Houston Area HIV Services Ryan White Planning Council
Office of Support
2223 West Loop South, Suite 240, Houston, Texas 77027
713 572-3724 telephone; 713 572-3740 fax
www.rwpchouston.org

MEMORANDUM

To: Members, Houston Ryan White Planning Council

Copy: Francis Hodge (email only)
Carin Martin
Heather Keizman
Tasha Traylor
Yvette Garvin
Sha'Terra Johnson-Fairley
Amber Harbolt

From: Tori Williams, Manager, Office of Support

Date: Wednesday, June 1, 2016

Re: Meeting Announcement

Please note the following meeting information:

Ryan White Planning Council Meeting
12 noon, Thursday, June 9, 2016

NOTE THE UNUSUAL LOCATION

Leonel Castillo Community Center

2101 South Street (a few blocks north of Thomas Street Health Ctr.
Houston, Texas 77009

Please call Eric Moreno to RSVP even if you cannot attend. He can be reached at 713-572-3724. Or, respond to one of his email meeting reminders.

We look forward to seeing you soon.

DRAFT

HOUSTON AREA HIV SERVICES
RYAN WHITE PLANNING COUNCIL

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We envision an educated community where the needs of all HIV/AIDS infected and/or affected individuals are met by accessible, effective, and culturally sensitive health and psychosocial services that are part of a fully coordinated system. The community will continue to intervene responsibly until the end of the epidemic.

The Houston Eligible Metropolitan Area (EMA) Ryan White Planning Council will improve the quality of life and advocate for those infected and/or affected with HIV/AIDS by taking a leadership role in the planning and assessment of HIV resources

AGENDA

12 noon, Thursday, June 9, 2016
Meeting Location: Leonel Castillo Community Center
2101 South Street, Houston, Texas 77009

I. Call to Order — Steven Vargas, Chair
- A. Welcoming Remarks and Moment of Reflection — RW Planning Council
- B. Adoption of the Agenda
- C. Approval of the Minutes
- D. Training: Project LEAP Special Study — Students of Project LEAP 2016

II. Public Comments and Announcements — Carol Suazo, Secretary

(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/AIDS 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/AIDS 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 with HIV/AIDS", 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 the Council Secretary who would be happy to read the comments on behalf of the individual at this point in the meeting. The Chair of the Council has the authority to limit public comment to 1 minute per person. All information from the public must be provided in this portion of the meeting. Council members please remember that this is a time to hear from the community. It is not a time for dialogue. Council members and staff are asked to refrain from asking questions of the person giving public comment.)

III. Important Information from the Quality Improvement Committee — Tori Williams, Director

IV. Reports from Committees

A. Quality Improvement Committee — Robert Noble and Cecilia Ross, Co-Chairs

Item: Report from the Administrative Agency: Part B/SS

Recommended Action: FYI: See the attached reports:

- 2015/16 RW Part B Procurement, dated 05/19/16
- 2015/16 RW Part B Service Utilization, dated 05/19/16
- 2015/16 DSHS State Services Procurement, dated 05/19/16
- Health Insurance Service Utilization, revised 05/05/16
- 2015 Consumer Interview Results

Item: FY 2017 Other Professional Services - Income Tax Preparation Services
Recommended Action: Motion: Approve the attached service definition for *Other Professional Services – Income Tax Preparation Services* with financial eligibility set at 400%.

Item: FY 2017 Outreach Services – Primary Care Re-Engagement
Recommended Action: Motion: Approve the attached service definition for *Outreach Services – Primary Care Re-Engagement* with the following additions/changes:

1. Change name to Outreach Services – Primary Care Retention in Care
2. Under Target Population add: "youth transitioning into adult care"
3. Keep Staff Requirements broad so that it is not a licensed position
4. Recommendation for financial eligibility is _____%

Item: FY 2017 Ryan White/State Services Service Definitions
Recommended Action: Motion: Accept the workgroup recommendations for the following FY 2017 service definitions: Early Intervention Services, Linguistics, Mental Health Services, Transportation and Substance Abuse Treatment.

Item: FY 2017 Ryan White/State Services Service Definitions
Recommended Action: Motion: Accept the workgroup recommendations for the following FY 2017 service definitions: Ambulatory Outpatient Medical Care, Case Management, Non-Medical Case Management, Home and Community Based Health Services, Hospice Services, Local Pharmacy Assistance, Medical Nutritional Therapy/Supplements, Oral Health and Vision Care.

Item: Community Health Worker Training
Recommended Action: Motion: Have the Council to send a letter to the Texas Department of State Health Services asking them to include more HIV training in their certification training for Community Health Workers, especially in regards to accessing HIV testing and linkage to care.

Item: 2016 Assessment of the Administrative Mechanism
Recommended Action: Motion: Approve the attached checklist for the 2016 Assessment of the Administrative Mechanism.

Item: Quarterly Committee Report
Recommended Action: FYI: See the attached Quarterly Committee Report.

B. Operations Committee — Ruth Atkinson and Curtis Bellard, Co-Chairs

Item: 2017 – 2018 HIV Resource Guide (The Blue Book)
Recommended Action: Motion: Approve the budget for the 2017-2018 Houston Area HIV Resource Guide (The Blue Book).

Item: Policy for Approving the Council Support Budget
Recommended Action: FYI: See the attached policy.

Item: FY 2016 Council Support Budget
Recommended Action: FYI: Please note the two salary increased made by the County Judge using funds from the retiring liaison's salary.

Item: FY 2016 Council Support Budget: Working Draft dated 05-01-16
Recommended Action: Motion: Approve amendments made to the FY 2016 Council Support Budget, including a 3% cost of living increase for all Council Support staff, pending approval by the County Judge.

Item: FY 2017 Council Support Budget: Working Draft dated 05-10-16
Recommended Action: Motion: Approve the FY 2017 Council Support Budget which included the production of the 2017-2018 Houston Area HIV Resource Directory (The Blue Book).

Item: Event Co-Sponsorship
Recommended Action: Motion: Pending agreement from the Affected Community Committee and approval of a Ryan White booth at the event, approve the attached request for the Ryan White Planning Council to be a co-sponsor for the August 2016 *HIV Testing and Prevention Workshop: Tools For your Practice.* The Council will provide a minimum of 8 volunteers at the event.

Item: Quarterly Committee Report
Recommended Action: FYI: See the attached quarterly committee report.

C. Comprehensive HIV Planning Committee — John Lazo and Nancy Miertschin, Co-Chairs

Item: Speaker's Bureau Workgroup Report:
Recommended Action: FYI: The Speaker's Bureau Workgroup met to discuss finding business-related groups needing speakers, and coordinating volunteers to help at each engagement. Six presentations were given in 2015. The Workgroup's goal for 2016 is 12 presentations given.

Item: 2016 Needs Assessment Update
Recommended Action: FYI: Committee reviewed the most recent sampling summery. See attached. As of May 12, 401 surveys had been completed, with an additional 186 needed to meet the minimum sample goal. Staff are working with DSHS and HHD to survey PLWH who appear to be out of care according to available data systems. The Needs Assessment Group met on May 19 for a progress update, and the NAG Analysis Workgroup met on May 23 to discuss the principles for data analysis.

Item: 2017 Comprehensive Plan Process Update
Recommended Action: FYI: Committee reviewed completion status of Logic Model 1 (Goals, Solutions, and Benchmarks) for each strategy Workgroup, as well as next steps toward completion of Logic Models 2 and 3. The Leadership Team met May 16 for a mid-development update.

Item: 2016 Public Hearing Topics
Recommended Action: FYI: Committee reviewed 2016 public hearing topics. The public hearing on May 24 covered the HIV Care Continuum, while the June 27th public hearing will feature either preliminary findings from the 2016 Needs Assessment or the 2016 Project LEAP Special Study class project results.

Item: 2016 Committee Goal Quarterly Report
Recommended Action: FYI: See the attached 2016 Committee Goal Quarterly Report.

D. Affected Community Committee — Gene Ethridge and Tana Pradia, Co-Chairs

Item: Committee Training
Recommended Action: FYI: The Committee met at the Hope Clinic. Dr. Andrews presented information on *HIV and the Asian Community* since that is the community that Hope Clinic targets.

Item: 2016 Greeters
Recommended Action: FYI: See the attached list of 2016 volunteer greeters for monthly Council meetings.

Item: 2016 Monthly Meeting Schedule
Recommended Action: FYI: See the attached list of 2016 committee meetings and training topics.

Item: 2016 Community Events
Recommended Action: FYI: See the attached list of 2016 events at which there will be a Council presence. Please contact Eric Moreno if you signed up to assist with the Pride Festival and you have not been assigned to a shift.

Item: Quarterly Committee Report
Recommended Action: FYI: See the attached quarterly committee report.

E. Priority and Allocations Committee — Peta-gay Ledbetter and Bruce Turner, Co-Chairs

Item: FY 2016 Final Grant Award
Recommended Action: FYI: See attached FY 2016 Allocations – Increase Funding Scenario – as of 05/13/16.

Item: FY 2016 Unallocated Funds
Recommended Action: Motion: Approve the attached FY 2016 Unallocated Funding chart.

Item: Quarterly Committee Report
Recommended Action: FYI: See the attached quarterly committee report.

V. Report from the Office of Support — Tori Williams, Director

VI. Report from Ryan White Grant Administration — Carin Martin, Manager

VII. Report from The Resource Group — S. Johnson-Fairley, Health Planner

VIII. Medical Updates — Shital Patel, MD, Baylor College of Medicine

IX. New Business (30 seconds/report)

A. Special Report: Kiki Ball — Robert Noble
B. Ryan White Part C Urban and Part D — Nancy Miertschin
C. Community Development Advisory Council (CDAC) — Tracy Gorden
D. HOPWA — Melody Barr
E. Community Prevention Group (CPG) — Herman Finley
F. Update from Task Forces:
- African American — S. Johnson-Fairley
- Latino — Steven Vargas
- MSM — Ted Artiaga
- Transgender
- Youth — John Lazo
- Hepatitis C — Steven Vargas
- Sexually Transmitted Infections (STI) — Herman Finley
- Urban AIDS Ministry — Amber David
- Heterosexual HIV Awareness — Ruth Atkinson

G. Positive Women's Network — Tana Pradia
H. HIV and Aging — Bruce Turner
I. END HIV Houston — Steven Vargas
J. Texas HIV Medication Advisory Committee — Bruce or Nancy
K. Legislative Updates
L. Texas HIV/AIDS Coalition — Bruce Turner
M. SPNS Grant: HIV and the Homeless Program — Nancy Miertschin

X. Announcements

XI. Adjournment

HOUSTON AREA HIV SERVICES
RYAN WHITE PLANNING COUNCIL

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The Houston Eligible Metropolitan Area (EMA) Ryan White Planning Council will improve the quality of life and advocate for those infected and/or affected with HIV/AIDS by taking a leadership role in the planning and assessment of HIV resources.

MINUTES

12 noon, Thursday, April 14, 2016
2223 W. Loop South, Room 532; Houston, Texas 77027

MEMBERS PRESENT	MEMBERS PRESENT	OTHERS PRESENT
Steven Vargas, Chair	Cecilia Ross	Ann Dills, DSHS
Tracy Gorden, Vice-Chair	Gloria Sierra	James Arango, DSHS
Carol Suazo, Secretary	Isis Torrente	Shabaura Perryman, Bristol Myers
Ted Artiaga	C. Bruce Turner	Samantha Robinson, UTMB
Rodriga Avila	David Watson	Denis Kelly
Curtis Bellard		
David Benson	**MEMBERS ABSENT**	**STAFF PRESENT**
Bianca Burley	Ruth Atkinson	*Ryan White Grant Administration*
Ella Collins-Nelson	Connie Barnes, excused	Carin Martin
Amber David	Melody Barr	Heather Keizman
Evelio Salinas Escamilla	Skeet Boyle, excused	Tasha Traylor
Angela F. Hawkins	Denny Delgado	
Arlene Johnson	Gene Ethridge	*The Resource Group*
J. Hoxi Jones	Herman Finley	Sha'Terra Johnson-Fairley
John Lazo	Paul Grunenwald, excused	Tiffany Shepherd
Nancy Miertschin	Peta-gay Ledbetter, excused	
Rodney Mills	Robert Noble	*Office of Support*
Allen Murray	Shital Patel	Tori Williams
Tana Pradia	Steven Stellenwerf, excused	Amber Alvarez
Teresa Pruitt	Larry Woods	Diane Beck
Leslie Raneri		

Call to Order: Steven Vargas, Chair, called the meeting to order at 12:09 p.m.

During the welcoming remarks, Vargas said Dr. Harris has resigned from the Council because he retired from the Houston Health Department and has moved back to Florida. Vargas welcomed new Council member Rodriga Avila, a graduate of Project LEAP 2014.

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

Approval of the Minutes: ***Motion #2****: it was moved and seconded (Harris, Escamilla) to approve the March 10, 2016 minutes.* **Motion carried.** Abstentions: Artiaga, Avila, Burley, Escamilla, Raneri.

Training: Update on Retention in Care: Ann Dills, Texas Department of State Health Services, presented the attached PowerPoint.

Public Comment and Announcements: James Arango, Texas Department of State Health Services Region 5/6, introduced himself. He was to accompany Dr. Grunenwald to the How To Best Meet the Need training this afternoon but Dr. Grunenwald cannot attend. Arango said that he will stay for the training scheduled for later in the day.

Reports from Committees:
Comprehensive HIV Planning Committee: Nancy Miertschin, Co-Chair, reported on the following:
Update on the 2016 Needs Assessment: The Committee reviewed the 2016 Needs Assessment Sampling Summary dated April 6, 2016, see attached.

April Committee Meeting: The April Comprehensive HIV Planning Committee meeting has been cancelled to allow member participation in the Comprehensive Plan Workgroups, NAG, and the How to Best Meet the Need process.

Affected Community Committee: Tana Pradia, Co-Chair, reported on the following:
Committee Training: Tori Williams provided an overview of the How to Best Meet the Need (HTBMN) process after which, members signed up to participate in the different workgroups.

2016 Greeters: See the attached list of 2016 volunteer greeters at monthly Council meetings.

2016 Community Events: See the attached list of 2016 events at which there will be a Council presence. Please contact Eric Moreno if you signed up to assist with the Pride Festival and you have not been assigned to a shift.

Quality Improvement Committee: Cecilia Ross, Co-Chair, reported on the following:
Justification for the FY 2017 Service Categories: ***Motion #3:*** *Approve the attached criteria for determining the FY 2017 Ryan White service categories.* **Motion carried.** Abstention: Escamilla.

Report from the Part A Administrative Agency: See the attached reports:

- FY14 Chart Reviews:
  - Primary Care, dated 11/15
  - Vision Care, dated 11/15
  - Oral Health – Rural, dated 12/15
- Clinical Quality Management Committee Report, dated 02/03/16
- 2016 Client Satisfaction Survey Update
- FY15 RW Part A and MAI Procurement Report, dated 03/08/16

Report from the Part B Administrative Agency: See the attached reports:

- 2015/16 RW Part B Procurement, dated 03/17/16
- 2015/16 RW Part B Service Utilization, dated 03/17/16
- 2015/16 DSHS State Services Procurement, dated 03/17/16
- 2015/16 DSHS State Services Service Utilization, dated 03/17/16

- Health Insurance Service Utilization, revised 03/16/16
- 2015 Chart Reviews:
  - Home & Community Based Services
  - Hospice Services
  - Oral Health Care Services

FY 2017 How to Best Meet the Need (HTBMN) Workgroup Schedule: See attached FY 2017 HTBMN workgroup meeting schedule. All are encouraged to attend at least one workgroup and to sign up with Eric Moreno if you wish to receive a meeting reminder. Workgroup packets will be available at the April 14, 2016 training or through the Office of Support after April 14th.

Wait List Workgroup: ***Motion #4:*** *Approve the following definition of Wait Time: The calculation of time from the first appointment given until the actual receipt of service. See the attached for detailed information and examples of wait time and wait lists.* **Motion carried**. Abstentions: Artiaga, David, Escamilla, Miertschin, Watson.

Priority and Allocations Committee: No report**.**

Operations Committee: Curtis Bellard, Co-Chair, reported on the following:
2016 Texas Open Meetings Act Training: Please note the revised list of Council members who need to turn in a certificate to the Office of Support verifying their participation in the 60 minute Texas Open Meetings Act training. Also, please note that the link to the video training has changed. The new link is provided on the attached flyer. All Council and external committee members are required to participate in the training once in a lifetime.

2016 Council Orientation: See the attached results of the evaluation of the 2016 Council Orientation.

Ryan White Conflict of Interest Policy: ***Motion #5:*** *Approve the attached list which indicates when conflict of interest applies to a particular Ryan White work product and conflicted members are asked to abstain from voting.* **Motion carried**.

Report from Office of Support: See attached.

Report from Ryan White Grant Administration: See attached.

Report from The Resource Group: See attached.

New Business:
Updates from Task Forces:
- **Latino:** Vargas submitted the attached report.
- **MPact:** Artiaga submitted the attached report.
- **Youth:** Lazo submitted the attached report.
- **Hepatitis C:** Vargas submitted the attached report.
- **Heterosexual HIV Awareness:** Atkinson submitted the attached report.

HIV and Aging: Turner submitted the attached report.

Announcements: The training on the documents used in the How to Best Meet the Need process will take place immediately after the Council meeting.

Adjournment: The meeting was adjourned at 1:27 p.m.

Respectfully submitted,

_____ _____
Victoria Williams, Manager Date

Draft Certified by
Council Chair: _____ Date _____

Final Approval by
Council Chair: _____ Date _____

Council Voting Records for April 14, 2016

C = Chair of the meeting lm = Left the meeting lr = Left the room VP = Via phone	**Motion #1** Agenda **Carried**				**Motion #2** Minutes **Carried**				**Motion #3** FY17 Justification Chart **Carried**					**Motion #1** Agenda **Carried**				**Motion #2** Minutes **Carried**				**Motion #3** FY17 Justification Chart **Carried**			
MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Steven Vargas, Chair				C				C				C	Cecilia Ross		X				X				X		
Tracy Gorden, Vice-Chair		X				X				X			Gloria Sierra		X				X				X		
Carol Suazo, Secretary		X				X				X			Isis Torrente		X				X				X		
Ted Artiaga		X						X		X			C. Bruce Turner		X				X				X		
Rodriga Avila		X						X		X			David Watson		X				X				X		
Curtis Bellard		X				X				X															
David Benson		X				X				X															
Bianca Burley		X						X		X			**MEMBERS ABSENT**												
Ella Collins-Nelson		X				X				X			Ruth Atkinson												
Amber David		X				X				X			Connie Barnes												
Evelio Salinas Escamilla		X						X				X	Melody Barr												
Angela F. Hawkins		X				X				X			Skeet Boyle												
Arlene Johnson		X				X				X			Denny Delgado												
J. Hoxi Jones		X				X				X			Gene Ethridge												
John Lazo		X				X				X			Herman Finley												
Nancy Miertschin		X				X				X			Paul Grunenwald												
Rodney Mills		X				X				X			Peta-gay Ledbetter												
Allen Murray		X				X				X			Robert Noble												
Tana Pradia		X				X				X			Shital Patel												
Teresa Pruitt		X				X				X			Steven Stellenwerf												
Leslie Raneri		X						X		X			Larry Woods												

C = Chair of the meeting lm = Left the meeting lr = Left the room VP = Via phone	**Motion #4** Wait Time Definition **Carried**				**Motion #5** COI Policy **Carried**					**Motion #4** Wait Time Definition **Carried**				**Motion #5** COI Policy **Carried**			
MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Steven Vargas, Chair				C				C	Cecilia Ross		X				X		
Tracy Gorden, Vice-Chair		X				X			Gloria Sierra		X				X		
Carol Suazo, Secretary		X				X			Isis Torrente		X				X		
Ted Artiaga				X		X			C. Bruce Turner		X					X	
Rodriga Avila		X				X			David Watson				X		X		
Curtis Bellard		X				X											
David Benson		X				X											
Bianca Burley		X				X			**MEMBERS ABSENT**								
Ella Collins-Nelson		X				X			Ruth Atkinson								
Amber David				X		X			Connie Barnes								
Evelio Salinas Escamilla				X		X			Melody Barr								
Angela F. Hawkins		X				X			Skeet Boyle								
Arlene Johnson		X				X			Denny Delgado								
J. Hoxi Jones		X				X			Gene Ethridge								
John Lazo		X				X			Herman Finley								
Nancy Miertschin				X		X			Paul Grunenwald								
Rodney Mills		X				X			Peta-gay Ledbetter								
Allen Murray		X				X			Robert Noble								
Tana Pradia		X				X			Shital Patel								
Teresa Pruitt		X				X			Steven Stellenwerf								
Leslie Raneri		X				X			Larry Woods								

Public Comments

June 2, 2016

In an effort to save paper, please see attached two sided copies.

PUBLIC COMMENT

05/26/16 -- Submitted via email

Quality Improvement Committee,

I am writing to ask for a reconsideration of the Financial Eligibility criteria for Other Professional Services. At the Workgroup meeting it was recommended, and approved by the Workgroup members present, to raise the Financial Eligibility to 500% FPL for FY17. However, as I understand it, the Quality Improvement Committee has decided to raise the Financial Eligibility to 400% FPL for FY17, and not honor fully the recommendation submitted. I would like to ask the Committee to reconsider and raise the Financial Eligibility to 500% FPL for FY17 as proposed by the Workgroup.

By doing so, we increase the number of people living with HIV we are able to assist with professional services which could include legal services or tax preparation, and make their efforts towards maintaining care easier. We know many in our city are a paycheck away from financial struggles. We know one horrible illness or hospitalization can devastate someone, and their entire household, financially. We know many Long Term Survivors are not prepared financially for retirement, like many Americans. For those with an income between 400% - 500% FPL, one of their main goals may be to save as much as they can as they try to catch up to where they thought they should be, if they had not been convinced they would not see retirement age and stopped saving years ago.

In addition, for the last two years the Priorities and Allocations Committee has had to reallocate more funds than in previous years. This was to ensure we spent down the increases our community worked hard to secure. Raising the Financial Eligibility to 500% FPL for FY17 creates more opportunity to spend down this money and help our community of people living with HIV at the same time, leaving less to reallocate later in the year. The Grant Administrators from both Part A and The Resource Group shared information highlighting the small amount of people this increase to 500% FPL may affect, and also shared the financial impact would not affect other services' funding.

So, if no other services' funding is being affected by a Financial Eligibility of up to 500% FPL, and we stand to help even more people living with HIV, and we stand to be in a better place when it comes to reallocations near the end of FY17, I fail to see the reasoning behind not raising the Financial Eligibility for Other Professional Services to 500% FPL.

Our goal as a program is to help as many people living with HIV as we can with accessing and maintaining life extending care, and increasing the Financial Eligibility to 500% FPL for FY17 does exactly that.

So, please reconsider the Financial Eligibility decision, and honor fully the recommendation from the community who showed up and shared their perspectives at the Workgroup meeting.

Thank you,

Steven Vargas

05/26/16 – Submitted at the Quality Improvement Committee Meeting

Ann Russey, Montrose Center – Regarding the Outreach Services category, from an agency perspective this service is very similar to service linkage and case management both of which currently have no financial cap. So if our goal is retention in care, retaining clients in care, putting a limit on financial eligibility for Outreach could create some barriers and limit the success we could have with this service category. She asks that similar financial eligibility for Service Linkage and Case Management be applied to Outreach.

PUBLIC COMMENT

05/19/16 -- Submitted via email

Quality Improvement Committee, Steering Committee, and Ryan White Council:

Legal Assistance Part A:
I would like to ask you to lower it to 300% on Motion 2 since this is not a core primary health care services, all of the others services currently are at 300% except for Health Insurance Premiums Assistance which is at 400%. In 2016 Legal Assistance was at 300% so I don't see that we need to make a big jump to 500%.

I do not see this as a barrier for services if they are working, I don't see it as a core services, I don't see how we can can help pay tax preparation services and not put more money into helping the Transgender Community which is struggling to get adequate core services or other core services like case management/linkage workers,

This was a 5 to 5 vote with the chair voting for it since it was a tie, I believe this really needs to be discussed before there is another vote.

