Houston Area HIV Services Ryan White Planning Council

Quality Improvement Committee
2:00 p.m., Tuesday, August 14, 2018
Meeting Location: 2223 W. Loop South, Room 416; Houston, Texas 77027

Agenda

* Indicates that the report will be provided at the meeting

I. Call to Order — Denis Kelly and Gloria Sierra, Co-Chairs
   A. Moment of Reflection
   B. Adoption of Agenda
   C. Approval of Minutes

II. Public Comment

SEE WRITTEN PUBLIC COMMENTS

(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
      1. FY 2018 Procurement Part A/MAI, dated 07/17/18
   B. Ryan White Part B and State Services* — Patrick Martin
      1. FY 18/19 Procurement Part B, dated 08/06/18
      2. FY 17/18 DSHS State Services, dated 08/06/18
      3. FY 17/18 DSHS State Services rebate, dated 08/06/18
      4. FY 17/18 Service Utilization, Health Insurance Assist., dated 08/06/18

IV. Service Linkage Worker Re: Substance Abuse Treatment Service Definition — Patrick Martin

V. Link those with Private Insurance with ADAP workers — Tori Williams

VI. Training: Standards of Care & Performance Measures — Amber Harbolt

VII. Announcements

VIII. Adjourn

Houston Area HIV Services Ryan White Planning Council

Quality Improvement Committee
2:00 p.m., Tuesday, July 17, 2018
Meeting location: 2223 W. Loop South, Room 101; Houston, Texas 77027

Minutes

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Denis Kelly, Co-Chair	Connie Barnes, excused	Krystal Kendle, THMP via phone
Rosalind Belcher	Gloria Sierra, excused	Laura Jasso, THMP via phone
David Benson	Venita Ray	Rachel Sanor, THMP via phone
Daphne L. Jones	Billy Ray Grant, Jr, excused	Imelda Majalca, THMP via phone
Tom Lindstrom	Tiffany Jones, excused	Cecilia Oshingbade, RWPC Chair
John Poole	Pete Rodriguez, excused	Ardry Skeet Boyle, RWPC
Viviana Santibanez		C. Bruce Turner, RWPC
Carol Suazo		Ronnie Galley, RWPC
Kevin Aloysius		Steven Vargas, AAMA
Eddie Givens		Patrick Martin, TRG
Shamra Hodge		Marcus Benoit, TRG
Samantha Robinson		Tiffany Shepherd, TRG
Tracy Sandles		Carin Martin, RWGA
Crystal Starr		Heather Keizman, RWGA
David Watson		Tori Williams, Ofc of Support
		Amber Harbolt, Ofc of Support
		Diane Beck, Ofc of Support

Call to Order: Denis Kelly, Co-Chair, called the meeting to order at 2:07 p.m. and asked for a moment of reflection.

Adoption of the Agenda: ***Motion #1****: it was moved and seconded (Suazo, Benson) to adopt the agenda.* **Motion carried**.

Approval of the Minutes: ***Motion #2****: it was moved and seconded (Poole, Suazo) to approve the May 15, 2018 meeting minutes.* **Motion carried**. Abstentions: Aloysius, Givens, Lindstrom, Watson.

Public Comment: See attached. Vargas reminded the committee to please read the written comments about the service linkage worker category that are included in your packet. He is here today to see how the service definition is going to read. It looks like services will be provided to people living with HIV who have a substance abuse disorder and are in treatment, but the funds being replaced are for a group of workers who provide services to those with substance abuse disorders who are in or out of treatment. The benefit of that is we have that push to get people with substance abuse disorders into medical treatment even when they may not be ready to get into substance abuse treatment. If we only help those

who are in substance abuse treatment then we can't help those in one of the hardest populations to reach get into care. We don't want to tie our hands. Robison's comment contains some great language that can be used in the service definition to address for different scenarios and treatment options.

Reports from the Administrative Agents
Ryan White Part A: Keizman presented the FY 2017 Performance Measures and highlights, see attached.

Ryan White Part B and State Services: P. Martin said that he was not aware that reports had not been submitted this month; he will follow up with staff.

Assessment of the Administrative Mechanism: Harbolt presented the attached report, including information that was received after the meeting packet was mailed. ***Motion #3****: it was moved and seconded (Givens, Robinson) to accept the attached report for the Part A Ryan White Administrative Mechanism with no action required* . **Motion carried**.

ADAP Eligibility Worker (AEW) Service Definition: Benoit presented the attached PowerPoint slides. Committee members asked the THMP staff about many aspects of ADAP including Standards of Care (the first draft due out in October 2018), recertification timeline/grace period (a recertification notice is sent one month in advance of a client's birthday month and expires at the end of the month following their birthday month), and the information is shared with pharmacies about their ADAP clients (they receive a list of active clients each month). Robinson said there is a gap in the system since agencies don't get information about which clients are due to recertify or have been dropped. Not all medical providers have a pharmacy onsite and case managers do not have time to go through all of their clients to see who is due. Jones said that the service definition should state that a backup person will be available if the AEW leaves until the position is filled or the AEW returns. ***Motion #4****: it was moved and seconded (Robinson, Jones) to approve the attached service definition with the change as discussed.* **Motion carried**. Abstentions: Aloysius, Lindstrom.

HarborPath: P.Martin presented an update about HarborPath.

Service Linkage at Outpatient Substance Abuse Provider Service Definition: ***Motion #5****: it was moved and seconded (Robinson, Belcher) to table this item until the next meeting.* **Motion carried**.

Announcements: None.

Adjourn: The meeting was adjourned at 4:04 p.m.

Submitted by: Approved by:

Tori Williams, Director Date Committee Chair Date

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 07/17/18

MEMBERS:	#1 Agenda				#2 Meeting Minutes				#3 Assessment of the Admin Mech				#4 AEW Service Definition				#5 Table SLW for Sub Ab Tmnt			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Denis Kelly, Co-Chair				C				C				C				C				C
Gloria Sierra, Co-Chair	X																			
Rosalind Belcher ja 2:28 pm	X				X				X					X				X		
Connie Barnes	X																			
David Benson lm 3:17 pm		X				X				X				X			X			
Daphne L. Jones ja 2:17 pm	X				X				X					X				X		
Tom Lindstrom		X						X		X				X				X		
John Poole		X				X				X				X				X		
Venita Ray	X																			
Viviana Santibanez lm 3:26 pm		X				X				X				X				X		
Carol Suazo		X				X				X				X				X		
Kevin Aloysius		X						X		X				X				X		
Eddie Givens lm 3:42 pm		X						X		X				X			X			
Billy Ray Grant, Jr.	X																			
Shamra Hodge ja 2:28 pm	X				X				X					X				X		
Tiffany Jones	X																			
Samantha Robinson		X				X				X				X				X		
Pete Rodriguez	X																			
Tracy Sandles ja 3:39 pm	X				X				X				X					X		
Crystal Starr		X				X				X				X				X		
David Watson		X						X		X				X				X		

