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

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

2:00 p.m., Tuesday, March 19, 2019
2223 W. Loop South, Room 416; Houston, Texas 77027

Agenda

Purpose of the Joint Meeting: To determine the criteria used to select the FY 2020 Service Categories.

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

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

III.   HRSA Service Categories   Tori Williams, Office of Support
        A. Review HRSA service definitions
        B. HRSA Defined Core Services
        C. Review list of FY 2019 Houston Part A, B and State
           Service-funded services

VI.   Justification Tools   Gloria Sierra and Robert Noble
        A. FY 2020 Justification Chart

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

VIII.   Adjournment

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

Houston Area HIV Services Ryan White Planning Council

Quality Improvement Committee
11:00 a.m., Thursday, February 22, 2019
Meeting location: 2223 W. Loop South, Room 532; Houston, Texas 77027

Minutes

MEMBERS PRESENT	**MEMBERS ABSENT**	**OTHERS PRESENT**
Denis Kelly, Co-Chair	Connie Barnes, excused	Tiffany Shepherd, TRG
Gloria Sierra, Co-Chair	Rosalind Belcher	Reachelian Ellison, TRG
Tony Crawford	Ahmier Gibson, excused	Carin Martin, RWGA
Ronnie Galley	Robert Noble	Heather Keizman, RWGA
Gregory Hamilton	John Poole	Samantha Bowen, RWGA
Daphne L. Jones	Pete Rodriguez, excused	Amber Harbolt, Ofc of Support
Tom Lindstrom	Crystal Starr, excused	Diane Beck, Ofc of Support
Kevin Aloysius	Carol Suazo	
Savi Bailey	Ma'Janae Chambers	
Marcely Macias	Billy Ray Grant, Jr	
Cecilia Oshingbade		
Tracy Sandles		

Call to Order: Denis Kelly, Co-Chair, called the meeting to order at 11:13 p.m. and asked for a moment of reflection. She then invited members to introduce themselves.

Adoption of the Agenda: *Motion #1: it was moved and seconded (Oshingbade, Galley) to approve the agenda with the following changes: change the presenter for items 1 E and F to Harbolt and table item IV C until next month. Motion carried*.

Because there were two staff from Legacy present, Aloysius agreed to abstain from voting, per Council policy.

Approval of the Minutes: *Motion #2: it was moved and seconded (Galley, Oshingbade) to approve the November 13, 2018 minutes. Motion carried*. Abstentions: Crawford, Hamilton, Lindstrom, Macias, Oshingbade.

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

Committee Meeting Date and Time: *Motion #3: it was moved and seconded (Lindstrom, Jones) to hold regular monthly meetings at 2:00 p.m. on the Tuesday after the Planning Council meets.* **Motion Carried.** Abstention: Aloysius.

Public Comment: None.

Committee Orientation: Harbolt reviewed the attached documents: Committee Description, 2019 Committee Goals, Conflict of Interest Statement and Voting Policy, and Timeline of Critical 2019 Council Activities. ***Motion #4****: it was moved and seconded (Crawford, Oshingbade) to accept the 2019 Committee goals.* **Motion carried**. Abstention: Aloysius.

Reports from Ryan White Grant Administration
Training: C. Martin showed Committee members how to review a Part A and MAI quarterly Service Utilization Report and a Procurement Report. Keizman presented a PowerPoint on the results of the Part A FY 2017 Chart Reviews for Oral Health – Rural Target, Primary Care, and Vision, as well as the Part A Clinical Quality Management Committee Quarterly Report. See attached. Bowen presented a PowerPoint on the results of the Part A FY 2017 Chart Review for Case Management. See attached.

Reports from The Resource Group
Training: Shepherd showed Committee members how to review Part B and State Services Procurement, Service Utilization, Health Insurance Assistance, and Client Satisfaction reports. See attached training slides. She then reviewed the FY 2018 Part B/State Services Chart Reviews for Early Intervention Services - Incarcerated, Home and Community Based Services, Hospice, Mental Health and Oral Health Care Services. See attached.

Part B/State Services Annual Consumer Involvement Report: ***Motion #5****: it was moved and seconded (Jones/Aloysius) to table this item until the next meeting so that the committee has time to review it.* **Motion Carried.** Abstentions: Crawford, Aloysius.

Elect a Vice Chair: Oshingbade and Aloysius nominated Galley to be the committee vice chair. Galley accepted the nomination and was elected via acclamation.

Announcements: Beck said that the Office of Support is still taking applications for Project LEAP. Kelly and Aloysius said they were recently in Austin and there are some very interesting bills coming up before the State legislature. For more information, please see one of them after the meeting.

Adjourn: The meeting was adjourned at 1:07 pm.

Submitted by: Approved by:

_____   _____
Tori Williams, Director   Date   Committee Chair   Date

Scribe: Beck

ja = Just arrived at meeting
lr = Left room temporarily
lm = Left the meeting
C = Chaired the meeting

2019 Quality Improvement Meeting Voting Record for Meeting Date 02/22/19

MEMBERS:	Motion #1 Agenda				Motion #2 Minutes				Motion #3 Regular Meeting Date/Time				Motion #4 2019 Committee Goals				Motion #5 Table Pt B/SS Consumer Involvement Report			
	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				X			X					X				X		
Connie Barnes	X				X				X				X				X			
Rosalind Belcher	X				X				X				X				X			
Tony Crawford		X						X		X				X						X
Ronnie Galley		X				X					X			X				X		
Ahmier Gibson	X				X				X				X				X			
Gregory Hamilton		X						X		X				X				X		
Daphne L. Jones		X				X				X				X				X		
Tom Lindstrom		X						X		X				X			X			
Robert Noble	X				X				X				X				X			
John Poole	X				X				X				X				X			
Pete Rodriguez	X				X				X				X				X			
Crystal Starr	X				X				X				X				X			
Carol Suazo	X				X				X				X				X			
Kevin Aloysius				X				X				X				X				X
Savi Bailey	X				X				X				X				X			
Ma'Janae Chambers	X				X				X				X				X			
Billy Ray Grant, Jr	X				X				X				X				X			
Marcely Macias		X						X		X				X				X		
Cecilia Oshingbade		X						X		X				X				X		
Tracy Sandles	X				X				X				X				X			

Appendix

Outpatient/Ambulatory Health Services
Description:
Outpatient/Ambulatory Health Services are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight. Emergency room or urgent care services are not considered outpatient settings. Allowable activities include:
- Medical history taking
- Physical examination
- Diagnostic testing, including laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription, and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis

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

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

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

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

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

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

See also AIDS Pharmaceutical Assistance and Emergency Financial Assistance

AIDS Pharmaceutical Assistance
Description:
AIDS Pharmaceutical Assistance services fall into two categories, based on RWHAP Part funding.
1. Local Pharmaceutical Assistance Program (LPAP) is operated by a RWHAP Part A or B recipient or subrecipient as a supplemental means of providing medication assistance when an ADAP has a restricted formulary, waiting list and/or restricted financial eligibility criteria.