Please Change or Denied
Page 166 of 180
Motion 2: Set the financial eligibility for Other Professional Services, including Legal Services and Tax Preparation Services, at 500%

Denis P Kelly

05/19/16 -- Submitted at the Quality Improvement Committee meeting

Teresa Pruitt, individual outreach worker. Last month at the How to Best Meet the Need workgroup, she made a motion to keep financial eligibility the same for Transportation but meant to ask to change the financial eligibility to 400%. She has found that many of the people she speaks to have barriers due to Transportation being at 300%. She misread her notes and asks that the committee consider changing the financial eligibility from 300 to 400%. SEE ADDITIONAL COMMENTS BELOW.

Ted Artiaga on behalf of Legacy Community Health regarding the draft Outreach Services definition. They are very optimistic that this service can reduce the out of care population and help retain them in care. They would like to advocate for flexibility in the service definition as far as education requirements for staff. They hope that the Standards of Care can be developed quickly so they don’t have to wait until next year to start.

05/24/16 -- Submitted at the Public Hearing

My name is Teresa Pruitt. I am a peer educator, mentor and outreach specialist. I attended the How to Best Meet the Need on Wednesday April 27, 2016. When we discussed transportation, I made a motion to accept the financial eligibility at 300%. I made a mistake, based on my outreach measures to the HIV+ individuals in the rural areas, there's a great need for the financial eligibility to be 400%. Would you please find it in your heart to accept my apology and change the financial eligibility to 400%. As I stated, this is a barrier for these HIV+ individuals and by changing the financial eligibility to 400% would enable HIV+ individuals in the rural area to have adequate means of transportation to stay in care with less stress.
The financial eligibility for all transportation services should be at 400%.

Sincere thanks,
Teresa Pruitt

IMPORTANT

On May 26, 2016, the Quality Improvement Committee met in response to public comment provided at a Ryan White Public Hearing and via email after the public hearing. Please note the following changes which they have made to the Committee's How To Best Meet the Need recommendations:

Transportation: Increase the financial eligibility for all transportation services (bus passes, van service and gas vouchers) to 400% of the federal poverty guidelines.

Outreach: Set the financial eligibility for Outreach at 0% of the federal poverty guidelines.

Other Professional Services: Increase the financial eligibility for Other Professional Services at 500% of the federal poverty guidelines.

(over for the 2016 HHS Federal Poverty Guidelines)

2016 HHS Federal Poverty Guidelines

Effective Date: January 25, 2016

	Size of Family Unit							
Poverty Level	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
100%	11,880	16,020	20,160	24,300	28,440	32,580	36,730	40,880
133%	15,800	21,307	26,813	32,319	37,825	43,331	48,851	54,370
150%	17,820	24,030	30,240	36,450	42,660	48,870	55,095	61,320
200%	23,760	32,040	40,320	48,600	56,880	65,160	73,460	81,760
250%	29,700	40,050	50,400	60,750	71,100	81,450	91,825	102,200
300%	35,640	48,060	60,480	72,900	85,320	97,740	110,190	122,640
350%	41,580	56,070	70,560	85,050	99,540	114,030	128,555	143,080
400%	47,520	64,080	80,640	97,200	113,760	130,320	146,920	163,520
450%	53,460	72,090	90,720	109,350	127,980	146,610	165,285	183,960
500%	59,400	80,100	100,800	121,500	142,200	162,900	183,650	204,400

For family units with more than 8 members, add $4,160 for each additional member. (The same increment applies to smaller family sizes also, as can be seen in the figures above.)

Quality Improvement Committee Report

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 1516 DSHS State Services

Procurement Report

September 1, 2015 - August 31, 2016

Chart reflects spending through March 2016

Spending Target: 58%

Revised 5/19/2016

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	Mental Health Services	$300,000	15%		$300,000	15%	9/1/2015	$190,903	64%
7	Health Insurance Premiums and Cost Sharing*	$1,041,183	53%		$1,041,183	53%	9/1/2015	$247,328	24%
9	Hospice	$414,832	21%		$414,832	21%	9/1/2015	$275,000	66%
11	EIS - Incarcerated	$166,211	8%		$166,211	8%	9/1/2015	$121,284	73%
16	Linguistic Services**	$35,000	2%		$35,000	2%	9/1/2015	$14,375	41%
	Total Houston HSDA	1,957,226	100%	$0	$1,957,226	100%		848,889	43%

* HIP - Funded by Part A,B, and State Services. Provider is spending grant funds before grant ending date.
Ending dates: Part A 02/29/16, Part B 03/31/16, State Services 08/31/16

** Demand for services is currently low. All request for services have been met.

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1516 Ryan White Part B
Procurement Report
September 1, 2015 - March 31, 2016

Reflects spending through March 2016

Spending Target: 100%

Revised 5/19/2016

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	$1,120,201	57%		$1,120,201	57%	9/1/2015	$1,154,412	103%
7	Health Insurance Premiums and Cost Sharing	$700,496	36%		$700,496	36%	9/1/2015	$700,521	100%
9	Home and Community Based Health Services	$135,335	7%		$135,335	7%	9/1/2015	$102,160	75%
	Total Houston HSDA	1,956,032	100%	$0	$1,956,032	100%		1,957,093	100%

* Budget Reallocation Pending

Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported: 9/1/2015-3/31/16

Revised: 5/5/2016

	Assisted			NOT Assisted		
Request by Type	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)	*Number of Requests (UOS)*	*Dollar Amount of Requests*	*Number of Clients (UDC)*
Medical Co-Payment	523	$31,808.92	332			*0*
Medical Deductible	472	$99,819.16	306			*0*
Medical Premium	3555	$1,143,100.05	910			*0*
Pharmacy Co-Payment	2875	$250,304.05	1010			*0*
APTC Tax Liability	0	$0.00				*0*
Out of Network Out of Pocket	0	$0.00				*0*
ACA Premium Subsidy Repayment	14	$2,053.00		*NA*	*NA*	*NA*
Totals:	7425	$1,522,979.18		0	$0.00	

Comments: This report represents services provided under all grants.

2015 - 2016 Ryan White Part B Service Utilization Report

9/1/2015 - 3/31/2016

Final

Revised 5/19/2016

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Health Insurance Premiums & Cost Sharing Assistance	*500*	1,351	82.6%	17.2%	0.0%	0.2%	42.6%	25.1%	24.8%	7.5%	0.0%	0.0%	2.0%	19.7%	19.2%	16.1%	42.5%	0.5%
Home & Community Based Health Services	*55*	32	81.2%	18.8%	0.0%	0.0%	59.4%	21.9%	15.6%	3.1%	0.0%	0.0%	0.0%	9.4%	6.3%	40.5%	37.5%	6.3%
Oral Health Care	*2,000*	2,016	72.9%	26.4%	0.1%	0.6%	51.2%	16.7%	29.8%	2.3%	0.0%	0.2%	2.6%	16.3%	21.3%	32.4%	21.1%	6.1%
Unduplicated Clients Served By RW Part B Funds:	*NA*	2,710	78.8%	21.2%	0.01%	0.03%	44.6%	24.7%	28.0%	2.7%	0.0%	0.2%	1.3%	11.7%	19.7%	36.1%	24.7%	6.3%

NOTE: The Part B Contract Year has returned to the April 1st through March 31st Contract Year.

TRG Consumer Interview Results 2015

Interview and feedback Period March 2015 –March 2016

Overview

The Consumer Interview Process is used by The Resource Group (TRG) to determine client satisfaction and collect additional feedback from consumers. Client interviews are required as part of the Quality Compliance Reviews (QCR) at each agency in Houston and the fifty-one county areas of East Texas. During the 2015 QCR season ninety-one (91) client interviews were conducted including monolingual Spanish clients, youth as young at 13 with caregivers/guardians. HIV positive clients statues and have been in care ranging from two months though thirty years. The majority of sessions conducted were individual based interviews, while a few were conducted as group interviews.

Cross-Service Trends

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

- "I like getting medications and referrals to other services".
- Clients were also satisfied with their access to medication.
- The only major concerns continuing from the previous year were related to the waiting period between being diagnosed and receiving a recommendation to start medications.
- Comments about the anxiety experienced when waiting for approval of the ADAP application were discussed. One client stated "They say you need the medication to live but the wait seems so long. It's so scary there is nothing anyone can say that will help me until I receive the medications."
- Some clients felt the emergency medication process could be smoother.
- Comments concerning housing include request related to having emergency housing.
- Clients stressed"it could be useful for clients getting out of the hospital or for someone new to the area to have some emergency support"
- Other statements reported HOPWA as being fair and quick in some areas. One statement was "You get a yes or a no."
- Other statements included "I could use help getting disability and housing."

Clients in Houston and throughout East Texas mentioned general communication between staff and consumers at most service agencies needs improvement. Clients were more open about discussing concerns and reporting dissatisfaction. There is a continuing disconnection between clients and the agency complaint process or how concerns are resolve at some agencies. Some clients continue to report they were not aware of the complaint process for problems with services. Clients expressed concerns of hearing conversations between agency staff or other clients that some clients felt were inappropriate or should not take place in the lobby areas. Some clients were familiar with the agency process and complaint forms. In general, the clients' response included;

- "Medical staff treats me with dignity and respect"
- "They treat me normal I don't feel like I am being reminded of my status."
- "The medical staff ask me am I comfortable with what needs to be done. That make me feel important and it is less stressful to be compliant."

- Some male clients expressed a need for more male staff available to talk to about their sexual health concerns.
- Multiple men at one location stated, "The medical staff, are all beautiful women which makes it hard to talk to them about my personal and sexual concerns".

Services which received the most detailed comments were Mental Health Services, Health Insurance Premium (HIP), Oral Health Care, Home and Community-Based Health Care Services and Early Intervention Services (EIS). There was an increase in statements and conversations related to services in 2015. Most clients were comfortable offering suggestions and recommendation as to how more clients can be reached. In the previous year some recommendations were to have an update meeting and discuss the necessity, value and usage of client feedback. Then mail out the questions and have them returned to TRG. In addition, have online surveys available for clients who may not have the time during their day to complete a survey.

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

The lessons learned and questions which will be added to the questionnaire for 2016 include:

- "Have you ever filed a complaint at this or any Ryan White funded agency? If so was your issue resolved and how do you feel about how your issue was handled? Please tell us about the positive and negatives of your experience."
- The client satisfaction questions are reviewed by TRG consumers and feedback is utilized to improve the evaluation process.

SERVICE-SPECIFIC TRENDS

Oral Health Care

Clients continued to be concerned with multiple appointments to receive dental care. While some clients did not think multiple visits were an issue, an equal amount had concerns for their jobs, time and transportation to return and complete necessary dental work. Some described appointments quick and easy to get. Others expressed difficulties or being asked to call back for appointments. A client stated "getting fillings felt like a quick fix and not a real solution to my dental problems." Other clients stated "I was asked about questions that made me feel like a part of the process. Then I was told information about what problems I should call and notify someone about." And "I drive from out of town can more be done in one appointment. It would be helpful to have an estimate of how many appointments it takes to complete a service. I prefer the drive because I would not like to seek service closer to home because of the stigma of having HIV".

Home and Community-Based Health Care Services

Clients were satisfied with this service. Clients expressed satisfaction with the socialization and activities available through this service. "I am learning to feel comfortable and learning more about my health. Things I did not know had been too ashamed to ask but this is the right setting. I'm over 50 and in my younger days I did not think about my health at all. I even have enough confidence to start a relationship which I thought I never do. The person is not HIV positive but we are getting educated together. I did not think that was at all possible."

Hospice Care Services

There were no issues of note related to this service and due to the nature of the service delivered; consumer interviews were not conducted for this service. It was suggested in 2015 that family members of Hospice clients may want to give feedback. In 2016 a family member agreed to an interview. The family member is satisfied and appreciates the service. It was recommended to have onsite and online surveys available for family members who were willing to provide feedback.

Health Insurance Premium (HIP)

HIP clients were satisfied and appreciative for the availability of the service. Clients stated that HIP was simple to get and easy to use. Clients stated "HIP allows me to go to the doctor. It helps keep me alive. I moved from out of state and had new insurance the staff was helpful and thorough in getting things done and getting what I needed." And "I had insurance through my job. I lost my job and feared losing my doctor. HIP was a process but it restored my insurance and helped me stay with my doctor."

Mental Health Services

Mental health services clients commented on having longer sessions to vent their frustration because having a therapist challenged and empowered them. "My therapist is thorough and helps me face my past" A suggestion was "There should be an exit strategy to know when my therapy is completed" A few clients in the east Texas area shared mental health appointments were hard to get. Clients felt more mental health options are needed and are open to telemedicine mental health sessions as an option.

Early Intervention Services – Incarcerated (EIS)

EIS clients seem to be very knowledgeable and appreciative of access to service. One statement from an incarcerated client said "I was having side effects from the medication and when I talked to the doctor, he listened and made changes. Now I feel better and have not had any other problems."

Linguistic Services

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

FY 2017 Houston EMA/HSDA Ryan White Part A Service Definition **Outreach Services – Primary Care Re-Engagement** (DRAFT)	
HRSA Service Category Title: **RWGA Only**	Outreach Services
Local Service Category Title:	Outreach Services – Primary Care Re-Engagement
Budget Type: **RWGA Only**	Fee-for-Service
Budget Requirements or Restrictions: **RWGA Only**	TBD
HRSA Service Category Definition: **RWGA Only**	*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
Local Service Category Definition:	Providing allowable Ryan White Program outreach and service linkage activities to newly-diagnosed and/or Lost-to-Care PLWHA who know their status but are not actively engaged in outpatient primary medical care with information, referrals and assistance with medical appointment setting, mental health, substance abuse and psychosocial services as needed; advocating on behalf of clients to decrease service gaps and remove barriers to services helping clients develop and utilize independent living skills and strategies. Assist clients in obtaining needed resources, including bus pass vouchers and gas cards per published HCPHES/RWGA policies. Outreach services must be conducted at times and in places where there is a high probability that individuals with HIV infection 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.
Target Population (age, gender, geographic, race, ethnicity, etc.):	Services will be available to eligible HIV-infected clients residing in the Houston EMA/HSDA with priority given to clients most in need. Services will target clients who cannot function in the community due to barriers which include, but are not limited to, mental illness and psychiatric disorders, drug addiction and substance abuse, extreme lack of knowledge regarding available services, inability to maintain financial independence, inability to complete necessary forms, inability to arrange and complete entitlement and medical appointments, homelessness, deteriorating medical condition, illiteracy, language/cultural barriers and/or the absence of speech, sight, hearing, or mobility.

Services to be Provided:	Outreach service is field based. Outreach workers are expected to coordinate activities with newly-diagnosed or lost-to-care PLWHA, including locations outside of primary care clinic in order to develop rapport with individuals and ensuring intakes to Primary Care services have sufficient support to make the often difficult transition into ongoing primary medical care. Lost-to-care patients are those patients who have not returned for scheduled appointments with Provider nor have provided Provider with updated information about their current Primary Medical Care provider (in the situation where patient may have obtained alternate service from another medical provider). Contractor must document efforts to re-engage lost-to-care patients prior to closing patients in the CPCDMS.
Service Unit Definition(s): **RWGA Only**	TBD
Financial Eligibility:	Refer to the RWPC's approved *FY 2017 Financial Eligibility for Houston EMA/HSDA Services*.
Client Eligibility:	PLWHA residing in the Houston EMA (prior approval required for non-EMA clients).
Agency Requirements:	Outreach Services must function within the clinical infrastructure of Contractor and receive ongoing supervision that meets or exceeds published Standards of Care.
Staff Requirements:	Must meet all applicable Houston EMA/HSDA Part A/B Standards of Care.
Special Requirements: **RWGA Only**	Not Applicable.

FY 2017 Houston EMA/HSDA Ryan White Part A Service Definition **Other Professional Services - Income Tax Preparation Services** (DRAFT)	
HRSA Service Category Title: **RWGA Only**	Other Professional Services - Income tax preparation services
Local Service Category Title:	Income Tax Preparation Services
Budget Type: **RWGA Only**	Fee-for-Service
Budget Requirements or Restrictions: **RWGA Only**	TBD
HRSA Service Category Definition: **RWGA Only**	*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 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
Local Service Category Definition:	Federal tax preparation and filing services for HIV-infected individuals with ***Marketplace Health insurance plans*** delivered by licensed and/or certified professionals accordance with Federal, State and/or local guidelines.
Target Population (age, gender, geographic, race, ethnicity, etc.):	HIV-infected individuals with ***Marketplace Health insurance plans***, residing in the Houston Eligible Metropolitan Area (EMA/HSDA).
Services to be Provided:	Comprehensive tax preparation assistance must include but is not limited to federal tax preparation and filing.
Service Unit Definition(s): **RWGA Only**	A unit of service is defined as one (1) hour of service provided by qualified tax preparation professional.
Financial Eligibility:	Refer to the RWPC's approved *FY 2017 Financial Eligibility for Houston EMA/HSDA Services*.
Client Eligibility:	HIV-infected residents of the Houston EMA/HSDA with *Marketplace Health insurance plans*.
Agency Requirements:	Not Applicable.
Staff Requirements:	Must meet all applicable Federal/State/local requirements and Houston EMA/HSDA Part A/B Standards of Care.
Special Requirements: **RWGA Only**	Not Applicable.

Current/Proposed Number of RW/A CMs

	FY 15 Final	FY 16 Allocated	FY 17 Recommended
Service Linkage (SLW)	20.4 FTE	19.0 FTE	19.0 FTE
SLW at Testing Sites	2.4 FTE	4.3 FTE	3.0 FTE
SLW targeted to Youth	1.9 FTE	1.9 FTE	2.0 FTE
Medical CM (MCM)	25.4 FTE	22.9 FTE	24.0 FTE
Clinical CM (CCM)	6.2 FTE	6.5 FTE	6.0 FTE
Total	56.3 FTE	54.6 FTE	54.0 FTE
Avg. Allocation per Full Time Equivalent (FTE)	SLW = $57,000/FTE MCM/CCM = $75,500/FTE *FY16 FTE based on Level Funding Scenario		

DRAFT

Houston Area HIV Services Ryan White Planning Council
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FY 2017 How to Best Meet the Need Workgroup Service Category Recommendations Summary (as of 05/06/16)

Those services for which <u>no change</u> is recommended include:

Ambulatory Outpatient Medical Care
Case Management - Non-Medical (service linkage at testing sites)
Early Intervention Services targeting the Incarcerated
Home and Community Based Health Services
Hospice Services
Linguistic Services
Local Pharmacy Assistance
Medical Nutritional Therapy/Supplements
Mental Health Services
Oral Health (Untargeted and Targeting the Northern Rural Area)
Substance Abuse Treatment
Transportation
Vision Care

Services <u>with</u> recommended changes include the following:

Case Management (Medical and Clinical)

- Instruct the AA to work with MCM to be more active at finding those who are specifically lost to care and work closely with DIS workers to find.

Health Insurance Premium and Cost Sharing Assistance

- Update the service category definition to reflect the new HRSA definition and change the financial eligibility to between 0%-400%; client must have documentation showing they receive IRS subsidy.

Legal Assistance

- Update the name of the service category to Other Professional Services.
- Set the financial eligibility for Other Professional Services, including Legal Services and Tax Preparation Services, at 500%.

DRAFT

Table of Contents

FY 2016 Houston EMA/HSDA Service Categories Definitions
Ryan White Part A, Part B and State Services

FY 2016 Houston EMA Ryan White Part A/MAI Service Definition **Comprehensive Outpatient Primary Medical Care including Medical Case Management, Service Linkage and Local Pharmacy Assistance Program (LPAP) Services** (Revision Date: 5/21/15)	
HRSA Service Category Title: **RWGA Only**	1. Outpatient/Ambulatory Medical Care 2. Medical Case Management 3. AIDS Pharmaceutical Assistance (local) 4. Case Management (non-Medical)
Local Service Category Title:	Adult Comprehensive Primary Medical Care - CBO i. Community-based Targeted to African American ii. Community-based Targeted to Hispanic iii. Community-based Targeted to White/MSM
Amount Available: **RWGA Only**	Total estimated available funding: $0.00 (to be determined) 1. Primary Medical Care: $0.00 (including MAI) i. Targeted to African American: $0.00 (incl. MAI) ii. Targeted to Hispanic: $0.00 (incl. MAI) iii. Targeted to White: $0.00 2. LPAP $0.00 3. Medical Case Management: $0.00 i. Targeted to African American $0.00 ii. Targeted to Hispanic $0.00 iii. Targeted to White $0.00 4. Service Linkage: $0.00 Note: The Houston Ryan White Planning Council (RWPC) determines overall annual Part A and MAI service category allocations & reallocations. RWGA has sole authority over contract award amounts.
Target Population:	Comprehensive Primary Medical Care – Community Based i. Targeted to African American: African American ages 13 or older ii. Targeted to Hispanic: Hispanic ages 13 or older iii. Targeted to White: White (non-Hispanic) ages 13 or older
Client Eligibility: Age, Gender, Race, Ethnicity, Residence, etc.	PLWHA residing in the Houston EMA (prior approval required for non-EMA clients). Contractor must adhere to Targeting requirements and Budget limitations as applicable.
Financial Eligibility:	*See FY 2015 Approved Financial Eligibility for Houston EMA/HSDA*
Budget Type: **RWGA Only**	Hybrid Fee for Service

Budget Requirement or Restrictions: **RWGA Only**	**Primary Medical Care:** No less than 75% of clients served in a Targeted subcategory must be members of the targeted population with the following exceptions: 100% of clients served with MAI funds must be members of the targeted population. 10% of funds designated to primary medical care must be reserved for invoicing diagnostic procedures at actual cost. Contractors may not exceed the allocation for each individual service component (Primary Medical Care, Medical Case Management, Local Pharmacy Assistance Program and Service Linkage) without prior approval from RWGA. **Local Pharmacy Assistance Program (LPAP):** Houston RWPC guidelines for Local Pharmacy Assistance Program (LPAP) services: Contractor shall offer HIV medications from an approved formulary for a total not to exceed $18,000 per contract year per client. Contractor shall offer HIV-related medications for a total not to exceed $3,000 per contract year per client. These guidelines are determined by the RWPC. The RWPC determines the subcategories that shall include Ryan White LPAP funding. Medications must be provided in accordance with Houston EMA guidelines, HRSA/HAB rules and regulations and applicable Office of Pharmacy Affairs 340B guidelines. At least 75% of the total amount of the budget for LPAP services must be solely allocated to the actual cost of medications and may not include any storage, administrative, processing or other costs associated with managing the medication inventory or distribution.
Service Unit Definition/s: **RWGA Only**	Outpatient/Ambulatory Medical Care: One (1) unit of service = One (1) primary care office/clinic visit which includes the following: • Primary care physician/nurse practitioner, physician's assistant or clinical nurse specialist examination of the patient, and • Medication/treatment education • Medication access/linkage • OB/GYN specialty procedures (as clinically indicated) • Nutritional assessment (as clinically indicated) • Laboratory (as clinically indicated, not including specialized tests) • Radiology (as clinically indicated, not including CAT scan or MRI) • Eligibility verification/screening (as necessary)

	• Follow-up visits wherein the patient is not seen by the MD/NP/PA are considered to be a component of the original primary care visit. • Outpatient Psychiatric Services: 1 unit of service = A single (1) office/clinic visit wherein the patient is seen by a State licensed and board-eligible Psychiatrist or qualified Psychiatric Nurse Practitioner. This visit may or may not occur on the same date as a primary care office visit. • Nutritional Assessment and Plan: 1 unit of service = A single comprehensive nutritional assessment and treatment plan performed by a Licensed, Registered Dietician initiated upon a physician's order. Does not include the provision of Supplements or other products (clients may be referred to the Ryan White funded Medical Nutritional Therapy provider for provision of medically necessary supplements). The nutritional assessment visit may or may not occur on the same date as a medical office visit. • AIDS Pharmaceutical Assistance (local): A unit of service = a transaction involving the filling of a prescription or any other allowable medication need ordered by a qualified medical practitioner. The transaction will involve at least one item being provided for the client, but can be any multiple. The cost of medications provided to the client must be invoiced at actual cost. • Medical Case Management: 1 unit of service = 15 minutes of direct medical case management services to an eligible PLWHA performed by a qualified medical case manager. • Service Linkage (non-Medical Case Management): 1 unit of service = 15 minutes of direct service linkage services to an eligible PLWHA performed by a qualified service linkage worker.
HRSA Service Category Definition: **RWGA Only**	• **Outpatient/Ambulatory medical care** is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines.

	Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies. • **AIDS Pharmaceutical Assistance (local)** includes local pharmacy assistance programs implemented by Part A or Part B Grantees to provide HIV/AIDS medications to clients. This assistance can be funded with Part A grant funds and/or Part B base award funds. Local pharmacy assistance programs are not funded with ADAP earmark funding. • **Medical Case Management** services (including treatment adherence) are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication. • **Case Management (non-Medical)** includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.
Standards of Care:	Contractors must adhere to the most current published Part A/B Standards of Care for the Houston EMA/HSDA. **Services must meet or exceed applicable United States Department of Health and Human Services (DHHS) guidelines for the Treatment of HIV/AIDS.**
Local Service Category Definition/Services to be Provided:	**Outpatient/Ambulatory Primary Medical Care:** Services include on-site physician, physician extender, nursing, phlebotomy, radiographic, laboratory, pharmacy, intravenous therapy, home health care referral, licensed dietician, patient medication education, and patient care coordination. The Contractor must provide continuity of care with inpatient services and subspecialty services (either on-site or through specific referral to appropriate medical provider upon

primary care Physician's order).

Services provided to women shall further include OB/GYN physician & physician extender services on-site or by referral, OB/GYN services, colposcopy, nursing, phlebotomy, radiographic, laboratory, pharmacy, intravenous therapy, home health care referral, licensed dietician, patient medication/women's health education, patient care coordination, and social services. The Contractor must provide continuity of care with inpatient services and subspecialty services (either on-site or through specific referral protocols to appropriate agencies upon primary care Physician's order).

Outpatient/Ambulatory Primary Medical Care must provide:

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

Services for women must also provide:

- Well woman care, including but not limited to: PAP, pelvic exam, HPV screening, breast examination, mammography, hormone replacement and education, pregnancy testing,

	contraceptive services excluding birth control medications. • Obstetric Care: ante-partum through post-partum services, child birth/delivery services. Perinatal preventative education and treatment. • On-site or by referral Colposcopy exams as needed, performed by an OB/GYN physician, or physician extender with a colposcopy provider qualification. • Social services, including but not limited to, providing women access to child care, transportation vouchers, food vouchers and support groups at the clinic site; **Nutritional Assessment:** Services include provision of information about therapeutic nutritional/supplemental foods that are beneficial to the wellness and increased health conditions of clients by a Licensed Dietitian. Services may be provided either through educational or counseling sessions. Clients who receive these services may utilize the Ryan White Part A-funded nutritional supplement provider to obtain recommended nutritional supplements in accordance with program rules. Clients are limited to one (1) nutritional assessment per calendar year without prior approval of RWGA. Patient Medication Education Services must adhere to the following requirements: • Medication Educators must be State Licensed Medical Doctor (MD), Nurse Practitioner (NP), Physician Assistant PA), Nurse (RN, LVN) or Pharmacist. Prior approval must be obtained prior to utilizing any other health care professional not listed above to provide medication education. • Clients who will be prescribed ongoing medical regimens (i.e. ART) must be assessed for adherence to treatment at every clinical encounter using the EMA's approved adherence assessment tool. Clients with adherence issues related to lack of understanding must receive more education regarding their medical regimen. Clients with adherence issues that are behavioral or involve mental health issues must be provided counseling by the Medical Case Manager, Physician or Physician Extender and/or licensed nursing staff and, if clinically indicated, assessment and treatment by a qualified Psychiatrist or Psychiatric Nurse Practitioner. **Outpatient Psychiatric Services:** The program must provide: • Diagnostic Assessments: comprehensive evaluation for identification of psychiatric disorders, mental status evaluation, differential diagnosis which may involve use of other clinical and laboratory tests, case formulation, and treatment plans or disposition. • Emergency Psychiatric Services: rapid evaluation, differential

diagnosis, acute treatment, crisis intervention, and referral. Must be available on a 24 hour basis including emergency room referral.

- Brief Psychotherapy: individual, supportive, group, couple, family, hypnosis, biofeedback, and other psychophysiological treatments and behavior modification.
- Psychopharmacotherapy: evaluation and medication treatment of psychiatric disorders, including, but not limited to, anxiety disorders, major depression, pain syndromes, habit control problems, psychosis and organic mental disorders.
- Rehabilitation Services: Physical, psychosocial, behavioral, and/or cognitive training.

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

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

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

Medical Case Management Services: Services include screening all primary medical care patients to determine each patient's level of need for Medical Case Management services, performing a comprehensive assessment, including an assessment of the patient's health literary, and developing a medical service plan for each client that demonstrates a documented need for such services, monitoring medical service plan to ensure its implementation, and educating client regarding wellness, medication and health care appointment adherence. The Medical Case Manager serves as an advocate for the

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

	participation in care. **LPAP Services:** Contractor must: Provide pharmacy services on-site or through an established contractual relationship that meets all requirements. Alternate (off-site) approaches must be approved prior to implementation by RWGA. Either directly, or via subcontract with an eligible 340B Pharmacy program entity, must: Ensure a comprehensive financial intake application to determine client eligibility for this program to insure that these funds are used as a last resort for purchase of medications. Ensure the documented capability of interfacing with the Texas HIV Medication Program operated by the Texas Department of State Health Services. This capability must be fully documented and is subject to independent verification by RWGA. Ensure medication assistance provided to clients does not duplicate services already being provided in the Houston area. The process for accomplishing this must be fully documented and is subject to independent verification by RWGA. Ensure, either directly or via a 340B Pharmacy Program Provider, at least 2 years of continuous documented experience in providing HIV/AIDS medication programs utilizing Ryan White Program or similar public sector funding. This experience must be documented and is subject to independent verification by RWGA. Ensure all medications are purchased via a qualified participant in the federal 340B Drug Pricing Program and Prime Vendor Program, administered by the HRSA Office of Pharmacy Affairs. Note: failure to maintain 340B or Prime Vendor drug pricing may result in a negative audit finding, cost disallowance or termination of contract awarded. Contractor must maintain 340B Program participation throughout the contract term. All eligible medications must be purchased in accordance with Program 340B guidelines and program requirements. Ensure Houston area HIV/AIDS service providers are informed of this program and how the client referral and enrollment processes functions. Contractor must maintain documentation of such marketing efforts. Implement a consistent process to enroll eligible patients in available pharmaceutical company Patient Assistance Programs prior to using Ryan White Part A funded LPAP resources.

	Ensure information regarding the program is provided to PLWHA, including historically under-served and unserved populations (e.g., African American, Hispanic/Latino, Asian, Native American, Pacific Islander) and women not currently obtaining prescribed HIV and HIV-related medications. Offer, at no charge to the client, delivery options for medication refills, including but not limited to courier, USPS or other package delivery service. **Case Management Operations and Supervision:** The Service Linkage Workers (SLW) and Medical Case Managers (MCM) must function within the clinical infrastructure of Contractor and receive ongoing supervision that meets or exceeds published Standards of Care. An MCM may supervise SLWs.
Staff Requirements:	Contractor is responsible for ensuring that services are provided by State licensed internal medicine and OB/GYN physicians, specialty care physicians, psychiatrists, registered nurses, nurse practitioners, vocational nurses, pharmacists, physician assistants, clinical nurse specialists, physician extenders with a colposcopy provider qualification, x-ray technologists, State licensed dieticians, licensed social worker and ancillary health care providers in accordance with appropriate State licensing and/or certification requirements and with knowledge and experience of HIV disease. In addition, Contractor must ensure the following staff requirements are met: **Outpatient Psychiatric Services:** Director of the Program must be a Board Certified Psychiatrist. Licensed and/or Certified allied health professionals (Licensed Psychologists, Physicians, Psychiatric Nurse Practitioners, Licensed Master Social Workers, Licensed Professional Counselors, Licensed Marriage and Family Therapists, Certified Alcohol and Drug Abuse Counselors, etc.) must be used in all treatment modalities. Documentation of the Director's credentials, licensures and certifications must be included in the proposal. Documentation of the Allied Health professional licensures and certifications must be included in the proposal appendices. **Medication and Adherence Education:** The program must utilize an RN, LVN, PA, NP, pharmacist or MD licensed by the State of Texas, who has at least two (2) years paid experience in the preceding five (5) years in HIV/AIDS care, to provide the educational services. Licensed social workers who have at least two (2) years paid experience in the preceding five (5) years in HIV/AIDS care may also provide adherence education and counseling. **Nutritional Assessment (primary care):** Services must be provided by a licensed registered dietician. Dieticians must have a minimum of two (2) years of experience providing nutritional assessment and

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

	between the reimbursement from Medicaid, Medicare or Third Party insurance and the fee schedule under the contract. Furthermore, potential clients who are Medicaid/Medicare eligible or have other Third Party payers may not be denied services or referred elsewhere by the Contractor based on their reimbursement status (i.e. Medicaid/Medicare eligible clients may not be referred elsewhere in order that non-Medicaid/Medicare eligible clients may be added to the contract). Failure to serve Medicaid/Medicare eligible clients based on their reimbursement status will be grounds for the immediate termination of contract. **For primary medical care services targeted to the Latino community at least 50% of the clinical care team must be fluent in Spanish.** **Diagnostic Procedures:** A single Diagnostic Procedure limited to procedures on the approved list of diagnostic procedures (see below) without prior County approval. Approved diagnostic procedures will be reimbursed at invoice cost. Part A and Part A/MAI-funded programs must refer to the RWGA website for the most current list of approved diagnostic procedures and corresponding codes: www.hcphes.org/rwga. **Diagnostic procedures not listed on the website must have prior approval by RWGA.** **Outpatient Psychiatric Services:** Client must not be eligible for services from other programs/providers or any other reimbursement source (i.e. Medicaid, Medicare, private insurance) unless the client is in crisis and cannot be provided immediate services from the other programs/providers. In this case, clients may be provided services, as long as the client applies for the other programs/providers, until the other programs/providers can take over services. Program must be supervised by a Psychiatrist and include diagnostic assessments, emergency evaluations and psycho-pharmacotherapy. **Maintaining Referral Relationships** (Point of Entry Agreements): Contractor must maintain appropriate relationships with entities that constitute key points of access to the health care system for individuals with HIV disease, including but not limited to, Harris Health System and other Houston EMA-located emergency rooms, Harris County Jail, Texas Department of Criminal Justice incarceration facilities, Immigration detention centers, substance abuse treatment and detoxification programs, adult and juvenile detention facilities, Sexually Transmitted Disease clinics, federally qualified health centers (FQHC), HIV disease counseling and testing sites, mental health programs and homeless shelters. These referral relationships must be documented with written collaborative agreements, contracts or memoranda of understanding between Contractor and appropriate point of entry entities and are subject to audit by RWGA. Contractor and POE entity staff must regularly (e.g.

	weekly, bi-weekly depending on volume of referrals) meet 1:1 to discuss new referrals to primary medical care services. Such case conferences must be documented in the client record and properly entered into the CPCDMS. Use of CPCDMS Data System: Contractor must comply with CPCDMS business rules and procedures. Contractor must enter into the CPCDMS all required clinical data, including but not limited to, HAART treatment including all changes in medication regimens, Opportunistic Infections, screening and treatment for STDs and Hepatitis A, B, C and other clinical screening and treatment data required by HRSA, TDSHS and the County. Contractor must perform Registration updates in accordance with RWGA CPCDMS business rules for all clients wherein Contractor is client's CPCDMS record-owning agency. Contractor must utilize an electronic verification system to verify insurance/3rd party payer status monthly or per visit (whichever is less frequent). **Bus Pass Distribution:** The County will provide Contractor with METRO bus pass vouchers. Bus Pass vouchers must be distributed in accordance with RWGA policies and procedures, standards of care and financial eligibility guidelines. Contractor may only issue METRO bus pass vouchers to clients wherein the Contractor is the CPCDMS record owning Contractor. METRO bus pass vouchers shall be distributed as follows: **Expiration of Current Bus Pass:** In those situation wherein the bus pass expiration date does not coincide with the CPCDMS registration update the Contractor must distribute METRO bus pass vouchers to eligible clients upon the expiration of the current bus pass or when a Value-based bus card has been expended on eligible transportation needs. Contractor may issue METRO bus passes to eligible clients living outside the METRO service area in those situations where the Contractor has documented in the client record that the client will utilize the METRO system to access needed HIV-related health care services located in the METRO service area. **Gas Cards:** Primary Medical Care Contractors must distribute gasoline vouchers to eligible clients residing in the rural service area in accordance with RWGA policies and procedures, standards of care and financial eligibility guidelines. Gas Cards are only available to Rural primary medical care Contractors without prior approval by RWGA.

FY 2016 RWPC "How to Best Meet the Need" Decision Process

Step in Process: **Council**		Date: **06/09/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		

Step in Process: **Steering Committee**		Date: **06/02/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		

Step in Process: **Quality Improvement Committee**		Date: **05/19/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		

Step in Process: **HTBMTN Workgroup #1**		Date: **04/26/2016**
Recommendations:	Financial Eligibility: PriCare=300%, LPAP=300% + 500%, MCM/SLW=none	
1. Accept the service category definition as presented and keep financial eligibility the same.		
2. Instruct the AA to work with MCM to be more active at finding those who are specifically lost to care and work closely with DIS workers to find.		
3.		

FY 2016 Houston EMA Ryan White Part A/MAI Service Definition **Comprehensive Outpatient Primary Medical Care including Medical Case Management, Service Linkage and Local Pharmacy Assistance Program (LPAP) Services** (Revision Date: 5/21/15)	
HRSA Service Category Title: **RWGA Only**	1. Outpatient/Ambulatory Medical Care 2. Medical Case Management 3. AIDS Pharmaceutical Assistance (local) 4. Case Management (non-Medical)
Local Service Category Title:	Adult Comprehensive Primary Medical Care i. Targeted to Public Clinic ii. Targeted to Women at Public Clinic
Amount Available: **RWGA Only**	Total estimated available funding: $0.00 (to be determined) 1. Primary Medical Care: $0.00 (including MAI) i. Targeted to Public Clinic: $0.00 ii. Targeted to Women at Public Clinic: $0.00 2. LPAP $0.00 3. Medical Case Management: $0.00 i. Targeted to Public Clinic: $0.00 ii. Targeted to Women at Public Clinic: $0.00 4. Service Linkage: $0.00 Note: The Houston Ryan White Planning Council (RWPC) determines annual Part A and MAI service category allocations & reallocations. RWGA has sole authority over contract award amounts.
Target Population:	Comprehensive Primary Medical Care – Community Based i. Targeted to Public Clinic ii. Targeted to Women at Public Clinic
Client Eligibility: Age, Gender, Race, Ethnicity, Residence, etc.	PLWHA residing in the Houston EMA (prior approval required for non-EMA clients). Contractor must adhere to Targeting requirements and Budget limitations as applicable.
Financial Eligibility:	*See FY 2015 Approved Financial Eligibility for Houston EMA/HSDA*
Budget Type: **RWGA Only**	Hybrid Fee for Service
Budget Requirement or Restrictions: **RWGA Only**	**Primary Medical Care:** 100% of clients served under the *Targeted to Women at Public Clinic* subcategory must be female 10% of funds designated to primary medical care must be

	reserved for invoicing diagnostic procedures at actual cost. Contractors may not exceed the allocation for each individual service component (Primary Medical Care, Medical Case Management, Local Pharmacy Assistance Program and Service Linkage) without prior approval from RWGA. **Local Pharmacy Assistance Program (LPAP):** Houston RWPC guidelines for Local Pharmacy Assistance Program (LPAP) services: Contractor shall offer HIV medications from an approved formulary for a total not to exceed $18,000 per contract year per client. Contractor shall offer HIV-related medications for a total not to exceed $3,000 per contract year per client. These guidelines are determined by the RWPC. The RWPC determines the subcategories that shall include Ryan White LPAP funding. Medications must be provided in accordance with Houston EMA guidelines, HRSA/HAB rules and regulations and applicable Office of Pharmacy Affairs 340B guidelines. At least 75% of the total amount of the budget for LPAP services must be solely allocated to the actual cost of medications and may not include any storage, administrative, processing or other costs associated with managing the medication inventory or distribution.
Service Unit Definition/s: **RWGA Only**	Outpatient/Ambulatory Medical Care: One (1) unit of service = One (1) primary care office/clinic visit which includes the following: • Primary care physician/nurse practitioner, physician's assistant or clinical nurse specialist examination of the patient, and • Medication/treatment education • Medication access/linkage • OB/GYN specialty procedures (as clinically indicated) • Nutritional assessment (as clinically indicated) • Laboratory (as clinically indicated, not including specialized tests) • Radiology (as clinically indicated, not including CAT scan or MRI) • Eligibility verification/screening (as necessary) • Follow-up visits wherein the patient is not seen by the MD/NP/PA are considered to be a component of the original primary care visit. • Outpatient Psychiatric Services: 1 unit of service = A single (1) office/clinic visit wherein the patient is seen by a State licensed and board-eligible Psychiatrist or qualified Psychiatric Nurse Practitioner. This visit may or may not occur on the same date as a primary care office visit.

	• Medication Education: 1 unit of service = A single pharmacy visit wherein a Ryan White eligible client is provided medication education services by a qualified pharmacist. This visit may or may not occur on the same date as a primary care office visit. Maximum reimbursement allowable for a medication education visit may not exceed $50.00 per visit. The visit must include at least one prescription medication being provided to clients. A maximum of one (1) Medication Education Visit may be provided to an individual client per day, regardless of the number of prescription medications provided. • Nutritional Assessment and Plan: 1 unit of service = A single comprehensive nutritional assessment and treatment plan performed by a Licensed, Registered Dietician initiated upon a physician's order. Does not include the provision of Supplements or other products (clients may be referred to the Ryan White funded Medical Nutritional Therapy provider for provision of medically necessary supplements). The nutritional assessment visit may or may not occur on the same date as a medical office visit. • AIDS Pharmaceutical Assistance (local): A unit of service = a transaction involving the filling of a prescription or any other allowable medication need ordered by a qualified medical practitioner. The transaction will involve at least one item being provided for the client, but can be any multiple. The cost of medications provided to the client must be invoiced at actual cost. • Medical Case Management: 1 unit of service = 15 minutes of direct medical case management services to an eligible PLWHA performed by a qualified medical case manager. • Service Linkage (non-Medical Case Management): 1 unit of service = 15 minutes of direct service linkage services to an eligible PLWHA performed by a qualified service linkage worker.
HRSA Service Category Definition: **RWGA Only**	• **Outpatient/Ambulatory medical care** is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care

	for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies. • **AIDS Pharmaceutical Assistance (local)** includes local pharmacy assistance programs implemented by Part A or Part B Grantees to provide HIV/AIDS medications to clients. This assistance can be funded with Part A grant funds and/or Part B base award funds. Local pharmacy assistance programs are not funded with ADAP earmark funding. • **Medical Case Management** services (including treatment adherence) are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication. • **Case Management (non-Medical)** includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.
Standards of Care:	Contractors must adhere to the most current published Part A/B Standards of Care for the Houston EMA/HSDA. **Services must meet or exceed applicable United States Department of Health and Human Services (DHHS) guidelines for the Treatment of HIV/AIDS.**

Local Service Category Definition/Services to be Provided:	**Outpatient/Ambulatory Primary Medical Care:** Services include on-site physician, physician extender, nursing, phlebotomy, radiographic, laboratory, pharmacy, intravenous therapy, home health care referral, licensed dietician, patient medication education, and patient care coordination. The Contractor must provide continuity of care with inpatient services and subspecialty services (either on-site or through specific referral to appropriate medical provider upon primary care Physician's order). Services provided to women shall further include OB/GYN physician & physician extender services on-site or by referral, OB/GYN services, colposcopy, nursing, phlebotomy, radiographic, laboratory, pharmacy, intravenous therapy, home health care referral, licensed dietician, patient medication/women's health education, patient care coordination, and social services. The Contractor must provide continuity of care with inpatient services and subspecialty services (either on-site or through specific referral protocols to appropriate agencies upon primary care Physician's order). **Outpatient/Ambulatory Primary Medical Care must provide:** • Continuity of care for all stages of adult HIV infection; • Laboratory and pharmacy services including intravenous medications (either on-site or through established referral systems); • Outpatient psychiatric care, including lab work necessary for the prescribing of psychiatric medications when appropriate (either on-site or through established referral systems); • Access to the Texas ADAP program (either on-site or through established referral systems); • Access to compassionate use HIV medication programs (either directly or through established referral systems); • Access to HIV related research protocols (either directly or through established referral systems); • Must at a minimum, comply with Houston EMA/HSDA Part A/B Standards for HIV Primary Medical Care. The Contractor must demonstrate on an ongoing basis the ability to provide state-of-the-art HIV-related primary care medicine in accordance with the most recent DHHS HIV treatment guidelines. Rapid advances in HIV treatment protocols require that the Contractor provide services that to the greatest extent possible maximize a patient's opportunity for long-term survival and maintenance of the highest quality of life possible.

	• On-site Outpatient Psychiatry services. • On-site Medical Case Management services. • On-site Medication Education. • Physical therapy services (either on-site or via referral). • Specialty Clinic Referrals (either on-site or via referral). • On-site pelvic exams as needed for female patients with appropriate follow-up treatment and referral. • On site Nutritional Counseling by a Licensed Dietitian. **Women's Services must also provide:** • Well woman care, including but not limited to: PAP, pelvic exam, HPV screening, breast examination, mammography, hormone replacement and education, pregnancy testing, contraceptive services excluding birth control medications. • Obstetric Care: ante-partum through post-partum services, child birth/delivery services. Perinatal preventative education and treatment. • On-site or by referral Colposcopy exams as needed, performed by an OB/GYN physician, or physician extender with a colposcopy provider qualification. • Social services, including but not limited to, providing women access to child care, transportation vouchers, food vouchers and support groups at the clinic site; **Nutritional Assessment:** Services include provision of information about therapeutic nutritional/supplemental foods that are beneficial to the wellness and increased health conditions of clients by a Licensed Dietitian. Services may be provided either through educational or counseling sessions. Clients who receive these services may utilize the Ryan White Part A-funded nutritional supplement provider to obtain recommended nutritional supplements in accordance with program rules. Clients are limited to one (1) nutritional assessment per calendar year without prior approval of RWGA. Patient Medication Education Services must adhere to the following requirements: • Medication Educators must be State Licensed Medical Doctor (MD), Nurse Practitioner (NP), Physician Assistant PA), Nurse (RN, LVN) or Pharmacist. Prior approval must be obtained prior to utilizing any other health care professional not listed above to provide medication education. • Clients who will be prescribed ongoing medical regimens (i.e. ART) must be assessed for adherence to treatment at every

clinical encounter using the EMA's approved adherence assessment tool. Clients with adherence issues related to lack of understanding must receive more education regarding their medical regimen. Clients with adherence issues that are behavioral or involve mental health issues must be provided counseling by the Medical Case Manager, Physician or Physician Extender and/or licensed nursing staff and, if clinically indicated, assessment and treatment by a qualified Psychiatrist or Psychiatric Nurse Practitioner.