Part A Reflects "Increase" Funding Scenario
MAI Reflects "Increase" Funding Scenario

FY 2018 Ryan White Part A and MAI
Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	**Outpatient/Ambulatory Primary Care**	**9,634,415**	**391,824**	**0**	**0**	**0**	**10,026,239**	**46.85%**	**10,026,239**	**0**	[redacted]	**925,983**	**9%**	**25%**
1.a	Primary Care - Public Clinic (a)	3,520,995	70,069	0	0		3,591,064	16.78%	3,591,064	0	3/1/2018	$0	0%	0%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	940,447	80,923	0	0		1,021,370	4.77%	1,021,370	0	3/1/2018	$255,661	25%	25%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	786,424	80,923	0	0		867,347	4.05%	867,347	0	3/1/2018	$240,254	28%	25%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,003,821	100,899	0	0		1,104,720	5.16%	1,104,720	0	3/1/2018	$175,733	16%	25%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,127,327	22,434	0	0		1,149,761	5.37%	1,149,761	0	3/1/2018	$177,264	15%	25%
1.f	Primary Care - Women at Public Clinic (a)	1,837,964	36,576	0			1,874,540	8.76%	1,874,540	0	3/1/2018	$0	0%	0%
1.g	Primary Care - Pediatric (a.1)	15,437	0				15,437	0.07%	15,437	0	3/1/2018	$2,700	17%	25%
1.h	Vision	402,000	0	0	0		402,000	1.88%	402,000	0	3/1/2018	$74,370	19%	25%
2	**Medical Case Management**	**2,535,802**	**0**	**0**	**0**	**0**	**2,535,802**	**11.85%**	**2,535,802**	**0**	[redacted]	**314,968**	**12%**	**25%**
2.a	Clinical Case Management	488,656	0	0	0		488,656	2.28%	488,656	0	3/1/2018	$86,555	18%	25%
2.b	Med CM - Public Clinic (a)	482,722	0	0	0		482,722	2.26%	482,722	0	3/1/2018	$0	0%	0%
2.c	Med CM - Targeted to AA (a) (e)	321,070	0	0	0		321,070	1.50%	321,070	0	3/1/2018	$82,160	26%	25%
2.d	Med CM - Targeted to H/L (a) (e)	321,072	0	0	0		321,072	1.50%	321,072	0	3/1/2018	$30,702	10%	25%
2.e	Med CM - Targeted to W/MSM (a) (e)	107,247	0	0	0		107,247	0.50%	107,247	0	3/1/2018	$18,895	18%	25%
2.f	Med CM - Targeted to Rural (a)	348,760	0	0			348,760	1.63%	348,760	0	3/1/2018	$50,241	14%	25%
2.g	Med CM - Women at Public Clinic (a)	180,311	0	0			180,311	0.84%	180,311	0	3/1/2018	$0	0%	0%
2.h	Med CM - Targeted to Pedi (a.1)	160,051	0	0	0		160,051	0.75%	160,051	0	3/1/2018	$21,165	13%	25%
2.i	Med CM - Targeted to Veterans	80,025	0	0	0		80,025	0.37%	80,025	0	3/1/2018	$25,250	32%	25%
2.j	Med CM - Targeted to Youth	45,888	0	0			45,888	0.21%	45,888	0	3/1/2018	$0	0%	0%
3	**Local Pharmacy Assistance Program (a) (e)**	**1,934,796**	**256,674**	**0**	**0**	**0**	**2,191,470**	**10.24%**	**2,191,470**	**0**	3/1/2018	**$412,687**	**19%**	**25%**
4	**Oral Health**	**166,404**	**0**	**0**	**0**	**0**	**166,404**	**0.78%**	**166,404**	**0**	3/1/2018	**53,650**	**32%**	**25%**
4.a	Oral Health - Untargeted (c)	0					0	0.00%	0	0	N/A	$0	0%	0%
4.b	Oral Health - Targeted to Rural	166,404	0	0			166,404	0.78%	166,404	0	3/1/2018	$53,650	32%	25%
5	**Mental Health Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
6	**Health Insurance (c)**	**1,244,551**	**28,519**	**0**	**0**	**0**	**1,273,070**	**5.95%**	**1,273,070**	**0**	3/1/2018	**$286,907**	**23%**	**25%**
7	**Home and Community-Based Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
8	**Substance Abuse Services - Outpatient**	**45,677**	**0**	**0**	**0**	**0**	**45,677**	**0.21%**	**45,677**	**0**	3/1/2018	**$8,394**	**18%**	**25%**
9	**Early Intervention Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
10	**Medical Nutritional Therapy (supplements)**	**341,395**	**0**	**0**	**0**	**0**	**341,395**	**1.60%**	**341,395**	**0**	3/1/2018	**$81,422**	**24%**	**25%**
11	**Hospice Services**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
12	**Outreach Services**	**420,000**	**39,927**				**459,927**	**2.15%**	**459,927**	**0**	**3/1/2018**	**$3,879**	**1%**	**25%**
13	**Non-Medical Case Management**	**1,231,002**	**0**	**0**	**0**	**0**	**1,231,002**	**5.75%**	**1,231,002**	**0**	[redacted]	**146,467**	**12%**	**25%**
13.a	Service Linkage targeted to Youth	110,793		0			110,793	0.52%	110,793	0	3/1/2018	$0	0%	25%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000			0		100,000	0.47%	100,000	0	3/1/2018	$21,317	21%	25%
13.c	Service Linkage at Public Clinic (a)	427,000		0	0		427,000	2.00%	427,000	0	3/1/2018	$0	0%	0%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	593,209		0	0		593,209	2.77%	593,209	0	3/1/2018	$125,149	21%	25%
14	**Medical Transportation**	**482,087**	**25,824**	**0**	**0**	**0**	**507,911**	**2.37%**	**507,911**	**0**	[redacted]	**80,642**	**16%**	**25%**
14.a	Medical Transportation services targeted to Urban	252,680	0	0	0		252,680	1.18%	252,680	0	3/1/2018	$63,246	25%	25%
14.b	Medical Transportation services targeted to Rural	97,185	0	0	0		97,185	0.45%	97,185	0	3/1/2018	$17,396	18%	25%
14.c	Transportation vouchering (bus passes & gas cards)	132,222	25,824	0	0		158,046	0.74%	158,046	0	3/1/2018	$0	0%	0%
15	**Linguistic Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	$0	**0%**	**0%**
16	**Emergency Financial Assistance**	**450,000**		**0**	**0**	**0**	**450,000**	**2.10%**	**450,000**	**0**	3/1/2018	$0	**0%**	**0%**
17	**Referral for Health Care and Support Services (c)**	**0**	**0**	**0**			**0**	**0.00%**	**0**	**0**	NA	$0	**0%**	**0%**
[redacted]	**Total Service Dollars**	**18,486,129**	**742,768**	**0**	**0**	**0**	**19,228,897**	**87.71%**	**19,228,897**	**0**	[redacted]	**2,311,120**	**12%**	**25%**
[redacted]	**Grant Administration**	**1,675,047**	**0**	**0**	**0**	**0**	**1,675,047**	**7.83%**	**1,675,047**	**0**	**N/A**	**0**	**0%**	**25%**
[redacted]	HCPHES/RWGA Section	1,146,388	0	0		0	1,146,388	5.36%	1,146,388	0	N/A	[redacted] $0	0%	25%
[redacted]	RWPC Support*	528,659			0	0	528,659	2.47%	528,659	0	N/A	0	0%	25%

