereafter. Contractor must provide RWGA with a copy of their scheduling procedures by March 30, 2014, and thereafter within 5 business days of any revisions.</p> <p><b>Contractor must also have the following equipment dedicated to the general transportation program:</b></p> <ul style="list-style-type: none"> <li>• A separate phone line from their main number so that clients can access transportation services during the hours of 7:00 a.m. to 10:00 p.m. directly at no cost to the clients. <b>The telephone line must be managed by a live person between the hours of 8:00 a.m. – 5:00 p.m.</b> Telephone calls to an answering machine utilized after 5:00 p.m. must be returned by 9:00 a.m. the following business day.</li> <li>• A fax machine with a dedicated line.</li> <li>• All equipment identified in the Transportation Standards of Care necessary to transport children in vehicles.</li> <li>• Contractor must assure clients eligible for Medicaid transportation are billed to Medicaid. This is subject to audit by the County.</li> </ul> <p>The Contractor is responsible for maintaining documentation to evidence that drivers providing services have a valid Texas Driver's License and</p>

	<p>have completed a State approved “Safe Driving” course. Contractor must maintain documentation of the automobile liability insurance of each vehicle utilized by the program as required by state law. All vehicles must have a current Texas State Inspection. The minimum acceptable limit of automobile liability insurance is \$300,000.00 combined single limit. Agency must maintain detailed records of mileage driven and names of individuals provided with transportation, as well as origin and destination of trips. <b><i>It is the Contractor’s responsibility to verify the County in which clients reside in.</i></b></p>
Staff Requirements	<p>A picture identification of each driver must be posted in the vehicle utilized to transport clients. Criminal background checks must be performed on all direct service transportation personnel prior to transporting any clients. Drivers must have annual proof of a safe driving record, which shall include history of tickets, DWI/DUI, or other traffic violations. Conviction on more than three (3) moving violations within the past year will disqualify the driver. Conviction of one (1) DWI/DUI within the past three (3) years will disqualify the driver.</p>
Special Requirements: <b>RWGA Only</b>	<p>Individuals who qualify for transportation services through Medicaid are not eligible for these transportation services.</p> <p><b>Contractor must ensure the following criteria are met for all clients transported by Contractor’s transportation program:</b></p> <p>Transportation Provider must ensure that clients use transportation services for an appropriate purpose through one of the following three methods:</p> <ol style="list-style-type: none"> <li>1. Follow-up hard copy verification between transportation provider and Destination Agency (DA) program confirming use of eligible service(s), or</li> <li>2. Client provides receipt documenting use of eligible services at Destination Agency on the date of transportation, or</li> <li>3. Scheduling of transportation services was made by receiving agency’s case manager or transportation coordinator.</li> </ol> <p>The verification/receipt form must at a minimum include all elements listed below:</p> <ul style="list-style-type: none"> <li>• Be on Destination Agency letterhead</li> <li>• Date/Time</li> <li>• CPCDMS client code</li> <li>• Name and signature of Destination Agency staff member who attended to client (e.g. case manager, clinician, physician, nurse)</li> <li>• Destination Agency date stamp to ensure DA issued form.</li> </ul>

***FY 2019 RWPC “How to Best Meet the Need” Decision Process***

<b>Step in Process: Council</b>		Date: <b>06/14/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: Steering Committee</b>		Date: <b>06/07/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: Quality Improvement Committee</b>		Date: <b>05/15/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: HTBMN Workgroup #3</b>		Date: <b>04/25/18</b>
Recommendations:	Financial Eligibility: 400%	
1. Accept the service definition as presented and keep the financial eligibility the same		
2.		
3.		

