DRAFT

Houston Area HIV Services Ryan White Planning Council

Quality Improvement Committee
2:00 p.m., Tuesday, September 18, 2018
Meeting Location: 2223 W. Loop South, Room 240; 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 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
    1. FY 2018 Procurement Part A/MAI, dated 09/05/18
  B. Ryan White Part B and State Services* — Patrick Martin
    1. FY 18/19 Procurement Part B, dated 09/10/18
    2. FY 17/18 DSHS State Services, dated 09/10/18
    3. FY 17/18 DSHS State Services-Rebate, dated 09/10/18

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

V. Suggested Changes to Committee Reports for FY 2019 — Tori Williams

VI. Announcements

VII. Adjourn

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

Minutes

MEMBERS PRESENT	**MEMBERS ABSENT**	**OTHERS PRESENT**
Gloria Sierra, Co-Chair	Connie Barnes	Ann Robison, Montrose Center
Denis Kelly, Co-Chair	Ronnie Galley, excused	Cecilia Oshingbade, RWPC Chair
Rosalind Belcher	Daphne L. Jones	Patrick Martin, TRG
David Benson	Tom Lindstrom	Carin Martin, RWGA
Viviana Santibanez	John Poole	Heather Keizman, RWGA
Carol Suazo	Venita Ray, excused	Tori Williams, Ofc of Support
Savi Bailey	Kevin Aloysius, excused	Amber Harbolt, Ofc of Support
Eddie Givens	Billy Ray Grant, Jr, excused	Diane Beck, Ofc of Support
Stephen Nazarenus	Shamra Hodge	
Samantha Robinson	Crystal Starr, excused	
Pete Rodriguez	David Watson	
Tracy Sandles		

Call to Order: Gloria Sierra, Co-Chair, called the meeting to order at 2:04 p.m. and asked for a moment of reflection.

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

Approval of the Minutes: ***Motion #2***: *it was moved and seconded (Suazo, Sandles) to approve the July 17, 2018 meeting minutes.* **Motion carried**. Abstentions: Bailey, Nazarenus, Rodriguez.

Public Comment: See attached. Kelly acknowledged Williams' birthday with a cake. Robison said that The Resource Group has put forth a draft service definition for the service linkage workers for individuals with a substance use disorder. She suggested several edits, which the staff accepted. The scope of work is now in line with what the current Block Grant funded case management staff is doing.

Reports from the Administrative Agents

Ryan White Part A: C. Martin presented the following reports, see attached:

- FY 2018 Procurement Part A/MAI, dated 07/17/18

Ryan White Part B and State Services: P. Martin presented the following reports, see attached:

- FY 18/19 Part B Procurement, dated 08/06/18
- FY 18/19 Part B Service Utilization, dated 08/11/18
- FY 17/18 DSHS State Services Procurement, dated 08/06/18
- FY 17/18 DSHS State Services Rebate Procurement, dated 08/06/18
- FY 17/18 Service Utilization, Health Insurance Assistance, dated 08/06/18 and 08/07/18

Service Linkage Worker targeting Substance Use Disorders: P. Martin presented the attached PowerPoint and first draft of the service definition. He will clean up the Part A language, incorporate suggestions and bring a revised version of the service category back to the committee in September.

Link those with Private Insurance with ADAP workers: Williams asked the committee to think about ways to promote the availability of ADAP workers to those who have private insurance for discussion at a future meeting.

Standards of Care Training: Harbolt presented the attached PowerPoint.

Announcements: None.

Adjourn: The meeting was adjourned at 3:37 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 08/14/18

MEMBERS:	#1 Agenda				#2 Meeting Minutes			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Gloria Sierra, Co-Chair				C				C
Denis Kelly, Co-Chair		X				X		
Rosalind Belcher		X				X		
Connie Barnes	X							
David Benson		X				X		
Ronnie Galley	X							
Daphne L. Jones	X							
Tom Lindstrom	X							
John Poole	X							
Venita Ray	X							
Viviana Santibanez ja 2:22 pm	X				X			
Carol Suazo		X				X		
Kevin Aloysius	X							
Savi Bailey		X						X
Eddie Givens		X				X		
Billy Ray Grant, Jr.	X							
Shamra Hodge	X							
Stephen Nazarenus		X						X
Samantha Robinson		X				X		
Pete Rodriguez		X						X
Tracy Sandles		X				X		
Crystal Starr	X							
David Watson	X							