Part A Reflects "Increase" Funding Scenario
MAI Reflects "Increase" Funding Scenario

FY 2018 Ryan White Part A and MAI Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
[redacted]	Quality Management	495,000	0	0	0	0	495,000	2.31%	495,000	0	N/A	$0	0%	25%
		20,656,176	742,768	0	0	0	21,398,944	97.85%	21,398,944	0	[redacted]	2,311,120	11%	25%
											[redacted]			[redacted]
								Unallocated	Unobligated					
	Part A Grant Award:	21,398,944	*Carry Over:*	0		*Total Part A:*	21,398,944	0	0					

	Original Allocation	Award Reconcilation (b)	July Adjusments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent
Core (must not be less than 75% of total service dollars)	15,903,040	677,017	0	0	0	16,580,057	86.40%	16,580,057	86.40%
Non-Core (may not exceed 25% of total service dollars)	2,583,089	25,824	0	0	0	2,608,913	13.60%	2,608,913	13.60%
Total Service Dollars (does not include Admin and QM)	18,486,129	702,841	0	0	0	19,188,970	[redacted]	19,188,970	[redacted]
Total Admin (must be ≤ 10% of total Part A + MAI)	1,675,047	0	0	0	0	1,675,047	7.83%		
Total QM (must be ≤ 5% of total Part A + MAI)	495,000	0	0	0	0	495,000	2.31%		

MAI Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Date of Procure-ment	Expended YTD	Percent YTD	Percent Expected YTD
1	**Outpatient/Ambulatory Primary Care**	1,797,785	49,060	0	0	0	1,846,845	85.23%	1,797,785	49,060	[redacted]	514,250	29%	25%
1.b (MAI)	Primary Care - CBO Targeted to African American	910,163	24,530		0	0	934,693	43.13%	910,163	24,530	3/1/2017	$317,350	35%	25%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	887,622	24,530		0	0	912,152	42.09%	887,622	24,530	3/1/2017	$196,900	22%	25%
2	**Medical Case Management**	320,100	0	0	0	0	320,100	14.77%	320,100	0			0%	0%
2.c (MAI)	MCM - Targeted to African American	160,050					160,050	7.39%	160,050	0		$0		
2.d (MAI)	MCM - Targeted to Hispanic	160,050					160,050	7.39%	160,050	0		$0	0%	0%
[redacted]	**Total MAI Service Funds**	1,797,785	49,060	0	0	0	2,166,945	100.00%	1,797,785	369,160	[redacted]	514,250	29%	25%
	Grant Administration	0	0	0	0	0	0	0.00%	0	0	[redacted]	0	0%	0%
	Quality Management	0	0	0	0	0	0	0.00%	0	0	[redacted]	0	0%	0%
	Total MAI Non-service Funds	0	0	0	0	0	0	0.00%	0	0	[redacted]	0	0%	0%
[redacted]	**Total MAI Funds**	1,797,785	49,060	0	0	0	2,166,945	100.00%	1,797,785	369,160	[redacted]	514,250	29%	25%
	MAI Grant Award	2,166,944	*Carry Over:*	0		*Total MAI:*	2,166,944							[redacted]
	Combined Part A and MAI Orginial Allocation Total	22,453,961												

Footnotes:

All	When reviewing bundled categories expenditures must be evaluated both by individual service category and by combined categories. One category may exceed 100% of available funding so long as other category offsets this overage.
(a)	Single local service definition is four (4) HRSA service categories (Pcare, LPAP, MCM, Non Med CM). Expenditures must be evaluated both by individual service category and by combined service categories.
(a.1)	Single local service definition is three (3) HRSA service categories (does not include LPAP). Expenditures must be evaluated both by individual service category and by combined service categories.
(b)	Adjustments to reflect actual award based on Increase or Decrease funding scenario.
(c)	Funded under Part B and/or SS
(d)	Not used at this time
(e)	10% rule reallocations

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 1819 Ryan White Part B

Procurement Report

April 1, 2018 - March 31, 2019

Reflects spending through June 2018

Spending Target: 25%

Revised 8/6/2018

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment*	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
6	Oral Health Care	$2,085,565	62%	$0	$2,085,565	62%	4/1/2018	$453,953	22%
7	Health Insurance Premiums and Cost Sharing (1)	$726,885	22%	$0	$726,885	22%	4/1/2018	$149,635	21%
9	Home and Community Based Health Services	$202,315	6%	$0	$202,315	6%	4/1/2018	$31,680	16%
	Unallocated	$325,806	10%	$0	$325,806	10%	4/1/2018	$0	0%
	Total Houston HSDA	3,340,571	100%	$0	$3,340,571	100%		635,268	19%

Note: Spending variances of 10% will be addressed: none

HCBHS Changes in program have been implemented. Operational cost coverd by other funding. Service category may need an allocation reduction.

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 1718 DSHS State Services

Procurement Report

September 1, 2017- August 31, 2018

Chart reflects spending through June 2018

Spending Target: 83%

Revised 8/6/2018

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment	Contracted Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
6	Mental Health Services (1)	$300,000	16%		$300,000	16%	9/1/2017	$127,859	43%
7	Health Insurance Premiums and Cost Sharing	$937,694	50%		$937,694	50%	9/1/2017	$766,562	82%
9	Hospice (2)	$414,832	22%		$414,832	22%	9/1/2017	$283,580	69%
11	EIS - Incarcerated (3)	$170,000	9%		$170,000	9%	9/1/2017	$115,423	68%
16	Linguistic Services (4)	$51,211	3%		$51,211	3%	9/1/2017	$31,550	62%
	Total Houston HSDA	**1,873,737**	**100%**	**$0**	$1,873,737	100%		1,324,973	71%

Note: Spending variances of 10% will be addressed:

1 MHS - Agency is short of staff; More clients are covered under Insurance instead of grant funds. Will need to reallocate funds.