FY 2018 Houston EMA/HSDA Ryan White Part A/MAI Service Definition <b>Vision Care</b> (Last Review/Approval Date: 6/3/16)	
HRSA Service Category Title: <b>RWGA Only</b>	<b>Ambulatory/Outpatient Medical Care</b>
Local Service Category Title:	<b>Vision Care</b>
Budget Type: <b>RWGA Only</b>	<b>Fee for Service</b>
Budget Requirements or Restrictions: <b>RWGA Only</b>	Corrective lenses are not allowable under this category. Corrective lenses may be provided under Health Insurance Assistance and/or Emergency Financial Assistance as applicable/available.
HRSA Service Category Definition: <b>RWGA Only</b>	<p><i>Outpatient/Ambulatory medical care</i> is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). <i>Primary medical care</i> for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.</p> <p>HRSA policy notice 10-02 states funds awarded under Part A or Part B of the Ryan White CARE Act (Program) may be used for optometric or ophthalmic services under Primary Medical Care. Funds may also be used to purchase corrective lenses for conditions related to HIV infection, through either the Health Insurance Premium Assistance or Emergency Financial Assistance service categories as applicable.</p>
Local Service Category Definition:	<p><b>Primary Care Office/Clinic Vision Care</b> is defined as a comprehensive examination by a qualified Optometrist or Ophthalmologist, including Eligibility Screening as necessary. A visit with a credentialed Ophthalmic Medical Assistant for any of the following is an allowable visit:</p> <ul style="list-style-type: none"> <li>• Routine and preliminary tests including Cover tests, Ishihara Color Test, NPC (Near Point of Conversion), Vision Acuity Testing, Lensometry.</li> <li>• Visual field testing</li> <li>• Glasses dispensing including fittings of glasses, visual</li> </ul>

	<p>acuity testing, measurement, segment height.</p> <ul style="list-style-type: none"> <li>Fitting of contact lenses is not an allowable follow-up visit.</li> </ul>
Target Population (age, gender, geographic, race, ethnicity, etc.):	HIV-infected individuals residing in the Houston EMA/HSDA.
Services to be Provided:	Services must be provided at an eye care clinic or Optometrist's office. Services must include but are not limited to external/internal eye health evaluations; refractions; dilation of the pupils; glaucoma and cataract evaluations; CMV screenings; prescriptions for eyeglasses and over the counter medications; provision of eyeglasses (contact lenses are not allowable); and referrals to other service providers (i.e. Primary Care Physicians, Ophthalmologists, etc.) for treatment of CMV, glaucoma, cataracts, etc. Agency must provide a written plan for ensuring that collaboration occurs with other providers (Primary Care Physicians, Ophthalmologists, etc.) to ensure that patients receive appropriate treatment for CMV, glaucoma, cataracts, etc.
Service Unit Definition(s): <b>RWGA Only</b>	One (1) unit of service = One (1) patient visit to the Optometrist, Ophthalmologist or Ophthalmic Assistant.
Financial Eligibility:	Refer to the RWPC's approved <i>Financial Eligibility for Houston EMA Services</i> .
Client Eligibility:	HIV-infected resident of the Houston EMA/HSDA.
Agency Requirements:	Providers and system must be Medicaid/Medicare certified to ensure that Ryan White Program funds are the payer of last resort to the extent examinations and eyewear are covered by the State Medicaid program.
Staff Requirements:	Vendor must have on staff a Doctorate of Optometry licensed by the Texas Optometry Board as a Therapeutic Optometrist.
Special Requirements: <b>RWGA Only</b>	Vision care services must meet or exceed current U.S. Dept. of Health and Human Services (HHS) guidelines for the treatment and management of HIV disease as applicable to vision care

***FY 2019 RWPC “How to Best Meet the Need” Decision Process***

<b>Step in Process: Council</b>		Date: <b>06/14/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: Steering Committee</b>		Date: <b>06/07/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: Quality Improvement Committee</b>		Date: <b>05/15/18</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: HTBMN Workgroup #1</b>		Date: <b>04/24/18</b>
Recommendations:	Financial Eligibility: 300%	
1. Accept the service definition as presented and keep the financial eligibility the same		
2.		
3.		