Outpatient Psychiatric Services:
The program must provide:

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

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

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

	patient from other programs or payers or free of charge (such as birth control and TB medications) or medications available over the counter (OTC) without prescription. Contractor must offer all medications on the Texas ADAP formulary, for a total not to exceed $18,000.00 per contract year per client. Contractor must provide allowable HIV-related medications (i.e. non-HIV medications) for a total not to exceed $3,000 per contract year per client. Contractor may be reimbursed ADAP dispensing fees (e.g. $5/Rx) in accordance with RWGA business rules for those ADAP clients who are unable to pay the ADAP dispensing fee. **Medical Case Management Services:** Services include screening all primary medical care patients to determine each patient's level of need for Medical Case Management services, performing a comprehensive assessment, including an assessment of the patient's health literary, and developing a medical service plan for each client that demonstrates a documented need for such services, monitoring medical service plan to ensure its implementation, and educating client regarding wellness, medication and health care appointment adherence. The Medical Case Manager serves as an advocate for the client and as a liaison with medical providers on behalf of the client. The Medical Case Manager ensures linkage to mental health, substance abuse and other client services as indicated by the medical service plan. **Service Linkage:** The purpose of Service Linkage is to assist clients with the procurement of needed services so that the problems associated with living with HIV are mitigated. Service Linkage is a working agreement between a client and a Service Linkage Worker for an indeterminate period, based on client need, during which information, referrals and service linkage are provided on an as-needed basis. Service Linkage assists clients who do not require the intensity of Medical Case Management per RWGA Quality Management guidelines. Service Linkage is both office-based and field based. Service Linkage Workers are expected to coordinate activities with referral sources where newly-diagnosed or not-in-care PLWHA may be identified, including 1:1 case conferences with testing site personnel to ensure the successful transition of referrals into Primary Care Services. Such incoming referral coordination includes meeting prospective clients at the referring Provider location in order to develop rapport with individuals prior to the individual's initial Primary Care appointment and ensuring such new intakes to

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

	Medication Program operated by the Texas Department of State Health Services. This capability must be fully documented and is subject to independent verification by RWGA. Ensure medication assistance provided to clients does not duplicate services already being provided in the Houston area. The process for accomplishing this must be fully documented and is subject to independent verification by RWGA. Ensure, either directly or via a 340B Pharmacy Program Provider, at least 2 years of continuous documented experience in providing HIV/AIDS medication programs utilizing Ryan White Program or similar public sector funding. This experience must be documented and is subject to independent verification by RWGA. Ensure all medications are purchased via a qualified participant in the federal 340B Drug Pricing Program and Prime Vendor Program, administered by the HRSA Office of Pharmacy Affairs. Note: failure to maintain 340B or Prime Vendor drug pricing may result in a negative audit finding, cost disallowance or termination of contract awarded. Contractor must maintain 340B Program participation throughout the contract term. All eligible medications must be purchased in accordance with Program 340B guidelines and program requirements. Ensure Houston area HIV/AIDS service providers are informed of this program and how the client referral and enrollment processes functions. Contractor must maintain documentation of such marketing efforts. Implement a consistent process to enroll eligible patients in available pharmaceutical company Patient Assistance Programs prior to using Ryan White Part A funded LPAP resources. Ensure information regarding the program is provided to PLWHA, including historically under-served and unserved populations (e.g., African American, Hispanic/Latino, Asian, Native American, Pacific Islander) and women not currently obtaining prescribed HIV and HIV-related medications. Offer, at no charge to the client, delivery options for medication refills, including but not limited to courier, USPS or other package delivery service. **Case Management Operations and Supervision:** The Service

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

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

	between the reimbursement from Medicaid, Medicare or Third Party insurance and the fee schedule under the contract. Furthermore, potential clients who are Medicaid/Medicare eligible or have other Third Party payers may not be denied services or referred elsewhere by the Contractor based on their reimbursement status (i.e. Medicaid/Medicare eligible clients may not be referred elsewhere in order that non-Medicaid/Medicare eligible clients may be added to the contract). Failure to serve Medicaid/Medicare eligible clients based on their reimbursement status will be grounds for the immediate termination of contract. **Diagnostic Procedures:** A single Diagnostic Procedure limited to procedures on the approved list of diagnostic procedures (see below) without prior County approval. Approved diagnostic procedures will be reimbursed at invoice cost. Part A and Part A/MAI-funded programs must refer to the RWGA website for the most current list of approved diagnostic procedures and corresponding codes: www.hcphes.org/rwga. **Diagnostic procedures not listed on the website must have prior approval by RWGA.** **Outpatient Psychiatric Services:** Client must not be eligible for services from other programs/providers or any other reimbursement source (i.e. Medicaid, Medicare, private insurance) unless the client is in crisis and cannot be provided immediate services from the other programs/providers. In this case, clients may be provided services, as long as the client applies for the other programs/providers, until the other programs/providers can take over services. Program must be supervised by a Psychiatrist and include diagnostic assessments, emergency evaluations and psycho-pharmacotherapy. **Maintaining Referral Relationships** (Point of Entry Agreements): Contractor must maintain appropriate relationships with entities that constitute key points of access to the health care system for individuals with HIV disease, including but not limited to, Harris Health System and other Houston EMA-located emergency rooms, Harris County Jail, Texas Department of Criminal Justice incarceration facilities, Immigration detention centers, substance abuse treatment and detoxification programs, adult and juvenile detention facilities, Sexually Transmitted Disease clinics, federally qualified health centers (FQHC), HIV disease counseling and testing sites, mental health programs and homeless shelters. These referral relationships must be documented with written collaborative

	agreements, contracts or memoranda of understanding between Contractor and appropriate point of entry entities and are subject to audit by RWGA. Contractor and POE entity staff must regularly (e.g. weekly, bi-weekly depending on volume of referrals) meet 1:1 to discuss new referrals to primary medical care services. Such case conferences must be documented in the client record and properly entered into the CPCDMS. Use of CPCDMS Data System: Contractor must comply with CPCDMS business rules and procedures. Contractor must enter into the CPCDMS all required clinical data, including but not limited to, HAART treatment including all changes in medication regimens, Opportunistic Infections, screening and treatment for STDs and Hepatitis A, B, C and other clinical screening and treatment data required by HRSA, TDSHS and the County. Contractor must perform Registration updates in accordance with RWGA CPCDMS business rules for all clients wherein Contractor is client's CPCDMS record-owning agency. Contractor must utilize an electronic verification system to verify insurance/3rd party payer status monthly or per visit (whichever is less frequent). **Bus Pass Distribution:** The County will provide Contractor with METRO bus pass vouchers. Bus Pass vouchers must be distributed in accordance with RWGA policies and procedures, standards of care and financial eligibility guidelines. Contractor may only issue METRO bus pass vouchers to clients wherein the Contractor is the CPCDMS record owning Contractor. METRO bus pass vouchers shall be distributed as follows: **Expiration of Current Bus Pass:** In those situation wherein the bus pass expiration date does not coincide with the CPCDMS registration update the Contractor must distribute METRO bus pass vouchers to eligible clients upon the expiration of the current bus pass or when a Value-based bus card has been expended on eligible transportation needs. Contractor may issue METRO bus passes to eligible clients living outside the METRO service area in those situations where the Contractor has documented in the client record that the client will utilize the METRO system to access needed HIV-related health care services located in the METRO service area. **Gas Cards:** Primary Medical Care Contractors must distribute gasoline vouchers to eligible clients residing in the rural service area in accordance with RWGA policies and procedures, standards of care

	and financial eligibility guidelines. Gas Cards are only available to Rural primary medical care Contractors without prior approval by RWGA.

FY 2016 RWPC "How to Best Meet the Need" Decision Process

Step in Process: **Council**		Date: **06/09/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		

Step in Process: **Steering Committee**		Date: **06/02/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		

Step in Process: **Quality Improvement Committee**		Date: **05/19/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		

Step in Process: **HTBMTN Workgroup #1**		Date: **04/26/2016**
Recommendations:	Financial Eligibility: PriCare=300%, LPAP=300% + 500%, MCM/SLW=none	
1. Accept the service category definition as presented and keep financial eligibility the same.		
2. Instruct the AA to work with MCM to be more active at finding those who are specifically lost to care and work closely with DIS workers to find.		
3.		

FY 2016 Houston EMA Ryan White Part A/MAI Service Definition **Comprehensive Outpatient Primary Medical Care including Medical Case Management, Service Linkage and Local Pharmacy Assistance Program (LPAP) Services - Rural** (Revision Date: 5/21/15)	
HRSA Service Category Title: **RWGA Only**	1. Outpatient/Ambulatory Medical Care 2. Medical Case Management 3. AIDS Pharmaceutical Assistance (local) 4. Case Management (non-Medical)
Local Service Category Title:	Adult Comprehensive Primary Medical Care - Targeted to Rural
Amount Available: **RWGA Only**	Total estimated available funding: $0.00 (to be determined) 1. Primary Medical Care: $0.00 2. LPAP $0.00 3. Medical Case Management: $0.00 4. Service Linkage: $0.00 Note: The Houston Ryan White Planning Council (RWPC) determines overall annual Part A and MAI service category allocations & reallocations. RWGA has sole authority over contract award amounts.
Target Population:	Comprehensive Primary Medical Care – Targeted to Rural
Client Eligibility: Age, Gender, Race, Ethnicity, Residence, etc.	PLWHA residing in the Houston EMA/HSDA counties **other than Harris County** (prior approval required for non-EMA clients). Contractor must adhere to Targeting requirements and Budget limitations as applicable.
Financial Eligibility:	*See FY 2015 Approved Financial Eligibility for Houston EMA/HSDA*
Budget Type: **RWGA Only**	Hybrid Fee for Service
Budget Requirement or Restrictions: **RWGA Only**	**Primary Medical Care:** No less than 75% of clients served in a Targeted subcategory must be members of the targeted population with the following exceptions: 10% of funds designated to primary medical care must be

	reserved for invoicing diagnostic procedures at actual cost. Contractors may not exceed the allocation for each individual service component (Primary Medical Care, Medical Case Management, Local Pharmacy Assistance Program and Service Linkage) without prior approval from RWGA. **Local Pharmacy Assistance Program (LPAP):** Houston RWPC guidelines for Local Pharmacy Assistance Program (LPAP) services: Contractor shall offer HIV medications from an approved formulary for a total not to exceed $18,000 per contract year per client. Contractor shall offer HIV-related medications for a total not to exceed $3,000 per contract year per client. These guidelines are determined by the RWPC. The RWPC determines the subcategories that shall include Ryan White LPAP funding. Medications must be provided in accordance with Houston EMA guidelines, HRSA/HAB rules and regulations and applicable Office of Pharmacy Affairs 340B guidelines. At least 75% of the total amount of the budget for LPAP services must be solely allocated to the actual cost of medications and may not include any storage, administrative, processing or other costs associated with managing the medication inventory or distribution.
Service Unit Definition/s:	Outpatient/Ambulatory Medical Care: One (1) unit of service = One (1) primary care office/clinic visit which includes the following: • Primary care physician/nurse practitioner, physician's assistant or clinical nurse specialist examination of the patient, and • Medication/treatment education • Medication access/linkage • OB/GYN specialty procedures (as clinically indicated) • Nutritional assessment (as clinically indicated) • Laboratory (as clinically indicated, not including specialized tests) • Radiology (as clinically indicated, not including CAT scan or MRI) • Eligibility verification/screening (as necessary) • Follow-up visits wherein the patient is not seen by the MD/NP/PA are considered to be a component of the original primary care visit.

	• Outpatient Psychiatric Services: 1 unit of service = A single (1) office/clinic visit wherein the patient is seen by a State licensed and board-eligible Psychiatrist or qualified Psychiatric Nurse Practitioner. This visit may or may not occur on the same date as a primary care office visit. • Nutritional Assessment and Plan: 1 unit of service = A single comprehensive nutritional assessment and treatment plan performed by a Licensed, Registered Dietician initiated upon a physician's order. Does not include the provision of Supplements or other products (clients may be referred to the Ryan White funded Medical Nutritional Therapy provider for provision of medically necessary supplements). The nutritional assessment visit may or may not occur on the same date as a medical office visit. • AIDS Pharmaceutical Assistance (local): A unit of service = a transaction involving the filling of a prescription or any other allowable medication need ordered by a qualified medical practitioner. The transaction will involve at least one item being provided for the client, but can be any multiple. The cost of medications provided to the client must be invoiced at actual cost. • Medical Case Management: 1 unit of service = 15 minutes of direct medical case management services to an eligible PLWHA performed by a qualified medical case manager. • Service Linkage (non-Medical Case Management): 1 unit of service = 15 minutes of direct service linkage services to an eligible PLWHA performed by a qualified service linkage worker.
HRSA Service Category Definition: **RWGA Only**	• **Outpatient/Ambulatory medical care** is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty

	care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies. • **AIDS Pharmaceutical Assistance (local)** includes local pharmacy assistance programs implemented by Part A or Part B Grantees to provide HIV/AIDS medications to clients. This assistance can be funded with Part A grant funds and/or Part B base award funds. Local pharmacy assistance programs are not funded with ADAP earmark funding. • **Medical Case Management** services (including treatment adherence) are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication. • **Case Management (non-Medical)** includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.

Standards of Care:	Contractors must adhere to the most current published Part A/B Standards of Care for the Houston EMA/HSDA. **Services must meet or exceed applicable United States Department of Health and Human Services (DHHS) guidelines for the Treatment of HIV/AIDS.**
Local Service Category Definition/Services to be Provided:	**Outpatient/Ambulatory Primary Medical Care:** Services include on-site physician, physician extender, nursing, phlebotomy, radiographic, laboratory, pharmacy, intravenous therapy, home health care referral, licensed dietician, patient medication education, and patient care coordination. The Contractor must provide continuity of care with inpatient services and subspecialty services (either on-site or through specific referral to appropriate medical provider upon primary care Physician's order). Services provided to women shall further include OB/GYN physician & physician extender services on-site or by referral, OB/GYN services, colposcopy, nursing, phlebotomy, radiographic, laboratory, pharmacy, intravenous therapy, home health care referral, licensed dietician, patient medication/women's health education, patient care coordination, and social services. The Contractor must provide continuity of care with inpatient services and subspecialty services (either on-site or through specific referral protocols to appropriate agencies upon primary care Physician's order). **Outpatient/Ambulatory Primary Medical Care must provide:** • Continuity of care for all stages of adult HIV infection; • Laboratory and pharmacy services including intravenous medications (either on-site or through established referral systems); • Outpatient psychiatric care, including lab work necessary for the prescribing of psychiatric medications when appropriate (either on-site or through established referral systems); • Access to the Texas ADAP program (either on-site or through established referral systems); • Access to compassionate use HIV medication programs (either directly or through established referral systems); • Access to HIV related research protocols (either directly or through established referral systems); • Must at a minimum, comply with Houston EMA/HSDA Part A/B Standards for HIV Primary Medical Care. The Contractor must demonstrate on an ongoing basis the ability to provide state-of-the-art HIV-related primary care medicine in accordance

with the most recent DHHS HIV treatment guidelines. Rapid advances in HIV treatment protocols require that the Contractor provide services that to the greatest extent possible maximize a patient's opportunity for long-term survival and maintenance of the highest quality of life possible.

- On-site Outpatient Psychiatry services.
- On-site Medical Case Management services.
- On-site Medication Education.
- Physical therapy services (either on-site or via referral).
- Specialty Clinic Referrals (either on-site or via referral).
- On-site pelvic exams as needed for female patients with appropriate follow-up treatment and referral.
- On site Nutritional Counseling by a Licensed Dietitian.

Services for women must also provide:

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

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

Patient Medication Education Services must adhere to the following requirements:

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

Outpatient Psychiatric Services:
The program must provide:

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

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

Local Medication Assistance Program (LPAP): LPAP provides pharmaceuticals to patients otherwise ineligible for medications through private insurance, Medicaid/Medicare, State ADAP, SPAP or

	other sources. Allowable medications are only those on the Houston EMA Ryan White Part A Formulary. Eligible clients may be provided Fuzeon™ on a case-by-case basis with prior approval of Ryan White Grant Administration (RWGA). The cost of Fuzeon™ does not count against a client's annual maximum. HIV-related medication services are the provision of physician or physician-extender prescribed HIV-related medications to prevent serious deterioration of health. Does not include drugs available to the patient from other programs or payers or free of charge (such as birth control and TB medications) or medications available over the counter (OTC) without prescription. Contractor must offer all medications on the Texas ADAP formulary, for a total not to exceed $18,000.00 per contract year per client. Contractor must provide allowable HIV-related medications (i.e. non-HIV medications) for a total not to exceed $3,000 per contract year per client. Contractor may be reimbursed ADAP dispensing fees (e.g. $5/Rx) in accordance with RWGA business rules for those ADAP clients who are unable to pay the ADAP dispensing fee. **Medical Case Management Services:** Services include screening all primary medical care patients to determine each patient's level of need for Medical Case Management services, performing a comprehensive assessment, including an assessment of the patient's health literary, and developing a medical service plan for each client that demonstrates a documented need for such services, monitoring medical service plan to ensure its implementation, and educating client regarding wellness, medication and health care appointment adherence. The Medical Case Manager serves as an advocate for the client and as a liaison with medical providers on behalf of the client. The Medical Case Manager ensures linkage to mental health, substance abuse and other client services as indicated by the medical service plan. **Service Linkage:** The purpose of Service Linkage is to assist clients with the procurement of needed services so that the problems associated with living with HIV are mitigated. Service Linkage is a working agreement between a client and a Service Linkage Worker for an indeterminate period, based on client need, during which information, referrals and service linkage are provided on an as-needed basis. Service Linkage assists clients who do not require the intensity of Medical Case Management per RWGA Quality Management guidelines. Service Linkage is both office-based and

	field based. Service Linkage Workers are expected to coordinate activities with referral sources where newly-diagnosed or not-in-care PLWHA may be identified, including 1:1 case conferences with testing site personnel to ensure the successful transition of referrals into Primary Care Services. Such incoming referral coordination includes meeting prospective clients at the referring Provider location in order to develop rapport with individuals prior to the individual's initial Primary Care appointment and ensuring such new intakes to Primary Care services have sufficient support to make the often difficult transition into ongoing primary medical care. Service Linkage also includes follow-up to re-engage lost-to-care patients. Lost-to-care patients are those patients who have not returned for scheduled appointments with Provider nor have provided Provider with updated information about their current Primary Medical Care provider (in the situation where patient may have obtained alternate service from another medical provider). Contractor must document efforts to re-engage lost-to-care patients prior to closing patients in the CPCDMS. Service Linkage extends the capability of existing programs by providing "hands-on" outreach and linkage to care services to those PLWHA who are not currently accessing primary medical care services. Service Linkage includes the issuance of bus pass vouchers and gas cards per published RWGA guidelines. Service Linkage complements and extends the service delivery capability of Medical Case Management services.
Agency Requirements:	**Providers and system must be Medicaid/Medicare certified.** **Eligibility and Benefits Coordination:** Contractor must implement consumer-friendly, culturally and linguistically appropriate new and ongoing patient eligibility verification and benefit coordination processes that ensure accountability with Ryan White Payer of Last Resort requirements while achieving maximum utilization of eligible benefits. Eligibility processes should provide clients with a meaningful understanding of their benefits, expected out-of-pocket expenses and other information needed to ensure full and continued participation in care. **LPAP Services:** Contractor must: Provide pharmacy services on-site or through an established contractual relationship that meets all requirements. Alternate (off-site) approaches must be approved prior to implementation by RWGA. Either directly, or via subcontract with an eligible 340B Pharmacy

	program entity, must: Ensure a comprehensive financial intake application to determine client eligibility for this program to insure that these funds are used as a last resort for purchase of medications. Ensure the documented capability of interfacing with the Texas HIV Medication Program operated by the Texas Department of State Health Services. This capability must be fully documented and is subject to independent verification by RWGA. Ensure medication assistance provided to clients does not duplicate services already being provided in the Houston area. The process for accomplishing this must be fully documented and is subject to independent verification by RWGA. Ensure, either directly or via a 340B Pharmacy Program Provider, at least 2 years of continuous documented experience in providing HIV/AIDS medication programs utilizing Ryan White Program or similar public sector funding. This experience must be documented and is subject to independent verification by RWGA. Ensure all medications are purchased via a qualified participant in the federal 340B Drug Pricing Program and Prime Vendor Program, administered by the HRSA Office of Pharmacy Affairs. Note: failure to maintain 340B or Prime Vendor drug pricing may result in a negative audit finding, cost disallowance or termination of contract awarded. Contractor must maintain 340B Program participation throughout the contract term. All eligible medications must be purchased in accordance with Program 340B guidelines and program requirements. Ensure Houston area HIV/AIDS service providers are informed of this program and how the client referral and enrollment processes functions. Contractor must maintain documentation of such marketing efforts. Implement a consistent process to enroll eligible patients in available pharmaceutical company Patient Assistance Programs prior to using Ryan White Part A funded LPAP resources. Ensure information regarding the program is provided to PLWHA, including historically under-served and unserved populations (e.g., African American, Hispanic/Latino, Asian, Native American, Pacific Islander) and women not currently obtaining prescribed HIV and

	HIV-related medications. Offer, at no charge to the client, delivery options for medication refills, including but not limited to courier, USPS or other package delivery service. **Case Management Operations and Supervision:** The Service Linkage Workers (SLW) and Medical Case Managers (MCM) must function within the clinical infrastructure of Contractor and receive ongoing supervision that meets or exceeds published Standards of Care. An MCM may supervise SLWs.
Staff Requirements:	Contractor is responsible for ensuring that services are provided by State licensed internal medicine and OB/GYN physicians, specialty care physicians, psychiatrists, registered nurses, nurse practitioners, vocational nurses, pharmacists, physician assistants, clinical nurse specialists, physician extenders with a colposcopy provider qualification, x-ray technologists, State licensed dieticians, licensed social worker and ancillary health care providers in accordance with appropriate State licensing and/or certification requirements and with knowledge and experience of HIV disease. In addition, Contractor must ensure the following staff requirements are met: **Outpatient Psychiatric Services:** Director of the Program must be a Board Certified Psychiatrist. Licensed and/or Certified allied health professionals (Licensed Psychologists, Physicians, Psychiatric Nurse Practitioners, Licensed Master Social Workers, Licensed Professional Counselors, Licensed Marriage and Family Therapists, Certified Alcohol and Drug Abuse Counselors, etc.) must be used in all treatment modalities. Documentation of the Director's credentials, licensures and certifications must be included in the proposal. Documentation of the Allied Health professional licensures and certifications must be included in the proposal appendices. **Medication and Adherence Education:** The program must utilize an RN, LVN, PA, NP, pharmacist or MD licensed by the State of Texas, who has at least two (2) years paid experience in the preceding five (5) years in HIV/AIDS care, to provide the educational services. Licensed social workers who have at least two (2) years paid experience in the preceding five (5) years in HIV/AIDS care may also provide adherence education and counseling. **Nutritional Assessment (primary care):** Services must be provided by a licensed registered dietician. Dieticians must have a minimum of

	two (2) years of experience providing nutritional assessment and counseling to PLWHA. **Medical Case Management:** The program must utilize a state licensed Social Worker to provide Medical Case Management Services. The Contractor must maintain the assigned number of Medical Case Management FTEs throughout the contract term. **Contractor must provide to RWGA the names of each Medical Case Manager and the individual assigned to supervise those Medical Case Managers by 03/30/15, and thereafter within 15 days after hire.** **Service Linkage:** The program must utilize Service Linkage Workers who have at a minimum a Bachelor's degree from an accredited college or university with a major in social or behavioral sciences. Documented paid work experience in providing client services to PLWHA may be substituted for the Bachelor's degree requirement on a 1:1 basis (1 year of documented paid experience may be substituted for 1 year of college). All Service Linkage Workers must have a minimum of one (1) year paid work experience with PLWHA. Contractor must maintain the assigned number of Service Linkage FTEs throughout the contract term. **Contractor must provide to RWGA the names of each Service Linkage Worker and the individual assigned to supervise those Service Linkage Workers by 03/30/15, and thereafter within 15 days after hire.** **Supervision of Case Managers:** The Service Linkage Workers and Medical Case Managers must function within the clinical infrastructure of Contractor and receive ongoing supervision that meets or exceeds Houston EMA/HSDA Part A/B Standards of Care for Service Linkage and Medical Case Management as applicable. An MCM may supervise SLWs.
Special Requirements: **RWGA Only**	**All primary medical care services must meet or exceed current United States DHHS Treatment Guidelines for the treatment and management of HIV disease.** Contractor must provide all required program components - Primary Medical Care, Medical Case Management, Service Linkage (non-medical Case Management) and Local Pharmacy Assistance Program (LPAP) services. **Primary Medical Care Services:** Services funded under this grant cannot be used to supplant insurance or Medicare/Medicaid

	reimbursements for such services. Clients eligible for such reimbursement may not be billed to this contract. Medicare and private insurance co-payments may be eligible for reimbursement under Ryan White Health Insurance Assistance (HINS) program guidelines. Patients needing such assistance should be referred to the local Ryan White-funded HINS provider for assistance. Under no circumstances may the Contractor bill the County for the difference between the reimbursement from Medicaid, Medicare or Third Party insurance and the fee schedule under the contract. Furthermore, potential clients who are Medicaid/Medicare eligible or have other Third Party payers may not be denied services or referred elsewhere by the Contractor based on their reimbursement status (i.e. Medicaid/Medicare eligible clients may not be referred elsewhere in order that non-Medicaid/Medicare eligible clients may be added to the contract). Failure to serve Medicaid/Medicare eligible clients based on their reimbursement status will be grounds for the immediate termination of contract. **For primary medical care services targeted to the Latino community at least 50% of the clinical care team must be fluent in Spanish.** **Diagnostic Procedures:** A single Diagnostic Procedure limited to procedures on the approved list of diagnostic procedures (see below) without prior County approval. Approved diagnostic procedures will be reimbursed at invoice cost. Part A and Part A/MAI-funded programs must refer to the RWGA website for the most current list of approved diagnostic procedures and corresponding codes: www.hcphes.org/rwga. **Diagnostic procedures not listed on the website must have prior approval by RWGA.** **Outpatient Psychiatric Services:** Client must not be eligible for services from other programs/providers or any other reimbursement source (i.e. Medicaid, Medicare, private insurance) unless the client is in crisis and cannot be provided immediate services from the other programs/providers. In this case, clients may be provided services, as long as the client applies for the other programs/providers, until the other programs/providers can take over services. Program must be supervised by a Psychiatrist and include diagnostic assessments, emergency evaluations and psycho-pharmacotherapy. **Maintaining Referral Relationships** (Point of Entry Agreements): Contractor must maintain appropriate relationships with entities that

	constitute key points of access to the health care system for individuals with HIV disease, including but not limited to, Harris Health System and other Houston EMA-located emergency rooms, Harris County Jail, Texas Department of Criminal Justice incarceration facilities, Immigration detention centers, substance abuse treatment and detoxification programs, adult and juvenile detention facilities, Sexually Transmitted Disease clinics, federally qualified health centers (FQHC), HIV disease counseling and testing sites, mental health programs and homeless shelters. These referral relationships must be documented with written collaborative agreements, contracts or memoranda of understanding between Contractor and appropriate point of entry entities and are subject to audit by RWGA. Contractor and POE entity staff must regularly (e.g. weekly, bi-weekly depending on volume of referrals) meet 1:1 to discuss new referrals to primary medical care services. Such case conferences must be documented in the client record and properly entered into the CPCDMS. Use of CPCDMS Data System: Contractor must comply with CPCDMS business rules and procedures. Contractor must enter into the CPCDMS all required clinical data, including but not limited to, HAART treatment including all changes in medication regimens, Opportunistic Infections, screening and treatment for STDs and Hepatitis A, B, C and other clinical screening and treatment data required by HRSA, TDSHS and the County. Contractor must perform Registration updates in accordance with RWGA CPCDMS business rules for all clients wherein Contractor is client's CPCDMS record-owning agency. Contractor must utilize an electronic verification system to verify insurance/3rd party payer status monthly or per visit (whichever is less frequent). **Bus Pass Distribution:** The County will provide Contractor with METRO bus pass vouchers. Bus Pass vouchers must be distributed in accordance with RWGA policies and procedures, standards of care and financial eligibility guidelines. Contractor may only issue METRO bus pass vouchers to clients wherein the Contractor is the CPCDMS record owning Contractor. METRO bus pass vouchers shall be distributed as follows: **Expiration of Current Bus Pass:** In those situation wherein the bus pass expiration date does not coincide with the CPCDMS registration update the Contractor must distribute METRO bus pass vouchers to eligible clients upon the expiration of the current bus pass or when a

	Value-based bus card has been expended on eligible transportation needs. Contractor may issue METRO bus passes to eligible clients living outside the METRO service area in those situations where the Contractor has documented in the client record that the client will utilize the METRO system to access needed HIV-related health care services located in the METRO service area. **Gas Cards:** Primary Medical Care Contractors must distribute gasoline vouchers to eligible clients residing in the rural service area in accordance with RWGA policies and procedures, standards of care and financial eligibility guidelines. Gas Cards are only available to Rural primary medical care Contractors without prior approval by RWGA.