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

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

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

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

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

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

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

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

Program Guidance:
None at this time.

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

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

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

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

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
Description:
Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. To use RWHAP funds for health insurance premium and cost-sharing assistance, a RWHAP Part recipient must implement a methodology that incorporates the following requirements:
- RWHAP Part recipients must ensure that clients are buying health coverage that, at a minimum, includes at least one drug in each class of core

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

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

The service provision consists of either or both of the following:
  o Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services and pharmacy benefits that provide a full range of HIV medications for eligible clients
  o Paying cost-sharing on behalf of the client

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

See PCN 07-05: Program Part B ADAP Funds to Purchase Health Insurance;

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

Home Health Care
Description:
Home Health Care is the provision of services in the home that are appropriate to a client's needs and are performed by licensed professionals. Services must relate to the client's HIV disease and may include:
- Administration of prescribed therapeutics (e.g. intravenous and aerosolized treatment, and parenteral feeding)
- Preventive and specialty care
- Wound care
- Routine diagnostics testing administered in the home
- Other medical therapies

Program Guidance:

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

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

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

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

See Food-Bank/Home Delivered Meals

Hospice Services
Description:
Hospice Services are end-of-life care services provided to clients in the terminal stage of an HIV-related illness. Allowable services are:
- Mental health counseling
- Nursing care
- Palliative therapeutics
- Physician services
- Room and board

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

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

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Home and Community-Based Health Services

Description:

Home and Community-Based Health Services are provided to a client living with HIV in an integrated setting appropriate to a client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Services include:
- Appropriate mental health, developmental, and rehabilitation services
- Day treatment or other partial hospitalization services
- Durable medical equipment
- Home health aide services and personal care services in the home

Program Guidance:

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

Mental Health Services

Description:

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

Program Guidance:

Mental Health Services are allowable only for HIV-infected clients.

See Psychosocial Support Services

Substance Abuse Outpatient Care

Description:

Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Services include:
- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
    - Pretreatment/recovery readiness programs
    - Harm reduction
    - Behavioral health counseling associated with substance use disorder
    - Outpatient drug-free treatment and counseling
    - Medication assisted therapy
    - Neuro-psychiatric pharmaceuticals
    - Relapse prevention

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

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

See Substance Abuse Services (residential)

Medical Case Management, including Treatment Adherence Services
Description:
Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication). Key activities include:
- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

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

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

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

RWHAP Legislation: Support Services

Non-Medical Case Management Services
Description:
Non-Medical Case Management Services (NMCM) provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical Case management services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans. This service category includes several methods of communication including face-to-face, phone contact, and any other forms of communication deemed appropriate by the RWHAP Part recipient. Key activities include:
- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems

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

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

Allowable use of funds include:
- A licensed or registered child care provider to deliver intermittent care

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

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

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

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

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

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

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

Food Bank/Home Delivered Meals
Description:
Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:
- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where issues of water safety exist

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

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

Health Education/Risk Reduction
Description:
Health Education/Risk Reduction is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics covered may include:
- Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention
- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Health literacy
- Treatment adherence education

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

See Early Intervention Services

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

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

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

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

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

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

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

Legal Services
See Other Professional Services

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

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

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

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

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

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

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

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

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See 45 CFR § 75.459

Outreach Services
Description:
Outreach Services include the provision of the following three activities:
- Identification of people who do not know their HIV status and linkage into Outpatient/Ambulatory Health Services
- Provision of additional information and education on health care coverage options
- Reengagement of people who know their status into Outpatient/Ambulatory Health Services

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

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

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

See Early Intervention Services

Permanency Planning
See Other Professional Services

Psychosocial Support Services
Description:
Psychosocial Support Services provide group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns. These services may include:
- Bereavement counseling
- Caregiver/respite support (RWHAP Part D)
- Child abuse and neglect counseling
- HIV support groups

HIV/AIDS BUREAU POLICY 16-02

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

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

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

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

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

See Respite Care Services

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

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

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

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

Program Guidance:

HIV/AIDS BUREAU POLICY 16-02

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

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

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

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

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

See Psychosocial Support Services

Substance Abuse Services (residential)
Description:
Substance Abuse Services (residential) is the provision of services for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. This service includes:
- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention
- Detoxification, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

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

HIV/AIDS BUREAU POLICY 16-02

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

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

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

Service Categories

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

HRSA
Ryan White & Global HIV/AIDS Programs

FY 2019 Ryan White Part A and B and State Services
Funded Service Categories
** = HRSA-defined core service

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

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

State Services Funded Service Categories:
  **Early Medical Intervention (Incarcerated)
  **Health Insurance Assistance
  **Hospice Services
     Linguistics Services
  **Mental Health

Service Category	Is this a core service? If no, how does the service support access to core services & support clients achieving improved outcomes?	How does this service assist individuals *not in care** to access primary care? **EIIHA: Early Identification of Individuals with HIV/AIDS* seeks to identify the status-unaware and link them into care **Unmet Need:* Individuals diagnosed with HIV but with no evidence of care for 12 months **Continuum of Care:* The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade.	Documentation of Need (Sources of Data include: 2016 Needs Assessment, 2017-2021 Comp Plan, 2016 Outcome Measures, 2016 Chart Reviews, Special Studies and surveys, etc.)	Identify non-Ryan White Part A or Part B/ non-State Services Funding Sources (i.e., Alternative Funding Sources) Is this service typically covered under a Qualified Health Plan (QHP)?	Justify the use of Ryan White Part A, Part B and State Services funds for this service. Is this a duplicative service or activity?	Service Efficiency Can we make this service more efficient? For: a) Clients b) Providers Can we bundle this service? Has a recent capacity issue been identified?	Recommendation(s)
Clinical Case Management - Part A	✔ Yes ___No	☐ EIIHA ☐ Unmet Need ☐ Continuum of Care		Covered under QHP? ___Yes ✔ No			
Case Management – Non-Medical - Part A (Service Linkage at testing sites)	___Yes ✔ No	☐ EIIHA ☐ Unmet Need ☐ Continuum of Care		Covered under QHP? ___Yes ✔ No			

‡ Service Category for Part B/State Services only.