## 2018 HHS Federal Poverty Guidelines

Effective Date: January 13, 2018

Poverty Level	Size of Family Unit							
	1	2	3	4	5	6	7	8
<b>100%</b>	12,140	16,460	20,780	25,100	29,420	33,740	38,060	42,380
<b>133%</b>	16,146	21,892	27,637	33,383	39,129	44,874	50,620	56,365
<b>150%</b>	18,210	24,690	31,170	37,650	44,130	50,610	57,090	63,570
<b>200%</b>	24,280	32,920	41,560	50,200	58,840	67,480	76,120	84,760
<b>250%</b>	30,350	41,150	51,950	62,750	73,550	84,350	95,150	105,950
<b>300%</b>	36,420	49,380	62,340	75,300	88,260	101,220	114,180	127,140
<b>350%</b>	42,490	57,610	72,730	87,850	102,970	118,090	133,210	148,330
<b>400%</b>	48,560	65,840	83,120	100,400	117,680	134,960	152,240	169,520
<b>450%</b>	54,630	74,070	93,510	112,950	132,390	151,830	171,270	190,710
<b>500%</b>	60,700	82,300	103,900	125,500	147,100	168,700	190,300	211,900

For family units with more than 8 members, add \$5,400 for each additional member. (The same increment applies to smaller family sizes also, as can be seen in the figures above.)

**TARGETING FOR FY 2018 SERVICE CATEGORIES FOR  
RYAN WHITE PART A, B, MAI AND STATE SERVICES FUNDING**

HIV Prevalence	AIDS Prevalence	HIV & AIDS Prevalence	Geographic Targeting	Other Targeting	N/A or No Targeting	Service Category
			X*	X**		Ambulatory/Outpatient Medical Care
			X*	X		Case Management Services - Core
				X		Case Management Services – Non-Core
				X		Early Medical Intervention
					X	Emergency Financial Assistance – Pharmacy Assistance
					X	Health Insurance
					X	Home and Community Based Services
					X	Hospice Services
					X	Linguistic Services
					X	Local Pharmacy Assistance Program
					X	Medical Nutritional Therapy
					X	Mental Health Treatment
					X	Other Professional Services
					X****	Outreach Services - Primary Care Retention in Care
			X****		X	Oral Health
					X	Referral for Health Care & Support Services – ADAP Enrollment Worker
					X	Substance Abuse Treatment
			X	X		Transportation Services
					X	Vision

\* Geographic targeting in rural area only.

\*\* In an effort to provide a base line that reflects actual client utilization, for community based organizations base this percentage on the FY 2015 final expenditures that targeted African Americans, Whites and Hispanics.

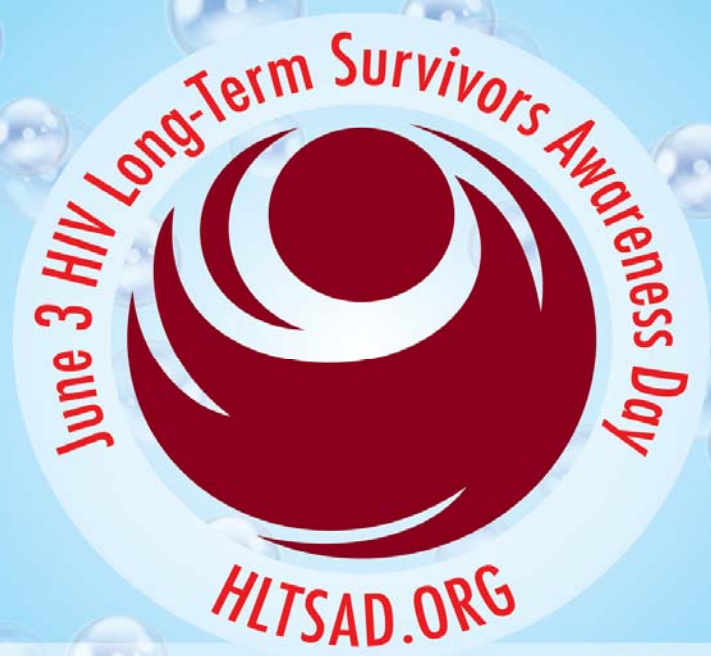
\*\*\* Geographic targeting in the north only.

\*\*\*\* Pay particular attention to youth who are transitioning into adult care.