2 HOS- Lower spending reflects changes in service provision by provider and operational expenses are being covered by another funding source

3 EIS - Provider had a vacancy but is now fully staffed; service units should increase.

4 LIN- Billing submission of expense report is behind. Usually one month behind.

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 1718 DSHS State Services Rebate

Procurement Report

September 1, 2017- August 31, 2018

Chart reflects spending through June 2018

Spending Target: 83%

Revised 8/6/2018

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment	Contracted Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
6	ADAP Eligibility Worker (1)	$375,000	38%		$225,000	27%	9/1/2017	$131,740	59%
7	Emergency Financial Assistance (2)	$600,000	62%		$600,000	73%	9/1/2017	$243,940	41%
	Total Houston HSDA	**975,000**	**100%**	$0	$825,000	100%		375,680	46%

Note: Spending variances of 10% will be addressed

1 one (1) position not awarded. One (1) position - finalizing contract

2 Public clinic has yet to utilize services, however, DSHS has expanded statewide. Expenditures continues to increase. (Note: not sure of impact of change with Gilead not participating in Compassion Care Project)

Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported: 09/01/2017-05/31/2018

Revised: 8/6/2018

	Assisted			NOT Assisted		
Request by Type	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)	*Number of Requests (UOS)*	*Dollar Amount of Requests*	*Number of Clients (UDC)*
Medical Co-Payment	1338	$127,897.58	515			*0*
Medical Deductible	134	$52,146.39	104			*0*
Medical Premium	5039	$1,970,473.67	848			*0*
Pharmacy Co-Payment	3162	$410,037.78	1096			*0*
APTC Tax Liability	0	$0.00	0			*0*
Out of Network Out of Pocket	0	$0.00	0			*0*
ACA Premium Subsidy Repayment	7	$2,751.12	14	*NA*	*NA*	*NA*
Totals:	9680	$2,557,804.30	2577	0	$0.00	

Comments: This report represents services provided under all grants.

SERVICE LINKAGE WORKER TARGETED TO SUBSTANCE ABUSE

Service Category Description

Background: A Refresher

- Public Comment was submitted on 2/13/2018
  - Changes in the Substance Abuse Block Grant funds from DSHS
    - Legislation required that 5% of the funding be set aside for HIV services for substance users for states with a certain “AIDS case” threshold.
    - Texas has fallen beneath the threshold so the “set aside” will be eliminated.
    - Three agencies were funded to case management targeting people living with HIV and dealing with substance use/abuse issues.
    - Two agencies provided public comment that identified five case management positions that would be eliminated when the funding ended.
    - These positions were identified as service 350 PLWHs.

Background: A Refresher

- Quality Improvement (QI) Committee approved up to five positions during its review of the How To Best Meeting The Need Workgroup Process.
- A draft Service Category Description was crafted by RWGA
- Priorities and Allocations Committee funded five positions from the DSHS State Services Rebate funding.
- The draft Service Category Description was provided to TRG.
- TRG reached out to the currently funded agencies to gather information to present to the QI Committee.

WHAT CURRENTLY EXISTS

Information Gathered About the Existing Positions

DSHS Statement of Work

- Purpose
  - To promote Human Immunodeficiency Virus (HIV) disease management and recovery from substance abuse and dependence by providing comprehensive case management services for individuals with both HIV infection and problems with substance use/abuse or dependence and providing support to their families and significant others.
- Goal
  - The primary goal for Contractor is to improve the health status of those who abuse substances and are infected with HIV and other communicable diseases by promoting linkages between community-based substance abuse treatment programs, health clinics and other social service providers. Contractor shall have a planned and coordinated approach to ensure that clients have access to all available health and social services necessary to obtain an optimum level of functioning. Contractor shall focus on behavior change, risk and harm reduction, retention in HIV care, and lowering risk of HIV transmission.

DSHS Statement of Work

- Select subsets of the eligible population to target for services, based on epidemiological data and documented community needs assessment. However, at a minimum, Contractor shall ensure that the following high-risk subsets of the eligible population are targeted:
  - *People who inject drugs; and*
  - *Transgender individuals and men who have sex with men (MSM) who also abuse prescription medication or who use or abuse illegal substances or recreational drugs that put them at high risk for continued transmission.*
- Provide all services and activities with clients and participants in a respectful, non-threatening, non-judgmental, and confidential manner.

DSHS Statement of Work

- Ensure that case management includes advocacy, referral and referral follow-up for HIV medical care, and retention in care support for all clients on the HEI caseload. Contractor shall provide or arrange for provision of:
  - *Needed medications and/or prescriptions for antiviral medication and prophylaxis for opportunistic infections;*
  - *Immunizations and alternative treatments used to slow down or prevent HIV disease progression as recommended by the client's HIV primary care provider; and*
  - *If available and appropriate, medical case management to facilitate ongoing medical care.*
-

DSHS Statement of Work

- Promote and advocate for coordinated HIV and substance use case management and medical care efforts and collaborate with substance use providers and medical care providers to ensure clients with HIV are able to obtain HIV care and remain in HIV medical care.
- Contractor shall provide ongoing coordinated case management activities that promote engagement, re-engagement and retention/maintenance in HIV medical care, as appropriate. Efforts may include coordinated care management or co-case management with other case management providers.
- For this population, co-case management is not a duplication of service but rather a set of agreed upon coordinated activities that clearly delineate the unique and separate roles of case managers who work jointly and collaboratively with the client's knowledge and consent to partialize and prioritize goals in order to effectively achieve client goals.

DSHS Statement of Work

- Provide or arrange and advocate for appropriate social services based on HEI case management assessments and service plans for clients and their families and/or significant others that include, but are not limited to:
  - *Health and wellness education (including education and counseling about use of antiviral or prophylaxis medications (PrEP) for HIV (-) significant others and scheduling and adherence) and nutritional counseling;*
  - *Transportation;*
  - *Licensed child care;*
  - *Substance abuse services;*
  - *Mental health counseling;*
  - *Legal counseling;*
  - *Rehabilitative services;*
  - *Child welfare and family services;*
  - *Housing; and*
  - *Support groups.*

DSHS Statement of Work

- Provide case management services in settings that are based on the needs of the client and the goals of the client's service plan, including office-based, home-based or community- based locations.
- Provide case management activities that enhance the motivation of clients on Contractor's caseload to reduce their risks of overdose, and transmitting HIV and STDs due to substance abuse and sexual behaviors. Contractor shall use motivational interviewing techniques and the Transtheoretical Model of Change, (DiClemente and Prochaska - Stages of Change).
- Promote and encourage entry into substance abuse services and make referrals, if appropriate, for clients who are in need of formal substance abuse treatment. However, Contractor shall ensure that clients are not required to participate in substance abuse treatment services as a condition for receiving HEI services.