FY 2016 RWPC "How to Best Meet the Need" Decision Process

Step in Process: **Council**		Date: **06/09/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		

Step in Process: **Steering Committee**		Date: **06/02/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		

Step in Process: **Quality Improvement Committee**		Date: **05/19/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		

Step in Process: **HTBMTN Workgroup #1**	Date: **04/26/2016**
Recommendations:	Financial Eligibility: PriCare=300%, LPAP=300% + 500%, MCM/SLW=none
1. Accept the service category definition as presented and keep financial eligibility the same.	
2. Instruct the AA to work with MCM to be more active at finding those who are specifically lost to care and work closely with DIS workers to find.	
3.	

FY 2016 Houston EMA/HSDA Ryan White Part A/MAI Service Definition **Comprehensive Outpatient Primary Medical Care including Medical Case Management and Service Linkage Services - Pediatric** (Revision Date: 03/03/14)	
HRSA Service Category Title: **RWGA Only**	1. Outpatient/Ambulatory Medical Care 2. Medical Case Management 3. Case Management (non-Medical)
Local Service Category Title:	Comprehensive Primary Medical Care Targeted to Pediatric
Target Population:	HIV-infected resident of the Houston EMA 0 – 18 years of age. Provider may continue services to previously enrolled clients until the client's 22nd birthday.
Financial Eligibility:	*See FY 2015 Approved Financial Eligibility for Houston EMA/HSDA*
Budget Type: **RWGA Only**	Hybrid Fee for Service
Budget Requirement or Restrictions: **RWGA Only**	**Primary Medical Care:** 10% of funds designated to primary medical care must be reserved for invoicing diagnostic procedures at actual cost. Contractors may not exceed the allocation for each individual service component (Primary Medical Care, Medical Case Management and Service Linkage) without prior approval from RWGA.
Service Unit Definition/s: **RWGA Only**	Outpatient/Ambulatory Medical Care: One (1) unit of service = One (1) primary care office/clinic visit which includes the following: • Primary care physician/nurse practitioner, physician's assistant or clinical nurse specialist examination of the patient, and • Medication/treatment education • Medication access/linkage • OB/GYN specialty procedures (as clinically indicated) • Nutritional assessment (as clinically indicated) • Laboratory (as clinically indicated, not including specialized tests) • Radiology (as clinically indicated, not including CAT scan or MRI) • Eligibility verification/screening (as necessary) • Follow-up visits wherein the patient is not seen by the MD/NP/PA are considered to be a component of the original primary care visit.

	• Outpatient Psychiatric Services: 1 unit of service = A single (1) office/clinic visit wherein the patient is seen by a State licensed and board-eligible Psychiatrist or qualified Psychiatric Nurse Practitioner. This visit may or may not occur on the same date as a primary care office visit. • Medical Case Management: 1 unit of service = 15 minutes of direct medical case management services to an eligible PLWHA performed by a qualified medical case manager. • Service Linkage (non-Medical Case Management): 1 unit of service = 15 minutes of direct service linkage services to an eligible PLWHA performed by a qualified service linkage worker.
HRSA Service Category Definition: **RWGA Only**	• **Outpatient/Ambulatory medical care** is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies. • **Medical Case Management** services (including treatment adherence) are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case

	management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication. • **Case Management (non-Medical)** includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.
Standards of Care:	Contractors must adhere to the most current published Part A/B Standards of Care for the Houston EMA/HSDA. **Services must meet or exceed applicable United States Department of Health and Human Services (DHHS) guidelines for the Treatment of HIV/AIDS.**
Local Service Category Definition/Services to be Provided:	**Outpatient/Ambulatory Primary Medical Care:** Services include on-site physician, physician extender, nursing, phlebotomy, radiographic, laboratory, pharmacy, intravenous therapy, home health care referral, licensed dietician, patient medication education, and patient care coordination. The Contractor must provide continuity of care with inpatient services and subspecialty services (either on-site or through specific referral to appropriate medical provider upon primary care Physician's order). Services provided to women shall further include OB/GYN physician & physician extender services on-site or by referral, OB/GYN services, colposcopy, nursing, phlebotomy, radiographic, laboratory, pharmacy, intravenous therapy, home health care referral, licensed dietician, patient medication/women's health education, patient care coordination, and social services. The Contractor must provide continuity of care with inpatient services and subspecialty services (either on-site or through specific referral protocols to appropriate agencies upon primary care Physician's order).

	Outpatient/Ambulatory Primary Medical Care must provide: • Continuity of care for all stages of adult HIV infection; • Laboratory and pharmacy services including intravenous medications (either on-site or through established referral systems); • Outpatient psychiatric care, including lab work necessary for the prescribing of psychiatric medications when appropriate (either on-site or through established referral systems); • Access to the Texas ADAP program (either on-site or through established referral systems); • Access to compassionate use HIV medication programs (either directly or through established referral systems); • Access to HIV related research protocols (either directly or through established referral systems); • Must at a minimum, comply with Houston EMA/HSDA Part A/B Standards for HIV Primary Medical Care. The Contractor must demonstrate on an ongoing basis the ability to provide state-of-the-art HIV-related primary care medicine in accordance with the most recent DHHS HIV treatment guidelines. Rapid advances in HIV treatment protocols require that the Contractor provide services that to the greatest extent possible maximize a patient's opportunity for long-term survival and maintenance of the highest quality of life possible. • On-site Outpatient Psychiatry services. • On-site Medical Case Management services. • On-site Medication Education. • Physical therapy services (either on-site or via referral). • Specialty Clinic Referrals (either on-site or via referral). • On-site pelvic exams as needed for female patients with appropriate follow-up treatment and referral. • On site Nutritional Counseling by a Licensed Dietitian. **Services for females of child bearing age must also provide:** • Well woman care, including but not limited to: PAP, pelvic exam, breast examination, mammography, hormone replacement and education, pregnancy testing, contraceptive services excluding birth control medications. • Obstetric Care: ante-partum through post-partum services, child birth/delivery services. Perinatal preventative education and treatment. • On-site or by referral Colposcopy exams as needed, performed by an OB/GYN physician, or physician extender with a

	colposcopy provider qualification. • Social services, including but not limited to, providing women access to child care, transportation vouchers, food vouchers and support groups at the clinic site; **Patient Medication Education Services must adhere to the following requirements:** • Medication Educators must be State Licensed Medical Doctor (MD), Nurse Practitioner (NP), Physician Assistant PA), Nurse (RN, LVN) or Pharmacist. Prior approval must be obtained prior to utilizing any other health care professional not listed above to provide medication education. • Clients who will be prescribed ongoing medical regimens (i.e. ART) must be assessed for adherence to treatment at every clinical encounter using the EMA's approved adherence assessment tool. Clients with adherence issues related to lack of understanding must receive more education regarding their medical regimen. Clients with adherence issues that are behavioral or involve mental health issues must be provided counseling by the Medical Case Manager, Physician or Physician Extender and/or licensed nursing staff and, if clinically indicated, assessment and treatment by a qualified Psychiatrist or Psychiatric Nurse Practitioner. **Outpatient Psychiatric Services:** The program must provide: • Diagnostic Assessments: comprehensive evaluation for identification of psychiatric disorders, mental status evaluation, differential diagnosis which may involve use of other clinical and laboratory tests, case formulation, and treatment plans or disposition. • Emergency Psychiatric Services: rapid evaluation, differential diagnosis, acute treatment, crisis intervention, and referral. Must be available on a 24 hour basis including emergency room referral. • Brief Psychotherapy: individual, supportive, group, couple, family, hypnosis, biofeedback, and other psychophysiological treatments and behavior modification. • Psychopharmacotherapy: evaluation and medication treatment of psychiatric disorders, including, but not limited to, anxiety disorders, major depression, pain syndromes, habit control problems, psychosis and organic mental disorders.

- Rehabilitation Services: Physical, psychosocial, behavioral, and/or cognitive training.

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

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

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

	with updated information about their current Primary Medical Care provider (in the situation where patient may have obtained alternate service from another medical provider). Contractor must document efforts to re-engage lost-to-care patients prior to closing patients in the CPCDMS. Service Linkage extends the capability of existing programs by providing "hands-on" outreach and linkage to care services to those PLWHA who are not currently accessing primary medical care services. Service Linkage includes the issuance of bus pass vouchers and gas cards per published RWGA guidelines. Service Linkage complements and extends the service delivery capability of Medical Case Management services.
Agency Requirements:	**Providers and system must be Medicaid/Medicare certified.** **Eligibility and Benefits Coordination:** Contractor must implement consumer-friendly, culturally and linguistically appropriate new and ongoing patient eligibility verification and benefit coordination processes that ensure accountability with Ryan White Payer of Last Resort requirements while achieving maximum utilization of eligible benefits. Eligibility processes should provide clients with a meaningful understanding of their benefits, expected out-of-pocket expenses and other information needed to ensure full and continued participation in care. **Case Management Operations and Supervision:** The Service Linkage Workers (SLW) and Medical Case Managers (MCM) must function within the clinical infrastructure of Contractor and receive ongoing supervision that meets or exceeds published Standards of Care. An MCM may supervise SLWs.
Staff Requirements:	Contractor is responsible for ensuring that services are provided by State licensed internal medicine and OB/GYN physicians, specialty care physicians, psychiatrists, registered nurses, nurse practitioners, vocational nurses, pharmacists, physician assistants, clinical nurse specialists, physician extenders with a colposcopy provider qualification, x-ray technologists, State licensed dieticians, licensed social worker and ancillary health care providers in accordance with appropriate State licensing and/or certification requirements and with knowledge and experience of HIV disease. In addition, Contractor must ensure the following staff requirements are met: **Outpatient Psychiatric Services:** Director of the Program must be a Board Certified Psychiatrist. Licensed and/or Certified allied health professionals (Licensed Psychologists, Physicians, Psychiatric Nurse

	Practitioners, Licensed Master Social Workers, Licensed Professional Counselors, Licensed Marriage and Family Therapists, Certified Alcohol and Drug Abuse Counselors, etc.) must be used in all treatment modalities. Documentation of the Director's credentials, licensures and certifications must be included in the proposal. Documentation of the Allied Health professional licensures and certifications must be included in the proposal appendices. **Medication and Adherence Education:** The program must utilize an RN, LVN, PA, NP, pharmacist or MD licensed by the State of Texas, who has at least two (2) years paid experience in the preceding five (5) years in HIV/AIDS care, to provide the educational services. Licensed social workers who have at least two (2) years paid experience in the preceding five (5) years in HIV/AIDS care may also provide adherence education and counseling. **Medical Case Management:** The program must utilize a state licensed Social Worker to provide Medical Case Management Services. The Contractor must maintain the assigned number of Medical Case Management FTEs throughout the contract term. **Contractor must provide to RWGA the names of each Medical Case Manager and the individual assigned to supervise those Medical Case Managers by 03/30/15, and thereafter within 15 days after hire.** **Service Linkage:** The program must utilize Service Linkage Workers who have at a minimum a Bachelor's degree from an accredited college or university with a major in social or behavioral sciences. Documented paid work experience in providing client services to PLWHA may be substituted for the Bachelor's degree requirement on a 1:1 basis (1 year of documented paid experience may be substituted for 1 year of college). All Service Linkage Workers must have a minimum of one (1) year paid work experience with PLWHA. Contractor must maintain the assigned number of Service Linkage FTEs throughout the contract term. **Contractor must provide to RWGA the names of each Service Linkage Worker and the individual assigned to supervise those Service Linkage Workers by 03/30/15, and thereafter within 15 days after hire.** **Supervision of Case Managers:** The Service Linkage Workers and Medical Case Managers must function within the clinical infrastructure of Contractor and receive ongoing supervision that meets or exceeds Houston EMA/HSDA Part A/B Standards of Care for Service Linkage and Medical Case Management as applicable.

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

	long as the client applies for the other programs/providers, until the other programs/providers can take over services. Program must be supervised by a Psychiatrist and include diagnostic assessments, emergency evaluations and psycho-pharmacotherapy. **Maintaining Referral Relationships** (Point of Entry Agreements): Contractor must maintain appropriate relationships with entities that constitute key points of access to the health care system for individuals with HIV disease, including but not limited to, Harris Health System and other Houston EMA-located emergency rooms, Harris County Jail, Texas Department of Criminal Justice incarceration facilities, Immigration detention centers, substance abuse treatment and detoxification programs, adult and juvenile detention facilities, Sexually Transmitted Disease clinics, federally qualified health centers (FQHC), HIV disease counseling and testing sites, mental health programs and homeless shelters. These referral relationships must be documented with written collaborative agreements, contracts or memoranda of understanding between Contractor and appropriate point of entry entities and are subject to audit by RWGA. Contractor and POE entity staff must regularly (e.g. weekly, bi-weekly depending on volume of referrals) meet 1:1 to discuss new referrals to primary medical care services. Such case conferences must be documented in the client record and properly entered into the CPCDMS. Use of CPCDMS Data System: Contractor must comply with CPCDMS business rules and procedures. Contractor must enter into the CPCDMS all required clinical data, including but not limited to, HAART treatment including all changes in medication regimens, Opportunistic Infections, screening and treatment for STDs and Hepatitis A, B, C and other clinical screening and treatment data required by HRSA, TDSHS and the County. <u>Contractor must perform Registration updates in accordance with RWGA CPCDMS business rules for all clients wherein Contractor is client's CPCDMS record-owning agency. Contractor must utilize an electronic verification system to verify insurance/3rd party payer status monthly or per visit (whichever is less frequent).</u> **Bus Pass Distribution:** The County will provide Contractor with METRO bus pass vouchers. Bus Pass vouchers must be distributed in accordance with RWGA policies and procedures, standards of care and financial eligibility guidelines. Contractor may only issue METRO bus pass vouchers to clients wherein the Contractor is the

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

FY 2016 RWPC "How to Best Meet the Need" Decision Process

Step in Process: **Council**		Date: **06/09/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		

Step in Process: **Steering Committee**		Date: **06/02/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
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Step in Process: **Quality Improvement Committee**		Date: **05/19/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		

Step in Process: **HTBMTN Workgroup #1**	Date: **04/26/2016**
Recommendations:	Financial Eligibility: PriCare=300%, MCM/SLW=none
1. Accept the service category definition as presented and keep financial eligibility the same.	
2.	
3.	

FY 2016 Houston EMA/HSDA Ryan White Part A/MAI Service Definition **Clinical Case Management** (Revision Date: 03/03/14)	
HRSA Service Category Title: **RWGA Only**	**Medical Case Management**
Local Service Category Title:	**Clinical Case Management (CCM)**
Budget Type: **RWGA Only**	**Unit Cost**
Budget Requirements or Restrictions: **RWGA Only**	Not applicable.
HRSA Service Category Definition: **RWGA Only**	***Medical Case Management services (including treatment adherence)*** are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.
Local Service Category Definition:	**Clinical Case Management**: Identifying and screening clients who are accessing HIV-related services from a clinical delivery system that provides Mental Health treatment/counseling and/or Substance Abuse treatment services; assessing each client's medical and psychosocial history and current service needs; developing and regularly updating a clinical service plan based upon the client's needs and choices; implementing the plan in a timely manner; providing information, referrals and assistance with linkage to medical and psychosocial services as needed; monitoring the efficacy and quality of services through periodic reevaluation; advocating on behalf of clients to decrease service gaps and remove barriers to services helping clients develop and utilize independent living skills and strategies. Assist clients in obtaining needed

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

	Management guidelines. Service plan must reflect an ongoing discussion of mental health treatment and/or substance abuse treatment, primary medical care and medication adherence, per client need. *Clinical Case Management is* both office and community-based. Clinical Case Managers will interface with the primary medical care delivery system as necessary to ensure services are integrated with, and complimentary to, a client's medical treatment plan.
Service Unit Definition(s): **RWGA Only**	One unit of service is defined as 15 minutes of direct client services and allowable charges.
Financial Eligibility:	Refer to the RWPC's approved *Financial Eligibility for Houston EMA Services*.
Client Eligibility:	HIV-infected individuals residing in the Houston EMA.
Agency Requirements:	*Clinical Case Management* services will comply with the HCPHES/RWGA published Clinical Case Management Standards of Care and policies and procedures as published and/or revised, including linkage to the CPCDMS data system *Clinical Case Management Services* must be provided by an agency with a documented history of, and current capacity for, providing mental health counseling services (categories b., c. and d. as listed under *Amount Available* above) or substance abuse treatment services to PLWH/A (category a. under *Amount Available* above) in the Houston EMA. Specifically, an applicant for this service category must clearly demonstrate it has provided mental health treatment services (e.g. professional counseling) or substance abuse treatment services (as applicable to the specific CCM category being applied for) in the previous calendar or grant year to individuals with an HIV diagnosis. Acceptable documentation for such treatment activities includes standardized reporting documentation from the County's *CPCDMS* or Texas Department of State Health Services' *ARIES* data systems, Ryan White Services Report (RSR) for 2013, SAMSHA or TDSHS/SAS program reports or other verifiable published data. Data submitted to meet this requirement is subject to audit by HCPHES/RWGA prior to an award being recommended. **Agency-generated non-verifiable data is not acceptable.** In addition, applicant agency must demonstrate it has the capability to continue providing mental health treatment and/or substance abuse treatment services for the duration of the contract term (3/1/14 – 2/28/15) and any subsequent one-year contract renewals. Acceptable documentation of such continuing capability includes current funding from Ryan White (all Parts), TDSHS HIV-related funding (Ryan White, State Services, State-funded Substance Abuse Services), SAMSHA and other ongoing federal, state and/or

	public or private foundation HIV-related funding for mental health treatment and/or substance abuse treatment services. Proof of such funding must be documented in the application and is subject to independent verification by HCPHES/RWGA prior to an award being recommended. Loss of funding and corresponding loss of capacity to provide mental health counseling or substance abuse treatment services as applicable may result in the termination of Clinical Case Management Services awarded under this service category. Continuing eligibility for Clinical Case Management Services funding is explicitly contingent on applicant agency maintaining verifiable capacity to provide mental health counseling or substance abuse treatment services as applicable to PLWH/A during the contract term. **Applicant agency must be Medicaid and Medicare Certified**.
Staff Requirements:	Clinical Case Managers must spend at least 42% (867 hours per FTE) of their time providing direct case management services. Direct case management services include any activities with a client (face-to-face or by telephone), communication with other service providers or significant others to access client services, monitoring client care, and accompanying clients to services. Indirect activities include travel to and from a client's residence or agency, staff meetings, supervision, community education, documentation, and computer input. Direct case management activities must be documented in the Centralized Patient Care Data Management System (CPCDMS) according to CPCDMS business rules. *Must comply with applicable HCPHES/RWGA Houston EMA/HSDA Part A/B Ryan White Standards of Care:* <u>Minimum Qualifications:</u> **Clinical Case Managers** must have at a minimum a Bachelor's degree from an accredited college or university with a major in social or behavioral sciences and have a current and in good standing State of Texas license (LBSW, LSW, LMSW, LCSW, LPC, LPC-I, LMFT, LMFT-A or higher level of licensure). The Clinical Case Manager may supervise the Service Linkage Worker. CCM targeting Hispanic PLWHA must demonstrate both written and verbal fluency in Spanish. <u>Supervision:</u> The **Clinical Case Manager** (CCM) must function with the clinical infrastructure of the applicant agency and receive supervision in accordance with the CCM's licensure requirements. At a minimum, the CCM must receive ongoing supervision that meets or exceeds

	HCPHES/RWGA published Ryan White Part A/B Standards of Care for Clinical Case Management. If applicant agency also has Service Linkage Workers funded under Ryan White Part A the CCM may supervise the Service Linkage Worker(s). Supervision provided by a CCM that is <u>not</u> client specific is considered **indirect time** and is not billable.
Special Requirements: **RWGA Only**	Contractor must employ full-time Clinical Case Managers. Prior approval must be obtained from RWGA to split full-time equivalent (FTE) CCM positions among other contracts or to employ part-time staff. **Contractor must provide to RWGA the names of each Clinical Case Manager and the program supervisor no later than 3/30/15. Contractor must inform RWGA in writing of any changes in personnel assigned to contract within seven (7) business days of change.** Contractor must comply with CPCDMS data system business rules and procedures. Contractor must perform CPCDMS new client registrations and registration updates for clients needing ongoing case management services as well as those clients who may only need to establish system of care eligibility. Contractor must issue bus pass vouchers in accordance with HCPHES/RWGA policies and procedures.

FY 2016 RWPC "How to Best Meet the Need" Decision Process

Step in Process: **Council**		Date: **06/09/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **Steering Committee**		Date: **06/02/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **Quality Improvement Committee**		Date: **05/19/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **HTBMTN Workgroup #1**	Date: **04/26/2016**
Recommendations:	Financial Eligibility: None
1. Accept the service category definition as presented and keep financial eligibility the same.	
2. Instruct the AA to work with MCM to be more active at finding those who are specifically lost to care and work closely with DIS workers to find.	
3.	