Public Comment

As of August 14, 2018

In response to questions raised by committee members at the August 14, 2018 Quality Improvement Committee meeting, Ann Robison submitted the following information about the Department of State Health Services (DSHS) block grant. Funds from this grant will no longer be available specifically for HIV care as of September 2019. Since 1994, the funds have been used to provide substance use disorder case management services. The following was sent to the Office of Support via email:

- The system has been in place since 1994 and fully participated in the Ryan White case management system. The agency opted to coordinate with Part A and The Resource Group and upload all of the data from clients on this grant to CPCDMS so that all would be coordinated. This is not a new system, just new funding. There have been substance use disorder (SUD) case managers since 1994 giving out bus passes and coordinating with medical case managers.

- Our agency has put all of the data into CPCDMS so that the Ryan White Program can see how many people have been served. For the recently completed contract of 9-1-17 through 8-31-17 the count is 356. One other agency using the block grant funding for case management may not have entered their data in CPCDMS, but they only have 1 case manager, so this shouldn't be more than an additional 80-100 individuals.

- DSHS a max caseload of 40 clients per case manager. Some clients have greater or lesser needs at different times so the caseload varies based on acuity.

- These case managers are specialists in working with clients reentering the community from jail and prison and clients with substance use disorder history. Clients are not required to be in treatment during case management because clients need to choose their own path for recovery and there are many ways to do that. While case managers do work with clients on daily living

(continued)

needs, they also work with clients on harm reduction techniques and motivational interviewing to move them towards recovery. There is no time limit for working with a client. They may or may not be licensed but they do have specialized training. They are not deployed in the same way that SLW are in clinics.

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**		**2,726,067**	**27%**	**42%**
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	$329,909	9%	25%
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	$526,336	52%	42%
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	$423,577	49%	42%
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	$282,032	26%	42%
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	$358,227	31%	42%
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	$664,971	35%	25%
1.g	Primary Care - Pediatric (a.1)	15,437	0				15,437	0.07%	15,437	0	3/1/2018	$3,600	23%	42%
1.h	Vision	402,000	0	0	0		402,000	1.88%	402,000	0	3/1/2018	$137,415	34%	42%
2	**Medical Case Management**	**2,535,802**	**0**	**0**	**0**	**0**	**2,535,802**	**11.85%**	**2,535,802**	**0**		**601,681**	**24%**	**42%**
2.a	Clinical Case Management	488,656	0	0	0		488,656	2.28%	488,656	0	3/1/2018	$123,400	25%	42%
2.b	Med CM - Public Clinic (a)	482,722	0	0	0		482,722	2.26%	482,722	0	3/1/2018	$20,792	4%	25%
2.c	Med CM - Targeted to AA (a) (e)	321,070	0	0	0		321,070	1.50%	321,070	0	3/1/2018	$138,593	43%	42%
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	$61,085	19%	42%
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	$35,561	33%	42%
2.f	Med CM - Targeted to Rural (a)	348,760	0	0			348,760	1.63%	348,760	0	3/1/2018	$93,519	27%	42%
2.g	Med CM - Women at Public Clinic (a)	180,311	0	0			180,311	0.84%	180,311	0	3/1/2018	$41,150	23%	25%
2.h	Med CM - Targeted to Pedi (a.1)	160,051	0	0	0		160,051	0.75%	160,051	0	3/1/2018	$48,680	30%	42%
2.i	Med CM - Targeted to Veterans	80,025	0	0	0		80,025	0.37%	80,025	0	3/1/2018	$34,942	44%	42%
2.j	Med CM - Targeted to Youth	45,888	0	0			45,888	0.21%	45,888	0	3/1/2018	$3,960	9%	25%
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	**$834,079**	**38%**	**42%**
4	**Oral Health**	**166,404**	**0**	**0**	**0**	**0**	**166,404**	**0.78%**	**166,404**	**0**	3/1/2018	**69,300**	**42%**	**42%**
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	$69,300	42%	42%
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	**$518,968**	**41%**	**42%**
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	**$12,169**	**27%**	**42%**
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	**$135,122**	**40%**	**42%**
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**	**$77,941**	**17%**	**42%**
13	**Non-Medical Case Management**	**1,231,002**	**0**	**0**	**0**	**0**	**1,231,002**	**5.75%**	**1,231,002**	**0**		**369,815**	**30%**	**42%**
13.a	Service Linkage targeted to Youth	110,793		0			110,793	0.52%	110,793	0	3/1/2018	$22,429	20%	42%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000			0		100,000	0.47%	100,000	0	3/1/2018	$31,625	32%	42%
13.c	Service Linkage at Public Clinic (a)	427,000		0	0		427,000	2.00%	427,000	0	3/1/2018	$73,021	17%	25%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	593,209		0	0		593,209	2.77%	593,209	0	3/1/2018	$242,740	41%	42%
14	**Medical Transportation**	**482,087**	**25,824**	**0**	**0**	**0**	**507,911**	**2.37%**	**507,911**	**0**		**80,642**	**16%**	**42%**
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%	42%
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%	42%
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	$13,880	**0%**	**42%**
17	**Referral for Health Care and Support Services (c)**	**0**	**0**	**0**			**0**	**0.00%**	**0**	**0**	NA	$0	**0%**	**0%**
	Total Service Dollars	**18,486,129**	**742,768**	**0**	**0**	**0**	**19,228,897**	**87.71%**	**19,228,897**	**0**		**5,347,842**	**28%**	**42%**
	Grant Administration	**1,675,047**	**0**	**0**	**0**	**0**	**1,675,047**	**7.83%**	**1,675,047**	0	**N/A**	**0**	**0%**	**42%**
	HCPHES/RWGA Section	1,146,388	0	0		0	1,146,388	5.36%	1,146,388	0	N/A	$0	0%	42%
	RWPC Support*	528,659			0	0	528,659	2.47%	528,659	0	N/A	0	0%	42%