DSHS Statement of Work

- Include ongoing services and support for discharge, overdose prevention, and aftercare planning during and following substance abuse treatment and medically-related hospitalizations.
- Refer HEI clients who have risk factors for tuberculosis (TB), hepatitis B and hepatitis C, and STDs for further testing and/or treatment through the client's medical provider or the local or regional DSHS-funded health department.
- Ensure that appropriate harm- and risk-reduction information, methods and tools are used by HEI case managers in their work with the target populations. Information, methods and tools shall be based on the latest scientific research and best practices related to reducing sexual risk and HIV transmission risks. Methods and tools must include, but are not limited to, a variety of effective condoms and other safer sex tools as well as substance abuse risk-reduction tools, information, discussion and referral about Pre- Exposure Prophylactics (PrEP) for client's sexual or drug using partners and overdose prevention. Contractor shall ensure that all case managers have these tools and materials available during case management activities for demonstration and distribution to appropriate clients. *Presently, state law prohibits the distribution of clean needles and needle exchange programs and federal regulations prohibit the use of federal dollars for the purchase of these items for use in HIV programs.*
- Make information and materials on overdose prevention available to appropriate clients as a part of harm- and risk-reduction.

DRAFT SERVICE CATEGORY REVIEW

Service Linkage Worker Positions Related to Substance Abuse Treatment

See attached:

Public Comment – summary of the need

Public Comment – supports next public comment

Public Comment – suggestions re: service definition

Public Comment – suggestions re: above suggestions

Service Linkage Worker Service Definition – DRAFT as of 06/07/18

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

Public Comment – 07/17/18

Vargas reminded the committee to please read the written comments about the service linkage worker category that are included in your packet. He is here today to see how the service definition is going to read. It looks like services will be provided to people living with HIV who have a substance abuse disorder and are in treatment, but the funds being replaced are for a group of workers who provide services to those with substance abuse disorders who are in or out of treatment. The benefit of that is we have that push to get people with substance abuse disorders into medical treatment even when they may not be ready to get into substance abuse treatment. If we only help those who are in substance abuse treatment then we can't help those in one of the hardest populations to reach get into care. We don't want to tie our hands. Robison's comment contains some great language that can be used in the service definition to address for different scenarios and treatment options.

PUBLIC COMMENT – as of 06/08/18

The Office of Support received the following comments regarding the proposed service definition for Service Linkage targeted to PLWHA receiving Outpatient Substance Abuse Treatment.

Under Local Service Category Title: These clients are not all in treatment or counseling. The language DSHS uses is this: Persons living with HIV disease with co-occurring substance use disorder issues. They have required consumers to be in substance use disorder support services which can include treatment, counseling, community support groups (12-step and similar), and/or recovery support services. Consumers need to be able to define their path to sobriety and treatment only is too restrictive not to mention the volume of treatment that can be done at one location. It also only last for a defined period of time and consumers eligible for this case management cannot be dropped when they finish treatment. There is an ongoing support that is needed. The target needs to be about the condition and then the workers co-located with treatment and recovery services.

"Service Linkage targeted to PLWHA receiving Outpatient Substance Abuse Treatment/Counseling in the Houston EMA/HDSA" would be better as "Service Linkage targeted to PLWHA with co-occurring substance use disorder issues receiving substance use disorder support services which can include treatment, counseling, community support groups (12-step and similar), and/or recovery support services co-located with a SUD treatment and recovery support provider in the Houston EMA/HDSA"

Under Target Population: Same edits as Local Service Category Title.

Under Agency requirements: "Service Linkage targeted to PLWHA receiving Outpatient Substance Abuse Treatment/Counseling" would be better is if said "Service Linkage targeted to PLWHA with Substance Use Disorder and receiving Outpatient Substance Abuse Treatment/Counseling and/or recovery support services"

"Substance Abuse Treatment/Counseling: Agency must be appropriately licensed by the State for substance abuse treatment/counseling. **All services must be provided in accordance with applicable Texas Department of State Health Services/Substance Abuse Services (TDSHS/SAS) Chemical 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.**

Provider must provide a written plan no later than March 30th documenting coordination with local TDSHS/SAS HIV Early Intervention funded programs if such programs are currently funded in the Houston EMA." The bolded part doesn't seem right. This service category is not for the treatment itself. So referencing that the agency has to be licensed is good but the funding part is irrelevant since SLW is not funded by insurance or treatment. The italicized part references the HIV Early Intervention funded program which is the entire point of this request since the funding that is losing it's set aside is the HEI program.
Everything else seems right. Thanks for having this available for comment.

FROM: Ann Robison PhD, Executive Director, the Montrose Center

RESPONSE TO PUBLIC COMMENT RE: SLW TARGETING SUBSTANCE ABUSE TREATMENT SERVICE DEFINITION

as of 06/14/18

Just some points of clarification based on Ann's public comment today. My intent of the services definition is not to require that clients receiving this target non-medical case management be receiving substance abuse treatment/ counseling, but that the service be offered only with a providers that can offer substance abuse treatment/counseling. So **All services must be provided in accordance with applicable Texas Department of State Health Services/Substance Abuse Services (TDSHS/SAS) Chemical Dependency Treatment Facility Licensure Standards...**can be changed to **All substance abuse treatment/counseling services must be provided in accordance with applicable Texas Department of State Health Services/Substance Abuse Services (TDSHS/SAS) Chemical Dependency Treatment Facility Licensure Standards.** The bolded insurance references can be omitted.

Provider must provide a written plan no later than March 30th documenting coordination with local TDSHS/SAS HIV Early Intervention funded programs if such programs are currently funded in the Houston EMA." should remain because if this funding becomes available again in our EMA, we want to be made aware.

Don't know if you want to just have me speak to this at QI or include it in materials. Probably just speak to it?

Carin

Carin Martin, MPA
Program Manager
Ryan White Grant Administration
Phone: 713.439.6041
Please note my email has changed:
Email: carin.martin@phs.hctx.net