The Remainder of this Packet is for the Quality Improvement Committee meeting.

Houston Area HIV Services Ryan White Planning Council
Quality Improvement Committee
2:30 p.m., Tuesday, March 19, 2019
Meeting Location: 2223 W. Loop South, Room 416; Houston, Texas 77027

Agenda
* = Handout to be distributed at the meeting

I. Call to Order   Denis Kelly and
    A. Welcoming Remarks and Moment of Reflection   Gloria Sierra, Co-Chairs
    B. Adoption of Agenda
    C. Approval of Minutes*
    D. Training: Reports Related to Consumer Experiences in Care
        1. Introduction – Amber Harbolt
        2. Chart Reviews – RWGA Staff
        3. Client Satisfaction Surveys – RWGA Staff
        4. Needs Assessments and Special Studies – Amber Harbolt

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

III. Reports from the Administrative Agent – Part A/MAI   Carin Martin
    A. Procurement*
    B. Update from the CQI Committee re: RIC-COEXIST

IV. Reports from the Administrative Agent – Part B/State Services   Patrick Martin
    A. FY18/19 Procurement Report – Part B, dated 03/11/19
    B. FY18/19 Procurement Report – State Services, dated 03/11/19
    C. Health Insurance Service Utilization Report, dated 02/25/19

V. How To Best Meet the Need (HTBMN) Meeting Schedule
    A. Sign up for Training and Workgroup Meetings

VI. New Business
    A. Checklist for the Assessment of the Administrative Mechanism   Amber Harbolt
    B. 2019 Criteria for Proposed Idea Forms   Tori Williams
    C. 2019 Proposed Idea Form   Tori Williams

VII. Announcements
    Cancelled: the April Quality Improvement Committee meeting so that
    Members can attend HTBMN training and workgroup meetings

VIII. Adjourn

Optional: New members meet with committee mentor   John Poole

RIC-COEXIST

Project Overview

Contents

Project Information

What is RIC-COEXIST?

The Co-Exist initiative is funded by the RI Executive Office of Health and Human Services in conjunction with its Ryan White HIV/AIDS Program. This initiative seeks to positively impact the HIV care continuum for consumers and to support workforce development. The RIC-COEXIST Intensive Case Management Team project addresses both these aims.

RIC-COEXIST supports capacity building for quality HIV care and partnerships with specific emphasis on (1) workforce development; (2) augmentation of the HIV care continuum; and (3) Early Intervention Services. The RIC-COEXIST sub-projects include:

Sub-Project #	Sub-Project Focus
1. Workforce Development	Building Capacity for the Future and current HIV Workforce o Workforce development through higher education courses, certificate programs and professional development opportunities
2. Augmentation of the HIV Care Continuum	Augmentation of the HIV Care Continuum through Integrated Intensive Case Management & Peer Education Teams o Creation of interdisciplinary teams co-located across ASOs and related settings in RI
3. Early Intervention Services	Early Intervention Services (EIS) related to HIV/AIDS Risk Reduction o Ongoing assessment of Higher Ed Health Service Centers' efforts to increase awareness and reduce risk of HIV FY19 o Explore survey tools to capture College Student knowledge of HIV and feasibility of piloting the survey on the RIC Campus in FY20 o Continue to mobilize the RIC Peer Education Team to promote intervention/prevention support on campus

Student Teams' Roles & Functions

RIC-COEXIST has five specialized teams, one Peer Education Team and four Intensive Case Management Teams. Teams include students from RI College and Brown University Medical School and a floating Community Health Worker (CHW). Each team will become a support at their respective site. The five teams will participate in four days of intensive training, bi-weekly individual team supervision, and monthly large group supervision with all the teams.

Each team has an Onsite Team Supervisor-Leader who serves as the liaison between RIC-COEXIST and the Team's community site. Team Supervisors provide support to the Teams, engage in weekly communication between and facilitate relationships across consumer, organizational, student and COEXIST constituencies.

RIC-COEXIST Teams:

Peer Education Team

Our Peer Education Team are sexual health and advocacy leaders on the RIC Campus. They support student access to health information, sex positivity, and provide opportunities for the RIC community to join together in inclusive and informed practice. This team also provides academic programming in the surrounding communities and has existing relationships with Mt. Pleasant and Central Falls High Schools.

Team members come from diverse backgrounds and lend the expertise and passion to planning and implementing educational events, speaker panels, movie discussion events, as well as hosting World AIDS Week Activities. This Team coordinates directly with the Women's Center and Health Services to provide multiple points of engagement for RIC students and the broader campus.

Intensive Case Management Teams

This year we want to operationalize the concept of integrated health/behavioral health teams in the work of the ICM teams at their sites. This effort will be supported by an intensive orientation training that is supported by strength based and restorative approaches to engaging and retaining consumers in care. ICM Teams will use their individual areas of expertise in partnership with consumers and sites to deliver quality HIV prevention/intervention services that include behavioral health. This approach allows the students to be a team supporting assessment, education, and intervention via training/programming, support for physical and behavioral health care, discharge planning and matriculation back to the community.

Suggested ICM Roles
o **Graduate student from RIC's Social Work or the Counseling/Educational Psychology** – 16 hours/week – assist with HIV testing, bio-psycho-social/intake assessments, assess for behavioral health needs, create care plans and provide referral support, provide individual/group counseling services as appropriate

- o **Undergraduate senior year nursing student** – 8 hours/week – assist with HIV testing, conduct preliminary physical health assessments and support medical examination as needed, inform medical needs on the care plan, provide individual/group health education

- o **Medical Student** – 8 hours/week - provide support/conduct health assessment, explore health issues associated with HIV and other STIs, substance use/abuse, etc., assist with HIV testing, support medical staff/examinations on site, provide guidance and recommendations for care, support and deliver health education for individuals/groups

- o **Health Care Administration Grad Student** - 8 hours/week – provide support to the organization with attention to financing and management of care, the delivery of health care services, quality measures related policies, protocols, care delivery/client satisfaction, and service outcomes

- o **Community Health & Wellness (CHW-HPE) Undergrad/Grad Student** - 8 hours/week – provide assistance to the team and consumers through the delivery of health education, wellness interventions, and support for assist with HIV testing and care referrals

- o **Community Health Workers (CHW)** - ICM teams will be supported by two floating CHWs, where there is a requirement that the individual have lived experience in HIV. The CHW will assist with system navigation, support for transition to and retention in care (all levels), and serve as a bridge between the client, the team, and service delivery systems.