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 Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
	Quality Management	495,000	0	0	0	0	495,000	2.31%	495,000	0	N/A	$0	0%	42%
		20,656,176	742,768	0	0	0	21,398,944	97.85%	21,398,944	0		5,347,842	25%	42%
								Unallocated	Unobligated					
	Part A Grant Award:	21,398,944	*Carry Over:*	0		*Total Part A:*	21,398,944	0	0					

	Original Allocation	Award Reconciliation (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		19,188,970	
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 Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Date of Procurement	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%	1,846,845	0		686,675	37%	42%
1.b (MAI)	Primary Care - CBO Targeted to African American	910,163	24,530		0	0	934,693	43.13%	934,693	0	3/1/2017	$412,225	44%	42%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	887,622	24,530		0	0	912,152	42.09%	912,152	0	3/1/2017	$274,450	30%	42%
2	**Medical Case Management**	320,100	0	0	0	0	320,100	14.77%	320,100	0		$46,077	14%	42%
2.c (MAI)	MCM - Targeted to African American	160,050					160,050	7.39%	160,050	0		$32,955	21%	42%
2.d (MAI)	MCM - Targeted to Hispanic	160,050					160,050	7.39%	160,050	0		$13,122	8%	42%
	Total MAI Service Funds	2,117,885	49,060	0	0	0	2,166,945	100.00%	1,846,845	320,100		686,675	37%	42%
	Grant Administration	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Quality Management	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Non-service Funds	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Funds	2,117,885	49,060	0	0	0	2,166,945	100.00%	1,846,845	320,100		686,675	37%	42%
	MAI Grant Award	2,166,944	*Carry Over:*	0		*Total MAI:*	2,166,944							
	Combined Part A and MAI Orginial Allocation Total	22,774,061												

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 July 2018

Spending Target: 33%

Revised 9/10/2018

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	$615,207	29%
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	$38,160	19%
	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%		803,002	24%

Note: Spending variances of 10% will be addressed:

1 HIP - Funded by Part A, B and State Services. Provider is spending other grant funds before they close.

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 July 2018 **Spending Target: 91%**

Revised 9/10/2018

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	$141,015	47%
7	Health Insurance Premiums and Cost Sharing (2)	$979,694	52%		$979,694	53%	9/1/2017	$926,288	95%
9	Hospice (3)	$359,832	19%		$359,832	19%	9/1/2017	$298,540	84%
11	EIS - Incarcerated (4)	$166,211	9%	**$3,789**	$170,000	9%	9/1/2017	$125,961	76%
16	Linguistic Services (5)	$68,000	4%	**-$16,789**	$51,211	3%	9/1/2017	$35,800	53%
	Total Houston HSDA	**1,873,737**	**100%**	**-$13,000**	$1,860,737	100%		1,527,603	82%