FY 2016 Houston EMA/HSDA Ryan White Part A Service Definition **Service Linkage at Testing Sites** (Revision Date: 03/03/14)	
HRSA Service Category Title: **RWGA Only**	**Non-medical Case Management**
Local Service Category Title:	**A. Service Linkage targeted to Not-In-Care and Newly-Diagnosed PLWHA in the Houston EMA/HDSA** **Not-In-Care PLWHA** are individuals who know their HIV status but have not been actively engaged in outpatient primary medical care services for more than six (6) months. **Newly-Diagnosed** PLWHA are individuals who have learned their HIV status within the previous six months and are not currently receiving outpatient primary medical care or case management services as documented in the CPCDMS data system. **B. *Youth targeted Service Linkage, Care and Prevention:*** Service Linkage Services targeted to Youth (13 – 24 years of age), including a focus on not-in-care and newly-diagnosed Youth in the Houston EMA. *Not-In-Care PLWHA are Youth who know their HIV status but have not been actively engaged in outpatient primary medical care services in the previous six (6) months. *Newly-Diagnosed Youth are Youth who have learned their HIV status within the previous six months and are not currently receiving outpatient primary medical care or case management services as documented in the CPCDMS data system.
Budget Type: **RWGA Only**	Fee-for-Service
Budget Requirements or Restrictions: **RWGA Only**	Early intervention services, including HIV testing and Comprehensive Risk Counseling Services (CRCS) must be supported via alternative funding (e.g. TDSHS, CDC) and may not be charged to this contract.
HRSA Service Category Definition: **RWGA Only**	***Case Management (non-Medical)*** includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does. ***Early intervention services (EIS)*** include counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, tests to diagnose to extent of immune deficiency, tests to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding

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

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

	needed basis. The purpose of **Service Linkage** is to assist clients who do not require the intensity of *Clinical or Medical Case Management*, as determined by RWGA Quality Management guidelines. **Service Linkage** is both office- and field-based and **may include the issuance of bus pass vouchers and gas cards per published guidelines.** Service Linkage targeted to Not-In-Care and/or Newly-Diagnosed PLWHA extends the capability of existing programs with a documented track record of identifying Not-In-Care and/or newly-diagnosed PLWHA by providing "hands-on" outreach and linkage to care services to those PLWHA who are not currently accessing primary medical care services. In order to ensure linkage to an ongoing support system, eligible clients identified funded under this contract, including clients who may obtain their medical services through non-Ryan White-funded programs, must be transferred to a Ryan White-funded Primary Medical Care, Clinical Case Management or Service Linkage program within 90 days of initiation of services as documented in both ECLIPS and CPCDMS data systems. Those clients who choose to access primary medical care from a non-Ryan White source, including private physicians, may receive ongoing service linkage services from provider or must be transferred to a Clinical (CCM) or Primary Care/Medical Case Management site per client need and the preference of the client**.** **GOAL (B):** This effort will continue a program of ***Service Linkage, Care and Prevention to Engage HIV Seropositive Youth*** targeting youth (ages 13-24) with a focus on Youth of color. This service is designed to reach HIV seropositive youth of color not engaged in clinical care and to link them to appropriate clinical, supportive, and preventive services. The specific objectives are to: (1) conduct outreach (service linkage) to assist seropositive Youth learn their HIV status, (2) link HIV-infected Youth with primary care services, and (3) prevent transmission of HIV infection from targeted clients.
Service Unit Definition(s): **RWGA Only**	One unit of service is defined as 15 minutes of direct client services and allowable charges.
Financial Eligibility:	Refer to the RWPC's approved *FY 2015 Financial Eligibility for Houston EMA Services*.
Client Eligibility:	Not-In-Care and/or newly-diagnosed HIV-infected individuals residing in the Houston EMA.
Agency Requirements:	**Service Linkage** services will comply with the HCPHES/RWGA published **Service Linkage** Standards of Care and policies and procedures as published and/or revised, including linkage to the CPCDMS data system.

	Agency must comply with all applicable City of Houston DHHS *ECLIPS* and RWGA/HCPHES *CPCDMS* business rules and policies & procedures. **Service Linkage** targeted to Not-In-Care and/or newly diagnosed PLWHA must be planned and delivered in coordination with local HIV prevention/outreach programs to avoid duplication of services and be designed with quantified program reporting that will accommodate local effectiveness evaluation. Contractor must document established linkages with agencies that serve HIV-infected clients or serve individuals who are members of high-risk population groups (e.g., men who have sex with men, injection drug users, sex-industry workers, youth who are sentenced under the juvenile justice system, inmates of state and local jails and prisons). Contractor must have formal collaborative, referral or Point of Entry (POE) agreements with Ryan White funded HIV/AIDS primary care providers.
Staff Requirements:	Service Linkage Workers must spend at least 42% (867 hours per FTE) of their time providing direct client services. Direct service linkage and case management services include any activities with a client (face-to-face or by telephone), communication with other service providers or significant others to access client services, monitoring client care, and accompanying clients to services. Indirect activities include travel to and from a client's residence or agency, staff meetings, supervision, community education, documentation, and computer input. Direct case management activities must be documented in the CPCDMS according to system business rules. *Must comply with applicable HCPHES/RWGA published Ryan White Part A/B Standards of Care:* Minimum Qualifications: **Service Linkage Workers** must have at a minimum a Bachelor's degree from an accredited college or university with a major in social or behavioral sciences. Documented paid work experience in providing client services to PLWH/A may be substituted for the Bachelor's degree requirement on a 1:1 basis (1 year of documented paid experience may be substituted for 1 year of college). All Service Linkage Workers must have a minimum of one (1) year paid work experience with PLWHA. Supervision: The Service Linkage Worker must function within the clinical infrastructure of the applicant agency and receive ongoing supervision that meets or exceeds HCPHES/RWGA published Ryan White Part A/B Standards of Care for Service Linkage.

Special Requirements: **RWGA Only**	Contractor must be have the capability to provide Public Health Follow-Up by qualified Disease Intervention Specialists (DIS) to locate, identify, inform and refer newly-diagnosed and not-in-care PLWHA to outpatient primary medical care services. Contractor must perform CPCDMS new client registrations and, for those newly-diagnosed or out-of-care clients referred to non-Ryan White primary care providers, registration updates per RWGA business rules for those needing ongoing service linkage services as well as those clients who may only need to establish system of care eligibility. This service category does not routinely distribute Bus Passes. However, if so directed by RWGA, Contractor must issue bus pass vouchers in accordance with HCPHES/RWGA policies and procedures.

FY 2016 RWPC "How to Best Meet the Need" Decision Process

Step in Process: **Council**		Date: **06/09/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **Steering Committee**		Date: **06/02/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **Quality Improvement Committee**		Date: **05/19/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **HTBMTN Workgroup #1**	Date: **04/26/2016**
Recommendations:	Financial Eligibility: None
1. Accept the service category definition as presented and keep financial eligibility the same.	
2.	
3.	

Service Category Definition - DSHS State Services Grant
September 1, 2015 - August 31, 2016

Local Service Category:	**Early Intervention Services – Incarcerated**
Amount Available**:**	**To be determined**
Unit Cost	
Budget Requirements or Restrictions **(TRG Only)**:	Maximum 10% of budget for Administrative Cost. No direct medical costs may be billed to this grant.
DSHS Service Category Definition:	Support of Early Intervention Services (EIS) that include identification of individuals at points of entry and access to services and provision of: • HIV Testing and Targeted counseling • Referral services • Linkage to care • Health education and literacy training that enable clients to navigate the HIV system of care These services must focus on expanding key points of entry and documented tracking of referrals. Counseling, testing, and referral activities are designed to bring HIV-positive individuals into Outpatient Ambulatory Medical Care. The goal of EIS is to decrease the number of underserved individuals with HIV/AIDS by increasing access to care. EIS also provides the added benefit of educating and motivating clients on the importance and benefits of getting into care. Individuals found to be HIV-negative should be referred to appropriate prevention services.
Local Service Category Definition:	This service includes the connection of incarcerated in the Harris County Jail into medical care, the coordination of their medical care while incarcerated, and the transition of their care from Harris County Jail to the community. Services must include: assessment of the client, provision of client education regarding disease and treatment, education and skills building to increase client's health literacy, establishment of THMP/ADAP post-release eligibility (as applicable), care coordination with medical resources within the jail, care coordination with service providers outside the jail, and discharge planning.
Target Population (age, gender, geographic, race, ethnicity, etc.):	Services are for all HIV/AIDS infected individuals incarcerated in The Harris County Jail.
Services to be Provided:	Services include but are not limited to CPCDMS registration/update, assessment, provision of client education, coordination of medical care services provided while incarcerated, medication regimen transition, multidisciplinary team review, discharge planning, and referral to community resources.
Service Unit Definition(s) **(TRG Only)**:	One unit of service is defined as 15 minutes of direct client services or coordination of care on behalf of client.
Financial Eligibility:	Due to incarceration, no income or residency documentation is required.
Client Eligibility:	HIV-positive incarcerated resident of the Harris County Jail.
Agency Requirements **(TRG Only)**:	As applicable. the agency's facility(s) shall be appropriately licensed or certified as required by Texas Department of State Health Services, for the provision of HIV Early Intervention Services, including phlebotomy services.

Service Category Definition - DSHS State Services Grant
September 1, 2015 - August 31, 2016

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

Service Category Definition - DSHS State Services Grant
September 1, 2015 - August 31, 2016

FY 2017 RWPC "How to Best Meet the Need" Decision Process

Step in Process: **Council**		Date: **06/09/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **Steering Committee**		Date: **06/02/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **Quality Improvement Committee**		Date: **05/19/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **HTBMTN Workgroup #3**	Date: **04/27/2016**
Recommendations:	Financial Eligibility: None
1. Accept the service category definition as presented and keep financial eligibility the same.	
2.	
3.	

Service Category Definition
Ryan White Part B Grant -- April 1, 2016 - March 31, 2017
DSHS State Services Grant -- September 1, 2015 - August 31, 2016

Local Service Category:	**Health Insurance Premium and Cost Sharing Assistance**
Amount Available**:**	**To be determined**
Budget Requirements or Restrictions **(TRG Only)**:	Contractor must spend no more than 20% of funds on disbursement transactions. The remaining 80% of funds must be expended on the actual cost of the payment(s) disbursed. ADAP dispensing fees are not allowable under this service category.
Local Service Category Definition:	**Health Insurance Premium and Cost Sharing Assistance:** The Health Insurance Premium and Cost Sharing Assistance service category is intended to help HIV positive individuals continue medical care without gaps in health insurance coverage or disruption of treatment. A program of financial assistance for the payment of health insurance premiums and co-pays, co-insurance and deductibles to enable eligible individuals with HIV disease to utilize their existing third party or public assistance (e.g. Medicare) medical insurance. Co-Payment: A cost-sharing requirement that requires the insured to pay a specific dollar amount for each unit of service. Co-Insurance: A cost-sharing requirement that requires the insured to pay a percentage of costs for covered services/prescription Deductible: A cost-sharing requirement that requires the insured pay a certain amount for health care or prescription, before the prescription drug plan or other insurance begins to pay. Premium: The amount paid by the insured to an insurance company to obtain or maintain and insurance policy. Advance Premium Tax Credit (APTC) Tax Liability: Tax liability associated with the APTC reconciliation; reimbursement cap of 50% of the tax due up to a maximum of $500.
Target Population (age, gender, geographic, race, ethnicity, etc.):	All Ryan White eligible clients with 3rd party insurance coverage (COBRA, private policies, Qualified Health Plans, CHIP, Medicaid, Medicare and Medicare Supplemental plans) within the Houston HSDA.
Services to be Provided:	Contractor may provide assistance with: • Insurance premiums, • And deductibles, co-insurance and/or co-payments.
Service Unit Definition **(TRG Only)**:	A unit of service will consist of payment of health insurance premiums, co-payments, co-insurance, deductible, or a combination.
Financial Eligibility:	Affordable Care Act (ACA) Marketplace Plans: 100-400% of federal poverty guidelines. All other insurance plans at or below 400% of federal poverty guidelines. Exception: Clients who were enrolled prior to November 1, 2015 will maintain their eligibility in subsequent plan years even if below 100% or between 400-500% of federal poverty guidelines.
Client Eligibility:	HIV positive resident of HSDA, and have insurance or be eligible (within local financial eligibility guidelines) to purchase a Qualified Health Plan through the Marketplace.

Service Category Definition
Ryan White Part B Grant -- April 1, 2016 - March 31, 2017
DSHS State Services Grant -- September 1, 2015 - August 31, 2016

Agency Requirements **(TRG Only)**:	Agency must: • Provide a comprehensive financial intake/application to determine client eligibility for this program to insure that these funds are used as a last resort in order for the client to utilize his/her existing insurance or be eligible to purchase a qualified health plan through the Marketplace. • Clients will not be put on wait lists nor will Health Insurance Premium and Cost Sharing Assistance services be postponed or denied due to funding without notifying the Administrative Agency. • Conduct marketing in-services with Houston area HIV/AIDS service providers to inform them of this program and how the client referral and enrollment processes function. • Establish formal written agreements with all Houston HSDA Ryan White-funded (Part A, B, C, D) primary care, mental health and substance abuse provider agencies to enable clients of these agencies to enroll in Health Insurance assistance at his/her primary care, mental health or substance abuse provider site. (i.e. No need for client to physically present to Health Insurance provider.) • Utilizes the RW Planning Council-approved prioritization of cost sharing assistance when limited funds warrant it (premiums take precedence). o **Priority Ranking of Requests (in descending order)**: ▪ HIV medication co-pays and deductibles (medications on the Texas ADAP formulary) ▪ Non-HIV medication co-pays and deductibles ▪ Co-payments for provider visits (eg. physician visit and/or lab copayments) ▪ Medicare Part D (Rx) premiums ▪ APTC Tax Liability ▪ Out of Network out-of-pocket expenses • Utilizes the RW Planning Council –approved consumer out-of-pocket methodology.
Special Requirements **(TRG Only)**:	Must comply with the Houston EMA/HSDA Standards of Care and, pending the most current DSHS guidance, client must: • Purchase Silver Level Plan with formulary equivalency • Take advance premium credit • No assistance for Out of Network out-of-pocket expenses without prior approval of the Administrative Agent. Must comply with DSHS Interim Guidance. Must comply with updated guidance from DSHS. Must comply with the Eastern HASA HIP Policy and Procedure.

Service Category Definition
Ryan White Part B Grant -- April 1, 2016 - March 31, 2017
DSHS State Services Grant -- September 1, 2015 - August 31, 2016

FY 2017 RWPC "How to Best Meet the Need" Decision Process

Step in Process: **Council**		Date: **06/09/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **Steering Committee**		Date: **06/02/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **Quality Improvement Committee**		Date: **05/19/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **HTBMTN Workgroup #2**	Date: **04/26/2016**
Recommendations:	Financial Eligibility: 0%-400%
1. Update the service category definition to reflect the new HRSA definition and change the financial eligibility to between 0%-400%; client must have documentation showing they receive IRS subsidy.	
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FY 2016 Houston EMA/HSDA Ryan White Part A/MAI Service Definition **Health Insurance Co-Payments and Co-Insurance Assistance** (Revision Date: 5/21/15)	
HRSA Service Category Title:	**Health Insurance Premium and Cost Sharing Assistance**
Local Service Category Title:	**Health Insurance Co-Payments and Co-Insurance**
Budget Type**:**	**Hybrid Fee for Service**
Budget Requirements or Restrictions:	Agency must spend no more than 20% of funds on disbursement transactions. The remaining 80% of funds must be expended on the actual cost of the payment(s) disbursed.
HRSA Service Category Definition**:**	***Health Insurance Premium & Cost Sharing Assistance*** is the provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-payments, and deductibles.
Local Service Category Definition:	A program of financial assistance for the payment of health insurance premiums, deductibles, co-insurance, co-payments and tax liability payments associated with Advance Premium Tax Credit (APTC) reconciliation to enable eligible individuals with HIV disease to utilize their existing third party or public assistance (e.g. Medicare) medical insurance. Co-Payment: A cost-sharing requirement that requires the insured to pay a specific dollar amount for each unit of service. Co-Insurance: A cost-sharing requirement that requires the insured to pay a percentage of costs for covered services/prescription Deductible: A cost-sharing requirement that requires the insured to pay a certain amount for health care or prescription, before the prescription drug plan or other insurance begins to pay. Premium: The amount paid by the insured to an insurance company to obtain or maintain and insurance policy. APTC Tax Liability: The difference paid on a tax return if the advance credit payments that were paid to a health care provider were more than the actual eligible credit.
Target Population (age, gender, geographic, race, ethnicity, etc.):	All Ryan White eligible clients with 3rd party insurance coverage (COBRA, private policies, Qualified Health Plans, CHIP, Medicaid, Medicare and Medicare Supplemental) within the

	Houston EMA.
Services to be Provided:	Provision of financial assistance with premiums, deductibles, co-insurance, and co-payments. Also includes tax liability payments associated with APTC reconciliation up to 50% of liability with a $500 maximum.
Service Unit Definition(s): **(RWGA only)**	1 unit of service = A payment of a premium, deductible, co-insurance, co-payment or tax liability associated with APTC reconciliation for an HIV-infected person with insurance coverage.
Financial Eligibility:	Refer to the RWPC's approved *Financial Eligibility for Houston EMA Services*.
Client Eligibility:	HIV-infected individuals residing in the Houston EMA meeting financial eligibility requirements and have insurance or be eligible to purchase a Qualified Health Plan through the Marketplace.
Agency Requirements:	Agency must: • Provide a comprehensive financial intake/application to determine client eligibility for this program to insure that these funds are used as a last resort in order for the client to utilize his/her existing insurance or be eligible to purchase a qualified health plan through the Marketplace. • Ensure that assistance provided to clients does not duplicate services already being provided through Ryan White Part B or State Services. The process for ensuring this requirement must be fully documented. • Have mechanisms to vigorously pursue any excess premium tax credit a client receives from the IRS upon submission of the client's tax return for those clients that receive financial assistance for eligible out of pocket costs associated with the purchase and use of Qualified Health Plans obtained through the Marketplace. • Conduct marketing with Houston area HIV/AIDS service providers to inform such entities of this program and how the client referral and enrollment processes function. Marketing efforts must be documented and are subject to review by RWGA. • Clients will not be put on wait lists nor will Health Insurance Premium and Cost Sharing Assistance services be postponed or denied without notifying the Administrative Agency. • Establish formal written agreements with all Houston HSDA Ryan White-funded (Part A, B, C, D) primary care, mental health and substance abuse provider agencies to enable clients

	of these agencies to enroll in Health Insurance assistance at his/her primary care, mental health or substance abuse provider site. (i.e. No need for client to physically present to Health Insurance provider.) • Utilize RWGA approved prioritization of cost sharing assistance, when limited funds warrant it. • Utilize consumer out-of-pocket methodology approved by RWGA.
Staff Requirements:	None
Special Requirements:	Agency must: • Comply with the Houston EMA/HSDA Standards of Care and Health Insurance Assistance service category program policies.

FY 2016 RWPC "How to Best Meet the Need" Decision Process

Step in Process: **Council**		Date: **06/09/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **Steering Committee**		Date: **06/02/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **Quality Improvement Committee**		Date: **05/19/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **HTBMTN Workgroup #2**	Date: **04/26/2016**
Recommendations:	Financial Eligibility: 0%-400%
1. Update the service category definition to reflect the new HRSA definition and change the financial eligibility to between 0%-400%; client must have documentation showing they receive IRS subsidy.	
2.	
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Service Category Definition - Ryan White Part B Grant
April 1, 2016 - March 31, 2017

Local Service Category:	**Home and Community-Based Health Services (Facility-Based)**
Amount Available**:**	**To be determined**
Unit Cost	
Budget Requirements or Restrictions:	Maximum of 10% of budget for Administrative Cost
DSHS Service Category Definition:	Home and Community-Based Health Care Services are therapeutic, nursing, supportive and/or compensatory health services provided by a licensed/certified home health agency in a home or community-based setting in accordance with a written, individualized plan of care established by a licensed physician. Home and Community-Based Health Services include the following: • **Para–professional care** is the provision of services by a home health aide, personal caretaker, or attendant caretaker. This definition also includes non–medical, non–nursing assistance with cooking and cleaning activities to help clients remain in their homes. • **Professional care** is the provision of services in the home by licensed health care workers such as nurses. • **Specialized care** is the provision of services that include intravenous and aerosolized treatment, parenteral feeding, diagnostic testing, and other high–tech therapies. physical therapy, social worker services. Home and Community-Based Health Care Providers work closely with the multidisciplinary care team that includes the client's case manager, primary care provider, and other appropriate health care professionals. Allowable services include: • Durable medical equipment • Home health aide and personal care services • Day treatment or other partial hospitalization services • Home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy) • Routine diagnostic testing • Appropriate mental health, developmental, and rehabilitation services • Specialty care and vaccinations for hepatitis co-infection, provided by public and private entities
Local Service Category Definition:	***Home and Community-based Health Services (facility-based)*** *is* defined as a day treatment program that includes Physician ordered therapeutic nursing, supportive and/or compensatory health services based on a written plan of care established by an interdisciplinary care team that includes appropriate healthcare professionals and paraprofessionals. Services include skilled nursing, nutritional counseling, evaluations and education, and additional therapeutic services and activities. Inpatient hospitals services, nursing home and other long-term care facilities are **NOT** included.

Service Category Definition - Ryan White Part B Grant
April 1, 2016 - March 31, 2017

Target Population (age, gender, geographic, race, ethnicity, etc.):	Eligible recipients for home and community based health services are HIV/AIDS infected persons residing within the Houston HIV Service Delivery Area (HSDA) who are at least 18 years of age.
Services to be Provided:	Community-Based Health Services are designed to support the increased functioning and the return to self-sufficiency of clients through the provision of treatment and activities of daily living. Services must include: • **Skilled Nursing:** Services to include medication administration, medication supervision, medication ordering, filling pill box, wound dressing changes, straight catheter insertion, education of family/significant others in patient care techniques, ongoing monitoring of patients' physical condition and communication with attending physicians (s), personal care, and diagnostics testing. • **Other Therapeutic Services:** Services to include recreational activities (fine/gross motor skills and cognitive development), replacement of durable medical equipment, information referral, peer support, and transportation. • **Nutrition:** Services to include evaluation and counseling, supplemental nutrition, and daily nutritious meals. • **Education:** Services to include instructional workshops of HIV related topics and life skills. Services will be provided at least Monday through Friday for a minimum of 10 hours/day.
Service Unit Definition(s):	A unit of service is defined as one (1) visit/day of care for one (1) client for a minimum of four hours. Services consist of medical health care and social services at a licensed adult day.
Financial Eligibility:	Income at or below 300% of Federal Poverty Guidelines
Client Eligibility:	HIV positive individuals at least 18 years of age residing within the Houston HSDA.
Agency Requirements:	Must be licensed by the Texas Department of Aging and Disability Services (DADS) as an Adult Day Care provider.
Staff Requirements:	• **Skilled Nursing Services** must be provided by a Licensed Vocational or Registered Nurse. • **Other Therapeutic Services** are provided by paraprofessionals, such as an activities coordinator, and counselors (LPC, LMSW, and LMFTA). • **Nutritional Services** are provided by a Registered Dietician and food managers. • **Education Services** are provided by a health educator.
Special Requirements:	Must comply with the Houston EMA/HSDA Standards of Care. The agency must comply with **the DSHS Home and Community-Based Health Services Standards of Care**. The agency must have policies and procedures in place that comply with the standards ***prior*** to delivery of the service.

Service Category Definition - Ryan White Part B Grant
April 1, 2016 - March 31, 2017

FY 2017 RWPC "How to Best Meet the Need" Decision Process

Step in Process: **Council**		Date: **06/09/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **Steering Committee**		Date: **06/02/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **Quality Improvement Committee**		Date: **05/19/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **HTBMTN Workgroup #2**	Date: **04/26/2016**
Recommendations:	Financial Eligibility: 300%
1. Accept the service category definition as presented and keep financial eligibility the same.	
2.	
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Service Category Definition - DSHS State Services Grant
September 1, 2015 - August 31, 2016

Local Service Category:	**Hospice Services**
Amount Available**:**	**To be determined**
Unit Cost	
Budget Requirements or Restrictions:	Maximum 10% of budget for Administrative Cost
DSHS Service Category Definition:	Provision of Hospice Care provided by licensed hospice care providers to clients in the terminal stages of illness, in a home or other residential setting, including a non-acute-care section of a hospital that has been designated and staffed to provide hospice care for terminal patients. Hospice services include, but are not limited to, the palliation and management of the terminal illness and conditions related to the terminal illness. Allowable Ryan White/State Services funded services are: • Room • Board • Nursing care • Mental health counseling, to include bereavement counseling • Physician services • Palliative therapeutics Ryan White/State Service funds may not be used for funeral, burial, cremation, or related expenses. Funds may not be used for nutritional services, durable medical equipment and medical supplies or case management services.
Local Service Category Definition:	Hospice services encompass palliative care for terminally ill clients and support services for clients and their families. Services are provided by a licensed nurse and/or physical therapist. Additionally, unlicensed personnel may deliver services under the delegation of a licensed nurse or physical therapist, to a client or a client's family as part of a coordinated program. A physician must certify that a patient is terminal, defined under Medicaid hospice regulations as having a life expectancy of 6 months or less. Services must include but are not limited to medical and nursing care, palliative care, and psychosocial support for the patient, as well as a mechanism for bereavement referral for surviving family members. Counseling services provided in the context of hospice care must be consistent with the (Ryan White) definition of mental health counseling. Palliative therapies must be consistent with those covered under respective State Medicaid Program.
Target Population (age, gender, geographic, race, ethnicity, etc.):	Individuals with AIDS residing in the Houston HIV Service Delivery (HSDA).