**FYI**

HONORING & CELEBRATING THE LIVES OF LONG-TERM HIV SURVIVORS

# BBQ MIMOSA BRUNCH SUNDAY JUNE 3<sup>RD</sup> 2018



Houston Area  
**HIV & Aging**  
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**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

## Prescription Drug Donation Program

The Prescription Drug Donation Program allows for certain prescription drugs that would normally be discarded

to be donated to participating providers. Individuals who would normally be unable to get these medications

can receive them from participating providers. The Department of State Health Services' Pharmacy Branch is

the administrator for the program and *does not accept nor dispense donated prescription drugs at its warehouse.*

### Prescription Drug Donation Program Participating Providers:

[Prescription Drug Donation Program Participating Provider Database](#)

### Prescription Drug Donation Program Requirements:

#### All donated drugs must:

- o Be approved by the Food and Drug Administration (FDA)
- o Be dispensed only by prescription
- o Bear the federal legend "Rx Only" or "Caution: Federal Law Prohibits Dispensing Without Prescription"
- o Be packaged into original sealed, unit-dose packages such as blister-cards, and
- o Be intended for human use

#### A prescription drug cannot be donated if it:

- o Is a controlled substance
- o Has not been stored in compliance with its product label
- o Is required to have storage temperatures other than normal room temperature.

This includes drugs that have to be refrigerated.

- o Is required by the Food and Drug Administration to have a risk evaluation and mitigation strategy
- o Is adulterated (e.g. changes to the substance without authorization)
- o Is misbranded (e.g. false label statements), or
- o Was previously purchased by Medicaid.

## Prescription Drug Donation Program Frequently Asked Questions:

[Prescription Drug Donation Program Frequently Asked Questions](#)

### Examples of Acceptable Medications for Donation :



### Examples of Medications Not Acceptable for Donation :



## Prescription Drug Donation Program Required Forms:

1. Prescription Drug Donation Program Donor Form

[Prescription Drug Donation Program Donor Form](#)

2. Prescription Drug Donation Program Recipient Form:

[Prescription Drug Donation Program Recipient Form](#)

3. Prescription Drug Donation Program Participating Provider Form:

[Prescription Drug Donation Program Participating Provider Form](#)

## Please Fax or Scan Completed Participating Provider Forms to:

Contact Info:

### Fax:

(512) 776-7489

### Email:

[rxdrugdonation@dshs.texas.gov](mailto:rxdrugdonation@dshs.texas.gov)

## For Questions, Comments, or Concerns Please Call:

### Phone:

(512) 776-2741

# The Truth About the 7,000

Why are there still so many AIDS-related deaths?

April 2, 2018 By [Mark S. King](#)

---

A friend of mine, Antron-Reshaud Olukayode, died of an AIDS-related illness a few months ago. He was an Atlanta-based writer and HIV advocate. The news was quite a shock for me because an empowered person living with HIV isn't supposed to die at age 33. Or so I believed.

During Antron's last hospital stay, his friend Nina Martinez brought him food and comfort. "Antron was having trouble getting on his feet. Something was hurting," she tells me during a conversation in which she doubted her choice to be open about the details, to tell the truth of it. "And then Antron pulled down his sock and showed me a black lesion on the bottom of his foot."

Nina immediately recognized the spot as Kaposi's sarcoma, known as KS, an often deadly AIDS-defining cancer. You can regularly see it on the faces and bodies of people with AIDS in old photos and documentaries. People think it doesn't happen anymore. They're wrong.

Nina herself is HIV positive. She contracted the virus through a blood transfusion when she was a few weeks old. She knows all too well the cunning ways that HIV can damage a body. Because people on effective treatment don't just end up with late-stage complications, she realized that Antron had not been taking his medications, probably for a long time. Looking at Antron's foot, Nina asked him whether the spot was KS.

"Antron looked at me and said yes," Nina recalls, with the exhaustion of fresh grief in her voice, "and then there was this release, like a pressure cooker, and he started to cry. Antron was afraid of being judged. I wasn't going to judge him, but he knew his community would."