FY 2019 Houston EMA/HSDA Ryan White Part A Service Definition **Service Linkage at Outpatient Substance Abuse Provider** (Revision Date: 060718)	
HRSA Service Category Title: **RWGA Only**	Non-medical Case Management
Local Service Category Title:	Service Linkage targeted to PLWHA receiving Outpatient Substance Abuse Treatment/Counseling in the Houston EMA/HDSA
Budget Type: **RWGA Only**	Fee-for-Service
Budget Requirements or Restrictions: **RWGA Only**	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. Substance Abuse Treatment/Counseling cannot be billed under this contract.
HRSA Service Category Definition: **RWGA Only**	***Case Management (non-Medical)*** 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.
Local Service Category Definition:	**A.** ***Substance abuse services outpatient*** 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. **B.** ***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 substance abuse treatment/counseling 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.
Target Population (age, gender, geographic, race, ethnicity, etc.):	**Service Linkage:** Services will be available to eligible HIV-infected clients receiving co-located Outpatient Substance Abuse Treatment/Counseling 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. **Service Linkage** 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 and Children, Veteran, Deaf/Hard of Hearing, Substance Abusers, Homeless and Gay/Lesbian/Transsexual.
Services to be Provided:	**Goal:** The expectation is that a single Service Linkage Worker Full Time Equivalent (FTE) targeting PLWHA receiving Outpatient Substance Abuse Treatment/Counseling can serve approximately 80 PLWHA per year. 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 (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 **Service Linkage** is to assist clients who do not require the intensity of *Clinical or Medical Case Management*, as determined by RWGA Quality Management guidelines. **Service Linkage** is both office- and field-based and **may include the issuance of bus pass vouchers and gas cards per published guidelines.** Service Linkage targeted PLWHA receiving Outpatient Substance Abuse Treatment/Counseling extends the capability of existing programs with a documented track record of PLWHA receiving Outpatient Substance Abuse Treatment/Counseling by providing "hands-on" outreach and linkage to care services to those PLWHA who are not currently accessing primary medical care services. 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 completion of substance abuse treatment services. Those clients who choose to access primary medical care from a non-Ryan White source, including private physicians, may receive ongoing service linkage services from provider or must be transferred to a Clinical (CCM) or Primary Care/Medical Case Management site per client need and the preference of the client**.**
Service Unit Definition(s): **RWGA Only**	One unit of service is defined as 15 minutes of direct client services and allowable charges.
Financial Eligibility:	Refer to the RWPC's approved *Financial Eligibility for Houston EMA Services*.
Client Eligibility:	PLWHA receiving co-located Outpatient Substance Abuse Treatment/Counseling residing in the Houston EMA.
Agency Requirements:	**Service Linkage** services will comply with the HCPHES/RWGA published **Service Linkage** Standards of Care and policies and procedures as published and/or revised, including linkage to the CPCDMS data system. **Service Linkage** targeted to PLWHA receiving Outpatient Substance Abuse Treatment/Counseling must be planned and delivered in coordination with local HIV treatment/prevention/outreach programs to avoid duplication of services 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. **Substance Abuse Treatment/Counseling:** Agency must be appropriately licensed by the State for substance abuse treatment/counseling. All services must be provided in accordance with applicable Texas Department of State Health Services/Substance Abuse Services (TDSHS/SAS) Chemical 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. Provider must provide a written plan no later than March 30th documenting coordination with local TDSHS/SAS HIV Early Intervention funded programs if such programs are currently funded in the Houston EMA.
Staff Requirements:	*Must comply with applicable HCPHES/RWGA published Ryan White Part A/B Standards of Care:* <u>Minimum Qualifications:</u> **Service Linkage Workers** 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. <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.

Special Requirements: **RWGA Only**	**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.

FY 2015 RWPC "How to Best Meet the Need" Decision Process

Step in Process: **Council**		Date: **06/12/2014**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		

Step in Process: **Steering Committee**		Date: **06/05/2014**
Recommendations:	Approved: Y:__X_ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		

Step in Process: **Quality Assurance Committee**		Date: **05/14/2014**
Recommendations:	Approved: Y:__X_ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1. Accept workgroup recommendations.		
2.		
3.		

Step in Process: **HTBMTN Workgroup**	Date: **04/07/2014**
Recommendations:	Financial Eligibility: None
1. Accept the service category definition as presented and keep the financial eligibility the same.	
2.	
3.	

Training on Standards of Care

General Standard 3.2: "Agency has Policy and Procedure regarding client Confidentiality […] Providers must implement mechanisms to ensure protection of clients' confidentiality in all processes throughout the agency."

"Mrs. Cranley! You need to sign this HIPAA privacy form before the doctor can look at those warts on your stomach!"

All our nurses now have degrees...unfortunately nurse Filbright's is in the expressive arts!

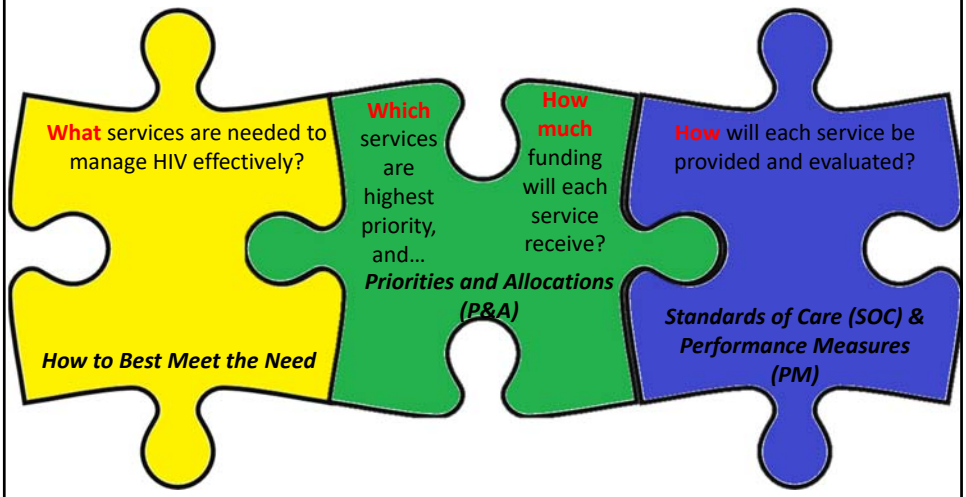
Primary Medical Care 1.1: "Medical care for HIV infected persons shall be provided by MD, NP, CNS or PA licensed in the State of Texas and has at least two years paid experience in HIV/AIDS care including fellowship."

Oral Health 2.8: "Oral hygiene instructions (OHI) should be provided annually to each client."

To help emphasize good oral hygiene in kids, Dr. Remford installed a dental floss zipline in his office.

2

Components of the Process



Houston Has Standards!

If you were planning on buying a car, what are some basic features you would expect to "come standard" with a good quality car?

- A working engine
- Steering wheel
- Brakes
- Seatbelts
- Air conditioner – A must-have in Houston!

Just as you would expect basic features to "come standard" when buying a car, you can also expect basic levels of quality to "come standard" with HIV care services in Houston. We call these Standards of Care (SOC).

Official Definitions

- Standard of Care (SOC)

A *statement* of the minimal acceptable levels of quality in HIV service delivery by Ryan White funded providers in a local jurisdiction.

- Performance Measure (PM)

A *measurement* of the impact of HIV care, treatment, and support services provided by Ryan White funded providers in a local jurisdiction.