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 HIP - Behind in billing submissions - will expend all funds
3 HOS- Lower spending reflects changes in service provision by provider and operational expenses are being covered by another funding source
4 EIS - Behind in billing submission. Provider had a vacancy but is now fully staffed; service units should increase.
5 LIN- Behind in billing submission

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 July 2018 **Spending Target: 91%**

Revised 9/10/2018

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	$144,873	64%
7	Emergency Financial Assistance (2)	$600,000	62%		$600,000	73%	9/1/2017	$267,039	45%
	Total Houston HSDA	**975,000**	**100%**	$0	$825,000	100%		411,912	50%

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.
Currently the impact of Gilead ending its participation in Compassion Care Project has been minimal with next-day shipping being added.

Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported: 09/01/2017-07/31/18

Revised: 9/10/2018

	Assisted			NOT Assisted		
Request by Type	Number of Requests (UOS)		Number of Clients (UDC)	*Number of Requests (UOS)*	*Dollar Amount of Requests*	*Number of Clients (UDC)*
Medical Co-Payment	1614	$154,579.84	599			*0*
Medical Deductible	199	$71,394.62	140			*0*
Medical Premium	6237	$2,448,389.45	881			*0*
Pharmacy Co-Payment	5404	$744,137.90	1409			*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	$2,930.12	14	*NA*	*NA*	*NA*
Totals:	13461	$3,415,571.69	3043	0	$0.00	

Comments: This report represents services provided under all grants.

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Local Service Category:	**Non-Medical Case Management Targeting Substance Use Disorder**
Amount Available**:**	**To be determined**
Unit Cost	
Budget Requirements or Restrictions **(TRG Only)**:	Maximum 10% of budget for Administrative Cost. Direct medical costs and Substance Abuse Treatment/Counseling cannot be billed under this contract.
DSHS Service Category Definition:	**Non-Medical Case Management (N-MCM)** model is responsive to the immediate needs of a person living with HIV (PLWH) and includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, entitlements, housing, and other needed services. **Non-Medical Case Management Services (N-MCM)** provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. N-MCM services may also include assisting eligible persons living with HIV (PLWH) to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans. This service category includes several methods of communication (e.g., face-to-face, phone contact, and any other forms of communication) as deemed appropriate by the Texas DSHS HIV Care Services Group Ryan White Part B program.
Local Service Category Definition:	***Non-Medical Case Management:*** The purpose of Non-Medical Case Management is to assist PLWHs with the procurement of needed services so that the problems associated with living with HIV are mitigated. Non-Medical Case Management is a working agreement between a PLWH and a Non-Medical Case Manager for an indeterminate period, based on PLWH need, during which information, referrals and Non-Medical Case Management is provided on an as- needed basis and assists PLWHs who do not require the intensity of Medical Case Management. Non-Medical Case Management is both office-based and field based. N-MCMs are expected to coordinate activities with referral sources where newly-diagnosed or not-in-care PLWH may be identified, including substance use disorder treatment/counseling and/or recovery support personnel. Such incoming referral coordination includes meeting prospective PLWHs at the referring provider location in order to develop rapport with and ensuring sufficient support is available. Non-Medical Case Management also includes follow-up to re-engage lost-to-care patients. Lost-to-care patients are those PLWHs who have not returned for scheduled appointments with the provider nor have provided updated information about their current Primary Medical Care provider (in the situation where PLWH 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. Non-Medical Case Management extends the capability of existing programs by providing "hands-on" outreach and linkage to care services to those PLWH who are not currently accessing primary medical care services.
Target Population (age, gender, geographic, race, ethnicity, etc.):	**Non-Medical Case Management** is intended to serve eligible people living with HIV in the Houston EMA/HSDA, especially those underserved or unserved population groups who are also facing the challenges of