Higher Education Courses and Certificate Programs

RIC-COEXIST Student Orientation
Day 1- 6.5 hours
Welcome & Refreshments
Project Document Completion - (Consent forms, Student pre/post-data collection)
HIV 101 - Dr. Phil Chan
Break
RIC-COEXIST: Practice Model & Tools - the RIC-COEXIST Team
Lunch
RIC-COEXIST ICM Team: Function & Roles - the RIC-COEXIST Team
Check-Out

Day 2 – 9 Hours
Team Check-In
Breakfast with the Consumer Advisory Board
Consumer Advisory Board Panel Discussion - Ryan White CAB & Community Members
Break
Building Culturally Responsive & Humble Practice Skills - The RIC-COEXIST Team
Lunch
Social Determinants of Health - Kyle Penrod
Break
Practice Application: Role Play - The Ellen Silverman Therapist-Theater Team
Check-Out

Day 3 – 6 Hours
Team Check-In
Behavioral Health - Tonya Glantz
Break
Screening, Brief Intervention, Referral for Treatment, Harm Reduction - Chris Dorval,
Lunch
Trauma Informed HIV Care - Tonya Glantz
Check-Out

Day 4 – 9 Hours
Team Check-In
Circles of Sexuality - Lisa Hoopis & Colby Zongol
Practice Application - the Ellen Silverman Therapist-Theater Team
Lunch
Data Collection Review - the RIC-COEXIST Team
Break
Individual Team Meetings & Team Circle - the RIC-COEXIST Team
Training Evaluation

<u>**HCA 350/450: HIV Course**</u>

Exploring HIV Health Issues & Career Opportunities through Service Learning

This course engages students from different academic backgrounds in exploring HIV and AIDS with attention to issues of quality care, advocacy, and career opportunities. The course offers opportunities to learn from rich experiences and team work, where the focus is on vulnerable populations and opportunities for prevention and intervention. Student learning is enhanced by dynamic guest speakers from consumer and provider groups, community outreach, and project based learning.

Universal Goals:
1. To explore current issues related to HIV/AIDS and the care of persons infected and affected by HIV/AIDS
2. To raise awareness around HIV/AIDS among vulnerable populations, including but not limited to men who have sex with men, people who use intravenous drugs, communities of color, and people affected by addiction, mental health and homelessness.
3. To develop a social justice lens through experiential learning that addresses inequities related to people infected and affected by HIV/AIDS
4. To assist with promoting participant self-efficacy in response to the needs of organizations serving this population and persons impacted by HIV/AIDS with attention to prevention, care/treatment, social determinants of health, and policy/advocacy needs
5. To increase awareness of career paths within the field of HIV/AIDS

A. **Building the Team , HIV, & Consumer Voices**
B. **HIV & Social Determinants of Health,**
　1. HIV 101
　2. HIV & Social Determinants of Health
C. **Practice Model**
　1. SBIRT & Trauma
　2. Core Practice Components
D. **Cultural Responsiveness & Humility**
E. **Sex Positivity**
F. **Consumer Voices**
G. **Site Presentation/Visit Rotation & Project Identification**
H. **Project Assessment, Documentation & Planning**
I. **Project Presentations**

HIV Certificate Program for Case managers & Direct Care Staff

Curriculum Outline

Understanding HIV
HIV Medications
Medical Terminology
    Medical Terms for Resources
Engagement & Strength Based Care
    Motivational Interviewing
    Stages of Change
    Strength Based Perspective
Social Determinants of Health – Risk Assessment
Cultural Responsiveness/Diversity -LGBTQ
Self-Care Time Management
Trauma Informed Care
Ethics
    Boundaries
    Empowerment Vs Enabling
Housing
    Applying to HUD
    Transition vs Sober vs Residential TX vs Housing
    Affordable Housing
    Shelter Rules
    Poverty Levels
    Section - 8 Housing
Behavioral Health (MH/SUD)
    Working Knowledge of Diagnoses
    Concept of Recovery
    Recognizing Cognitive Impairment (Dementia)
    Co-Occurring Disorders
    Suicidal Assessment
Documentation
    Basic Process Notes
        Intake
        Assessment
        Care Plans
        Practice & Intervention
Community Resources
    How to Make An Appropriate Referral
    Lists of Resources
    Working with Interpreters
Financial/Entitlement Programs
Nutrition – Healthy Eating
Aging & HIV

RIC-COEXIST Data Collection and Tools

Workforce Development – Impact Data
(*Future Workforce; **Existing Workforce)

Tool	Target	Type
*RIC-COEXIST Experience Pre- & Post Narrative	ICM Peer Ed Students enrolled in HCA 350/450	Scales & Narrative
*HIV Attitude Scale	ICM Peer Ed Students enrolled in HCA 350/450	Scale
*Orientation training	ICM Peer Ed	Scales & Narrative
*Triannual Check-In Survey	ICM Peer Ed Community Partners	Scales & Narrative
*HIV Community Project	Students enrolled in HCA 350/450	Scales & Narrative
*HCA 350/450 Course Evaluations	Students enrolled in HCA 350/450	Scales & Narrative
Student Employment	ICM Peer Ed Students enrolled in HCA 350/450	Number of Students working in HIV positions
**Professional Development Evaluations	ASO Partners	Scales & Narrative
**Conference Evaluation	March 12 COEXIST Conference	Scales & Narrative

Care Continuum Augmentation Data Collection

Tool	Target	Type
Triannual Check In Survey	ICM Peer Ed Community Partners	Scales & Narrative
RIC-COEXIST Acuity Tool (page #)	Consumers	Scales & Narrative
Client Interaction Sheet (page #)	Consumers	Scales & Narrative
Satisfaction Survey	Consumers Organization	Scales & Narrative
Consumer Ed evaluations	Consumers	Scales & Narrative

EIS Data Collections

Tool	Target	Type/Need
College Health Center Survey	Higher Ed	Scales & Narrative
HIV Attitude & Knowledge Survey	Sophomores at RIC	Scales & Narrative