A Little Background on SOC…

- First developed in 1999 as a way to monitor provider contracts
- Every year since, workgroups are held to review the Standards with the community that include physicians, nurses, case managers, administrators, and consumers
- Based on
  1. Accepted industry guidelines
  2. On-site program monitoring results, and
  3. Provider and consumer input
- Apply to services funded by Ryan White Parts A and B, and State Services.
- Maintained by the Administrative Agents (AAs)
  - RW/A = Ryan White Grant Administration
  - RW/B and State Services = The HIV Resource Group

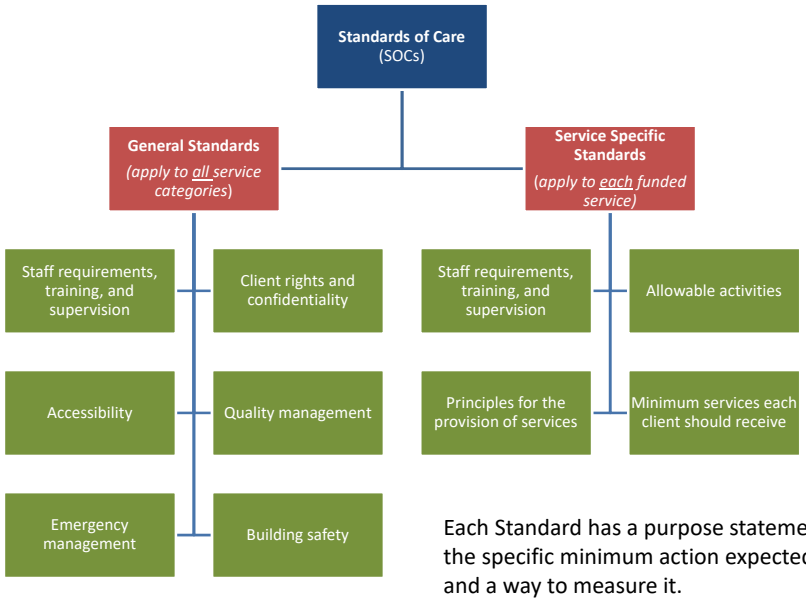
What SOC Are

- A way of letting providers and consumers know what constitutes quality care and services for PLWH
- A tool for making sure Ryan White-funded services are delivered according to minimum industry standards and guidelines
- One of many data sources for measuring how well Ryan White-funded services are meeting overall community goals

What SOC Aren't

- A way to evaluate how a specific Ryan White-funded agency conducts business *(Agency monitoring is done by the AAs)*
- A way to decide which agency in Houston gets Ryan White money *(RFPs and agency contracts are coordinated by the AAs)*
- Guidelines for HIV services provided by *non*-Ryan White-funded agencies

Organization of the SOCs



Each Standard has a purpose statement, the specific minimum action expected, and a way to measure it.

GENERAL STANDARDS

	Standard	Measure
1.0	**Staff Requirements**	
1.1	Staff Screening (Pre-Employment) Staff providing services to clients shall be screened for appropriateness by provider agency as follows: • Personal/Professional references • Personal interview • Written application Criminal background checks, if required by Agency Policy, must be conducted prior to employment and thereafter for all staff and/or volunteers per Agency policy.	• Review of Agency's Policies and Procedures Manual indicates compliance • Review of personnel and/or volunteer files indicates compliance
1.2	Initial Training: Staff/Volunteers Initial training includes eight (8) hours HIV/AIDS basics, safety issues (fire & emergency preparedness, hazard communication, infection control, universal precautions), confidentiality issues, role of staff/volunteers, agency-specific information (e.g. Drug Free Workplace policy). Initial training must be completed within 60 days of hire.	• Documentation of all training in personnel file. • Specific training requirements are specified in Agency Policy and Procedure • Materials for staff training and continuing education are on file • Staff interviews indicate compliance
1.3	Staff Performance Evaluation Agency will perform annual staff performance evaluation.	• Completed annual performance evaluation kept in employee's file • Signed and dated by employee and supervisor (includes electronic signature)
1.4	Cultural and HIV Mental Health Co-morbidity Competence Training/Staff and Volunteers All staff tenured 0 – 5 year with their current employer must receive four (4) hours of cultural competency training and an additional one (1) hour of HIV/Mental Health co-morbidity sensitivity training annually. All new employees must complete these within ninety (90) days of hire.	• Documentation of training is maintained by the agency in the personnel file

SERVICE SPECIFIC STANDARDS OF CARE

Case Management (All Case Management Categories)

Case management services in HIV care facilitate client access to health care services, assist clients to navigate through the wide array of health care programs and ensure coordination of services to meet the unique needs of PLWHA. It also involves client assessment to determine client's needs and the development of individualized service plans in collaboration with the client to mitigate clients' needs. Ryan White Grant Administration funds three case management models i.e. one psychosocial and two clinical/medical models depending on the type of ambulatory service within which the case management service is located. The scope of these three case management models namely, Non-Medical, Clinical and Medical case management services are based on Ryan White HIV/AIDS Treatment Modernization Act of 2006 (HRSA)[2] definition for non-medical and medical case management services. Other resources utilized include the current *National Association of Social Workers (NASW) Standards for Social Work Case Management*[3]. Specific requirements for each of the models are discussed under each case management service category.

1.0	**Staff Training**	
1.1	Required Meetings Case Managers and Service Linkage Workers Case managers and Service Linkage Workers will attend on an annual basis a minimum of four (4) of the five (5) bi-monthly networking meetings facilitated by RWGA. Case Managers and Service Linkage Workers will attend the "Joint Prevention and Care Coordination Meeting" held annually and facilitated by the RWGA and the City of Houston STD/HIV Bureau. Medical Case Management (MCM), Clinical Case Management (CCM) and Service Linkage Worker Supervisors will attend on an annual basis a minimum of five (5) of the six (6) bi-monthly Supervisor meetings facilitated by RWGA (in the event a MCM or CCM supervises SLW staff the MCM or CCM must attend the Supervisor meetings and may, as an option, attend the networking meetings)	• Agency will maintain verification of attendance (RWGA will also maintain sign-in logs)

[2] US Department of Health and Human Services, Health Resources and Services Administration HIV/AIDS Bureau (2009). Ryan White HIV/AIDS Treatment Modernization Act of 2006: Definitions for eligible services

[3] National Association of Social Workers (1992). NASW standards for social work case management. Retrieved 02/9/2009 from www.socialworkers.org/practice/standards/sw_case_mgmt.asp

Organization of the PMs

All **Performance Measures** (PMs) are service-specific

- Each PM is a system-wide measure that helps evaluate the impact of HIV services on the health status of the people living with HIV in the Houston area.
- PMs are based on current U.S. Department of Health and Human Services (HHS) Guidelines for HIV health care and community input.
- In general, PMs assess the percentage of consumers who, following receipt of a specific service:
  1. Entered into and/or were retained in HIV medical care
  2. Experienced improvement in HIV health indicators like CD4 counts and viral load suppression
  3. Received recommended medical, oral, and optical screening, care, and follow-up
  4. Were screened for and received mental health or substance abuse services if needed
  5. Obtained housing if homeless or unstably housed
  6. Secured 3rd party health care coverage (insurance) if uninsured, and/or
  7. Other service-specific measures

Ryan White Part A
HIV Performance Measures
FY 2016 Report

Clinical Case Management
All Providers

For FY 2016 (3/1/2016 to 2/28/2017), 1,406 clients utilized Part A clinical case management.