Service Category Definition - DSHS State Services Grant
September 1, 2015 - August 31, 2016

Services to be Provided:	Services must include but are not limited to medical and nursing care, palliative care, psychosocial support and spiritual guidance for the patient, as well as a mechanism for bereavement referral for surviving family members. Counseling services provided in the context of hospice care must be consistent with the (Ryan White) definition of mental health counseling. Palliative therapies must be consistent with those covered under respective State Medicaid Program. Allowable Ryan White/State Services funded services are: • Room • Board • Nursing care • Mental health counseling, to include bereavement counseling • Physician services • Palliative therapeutics Services NOT allowed under this category: • HIV medications under hospice care unless paid for by the client. • Medical care for acute conditions or acute exacerbations of chronic conditions other than HIV for potentially Medicaid eligible residents. • Funeral, burial, cremation, or related expenses. • Nutritional services, • Durable medical equipment and medical supplies. • Case management services.
Service Unit Definition(s):	A unit of service is defined as one (1) twenty-four (24) hour day of hospice services that includes a full range of physical and psychological support to HIV patients in the final stages of AIDS.
Financial Eligibility:	Income at or below 300% Federal Poverty Guidelines.
Client Eligibility:	Individuals with an AIDS diagnosis and certified by his or her physician that the individual's prognosis is for a life expectancy of six (6) months or less if the terminal illness runs its normal course
Agency Requirements:	Agency/provider is a licensed hospital/facility and maintains a valid State license with a residential AIDS Hospice designation, or is certified as a Special Care Facility with Hospice designation. Provider must inform Administrative Agency regarding issue of long term care facilities denying admission for HIV positive clients based on inability to provide appropriate level of skilled nursing care. Services must be provided by a medically directed interdisciplinary team, qualified in treating individual requiring hospice services.

	Staff will refer Medicaid/Medicare eligible clients to a Hospice Provider for medical, support, and palliative care. Staff will document an attempt has been made to place Medicaid/Medicare eligible clients in another facility prior to admission.
Staff Requirements:	*Previous bullets moved to Agency Requirements* All hospice care staff who provide direct-care services and who require licensure or certification, must be properly licensed or certified by the State of Texas.
Special Requirements:	These services must be: a) Available 24 hours a day, seven days a week, during the last stages of illness, during death, and during bereavement; b) Provided by a medically directed interdisciplinary team; c) Provided in nursing home, residential unit, or inpatient unit according to need. These services do not include inpatient care normally provided in a licensed hospital to a terminally ill person who has not elected to be a hospice client. d) Residents seeking care for hospice at Agency must first seek care from other facilities and denial must be documented in the resident's chart. Must comply with the Houston EMA/HSDA Standards of Care. The agency must comply with **the DSHS Hospice Standards of Care**. The agency must have policies and procedures in place that comply with the standards ***prior*** to delivery of the service.

Service Category Definition - DSHS State Services Grant
September 1, 2015 - August 31, 2016

FY 2017 RWPC "How to Best Meet the Need" Decision Process

Step in Process: **Council**		Date: **06/09/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **Steering Committee**		Date: **06/02/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **Quality Improvement Committee**		Date: **05/19/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **HTBMTN Workgroup #2**	Date: **04/26/2016**
Recommendations:	Financial Eligibility: 300%
1. Accept the service category definition as presented and keep financial eligibility the same.	
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FY 2016 Houston EMA/HSDA Ryan White Part A/MAI Service Definition **Legal Services** Revision Date: 03/03/14	
HRSA Service Category Title: **RWGA Only**	**Legal Services** **Permanency Planning**
Local Service Category Title:	**Legal Assistance**
Budget Type: **RWGA Only**	**Fee for Service**
Budget Requirements or Restrictions: **RWGA Only**	Only time spent by the Attorney working on a client's case may be billed under this contract. Travel time to and from a client's residence is not billable. Criminal matters are not eligible for reimbursement. The clients' legal representative and/or affected significant other is no longer eligible for Ryan White-funded legal assistance services if the HIV-infected individual is deceased (i.e. eligibility for Ryan White-funded legal services ceases upon death of the HIV-positive client). $50,000 is designated to provide Legal Assistance Services to eligible PLWHA who reside in the Houston EMA/HSDA outside of Harris County (i.e. in the rural area).
HRSA Service Category Definition: **RWGA Only**	**1.** ***Legal services*** are the provision of services to individuals with respect to powers of attorney and 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 Ryan White Program. It does **not** include any legal services that arrange for guardianship or adoption of children after the death of their normal caregiver. **2.** ***Permanency planning*** is the provision of services to help clients or families make decisions about placement and care of minor children after the parents/caregivers are deceased or are no longer able to care for them.
Local Service Category Definition:	Ryan White allowable legal and permanency planning services provided to HIV-infected individuals and/or their legal representatives by an Attorney licensed to practice in Texas.
Target Population (age, gender, geographic, race, ethnicity, etc.):	HIV-infected persons living within the Houston Eligible Metropolitan Area (EMA) and/or their legal representatives.
Services to be Provided:	Comprehensive legal assistance must include but is not limited to estate planning, permanency planning, discrimination, entitlement, and insurance disputes.

Service Unit Definition(s): **RWGA Only**	A unit of service is defined as one (1) hour of service provided by an Attorney licensed to practice in Texas.
Financial Eligibility:	Refer to the RWPC's approved *FY 2015 Financial Eligibility for Houston EMA Services*.
Client Eligibility:	HIV-infected residents of the Houston EMA/HSDA.
Agency Requirements:	Not applicable.
Staff Requirements:	Staff attorney must be licensed by the State of Texas and have a minimum educational level of a doctorate in Jurisprudence.
Special Requirements: **RWGA Only**	None.

FY 2016 RWPC "How to Best Meet the Need" Decision Process

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Step in Process: **Quality Improvement Committee**		Date: **05/19/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **HTBMTN Workgroup #3**	Date: **04/27/2016**
Recommendations:	Financial Eligibility: 500%
1. Update the name of the service category to Other Professional Services.	
2. Set the financial eligibility for Other Professional Services, including Legal Services and Tax Preparation Services, at 500%.	
3.	

Service Category Definition - DSHS State Services Grant
September 1, 2015 - August 31, 2016

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

	agencies.
Staff Requirements:	ASL interpreters must be certified. Language interpreters must have completed a forty (40) hour community interpreter training course approved by the DSHS.
Special Requirements **(TRG Only)**:	Must comply with the Houston EMA/HSDA Standards of Care. The agency must comply with **the DSHS Linguistic Services Standards of Care**. The agency must have policies and procedures in place that comply with the standards ***prior*** to delivery of the service.

Service Category Definition - DSHS State Services Grant
September 1, 2015 - August 31, 2016

FY 2017 RWPC "How to Best Meet the Need" Decision Process

Step in Process: **Council**		Date: **06/09/2016**
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Step in Process: **Steering Committee**		Date: **06/02/2016**
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Step in Process: **Quality Improvement Committee**		Date: **05/19/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **HTBMTN Workgroup #2**	Date: **04/26/2016**
Recommendations:	Financial Eligibility: 300%
1. Accept the service category definition as presented and keep financial eligibility the same.	
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FY 2016 Houston EMA/HSDA Ryan White Part A Service Definition **Medical Nutritional Therapy** (Revision Date: 03/03/14)	
HRSA Service Category Title: **RWGA Only**	**Medical Nutritional Therapy**
Local Service Category Title:	**Medical Nutritional Therapy and Nutritional Supplements**
Budget Type: **RWGA Only**	**Hybrid**
Budget Requirements or Restrictions: **RWGA Only**	***Supplements:*** An individual client may not exceed $1,000.00 in supplements annually without **prior** approval by RWGA. ***Nutritional Therapy:*** An individual nutritional education/counseling session lasting a minimum of 45 minutes. Provision of professional (licensed registered dietician) education/counseling concerning the therapeutic importance of foods and nutritional supplements that are beneficial to the wellness and improved health conditions of clients. Medically, it is expected that symptomatic or mildly symptomatic clients will be seen once every 12 weeks while clients with higher acuity will be seen once every 6 weeks.
HRSA Service Category Definition: **RWGA Only**	***Medical nutrition therapy*** is provided by a licensed registered dietitian outside of a primary care visit **and may include the provision of nutritional supplements.**
Local Service Category Definition:	***Supplements:*** Up to a 90-day supply at any given time, per client, of approved nutritional supplements that are listed on the Houston EMA/HSDA Nutritional Supplement Formulary. Nutritional counseling must be provided for each disbursement of nutritional supplements. ***Nutritional Therapy:*** An individual nutritional education/counseling session lasting a minimum of 45 minutes. Provision of professional (licensed registered dietician) education/counseling concerning the therapeutic importance of foods and nutritional supplements that are beneficial to the wellness and improved health conditions of clients. Medically, it is expected that symptomatic or mildly symptomatic clients will be seen once every 12 weeks while clients with higher acuity will be seen once every 6 weeks. Services must be provided under written order from a state licensed medical provider (MD, DO or PA) with prescribing privileges and must be based on a written nutrition plan developed by a licensed registered dietician.
Target Population (age, gender, geographic, race, ethnicity, etc.):	HIV/AIDS infected persons living within the Houston Eligible Metropolitan Area (EMA) or HIV Service Delivery Area (HSDA).

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

	Medical Nutritional Therapy: An individual nutritional counseling session lasting a minimum of 45 minutes.
Financial Eligibility:	Refer to the RWPC's approved *FY 2015 Financial Eligibility for Houston EMA Services*.
Client Eligibility:	***Nutritional Supplements:*** HIV-infected and documentation that the client is actively enrolled in primary medical care. ***Medical Nutritional Therapy:*** HIV-infected resident and documentation that the client is actively enrolled in primary medical care.
Agency Requirements:	None.
Staff Requirements:	The nutritional counseling services under this category must be provided by a licensed registered dietician. Dieticians must have a minimum of two (2) years experience providing nutritional assessment and counseling to PLWHA.
Special Requirements: **RWGA Only**	Must comply with Houston EMA/HSDA Part A/B Standards of Care, HHS treatment guidelines and applicable HRSA/HAB HIV Clinical Performance Measures. Must comply with the Houston EMA/HSDA approved Medical Nutritional Therapy Formulary.

FY 2016 RWPC "How to Best Meet the Need" Decision Process

Step in Process: **Council**		Date: **06/09/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **Steering Committee**		Date: **06/02/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **Quality Improvement Committee**		Date: **05/19/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **HTBMTN Workgroup #2**	Date: **04/26/2016**
Recommendations:	Financial Eligibility: 300%
1. Accept the service category definition as presented and keep financial eligibility the same.	
2.	
3.	

Service Category Definition - DSHS State Services Grant
September 1, 2015 - August 31, 2016

Local Service Category:	**Mental Health Services**
Amount Available**:**	**To be determined**
Unit Cost	
Budget Requirements or Restrictions **(TRG Only)**:	Maximum of 10% of budget for Administrative Cost.
DSHS Service Category Definition	Mental Health Services include psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, based on a detailed treatment plan, and provided by a mental health professional licensed or authorized within the State to provide such services, typically including psychiatrists, psychologists, and licensed clinical social workers. Mental health counseling services includes outpatient mental health therapy and counseling (individual and family) provided solely by Mental Health Practitioners licensed in the State of Texas. Mental health services include: • Mental Health Assessment • Treatment Planning • Treatment Provision • Individual psychotherapy • Family psychotherapy • Conjoint psychotherapy • Group psychotherapy • Psychiatric medication assessment, prescription and monitoring • Psychotropic medication management • Drop-In Psychotherapy Groups • Emergency/Crisis Intervention General mental health therapy, counseling and short-term (based on the mental health professionals judgment) bereavement support is available for non-HIV infected family members or significant others.
Local Service Category Definition:	**Individual Therapy/counseling** is defined as 1:1 or family-based crisis intervention and/or mental health therapy provided by a licensed mental health practitioner to an eligible HIV positive or HIV/AIDS affected individual. **Support Groups** are defined as professionally led (licensed therapists or counselor) groups that comprise HIV positive individuals, family members, or significant others for the purpose of providing emotional support directly related to the stress of caring for an HIV positive person.
Target Population (age, gender, geographic, race, ethnicity, etc.):	HIV/AIDS infected and affected individuals living within the Houston HIV Service Delivery Area (HSDA).
Services to be Provided:	Agencies are encouraged to have available to clients all modes of counseling services, i.e., crisis, individual, family, and group. Sessions may be conducted in-home. Agency must provide professional support group sessions led by a licensed counselor.

Service Category Definition - DSHS State Services Grant
September 1, 2015 - August 31, 2016

Service Unit Definition(s) **(TRG Only)**:	**Individual and Family Crisis Intervention and Therapy:** A unit of service is defined as an individual counseling session lasting a minimum of 45 minutes. **Group Therapy:** A unit of service is defined as one (1) eligible client attending 90 minutes of group therapy. The minimum time allowable for a single group session is 90 minutes and maximum time allowable for a single group session is 120 minutes. No more than one unit may be billed per session for an individual or group session. A minimum of three (3) clients must attend a group session in order for the group session to eligible for reimbursement. **Consultation:** One unit of service is defined as 15 minutes of communication with a medical or other appropriate provider to ensure case coordination.
Financial Eligibility:	Income at or below 300% Federal Poverty Guidelines.
Client Eligibility:	For individual therapy session, HIV positive or the affected significant other of an HIV positive person, resident of Houston HSDA. HIV positive client must have a current DSM diagnosis eligible for reimbursement under the State Medicaid Plan. Client must not be eligible for services from other programs or providers (i.e. MHMRA of Harris County) or any other reimbursement source (i.e. Medicaid, Medicare, Private Insurance) unless the client is in crisis and cannot be provided immediate services from the other programs/providers. In this case, clients may be provided services, as long as the client applies for the other programs /providers, until the other programs/providers can take over services. Medicaid/Medicare, Third Party Payer and Private Pay status of clients receiving services under this grant must be verified by the provider prior to requesting reimbursement under this grant. For support group sessions, client must be either an HIV positive person or the significant other of an HIV positive person. Affected significant other is eligible for services only related to the stress of caring for an HIV positive significant other.
Agency Requirements **(TRG Only)**:	Agency must provide assurance that the mental health practitioner shall be supervised by a licensed therapist qualified by the State to provide clinical supervision. This supervision should be documented through supervision notes. Keep attendance records for group sessions. Must provide 24-hour access to a licensed counselor for current clients with emotional emergencies. Clients eligible for Medicaid or 3rd party payer reimbursement may not

	be billed to grant funds. Medicare Co-payments may be billed to the contract as ½ unit of service. Documentation of at least one therapist certified by Medicaid/Medicare on the staff of the agency must be provided in the proposal. All funded agencies must maintain the capability to serve and seek reimbursement from Medicaid/Medicare throughout the term of their contract. Potential clients who are Medicaid/ Medicare eligible may not be denied services by a funded agency based on their reimbursement status (Medicaid/Medicare eligible clients may not be referred elsewhere in order that non-Medicaid/Medicare eligible clients may be added to this grant). Failure to serve Medicaid/Medicare eligible clients based on their reimbursement status will be grounds for the immediate termination of the provider's contract. Must comply with the State Services Standards of Care. Must provide a plan for establishing criteria for prioritizing participation in group sessions and for termination from group participation. Providers and system must be Medicaid/Medicare certified to ensure that Ryan White funds are the payer of last resort.
Staff Requirements:	It is required that counselors have the following qualifications: Licensed Mental Health Practitioner by the State of Texas (LCSW, LMSW, LPC PhD, Psychologist, or LMFT). At least two years experience working with HIV disease or two years work experience with chronic care of a catastrophic illness. Counselors providing family sessions must have at least two years experience in family therapy. Counselors must be covered by professional liability insurance with limits of at least $300,000 per occurrence.
Special Requirements **(TRG Only)**:	All mental health interventions must be based on proven clinical methods and in accordance with legal and ethical standards. The importance of maintaining confidentiality is of critical importance and cannot be overstated unless otherwise indicated based on Federal, state and local laws and guidelines (i.e. abuse, self or other harm). All programs must comply with the Health Insurance Portability and Accountability Act (HIPAA) standards for privacy practices of protected health information (PHI) information. Medicare and private insurance co-payments are eligible for reimbursement under this grant (in this situation the agency will be reimbursed the client's co-payment only, not the cost of the session which must be billed to Medicare and/or the Third party payer). Extensions will be addressed on an individual basis when meeting the criteria of counseling directly related to HIV illness. Under no circumstances will

	the agency be reimbursed more than two (2) units of individual therapy per client in any single 24-hour period. Agency should develop services that focus on the Special Populations identified in the *2012 Houston Area Comprehensive Plan for HIV Prevention and Care Services* including Adolescents, Homeless, Incarcerated & Recently Released (IRR), Injection Drug Users (IDU), Men who Have Sex with Men (MSM), and Transgender populations. Additionally, services should focus on increasing access for individuals living in rural counties. Must comply with the Houston EMA/HSDA Standards of Care. The agency must comply with **the DSHS Mental Health Services Standards of Care**. The agency must have policies and procedures in place that comply with the standards ***prior*** to delivery of the service.

Service Category Definition - DSHS State Services Grant
September 1, 2015 - August 31, 2016

FY 2017 RWPC "How to Best Meet the Need" Decision Process

Step in Process: **Council**		Date: **06/09/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **Steering Committee**		Date: **06/02/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **Quality Improvement Committee**		Date: **05/19/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **HTBMTN Workgroup #2**	Date: **04/26/2016**
Recommendations:	Financial Eligibility: 300%
1. Accept the service category definition as presented and keep financial eligibility the same.	
2.	
3.	

Service Category Definition - Ryan White Part B Grant
April 1, 2016 - March 31, 2017

Local Service Category:	**Oral Health Care**
Amount Available:	**To be determined**
Unit Cost**:**	
Budget Requirements or Restrictions **(TRG Only)**:	Maximum of 10% of budget for Administrative Costs
Local Service Category Definition:	Restorative dental services, oral surgery, root canal therapy, fixed and removable prosthodontics; periodontal services includes subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Oral medication (including pain control) for HIV patients 15 years old or older must be based on a comprehensive individual treatment plan. Prosthodontics services to HIV infected individuals including but not limited to examinations and diagnosis of need for dentures, crowns, bridgework and implants, diagnostic measurements, laboratory services, tooth extraction, relines and denture repairs. Emergency procedures will be treated on a walk-in basis as availability and funding allows. Funded Oral Health Care providers are permitted to provide necessary emergency care regardless of a client's annual benefit balance. If a provider cannot provide adequate services for emergency care, the patient should be referred to a hospital emergency room.
Target Population (age, gender, geographic, race, ethnicity, etc.):	HIV/AIDS infected individuals residing within the Houston HIV Service Delivery Area (HSDA).

Services to be Provided:	Services must include, but are not limited to: individual comprehensive treatment plan; diagnosis and treatment of HIV-related oral pathology, including oral Kaposi's Sarcoma, CMV ulceration, hairy leukoplakia, xerostomia, lichen planus, aphthous ulcers and herpetic lesions; diffuse infiltrative lymphocytosis; standard preventive procedures, including oral hygiene instruction, diet counseling and home care program; oral prophylaxis; restorative care; oral surgery including dental implants; root canal therapy; fixed and removable prosthodontics including crowns and bridges; periodontal services, including subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Proposer must have mechanism in place to provide oral pain medication as prescribed for clients by the dentist.
	
	Limitations:
	• Cosmetic dentistry for cosmetic purposes only is prohibited.
	• Maximum amount that may be funded by Ryan White/State Services per patient is $3,000/year.
	  • In cases of emergency, the maximum amount may exceed the above cap
	  • In cases where there is extensive care needed once the

	procedure has begun, the maximum amount may exceed the above cap. • Dental providers must document *via approved waiver* the reason for exceeding the yearly maximum amount.
Service Unit Definition(s) **(TRG Only)**:	General Dentistry: A unit of service is defined as one (1) dental visit which includes restorative dental services, oral surgery, root canal therapy, fixed and removable prosthodontics; periodontal services includes subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Oral medication (including pain control) for HIV patients 15 years old or older must be based on a comprehensive individual treatment plan. Prosthodontics: A unit of services is defined as one (1) Prosthodontics visit.
Financial Eligibility:	Income at or below 300% Federal Poverty Guidelines. Maximum amount that may be funded by Ryan White/State Services per patient is $3,000/year.
Client Eligibility:	HIV positive; Adult resident of Houston HSDA
Agency Requirements **(TRG Only)**:	**To ensure that Ryan White is payer of last resort, Agency and/or dental providers (clinicians) must be Medicaid certified and enrolled in all Dental Plans offered to Texas STAR+PLUS eligible clients in the Houston EMA/HSDA**. Agency/providers must ensure Medicaid certification and billing capability for STAR+PLUS eligible patients remains current throughout the contract term. Agency must document that the primary patient care dentist has 2 years prior experience treating HIV disease and/or on-going HIV educational programs that are documented in personnel files and updated regularly. Dental facility and appropriate dental staff must maintain Texas licensure/certification and follow all applicable OSHA requirements for patient management and laboratory protocol.
Staff Requirements:	State of Texas dental license; licensed dental hygienist and state radiology certification for dental assistants.
Special Requirements **(TRG Only)**:	Must comply with the Houston EMA/HSDA Standards of Care. The agency must comply with **the DSHS Emergency Financial Assistance Standards of Care**. The agency must have policies and procedures in place that comply with the standards ***prior*** to delivery of the service.

Service Category Definition - Ryan White Part B Grant
April 1, 2016 - March 31, 2017

FY 2017 RWPC "How to Best Meet the Need" Decision Process

Step in Process: **Council**		Date: **06/09/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **Steering Committee**		Date: **06/02/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **Quality Improvement Committee**		Date: **05/19/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **HTBMTN Workgroup #2**	Date: **04/26/2016**
Recommendations:	Financial Eligibility: 300%
1. Accept the service category definition as presented and keep financial eligibility the same.	
2.	
3.	