RIC-COEXIST Acuity Scale for Strengths & Needs
RIC-COEXIST Acuity Scale Work Sheet

	Social Determinant of Health Life Domains	For each Life Domain place and X in the Level Box that best reflects the Client's current situation				
		Level #0 Major Strength	Level #1 Needs Some Help	Level #2 Needs Much Help	Level #3 Major Need	Row Score (place score for each row here; use as a guide potential areas for intervention)
BASIC NEEDS						
1.	Food & Clothing	0	1	2	3	
2.	Living Situation/Physical Environment	0	1	2	3	
3.	Nutritional Health	0	1	2	3	
4.	Transportation	0	1	2	3	
BEHAVIORAL HEALTH						
5.	Cognitive Awareness	0	1	2	3	
6.	Mental Health	0	1	2	3	
7.	Substance Use/ Addiction	0	1	2	3	
CULTURE & LANGUAGE						
8.	Culture & Language	0	1	2	3	
FINANCIAL & LEGAL						
9.	Financial Independence	0	1	2	3	
10.	Legal	0	1	2	3	
PHYSICAL HEALTH (NON-HIV MEDICAL)						
11.	Health/Medical Insurance	0	1	2	3	
12.	Medical/Physical Health Needs	0	1	2	3	
13.	Oral Health	0	1	2	3	
SAFETY						
14.	Domestic Abuse/Violence	0	1	2	3	
SOCIAL SUPPORTS						
15.	Support System (to include emotional, spiritual, and other)	0	1	2	3	
16.	Dependents/Partners	0	1	2	3	
HIV CARE						
17.	Knowledge of HIV disease	0	1	2	3	
18.	Knowledge of HIV Transmission	0	1	2	3	
19.	Medication Adherence	0	1	2	3	
20.	Retention in Care	0	1	2	3	
21.	HIV Medical Needs	0	1	2	3	
22.	Pregnancy	0	1	2	3	
23.	Post- Partum	0	1	2	3	
Each X is 1 point; add number of checks in each Column to create a continuum of strengths and needs TOTAL COLUMN SCORE						

Excerpts from RIC-COEXIST Client Contact Form

Demographic Data

Type of Contact Today

Community Outreach Face to Face ☐   Agency Face to face ☐   Home Visit ☐

Telephone ☐   Online ☐   Other   Click or tap here to enter text.

What was the purpose of today's interaction?

High Risk Negative Outreach ☐   Re-Engagement in Care Outreach ☐   Drop in Center ☐

Testing ☐   Education/Training ☐ '   Intake ☐

Assessment (including DOC's TCU) ☐   Case Management ☐   Clinical Care (Behavioral Health) ☐

Clinical Care (Physical Health) ☐   Discharge ☐   Other   Click or tap here to enter text.

Based on today's interaction, what tools/activities did you use (check all that apply)?

New Acuity Scale (RIC-COEXIST) ☐   Review/Update Existing Acuity Scale ☐   Restorative Practice ☐

Motivational Interviewing ☐   Eco-Maps ☐   Education/Training ☐

Other (explain) ☐   Click here to enter text.

OUTREACH TO IMPROVE LINKAGES TO CARE

Based on today's interaction have you helped to support any of the following (check all that apply):

Psycho-Social Support to improve daily functioning & well-being – Basic Needs & Behavioral Health sections with check boxes and narrative field

Psycho-Social Support to improve daily functioning & well-being (continued) – Education, Group Training & Physical Health sections with check boxes and narrative field

Enter additional comments regarding Psycho-Social Supports here:

Based on today's interaction have you helped to support any of the following outcomes (check all that apply): Decreased Isolation & Increased Daily Functioning sections with check boxes and narrative field

TEAM D.A.P. Note – (Be sure to link the Acuity Data Sheet to interactions and goal setting) – Students document their interaction with a traditional DAP note.

Examples of Impact

HIV & Aging: Master's Thesis

Abstract

In conjunction with Rhode Island's rapidly aging population, biomedical intervention innovations have dramatically shifted the realities of a HIV/AIDS diagnosis. Only thirty years ago, an HIV seropositive status was ostensibly considered a death sentence. Now, individuals living with HIV/AIDS can expect to (and do) live long, healthy lives not dissimilar to their seronegative peers. With this increased life expectancy comes implications of long-term antiretroviral medication use; enhanced presence and exacerbation of co-morbidities, such as cardiovascular disease, psychiatric illness, and cancer; and pervasive compounded stigmatization. Currently, adults age 50 or older account for roughly half of all individuals living with HIV and are projected to balloon to 70% by 2030. Thus, assessing the preparedness of the State's long-term care service delivery system to address the unique needs of adults aging with HIV/AIDS is imperative. To assess this literature gap, this study aims to evaluate the knowledge and attitudes of providers towards HIV/AIDS in long-term care settings in conjunction with garnering consumer feedback through focus groups regarding their experiences, desires and preferences as it relates to provision of care.

Key words: Aging, HIV/AIDS, Older adults, Long-term care services and supports (LTSS)

Ryan White Part B Quality Measures & RIC-COEXIST

The RIC-COEXIST project serves as resources to support and augment resources within select ASOs and Early Intervention settings through training/curriculum, assessment, and student led Intensive Case Management Teams. These resources, when paired with ASOs, can provide additional support for select performance measures associated with servicing persons living with and/or at risk for HIV/AIDS. The table the follows provides insight in those performance measure areas where the RIC-COEXIST project seeks to or has the potential to positively impact and/or support current practice efforts within the field.

| Ryan White Part B Quality Performance Measures	Building Capacity		E.I.S. Higher Ed Assess.	Intensive Case Management Teams			
	Provider Training	Consumer Training		ACOS	AGAPE	DOC	RIC
AIDS Drug Assistance Program (ADAP)							
Emergency Financial Assistance							
Early Intervention Services	X	X		X 01, 07	X 01, 02, 07	X 01, 02, 07	X 01, 02,
Health Insurance Premium Assistance				X 05,	X 05,	X 05,	
Home and Community-Based Health Services							
Home-Delivered Meals							
Housing				X 04,	X 04,	X 04,	
Linguistics				X 03	X 03	X 03	
Minority AIDS Initiative (MAI)				X 06, 07, 08	X 06, 07, 08	X 06, 07, 08	
Mental Health Services				X 01, 05, 06	X 01, 05, 06	X 01, 05, 06	
Medical Transportation							
Medical Case Management							
Medical Nutrition Therapy							
Non-Medical Case Management	X	X		X 01, 03, 04, 05, 06, 07, 08,	X 01, 03, 04, 05, 06, 07, 08,	X 01, 03, 04, 05, 06, 07, 08,	X 01, 03, 04, 05, 06, 07, 08,
Oral Health							
Psychosocial Support Services	X	X		X 01,	X 01, 03,	X 01, 03,	X 01,
Substance Abuse Outpatient							
Substance Abuse Residential							
Other Professional Services (Legal)							
Health Education/Risk Reduction	X	X	01	X 01, 03, 04,	X 01, 03, 04,	X 01, 03, 04,	X 01, 03, 04,
Outreach				X 01, 02,	X 01, 02,	X 01, 02,	X 01,