HIV Performance Measures	FY 2015	FY 2016	Change
A minimum of 75% of clients will utilize Part A/B/C/D primary care two or more times at least three months apart after accessing clinical case management	402 (39.5%)	685 (48.7%)	**9.2%**
Percentage of clinical case management clients who utilized mental health services	247 (24.3%)	360 (25.6%)	**1.3%**
75% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200)	382 (73.0%)	501 (69.0%)	**-4.0%**
Percentage of clients who were homeless or unstably housed	267 (26.2%)	322 (22.9%)	**-3.3%**

According to CPCDMS, 33 (2.4%) clients utilized primary care for the first time and 118 (8.4%) clients utilized mental health services for the first time after accessing clinical case management.

Clinical Chart Review Measures	FY 2015
Percentage of HIV-infected clinical case management clients who had a case management care plan developed and/or updated two or more times in the measurement year	80%
Percentage of clients identified with an active substance abuse condition receiving Ryan White funded substance abuse treatment*	0%

*Data was not collected in FY 2015

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Take-Home Messages

- Standards of Care set the minimum acceptable levels of *quality* of HIV care, treatment, and support services provided to PLWH by Ryan White funded providers
- Performance Measures provide a way to evaluate the system-wide impact of HIV services on the health status of the people living with HIV in the Houston area.
- SOCs and PMs do *not* evaluate a specific individual provider or agency, nor do they determine which provider/agency receives Ryan White funds
- Consumers have an important role in the SOC/PM process. They review the standards and make recommendation for improvements, and they serve as a voice of the consumer in defining quality of HIV care.

Why does any of this matter in the real world?

Example: Linkage to Care

Standard of Care:
What is the general Standard of Care for linking clients into care?
General Standard 4.11 (Accessibility – Linkage Into Core Services): Agency staff will provide out-of-care clients with individualized information and referral to connect them into ambulatory outpatient medical care and other core medical services.

How will the Administrative Agent know this Standard has been met?
- Documentation of client referral is present in client record
- Review of agency's policies & procedures' manual indicates compliance

Why does any of this matter in the real world?

Example: Linkage to Care

Performance Measure:

How will the Administrative Agent measure whether efforts to link clients into care have been effective?

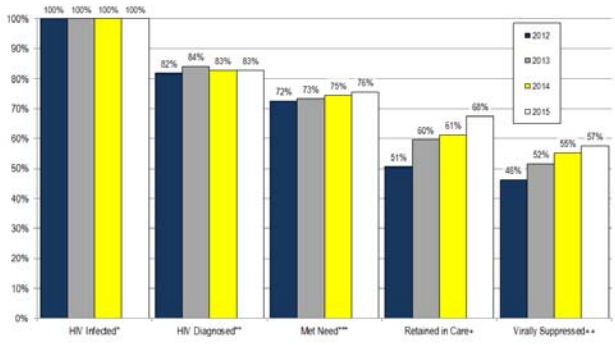
Non-Medical Case Management / Service Linkage
All Providers:

1. A minimum of 70% of clients will utilize Part A/B/C/D primary care two or more times at least three months apart after accessing non-medical case management (service linkage)
2. Measure the number of days between first ever service linkage visit and first ever primary medical care visit
3. Assess the percentage of newly-enrolled clients who had a medical visit in each of the four-month periods of the year

Why does any of this matter in the real world?

Establishing SOCs and monitoring PMs help ensure that people livin with HIV in the Houston Area can expect and receive high quality life-sustaining HIV care and treatment services.

The Houston EMA HIV Care Continuum, 2012-2015



*No. person who are HIV positive in 2012, 2013, 2014, and 2015 in the Houston EMA (diagnosed + undiagnosed estimate)
**No. persons who are HIV positive in 2012, 2013, 2014, and 2015 in the Houston EMA.
***No. persons with met need (at least one: medical visit, ART prescription, or CD4/VL test in 12 months) in 2012, 2013, 2014, and 2015 in the Houston EMA.
+No. persons with retained in care (PLWH with at least 2 visits, labs, or ARVs in 12 months, at least 3 months apart) in 2012, 2013, 2014, and 2015 in the Houston EMA.
++No. persons whose last viral load test of 2012, 2013, 2014 <=200 (among persons with >=1 VL test) in the Houston EMA.

SOC/PM Exercise

Practice with Standards of Care

1. If you wanted to know how quality is defined for <u>all</u> services provided through Ryan White, which type of Standard of Care would you review:
   a. General Standards
   b. Service Specific Standards

Go to the General Standard called <u>4.0 Accessibility</u>.

2. What is the minimum definition of quality for "Cultural Competence?"

3. How does someone know if this minimum standard is met by the agency/provider--what documents are looked at?

Go to the Service Specific Standards for <u>Non-Medical Case Management Services (Service Linkage Worker)</u>.

4. How long does a Service Linkage Worker have to transfer a Not-in-Care and Newly Diagnosed Client into HIV primary care?
   a. 90 days
   b. 120 days
   c. Unlimited

SOC/PM Exercise

Practice with Performance Measures

1. <u>True/False</u>. There are no general Performance Measures. Performance Measures are specific to each service funded through Ryan White.

Go to the Performance Measures for <u>Medical Nutritional Supplements</u>.

2. At a minimum, what percentage of clients who use Medical Nutrition Supplements with lab data in CPCDMS should be virally suppressed?
   a. 35%
   b. 50%
   c. 75%
   d. 90%

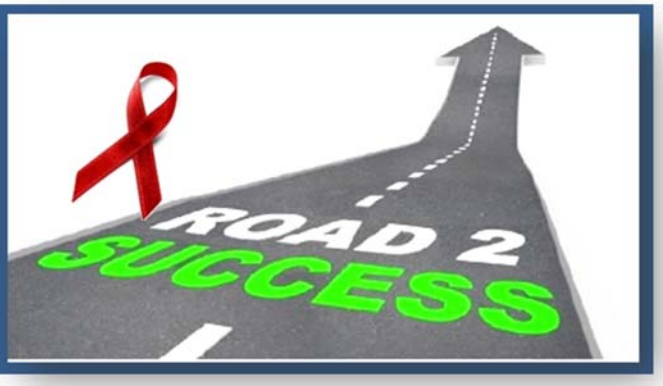
Go to the Performance Measures for <u>Primary Medical Care</u>.

3. Name 3 Clinical Chart Review Measures.

FYI

Emergency Preparedness

for the HIV Community



Preparedness ideas, games and prizes

Find out how to prepare for and what you should do when there is a flood, hurricane or other emergency -- learn what you need to do to take care of your family, yourself and your pets!

HIV and Aging Coalition Meeting

Monday, August 20, 2018 @ 2:30 p.m.

Montrose Center 401 Branard Street 77006

For more information about Road 2 Success or to RSVP for this class, please contact:

Ryan White Planning Council Office of Support

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Ryan White Planning Council

Houston Area HIV&Aging Coalition

HOUSTON HEALTH DEPARTMENT

Harris County Public Health
Building a Healthy Community

HARRIS COUNTY HOMELAND SECURITY & EMERGENCY MANAGEMENT TEXAS

THE RESOURCE GROUP