Antron had been a visible HIV advocate and volunteer, even appearing in a national media campaign by the Centers for Disease Control and Prevention as someone living with HIV. But somewhere along his journey, things changed. He seemed depressed. Medications stopped. Very few of his friends understood what was happening, much less what to do about it. Antron was an AIDS death hiding in plain sight.

A few days after his conversation with Nina, Antron lost his ability to speak. His family took him home to die in the town he had once escaped. His obituary did not mention AIDS.

# I wasn't going to judge him. But he knew his community would.

Antron became one of the nearly 7,000 HIV-positive people who die of causes directly attributable to the virus every year in the United States. It's a stunning number to reconcile in this day and age, and its effects multiply many times over when you include the grieving families and confused friends and frustrated clinicians. Each one of those 7,000 people represents a life that wasn't supposed to end, at least not to incredulous onlookers who don't understand how or why anyone with HIV could die anymore.

It's a fair question, the why of it. Why would anyone never get an HIV test, ignore symptoms, stop their medications or hide their illness? Who exactly are these 7,000 people? What the hell happened?

In search of answers, I talked to workers on the front lines, in clinics and hospitals and community agencies. I talked to patients and activists and people in waiting rooms. Most of them were eager to share what they have seen. Very few wanted to be identified. The truth can be uncomfortable.

What I discovered is that when you ask why, there are so many, so terribly many, answers to the question.

In the first decades of AIDS, testing HIV positive meant joining a community in which you were embraced by an enormous support network. We had no choice but to be open about our HIV status because our very lives were at stake. Long-term survivors and community elders passed along shared history and survival skills.

Not anymore. People who test positive for the virus today often face the health care labyrinth alone. Some prefer it that way because they have a good doctor and pharmacy benefits and their status is none of your business. They are entitled, yes, indeed, to their privacy and to their limited interaction with what passes for an HIV community these days by showing up once a year for a walkathon that has stripped AIDS from its name and replaced the disfigured gay men in wheelchairs with baby strollers and French bulldogs and chicken on a stick.

Welcome to the public face of HIV in 2018. It is a parade, and it is warranted because there is so much to celebrate, after all. The parade has billboards at busy intersections and posts on Instagram. It has the pretty faces of empowered HIV-negative people taking pre-exposure prophylaxis, or PrEP, and people living with HIV taking pride in their undetectable viral load.

There are T-shirts and ball caps and posters. There are online memes and funny web videos and signs you hold up when you smile for the camera and blogs with names like—God, help me—My Fabulous Disease.



It is a parade we have all helped to create. It is a privileged affair, with few people talking about the homelessness and poverty and drug addiction that percolate upward from the forlorn and the forgotten. Meanwhile, HIV stigma keeps spreading over the spectacle like a rolling fog.

The 7,000 people who will die this year can't hear the happy jamboree from the lonely confines of their apartment or hospital bed or shelter or prison cell. If they could, they might think we have all lost our fucking minds.

\*\*\*

Campaigns that seek to normalize people living with HIV are missing an important truth, according to long-term survivor and activist Matt Ebert. "U=U feels like a lie," he tells me, referring to the award-winning "Undetectable Equals Untransmittable" campaign heralding the fact that people with an undetectable viral load cannot transmit HIV. Matt believes the science of it, but the word standing in the middle of the catchphrase makes him cringe.

"I am not equal to someone who is negative," Matt contends, "not in the way I am treated and not in the way I feel. These campaigns try to promote our sameness, but testing HIV positive is the same shot to the heart it has always been."

"If I got HIV today, I would be devastated," Matt explains. "It's a very big deal. HIV affects every decision I make. People say I should be grateful to be alive. Well, it doesn't work that way. No wonder people stop taking their meds."

"And," Matt adds pointedly, he feels this way despite being "white and privileged."

Activist Kairo Brown, who founded the organization Meet for a Cause to help impoverished LGBTQ youth in Baltimore, doesn't have time for endless discussions of privilege or racism, as bad as it may be, because he is consumed by the daily struggle for survival among those he serves. "I hear us blame white people," Kairo says, "but what about what we as Black people are doing to other Black people? We must unite as a community."