Presenter Information

Tonya Glantz, MSW, PhD, is the Director of the Institute for Education in Healthcare at Rhode Island College. She has more than 25 years of experience working with social service, higher education, correctional, and community-based organizations. Her professional and research interests revolve around exploring and implementing empowering interventions that promote understanding and productive relationships between vulnerable populations and service organizations. She is the lead Project Investigator for the RIC-COEXIST grant, a funding initiative addressing HIV/AIDS awareness and prevention through workforce development and care continuum expansion. Dr. Glantz has presented at local and national conferences and has published her research. She is member of the faculty at Providence College's Department of Social Work, Rhode Island College's Elementary Education Department, and Johnson & Wales Doctoral Program for Education. She is the current President of the NASW RI Chapter. **tglantz@ric.edu**

Norma V. Hardy, M.Ed. CHES-- is a Certified Health Education Specialist who joined RIC COEXIST as the Onsite Project Director for the Intensive/ Integrated Case Management Team. She works closely with the Principal Investigator to provide oversight to the Integrated Case Management Onsite Supervisors and teams.

Norma has over twenty five years of community-based research experience in program planning and development for low income and /or minority populations. She is a Motivational Interviewer for individuals seeking to make behavior change related to smoking, weight management and others. Ms. Hardy has mentored women in transition from prison back to their communities and has conducted numerous safety net parties with groups of individuals infected with HIV or at risk for contracting HIV as well as other sexually transmitted infections. Norma's research experience started at Memorial Hospital of RI where she worked as an HIV Health Educator with New England Behavioral Health Study (NEBHS) that researched the heterosexual spread of HIV in the early years of the disease. She offered pre and post- test counseling to individuals entering CODAC11, St Joseph's STD Clinic, New England Behavioral Health Study and other community based organizations. nhardy@ric.edu

Kyle Penrod, B.S., is a Master's candidate in Rhode Island College's Health Care Administration program. He has spent his graduate career engaged in social justice work – assuming roles at the Rhode Island School of Design, Rhode Island College, and Aids Project Rhode Island. Last year he served as a Graduate Assistant at Rhode Island Colleges' Institute for Education in Healthcare assisting to build workforce capacity for HIV/AIDS care management through engaging students in a cross disciplinary curriculum under the COEXIST grant. Initially drawn to this work due to health disparities and pervasive discrimination impacting PLWHA, he is excited to continue working on this project, now in the capacity of Site Supervisor for the Project Weber/RENEW team/ **kpenrod_4244@email.ric.edu**
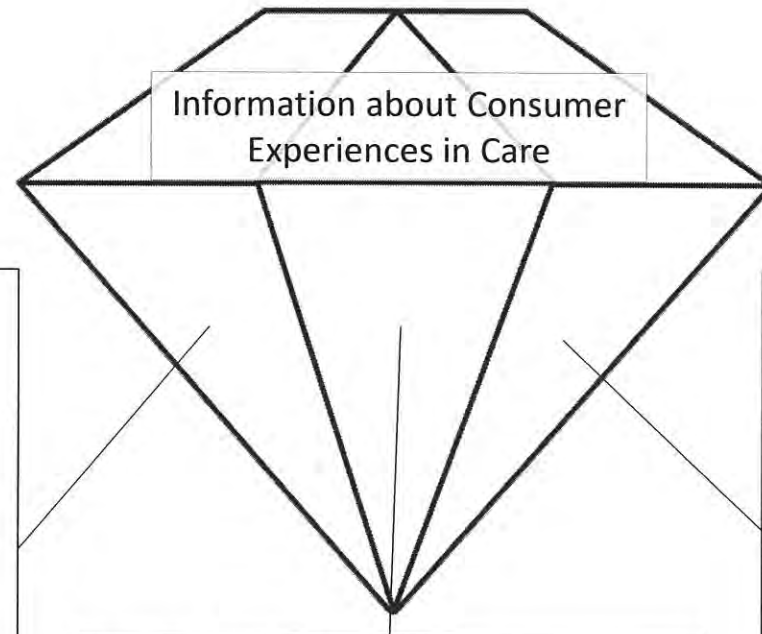
Information about Consumer Experiences in Care

Chart reviews
- Collected by the AAs
- Gathered from a sample of medical charts
- Examines quality of care within the provision of particular services
- Answers the questions "Are RW consumers receiving services that meet Standards of Care and medical guidelines?"
- Can be tied to a specific provider, but presented to Council either de-identified or at the system level

Client Satisfaction Surveys
- Collected by the AAs
- Reported directly from consumer
- Examines client satisfaction within the provision of particular services
- Answer the question: "Are RW consumers satisfied with the quality of care they are receiving?"
- Can be tied to a specific provider, but presented to Council either de-identified or at the system level

Needs Assessment / Special Studies
- Collected by Office of Support
- Reported directly from consumer
- Examines the system of services in relation to need and accessibility*
- Answers the question: "What services do PLWH need to stay in medical care, and are those services accessible?"
- Not tied to any specific provider

*Also assesses service needs of those not in care

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 January 2019

Spending Target: 83.3%

Revised   3/11/2019

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	$1,499,451	72%
7	Health Insurance Premiums and Cost Sharing (1)	$726,885	22%	$325,806	$1,052,691	32%	4/1/2018	$599,939	57%
9	Home and Community Based Health Services (2)	$202,315	6%	$0	$202,315	6%	4/1/2018	$116,640	58%
	Unallocated funds approved by RWPC for Health Insurance	$325,806	10%	-$325,806	$0	0%	4/1/2018	$0	0%
	Total Houston HSDA	3,340,571	100%	$0	$3,340,571	100%		2,216,030	66%

Note: Spending variances of 10% will be addressed:

1 HIP - Funded by Part A, B and State Services. Provider spends grant funds by ending dates Part A- 2/28; B-3/31; SS-8/31. Agency usually expends all funds.