	substance use disorder. The target populations should also include individuals who misuse prescription medication or who use illegal substances or recreational drugs and are also: – Transgender, – Men who have sex with men (MSM), – Women or – Incarcerated/recently released from incarceration.
Services to be Provided:	**Goals:** The primary goal for N-MCM targeting Substance Use Disorder (SUD) is to improve the health status of PLWHs who use substances by promoting linkages between community-based substance use disorder treatment programs, health clinics and other social service providers. N-MCM targeting SUD shall have a planned and coordinated approach to ensure that PLWHs have access to all available health and social services necessary to obtain an optimum level of functioning. N-MCM targeting SUD shall focus on behavior change, risk and harm reduction, retention in HIV care, and lowering risk of HIV transmission. The expectation is that each Non-Medical Case Management Full Time Equivalent (FTE) targeting SUD can serve approximately 80 PLWHs per year. **Purpose:** To promote Human Immunodeficiency Virus (HIV) disease management and recovery from substance use disorder by providing comprehensive Non-Medical Case Management and support for PWLH who are also dealing with substance use disorder and providing support to their families and significant others. **Non-Medical Case Management** assists PLWHs with the procurement of needed services so that the problems associated with living with HIV are mitigated. **Non-Medical Case Management** is a working agreement between a person living with HIV and a Non-Medical Case Manager (N-MCM) for an indeterminate period, based on identified need, during which information, referrals and Non-Medical Case Management is provided on an as- needed basis. The purpose of **Non-Medical Case Management** is to assist PLWHs who do not require the intensity of *Clinical or Medical Case Management*. **Non-Medical Case Management** is both office- and field-based. This Non-Medical Case Management targets PLWHs who are also dealing with the challenges of substance use disorder. N-MCMs also provide "hands-on" outreach and linkage to care services to those PLWHA who are not currently accessing primary medical care services. Efforts may include coordination with other case management providers to ensure the specialized needs of PLWHs who are dealing with substance use disorder are thoroughly addressed. For this population, this is not a duplication of service but rather a set of agreed upon coordinated activities that clearly delineate the unique and separate roles of N-MCMs and medical case managers who work jointly and collaboratively with the PLWH's knowledge and consent to partialize and prioritize goals in order to effectively achieve those goals. N-MCMs should provide activities that enhance the motivation of PLWHs on N-MCM's caseload to reduce their risks of overdose and how risk-reduction activities may be impacted by substance use and sexual

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	behaviors. N-MCMs shall use motivational interviewing techniques and the Transtheoretical Model of Change, (DiClemente and Prochaska - Stages of Change). N-MCMs should promote and encourage entry into substance use disorder services and make referrals, if appropriate, for PLWHs who are in need of formal substance use disorder treatment or other recovery support services. However, N-MCMs shall ensure that PLWHs are not required to participate in substance use disorder treatment services as a condition for receiving services. For those PLWH in treatment, N-MCMs should address ongoing services and support for discharge, overdose prevention, and aftercare planning during and following substance use disorder treatment and medically-related hospitalizations. N-MCMs should ensure that appropriate harm- and risk-reduction information, methods and tools are used in their work with the PLWH. 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 PLWH's sexual or drug using partners and overdose prevention. N-MCMs should make information and materials on overdose prevention available to appropriate PLWHs as a part of harm- and risk-reduction. Those PLWHs who choose to access primary medical care from a non-Ryan White source, including private physicians, may receive ongoing Non-Medical Case Management services from provider**.**
Service Unit Definition(s) **(TRG Only)**:	One unit of service is defined as 15 minutes of direct services or coordination of care on behalf of PLWH.
Financial Eligibility:	Refer to the RWPC's approved *Financial Eligibility for Houston EMA Services*.
Client Eligibility:	PLWHs dealing with challenges of substance use/abuse and dependence. Resident of the Houston HSDA.
Agency Requirements **(TRG Only)**:	These services will comply with the TRG's published **Non-Medical Case Management Targeting Substance Use Disorder** Standards of Care and policies and procedures as published and/or revised, including linkage to the CPCDMS data system as well as DSHS Universal Standards and Non-Medical Case Management Standards of Care. **Non-Medical Case Management** targeted SUD 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. Subrecipients must document established linkages with agencies that serve PLWH 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.

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Staff Requirements:	Minimum Qualifications: **Non-Medical Case Management 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 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 Non-Medical Case Management Workers must have a minimum of one (1) year paid work experience with PLWHA. Supervision: The Non-Medical Case Management Worker must function within the clinical infrastructure of the applicant agency and receive ongoing supervision that meets or exceeds TRG's published **Non-Medical Case Management Targeting Substance Use Disorder** Standards of Care.
Special Requirements **(TRG Only)**:	Must comply with the Houston EMA/HSDA Standards of Care. The agency must comply with **the DSHS Universal Standards and non-Medical Case Management Standards of Care**. The agency must have policies and procedures in place that comply with the standards ***prior*** to delivery of the service. Contractor must directly provide substance use treatment/counseling or must have formal collaborative or referral agreements with substance use treatment/counseling providers.

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