There is meager social support within the Black community for people living with HIV, Kairo believes. Many young Black men are trying to deal with their own feelings of brokenness, with their search for a crowd that will welcome them, even if for some it means never returning for treatment after testing positive because the price of transparency in their circle of friends is much too high. As in every other community, women are often left to fend almost entirely for themselves.

Community workers across the spectrum told me about impoverished clients who fill out clinic surveys in exchange for financial incentives, checking any box at all, signing anything handed to them, because they need a free bus pass a lot more than they care about the data making sense. They know people who allow themselves to become sick, treating HIV symptoms with an Advil from the gas station, because they believe illness will get them more services.

Case managers told me about clients who tested positive and then scoured the internet, searching for another answer that might explain things away, falling victim to fake potions and frauds, because a bullshit answer is better than the one that says HIV.

HIV providers talk of clients who store their medications under bushes because the shelter doesn't have lockers. They watch the treatment regimens of their patients start and stop at roughly the same rate as their monthly hospitalizations, when drugs are dripped from IV bags in a mad scramble to repair the damage. They draw blood from people addicted to opioids using the arm that hasn't been amputated because of an infected abscess.

And all the people living with HIV in the margins of our society, advocates and sex workers and mothers and addicts and case managers alike, know they are one disconnected cell phone, one bout of depression, one missed bus, one part-time paycheck away from total devastation.

There are even revelers in the grand parade who are privately troubled, who grit their teeth when they smile, who haven't admitted that it has been months since they took their meds because the co-pay got too expensive or the fatigue of it all has become too much to bear, who have chosen to delay treatment until things get bad or until they find a cheaper apartment or until some unseen solution comes along. It might. It might not.

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These AIDS-related complications are real, and they exist in a world far away from happy Facebook status updates. Traveling the distance between them might as well be crossing the galaxy.

And yet, mercifully, even in the midst of all these challenges, success stories and moments of grace exist.

Brent Bible took an HIV test when he was 17 years old as a requirement to enter a teen drug rehab program. "They called me and said to come back in and bring my mom," Brent tells me. "When they said I was positive, my mom broke down. But I was like, Everything is OK. I'm not going to cry about it."

Sometimes, youthful resilience is nothing of the kind. The next day, Brent tried to kill himself.

"It didn't work," Brent says. "So, I just said, Fuck it, I'll party." He escaped his troubles—the absent dad and the addicted mother and the challenges of being a gay Black man—by defiantly choosing hard drugs over HIV medications. He remembers that time with tears in his eyes. "It was hard, for so many years," Brent tells me. He's 29 years old now, but some things still haunt him.

Brent eventually pulled himself from the brink, but getting HIV care required a stability he hadn't yet achieved. "I didn't have a place to stay," he tells me, "and I needed proof of where I lived, proof of this and proof of that. And I wasn't working and didn't have transportation. Some places were no help at all." Today, Brent makes his doctor appointments and takes his meds, and his viral

load is undetectable. He knows he is lucky. He knows people who were broken by the pressure of life with HIV.

“Being around them, they seemed happy,” Brent recalls, remembering several friends in their 20s who are now lost to AIDS, “but behind closed doors, they might just be done with it all. You just don’t know. You never really know.”

We have a collective responsibility to Brent, to help him rise above the stigma, to continue his treatment in the months and years ahead, to ask him uncomfortable questions when he says he is just fine, to teach him survival skills and to assure him that everyone living with HIV doesn’t always feel as happy as they look on the posters.

Because the statistic that 7,000 people will die simply waits, year after year, to be satisfied. Because depression and fatigue can undermine the will to live. Because people deserve the truth about life with HIV and the support to face it. Because we don’t want to be shocked all over again and left wondering why.

Because you never really know.

[Mark S. King](#) was diagnosed with HIV in 1985. His blog, [My Fabulous Disease](#), has been nominated for a 2018 GLAAD Media Award.