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1819 DSHS State Services
Procurement Report
September 1, 2018- August 31, 2019

Chart reflects spending through January 2019

Spending Target: 41.67%

Revised   3/11/2019

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
5	**Health Insurance Premiums and Cost Sharing (1)**	$979,694	49%	**$142,285**	$1,121,979	56%	1/0/1900	$501,997	45%
6	**Mental Health Services (2)**	$300,000	15%	**$0**	$300,000	15%	9/1/2018	$59,432	20%
7	**EIS - Incarcerated**	$166,211	8%	**$0**	$166,211	8%	9/1/2018	$72,632	44%
11	**Hospice (3)**	$359,832	18%		$359,832	18%	9/1/2018	$55,880	16%
15	**Linguistic Services (4)**	$68,000	3%		$68,000	3%	9/1/2018	$13,800	20%
	Unallocated (RWPC Approved for Health Insurance - TRG will amend contract)	$142,285	7%	**-$142,285**	$0	0%	9/1/2018	$0	0%
	Total Houston HSDA	**2,016,022**	**100%**	**$0**	$2,016,022	100%		703,741	0%

First month of expenditures. Submissions/services/data entry are slow during first few months of contract.

1 HIP - Funded by Part A, B and State Services. Provider spends grant funds by ending dates Part A- 2/28; B-3/31; SS-8/31. Agency usually expends all funds.

2 Mental Health Services are under Utilized and under reported.

3 Hospice care has had lower than expected client turn out

4 Linguistic is one behind on reporting due to slow invoicing by provider.

Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported: 09/01/2018-01/31/2019

Revised: 2/25/2019

Request by Type	Assisted			NOT Assisted		
	Number of Requests (UOS)		Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)
Medical Co-Payment	892	$85,441.63	532			0
Medical Deductible	187	$110,088.20	151			0
Medical Premium	3119	$1,239,097.38	740			0
Pharmacy Co-Payment	2007	$172,432.70	995			0
APTC Tax Liability	0	$0.00	0			0
Out of Network Out of Pocket	0	$0.00	0			0
ACA Premium Subsidy Repayment	9	$1,042.00	8	NA	NA	NA
Totals:	6214	$1,606,017.91	2426	0	$0.00	

Comments: This report represents services provided under all grants.

FY 2020 *HOW TO BEST MEET THE NEED* WORKGROUP SCHEDULE *(Revised 03/07/19)*
Houston Ryan White Planning Council, 2223 W. Loop South; Houston, TX 77027

TRAINING FOR ALL PARTICIPANTS:
1:30 p.m. ~ Thursday, April 11, 2019 ~ 2223 West Loop South, Room 532

SPECIAL WORKGROUP:
10 am, Thursday, April 18, 2019

A Special Workgroup Meeting to Discuss: Rhode Island Connect Workforce Program, Geriatric Care, Telemedicine, Pay for Performance, Test and Treat, and Outreach to Those 35 Years of Age & Younger.

2223 West Loop South, Room 416

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

Workgroup 1	*Workgroup 2*	*Workgroup 3*	*Workgroup 4*
10:30 a.m. **Tuesday, April 23, 2019** Room #416	**1:30 p.m.** **Tuesday, April 23, 2019** Room #416	**3:00 p.m.** **Wednesday, April 24, 2019** Room #416	**12:00 p.m.** **Tuesday, May 14, 2019** Room #240
<u>Group Leaders:</u>	<u>Group Leaders:</u>	<u>Group Leaders:</u>	<u>Group Leaders:</u> Ronnie Galley & Allen Murray
SERVICE CATEGORIES: Ambulatory/Outpatient Medical Care (includes Emergency Financial Assistance, Local Pharmacy Assistance, Medical Case Management, Outreach and Service Linkage) – Adult and Rural Ambulatory/Outpatient Medical Care (includes Medical Case Management and Service Linkage) – Pediatric Case Management - Clinical Case Management - Non-Medical (Service Linkage at Test Sites) Referral for Health Care and Support Services[‡] (ADAP workers) Vision Care	***SERVICE CATEGORIES:*** Health Insurance Premium & Co-pay Assistance Medical Nutritional Therapy and Supplements Mental Health Services[‡] Oral Health – Rural & Untargeted[‡] Substance Abuse Treatment/ Counseling Case Management - Non-Medical[‡] (Substance Use Treatment Sites)	***SERVICE CATEGORIES:*** Early Intervention Services[‡] (for the incarcerated) Home & Community-based Health Services[‡] (Adult Day Treatment) Hospice Linguistic Services[‡] Transportation (Van-based -- untargeted & rural)	***SERVICE CATEGORIES:*** Blue Book

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

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

J:\Committees\Quality Improvement\FY20 How To Best\Chart - Dates Categ for HTBMN - 03-05-19.docx

Houston Area HIV Services Ryan White Planning Council
Assessment of the Local Ryan White HIV/AIDS Program Administrative Mechanism
Assessment Checklist
(Quality Improvement Committee approved 05/15/18)

Background

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

Process

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

Checklist

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

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

Checklist for the Assessment of the Ryan White Administrative Mechanism in the Houston Area (Quality Improvement Committee approved 05-15-18)

Intent of the Measure	Data Point to Measure	Method of Measurement	Data Source
Section I: Procurement/Request for Proposals Process			
• To assess the timeliness of the AA in authorizing contracted agencies to provide services	Time between receipt of NGA or funding contract by the AA and when contracts are executed with funded service providers	a) How much time elapsed between receipt of the NGA or funding contract by the AA and contract execution with funded service providers (i.e., 30, 60, 90 days)?	Part A/MAI: (1) NGA; and (2) Commissioner's Court Agendas Part B/SS: (1) DSHS Contract Face Sheet; and (2) Contract Tracking Sheet
• To assess the timeliness of the AA in procuring funds to contracted agencies to provide services	Time between receipt of NGA or funding contract by the AA and when funds are procured to contracted service providers	b) What percentage of the grant award was procured by the: ☐ 1st quarter? ☐ 2nd quarter? ☐ 3rd quarter?	Year-to-date and year-end FY Procurement Reports provided by AA to PC
• To assess if the AA awarded funds to service categories as designed by the PC	Comparison of the list of service categories awarded funds by the AA to the list of allocations made by the PC	c) Did the awarding of funds in specific categories match the allocations established by the PC at the: ☐ 1st quarter? ☐ 2nd quarter? ☐ 3rd quarter?	Year-to-date and year-end FY Procurement Reports provided by AA to PC Final PC Allocations Worksheet
• To assess if the AAs make potential bidders aware of the grant award process	Confirmation of communication by the AAs to potential bidders specific to the grant award process	d) Does the AA have a grant award process which: ☐ Provides bidders with information on applying for grants? ☐ Offers a bidder's conference?	RFP Courtesy Notices for Pre-Bid Conferences
• To assess if the AAs are requesting bids for service category definitions approved by the PC	Confirmation of communication by the AAs to potential bidders specific to PC products	e) Does the RFP incorporate service category definitions that are consistent with those defined by the PC?	RFP
• To assess if the AAs are procuring funds in alignment with allocations	Comparison of final amounts procured and total amounts allocated in each service category	f) At the end of the award process, were there still unobligated funds?	Year-end FY Procurement Reports provided by AA to PC
• To assess if the AAs are dispersing all available funds for services and, if not, are unspent funds within the limits allowed by the funder	Review of final spending amounts for each service category	g) At the end of the year, were there unspent funds? If so, in which service categories?	Year-end FY Procurement Reports provided by AA to PC

Checklist for the Assessment of the Ryan White Administrative Mechanism in the Houston Area (Quality Improvement Committee approved 05-15-18)

Intent of the Measure	Data Point to Measure	Method of Measurement	Data Source
Section I: Procurement/Request for Proposals Process (con't)			
• To assess if the AAs are making the PC aware of the procurement process	Confirmation of communication by the AAs to the PC specific to procurement results	h) Does the AA have a method of communicating back to the PC the results of the procurement process?	MOU PC Agendas
Section II: Reimbursement Process			
• To assess the timeliness of the AA in reimbursing contracted agencies for services provided	Time elapsed between receipt of an accurate contractor reimbursement request or invoice and the issuance of payment by the AA	a) What is the average number of days that elapsed between receipt of an accurate contractor reimbursement request or invoice and the issuance of payment by the AA? b) What percent of contractors were paid by the AA after submission of an accurate contractor reimbursement request or invoice: ☐ Within 20 days? ☐ Within 35 days? ☐ Within 50 days?	Annual Contractor Reimbursement Report
Section III: Contract Monitoring Process			
• To assess if the AA is monitoring adherence by contracted agencies to PC quality standards	Confirmation of use of adopted SOC in contract monitoring activities	a) Does the AA use the SOC as part of the contract monitoring process?	RFP Policy and Procedure for Performing Site Visits Quality Management Plan

2018 Proposed Idea

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

THIS BOX TO BE COMPLETED BY RWPC SUPPORT STAFF ONLY

_____ Control Number   Date Received_____

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

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

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

      This will provide _____ clients with _____ units of service.

2.   ADDRESS THE FOLLOWING:
      A. DESCRIPTION OF SERVICE:

      B. TARGET POPULATION (Race or ethnic group and/or geographic area):

      C. SERVICES TO BE PROVIDED (including goals and objectives):

      D. ANTICIPATED HEALTH OUTCOMES (Related to Knowledge, Attitudes, Practices, Health Data, Quality of Life, and Cost Effectiveness):

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3. ATTACH DOCUMENTATION IN ORDER TO JUSTIFY THE NEED FOR THIS NEW IDEA. AND, DEMONSTRATE THE NEED IN AT LEAST ONE OF THE FOLLOWING PLANNING COUNCIL DOCUMENTS:
___   Current Needs Assessment (Year:_____)   Page(s): ___ Paragraph: ___
___   Current HIV Comprehensive Plan (Year:_____)   Page(s): ___ Paragraph: ___
___   Health Outcome Results: Date: _____ Page(s): ___ Paragraph: ___
___   Other Ryan White Planning Document:
       Name & Date of Document: _____   Page(s): ___ Paragraph: ___

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

REASON FOR RECOMMENDATION:

(Continue on Page 2 of this application form)

Proposed Idea

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

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

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

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

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

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

RECOMMENDATION OF PRIORITY AND ALLOCATIONS COMMITTEE:

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

REASON FOR RECOMMENDATION:

DRAFT

Quality Improvement Committee

2018 Criteria for Reviewing Ideas

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

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

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

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

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

- Letter on agency letterhead from three other agencies describing their experience related to this need.

- Or, documentation from HIV websites or newspaper articles including a copy of the original document or study sited in the article or website.

FOR IMMEDIATE RELEASE
March 11, 2019

Contact: HHS Press Office
202-690-6343
media@hhs.gov

Statement on FY2020 Budget Proposal for Ending The HIV Epidemic In America

Today, President Trump proposed $291 million in the FY2020 HHS budget to begin his Administration's multi-year initiative focused on ending the HIV epidemic in America by 2030. This new initiative aims to reduce new HIV infections by 75 percent in the next 5 years and by 90 percent in the next 10 years, averting more than 250,000 HIV infections in that span.

Recent data show our progress reducing the number of new HIV infections has plateaued, and there are new threats to the progress that has been made, the most significant being the opioid crisis: 1 in 10 new HIV infections occur among people who inject drugs.

Ending the HIV Epidemic: A Plan for America, announced by the President in his State of the Union address on February 5, 2019, is a bold approach that is the result of decades of work, and focuses on four key strategies that, together, can end the HIV epidemic in the U.S. The funding requested, based on careful consideration by our top scientists and public health officials, targets four areas of action:

• *Diagnose all individuals with HIV as early as possible after infection.*

• *Treat the infection rapidly and effectively after diagnosis, achieving sustained viral suppression.*

• *Protect individuals at risk for HIV using proven prevention approaches.*

• *Respond rapidly to detect and respond to growing HIV clusters and prevent new HIV infections.*

The time to act is now. We have the right data, the right tools, and the right leadership to end the HIV epidemic in America—a goal once thought impossible but now within our reach. The initial investment announced today will undoubtedly help to reverse current, troubling trends and put us on a committed pathway to ending the HIV epidemic for our next generation.

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Note: All HHS press releases, fact sheets and other news materials are available at https://www.hhs.gov/news.

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Last revised: March 11, 2019