FY 2016 Houston EMA/HSDA Ryan White Part A/MAI Service Definition **Oral Health/Rural** (Revision Date: 03/03/14)	
HRSA Service Category Title: **RWGA Only**	**Oral Health**
Local Service Category Title:	**Oral Health – <u>Rural (North)</u>**
Budget Type: **RWGA Only**	**Unit Cost**
Budget Requirements or Restrictions: **RWGA Only**	Not Applicable
HRSA Service Category Definition: **RWGA Only**	**Oral health care** includes diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers.
Local Service Category Definition:	Restorative dental services, oral surgery, root canal therapy, fixed and removable prosthodontics; periodontal services includes subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Oral medication (including pain control) for HIV patients 15 years old or older must be based on a comprehensive individual treatment plan. Prosthodontics services to HIV-infected individuals including, but not limited to examinations and diagnosis of need for dentures, diagnostic measurements, laboratory services, tooth extractions, relines and denture repairs.
Target Population (age, gender, geographic, race, ethnicity, etc.):	HIV/AIDS infected individuals residing in Houston Eligible Metropolitan Area (EMA) or Health Service Delivery Area (HSDA) counties other than Harris County. Comprehensive Oral Health services targeted to individuals residing in the northern counties of the EMA/HSDA, including Waller, Walker, Montgomery, Austin, Chambers and Liberty Counties.
Services to be Provided:	Services must include, but are not limited to: individual comprehensive treatment plan; diagnosis and treatment of HIV-related oral pathology, including oral Kaposi's Sarcoma, CMV ulceration, hairy leukoplakia, xerostomia, lichen planus, aphthous ulcers and herpetic lesions; diffuse infiltrative lymphocytosis; standard preventive procedures, including oral hygiene instruction, diet counseling and home care program; oral prophylaxis; restorative care; oral surgery including dental implants; root canal therapy; fixed and removable prosthodontics including crowns, bridges and implants; periodontal services, including subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Proposer

	must have mechanism in place to provide oral pain medication as prescribed for clients by the dentist.
Service Unit Definition(s): **RWGA Only**	General Dentistry: A unit of service is defined as one (1) dental visit which includes restorative dental services, oral surgery, root canal therapy, fixed and removable prosthodontics; periodontal services includes subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Oral medication (including pain control) for HIV patients 15 years old or older must be based on a comprehensive individual treatment plan. Prosthodontics: A unit of services is defined as one (1) Prosthodontics visit.
Financial Eligibility:	Refer to the RWPC's approved *Financial Eligibility for Houston EMA/HSDA Services*.
Client Eligibility:	HIV-infected adults residing in the rural area of Houston EMA/HSDA meeting financial eligibility criteria.
Agency Requirements:	Agency must document that the primary patient care dentist has 2 years prior experience treating HIV disease and/or on-going HIV educational programs that are documented in personnel files and updated regularly. Service delivery site must be located in one of the northern counties of the EMA/HSDA area: Waller, Walker, Montgomery, Austin, Chambers or Liberty Counties
Staff Requirements:	State of Texas dental license; licensed dental hygienist and state radiology certification for dental assistants.
Special Requirements: **RWGA Only**	Agency and/or dental providers (clinicians) must be Medicaid certified and enrolled in all Dental Plans offered to Texas STAR+PLUS eligible clients in the Houston EMA/HSDA. Agency/providers must ensure Medicaid certification and billing capability for STAR+PLUS eligible patients remains current throughout the contract term. Must comply with the joint Part A/B standards of care where applicable.

FY 2016 RWPC "How to Best Meet the Need" Decision Process

Step in Process: **Council**		Date: **06/09/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **Steering Committee**		Date: **06/02/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **Quality Improvement Committee**		Date: **05/19/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **HTBMTN Workgroup #2**	Date: **04/26/2016**
Recommendations:	Financial Eligibility: 30%
1. Accept the service category definition as presented and keep financial eligibility the same.	
2.	
3.	

FY 2016 Houston EMA/HSDA Ryan White Part A Service Definition **Substance Abuse Services - Outpatient** (Revision Date: 03/03/14)	
HRSA Service Category Title: **RWGA Only**	Substance Abuse Services Outpatient
Local Service Category Title:	Substance Abuse Treatment/Counseling
Budget Type: **RWGA Only**	Fee-for-Service
Budget Requirements or Restrictions: **RWGA Only**	Minimum group session length is 2 hours
HRSA Service Category Definition: **RWGA Only**	***Substance abuse services outpatient*** is the provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting, rendered by a physician or under the supervision of a physician, or by other qualified personnel.
Local Service Category Definition:	Treatment and/or counseling HIV-infected individuals with substance abuse disorders delivered in accordance with State licensing guidelines.
Target Population (age, gender, geographic, race, ethnicity, etc.):	HIV-infected individuals with substance abuse disorders, residing in the Houston Eligible Metropolitan Area (EMA/HSDA).
Services to be Provided:	Services for all eligible HIV/AIDS patients with substance abuse disorders. Services provided must be integrated with HIV-related issues that trigger relapse. All services must be provided in accordance with the Texas Department of Health Services/Substance Abuse Services (TDSHS/SAS) Chemical Dependency Treatment Facility Licensure Standards. Service provision must comply with the applicable treatment standards.
Service Unit Definition(s): **RWGA Only**	**Individual Counseling:** One unit of service = one individual counseling session of at least 45 minutes in length with one (1) eligible client. **A single session lasting longer than 45 minutes qualifies as only a single unit** – no fractional units are allowed. Two (2) units are allowed for initial assessment/orientation session. **Group Counseling:** One unit of service = 60 minutes of group treatment for one eligible client. A single session must last a minimum of 2 hours. Support Groups are defined as professionally led groups that are comprised of HIV-positive individuals, family members, or significant others for the purpose of providing Substance Abuse therapy.

Financial Eligibility:	Refer to the RWPC's approved *FY 2016 Financial Eligibility for Houston EMA/HSDA Services*.
Client Eligibility:	HIV-infected individuals with substance abuse co-morbidities/disorders.
Agency Requirements:	Agency must be appropriately licensed by the State. All services must be provided in accordance with applicable Texas Department of State Health Services/Substance Abuse Services (TDSHS/SAS) Chemical Dependency Treatment Facility Licensure Standards. Client must not be eligible for services from other programs or providers (i.e. MHMRA of Harris County) or any other reimbursement source (i.e. Medicaid, Medicare, Private Insurance) unless the client is in crisis and cannot be provided immediate services from the other programs/providers. In this case, clients may be provided services, as long as the client applies for the other programs/providers, until the other programs/providers can take over services. All services must be provided in accordance with the TDSHS/SAS Chemical Dependency Treatment Facility Licensure Standards. Specifically, regarding service provision, services must comply with the most current version of the applicable Rules for Licensed Chemical Dependency Treatment. Services provided must be integrated with HIV-related issues that trigger relapse. Provider must provide a written plan no later than 3/30/16 documenting coordination with local TDSHS/SAS HIV Early Intervention funded programs if such programs are currently funded in the Houston EMA.
Staff Requirements:	Must meet all applicable State licensing requirements and Houston EMA/HSDA Part A/B Standards of Care.
Special Requirements: **RWGA Only**	Not Applicable.

FY 2016 RWPC "How to Best Meet the Need" Decision Process

Step in Process: **Council**		Date: **06/09/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **Steering Committee**		Date: **06/02/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **Quality Improvement Committee**		Date: **05/19/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
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Step in Process: **HTBMTN Workgroup #2**	Date: **04/26/2016**
Recommendations:	Financial Eligibility: 300%
1. Accept the service category definition as presented and keep financial eligibility the same.	
2.	
3.	

FY 2016 Houston EMA/HSDA Ryan White Part A Service Definition **Medical Transportation (Van Based)** (Revision Date: 03/03/14)	
HRSA Service Category Title: **RWGA Only**	**Medical Transportation**
Local Service Category Title:	**a. Transportation targeted to Urban** **b. Transportation targeted to Rural**
Budget Type: **RWGA Only**	**Hybrid Fee for Service**
Budget Requirements or Restrictions: **RWGA Only**	• Units assigned to Urban Transportation must only be used to transport clients whose residence is in Harris County. • Units assigned to Rural Transportation may only be used to transport clients who reside in Houston EMA/HSDA counties other than Harris County. • Mileage reimbursed for transportation is based on the documented distance in miles from a client's Trip Origin to Trip Destination **as documented by a standard Internet-based mapping program (i.e. Google Maps, Map Quest, Yahoo Maps) approved by RWGA.** Agency must print out and file in the client record a trip plan from the appropriate Internet-based mapping program that clearly delineates the mileage between Point of Origin and Destination (and reverse for round trips). This requirement is subject to audit by the County. • Transportation to employment, employment training, school, or other activities not directly related to a client's treatment of HIV disease is not allowable. Clients may not be transported to entertainment or social events under this contract. • Taxi vouchers must be made available for documented emergency purposes and to transport a client to a disability hearing, emergency shelter or for a documented medical emergency. • Contractor must reserve 7% of the total budget for Taxi Vouchers. • Maximum monthly utilization of taxi vouchers cannot exceed 14% of the total amount of funding reserved for Taxi Vouchers. • Emergencies warranting the use of Taxi Vouchers include: van service is unavailable due to breakdown, scheduling conflicts or inclement weather or other unanticipated event. A spreadsheet listing client's 11-digit code, age, date of service, number of trips, and reason for emergency should be kept on-site and available for review during Site Visits. • **Contractor must provide RWGA a copy of the agreement between Contractor and a licensed taxi vendor by March 30, 2015.** • All taxi voucher receipts must have the taxi company's name, the driver's name and/or identification number, number of miles driven,

	destination (to and from), and exact cost of trip. The Contractor will add the client's 11-digit code to the receipt and include all receipts with the monthly Contractor Expense Report (CER). • A copy of the taxi company's statement (on company letterhead) must be included with the monthly CER. Supporting documentation of disbursement payments may be requested with the CER.
HRSA Service Category Definition: **RWGA Only**	**Medical transportation services** include conveyance services provided, directly or through voucher, to a client so that he or she may access health care services.
Local Service Category Definition:	a. Urban Transportation: Contractor will develop and implement a medical transportation program that provides essential transportation services to **HRSA-defined Core Services** through the use of individual employee or contract drivers with vehicles/vans to Ryan White Program-eligible individuals residing in Harris County. Clients residing outside of Harris County are ineligible for Urban transportation services. Exceptions to this requirement require <u>prior</u> written approval from RWGA. b. Rural Transportation: Contractor will develop and implement a medical transportation program that provides essential transportation services to **HRSA-defined Core Services** through the use of individual employee or contract drivers with vehicles/vans to Ryan White Program-eligible individuals residing in Houston EMA/HSDA counties other than Harris County. Clients residing in Harris County are ineligible for this transportation program. Exceptions to this requirement require <u>prior</u> written approval from RWGA. Essential transportation is defined as transportation to public and private outpatient medical care and physician services, substance abuse and mental health services, pharmacies and other services where eligible clients receive Ryan White-defined Core Services and/or medical and health-related care services, including clinical trials, essential to their well-being. The Contractor shall ensure that the transportation program provides taxi vouchers to eligible clients only in the following cases: • To access emergency shelter vouchers or to attend social security disability hearings; • Van service is unavailable due to breakdown or inclement weather; • Client's medical need requires immediate transport; • Scheduling Conflicts. **Contractor must provide clear and specific justification (reason) for the use of taxi vouchers and include the documentation in the client's file for <u>each</u> incident. RWGA must approve supporting documentation for taxi voucher reimbursements.**

	For clients living in the METRO service area, written certification from the client's principal medical provider (e.g. medical case manager or physician) is required to access van-based transportation, to be renewed every 180 days. **Medical Certifications should be maintained on-site by the provider in a single file (listed alphabetically by 11-digit code) and will be monitored at least annually during a Site Visit.** It is the Contractor's responsibility to determine whether a client resides within the METRO service area. Clients who live outside the METRO service area but within Harris County (e.g. Baytown) are not required to provide a written medical certification to access van-based transportation. All clients living in the Metro service area may receive a maximum of 4 non-certified round trips per year (including taxi vouchers). Non-certified trips will be reviewed during the annual Site Visit. Provider must maintain an up-to-date spreadsheet documenting such trips. The Contractor must implement the general transportation program in accordance with the Transportation Standards of Care that include entering all transportation services into the Centralized Patient Care Data Management System (CPCDMS) and providing eligible children with transportation services to Core Services appointments. Only actual mileage (documented per the selected Internet mapping program) transporting eligible clients from Origin to Destination will be reimbursed under this contract. The Contractor must make reasonable effort to ensure that routes are designed in the most efficient manner possible to minimize actual client time in vehicles.
Target Population (age, gender, geographic, race, ethnicity, etc.):	a. Urban Transportation: HIV/AIDS-infected and Ryan White Part A/B eligible affected individuals residing in Harris County. b. Rural Transportation: HIV/AIDS-infected and Ryan White Part A/B eligible affected individuals residing in Fort Bend, Waller, Walker, Montgomery, Austin, Colorado, Liberty, Chambers and Wharton Counties.
Services to be Provided:	To provide Medical Transportation services to access Ryan White Program defined **Core Services** for eligible individuals. Transportation will include round trips to single destinations and round trips to multiple destinations. Taxi vouchers will be provided to eligible clients only for identified emergency situations. Caregiver must be allowed to accompany the HIV-infected rider. **Eligibility for Transportation Services is determined by the client's County of residence as documented in the CPCDMS**.
Service Unit Definition(s): **RWGA Only**	One (1) unit of service = one (1) mile driven with an eligible client as passenger. Client cancellations and/or no-shows are <u>not</u> reimbursable.
Financial Eligibility:	Refer to the RWPC's approved *FY 2015 Financial Eligibility for Houston EMA Services*.

Client Eligibility:	a. Urban Transportation: Only individuals diagnosed with HIV/AIDS and Ryan White Program eligible HIV-affected individuals residing inside Harris County will be eligible for services. b. Rural Transportation: Only individuals diagnosed with HIV/AIDS and Ryan White Program eligible HIV-affected individuals residing in Houston EMA/HSDA Counties other than Harris County are eligible for Rural Transportation services. Documentation of the client's eligibility in accordance with approved Transportation Standards of Care must be obtained by the Contractor prior to providing services. The Contractor must ensure that eligible clients have a signed consent for transportation services, client rights and responsibilities prior to the commencement of services. Affected significant others may accompany an HIV-infected person as medically necessary (minor children may accompany their caregiver as necessary). Ryan White Part A/B eligible affected individuals may utilize the services under this contract for travel to Core Services when the aforementioned criteria are met and the use of the service is directly related to a person with HIV infection. An example of an eligible transportation encounter by an affected individual is transportation to a Professional Counseling appointment.
Agency Requirements	Proposer must be a Certified Medicaid Transportation Provider. Contractor must furnish such documentation to Harris County upon request from Ryan White Grant Administration prior to March 1st annually. Contractor must maintain such certification throughout the term of the contract. Failure to maintain certification as a Medicaid Transportation provider may result in termination of contract. Contractor must provide each client with a written explanation of contractor's scheduling procedures upon initiation of their first transportation service, and annually thereafter. Contractor must provide RWGA with a copy of their scheduling procedures by March 30, 2014, and thereafter within 5 business days of any revisions. **Contractor must also have the following equipment dedicated to the general transportation program:** • A separate phone line from their main number so that clients can access transportation services during the hours of 7:00 a.m. to 10:00 p.m. directly at no cost to the clients. **The telephone line must be managed by a live person between the hours of 8:00 a.m. – 5:00 p.m.** Telephone calls to an answering machine utilized after 5:00 p.m. must be returned by 9:00 a.m. the following business day. • A fax machine with a dedicated line. • All equipment identified in the Transportation Standards of Care necessary to transport children in vehicles. • Contractor must assure clients eligible for Medicaid transportation

	are billed to Medicaid. This is subject to audit by the County. The Contractor is responsible for maintaining documentation to evidence that drivers providing services have a valid Texas Driver's License and have completed a State approved "Safe Driving" course. Contractor must maintain documentation of the automobile liability insurance of each vehicle utilized by the program as required by state law. All vehicles must have a current Texas State Inspection. The minimum acceptable limit of automobile liability insurance is $300,000.00 combined single limit. Agency must maintain detailed records of mileage driven and names of individuals provided with transportation, as well as origin and destination of trips. ***It is the Contractor's responsibility to verify the County in which clients reside in.***
Staff Requirements	A picture identification of each driver must be posted in the vehicle utilized to transport clients. Criminal background checks must be performed on all direct service transportation personnel prior to transporting any clients. Drivers must have annual proof of a safe driving record, which shall include history of tickets, DWI/DUI, or other traffic violations. Conviction on more than three (3) moving violations within the past year will disqualify the driver. Conviction of one (1) DWI/DUI within the past three (3) years will disqualify the driver.
Special Requirements: **RWGA Only**	Individuals who qualify for transportation services through Medicaid are not eligible for these transportation services. **Contractor must ensure the following criteria are met for all clients transported by Contractor's transportation program:** Transportation Provider must ensure that clients use transportation services for an appropriate purpose through one of the following three methods: 1. Follow-up hard copy verification between transportation provider and Destination Agency (DA) program confirming use of eligible service(s), or 2. Client provides receipt documenting use of eligible services at Destination Agency on the date of transportation, or 3. Scheduling of transportation services was made by receiving agency's case manager or transportation coordinator. The verification/receipt form must at a minimum include all elements listed below: • Be on Destination Agency letterhead • Date/Time • CPCDMS client code • Name and signature of Destination Agency staff member who attended to client (e.g. case manager, clinician, physician, nurse) • Destination Agency date stamp to ensure DA issued form.

FY 2016 RWPC "How to Best Meet the Need" Decision Process

Step in Process: **Council**		Date: **06/09/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		

Step in Process: **Steering Committee**		Date: **06/02/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		

Step in Process: **Quality Improvement Committee**		Date: **05/19/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		

Step in Process: **HTBMTN Workgroup #3**	Date: **04/27/2016**
Recommendations:	Financial Eligibility: 300%
1. Accept the service category definition as presented and keep financial eligibility the same.	
2.	
3.	

FY 2016 Houston EMA/HSDA Ryan White Part A/MAI Service Definition **Vision Care** (Revision Date: 03/03/14)	
HRSA Service Category Title: **RWGA Only**	**Ambulatory/Outpatient Medical Care**
Local Service Category Title:	**Vision Care**
Budget Type: **RWGA Only**	**Fee for Service**
Budget Requirements or Restrictions: **RWGA Only**	Corrective lenses are not allowable under this category. Corrective lenses may be provided under Health Insurance Assistance and/or Emergency Financial Assistance as applicable/available.
HRSA Service Category Definition: **RWGA Only**	***Outpatient/Ambulatory medical care*** is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies. HRSA policy notice 10-02 states funds awarded under Part A or Part B of the Ryan White CARE Act (Program) may be used for optometric or ophthalmic services under Primary Medical Care. Funds may also be used to purchase corrective lenses for conditions related to HIV infection, through either the Health Insurance Premium Assistance or Emergency Financial Assistance service categories as applicable.
Local Service Category Definition:	**Primary Care Office/Clinic Vision Care** is defined as a comprehensive examination by a qualified Optometrist or Ophthalmologist, including Eligibility Screening as necessary. A visit with a credentialed Ophthalmic Medical Assistant for any of the following is an allowable visit: • Routine and preliminary tests including Cover tests, Ishihara Color Test, NPC (Near Point of Conversion), Vision Acuity Testing, Lensometry. • Visual field testing

	• Glasses dispensing including fittings of glasses, visual acuity testing, measurement, segment height. • Fitting of contact lenses is not an allowable follow-up visit.
Target Population (age, gender, geographic, race, ethnicity, etc.):	HIV-infected individuals residing in the Houston EMA/HSDA.
Services to be Provided:	Services must be provided at an eye care clinic or Optometrist's office. Services must include but are not limited to external/internal eye health evaluations; refractions; dilation of the pupils; glaucoma and cataract evaluations; CMV screenings; prescriptions for eyeglasses and over the counter medications; provision of eyeglasses (contact lenses are not allowable); and referrals to other service providers (i.e. Primary Care Physicians, Ophthalmologists, etc.) for treatment of CMV, glaucoma, cataracts, etc. Agency must provide a written plan for ensuring that collaboration occurs with other providers (Primary Care Physicians, Ophthalmologists, etc.) to ensure that patients receive appropriate treatment for CMV, glaucoma, cataracts, etc.
Service Unit Definition(s): **RWGA Only**	One (1) unit of service = One (1) patient visit to the Optometrist, Ophthalmologist or Ophthalmic Assistant.
Financial Eligibility:	Refer to the RWPC's approved *FY 2014 Financial Eligibility for Houston EMA Services.*
Client Eligibility:	HIV-infected resident of the Houston EMA/HSDA.
Agency Requirements:	Providers and system must be Medicaid/Medicare certified to ensure that Ryan White Program funds are the payer of last resort to the extent examinations and eyewear are covered by the State Medicaid program.
Staff Requirements:	Vendor must have on staff a Doctorate of Optometry licensed by the Texas Optometry Board as a Therapeutic Optometrist.
Special Requirements: **RWGA Only**	Vision care services must meet or exceed current U.S. Dept. of Health and Human Services (HHS) guidelines for the treatment and management of HIV disease as applicable to vision care

FY 2016 RWPC "How to Best Meet the Need" Decision Process

Step in Process: **Council**		Date: **06/09/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		

Step in Process: **Steering Committee**		Date: **06/02/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		

Step in Process: **Quality Improvement Committee**		Date: **05/19/2016**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		

Step in Process: **HTBMTN Workgroup #1**	Date: **04/26/2016**
Recommendations:	Financial Eligibility: 300 %
1. Accept the service category definition as presented and keep financial eligibility the same.	
2.	
3.	

Appendix

RWHAP Legislation: Core Medical Services

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

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

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

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

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

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

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

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

See also AIDS Pharmaceutical Assistance and Emergency Financial Assistance

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

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

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

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

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

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

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

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

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

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

Program Guidance:
None at this time.

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

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

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

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

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

Description:

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

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

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

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

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

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

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

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

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

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

Program Guidance:

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

Medical Nutrition Therapy
Description:
Medical Nutrition Therapy includes:

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

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

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

See Food-Bank/Home Delivered Meals

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

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

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

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

Home and Community-Based Health Services

Description:

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

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

Program Guidance:

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

Mental Health Services

Description:

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

Program Guidance:

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

See Psychosocial Support Services

Substance Abuse Outpatient Care

Description:

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

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

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

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

See Substance Abuse Services (residential)

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

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

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

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

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

RWHAP Legislation: Support Services

Non-Medical Case Management Services

Description:

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

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

Program Guidance:

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

Child Care Services

Description:

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

Allowable use of funds include:

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

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

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

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

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

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

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

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

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

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

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

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

Health Education/Risk Reduction

Description:

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

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

Program Guidance:

Health Education/Risk Reduction services cannot be delivered anonymously.

See Early Intervention Services

Housing

Description:

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

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

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

Program Guidance:

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

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

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

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

Legal Services
See Other Professional Services

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

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

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

Program Guidance:
Medical transportation may be provided through:

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

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

Unallowable costs include:

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

Other Professional Services

Description:

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

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

Program Guidance:

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

See 45 CFR § 75.459

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

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

Program Guidance:
Outreach programs must be:

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

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

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

See Early Intervention Services

Permanency Planning
See Other Professional Services

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

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

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

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

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

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

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

See Respite Care Services

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

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

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

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

Program Guidance:

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

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

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

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

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

See Psychosocial Support Services

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

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

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

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

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

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

FY 2017 How to Best Meet the Need Justification for Each Service Category

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: 2014 Needs Assessment, 2012-2014 Comp Plan, 2013 Outcome Measures, 2013 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) Providers b) Clients Can we bundle this service? Has a recent capacity issue been identified?	Recommendation(s)
Part 1: Services offered by Ryan White Part A, Part B, and State Services in the Houston EMA/HSDA as of 03-14-15							
Ambulatory/Outpatient Primary Medical Care (incl. Vision):							
CBO, Adult – Part A, Including LPAP, MCM & Svc Linkage (Includes OB/GYN) *See below for Public Clinic, Rural, Pediatric, Vision* ***Workgroup 1*** ***Motion #1:*** *(Pruitt/Pradia)* *Votes: Y=12; N=1; Abstentions= Artiaga, Miertschin, Murray, Russey* ***Motion #2:*** *(Kelly/Pruitt)* *Votes: Y=13; N=0; Abstentions= Artiaga,*	✔ Yes ___No	☐ EIIHA ☐ Unmet Need ☐ Continuum of Care		Covered under QHP? ✔ Yes ___No			**Motion 1:** Accept the service category definition as presented and keep financial eligibility the same: PriCare=300%, LPAP=300% + 500%, MCM/SLW=none. **Motion 2:** Instruct the AA to work with MCM to be more active at finding those who are specifically lost to care and work closely with DIS workers to find.

‡ Service Category for Part B/State Services only.

FY 2017 How to Best Meet the Need Justification for Each Service Category

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: 2014 Needs Assessment, 2012-2014 Comp Plan, 2013 Outcome Measures, 2013 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) Providers b) Clients Can we bundle this service? Has a recent capacity issue been identified?	Recommendation(s)
Rodriguez, Russey							
Public Clinic, Adult – Part A, Including LPAP, MCM & Svc Linkage (Includes OB/GYN) *See below for Rural, Pediatric, Vision* ***Workgroup 1*** ***Motion #1:*** *(Pruitt/Kelly)* *Votes: Y=12; N=0;* *Abstentions= Artiaga, Moses, Rodriguez, Russey* ***Motion #2:*** *(Kelly/Pruitt)* *Votes: Y=13; N=0;* *Abstentions= Artiaga, Rodriguez, Russey*	✔ Yes ___No	☐ EIIHA ☐ Unmet Need ☐ Continuum of Care		Covered under QHP? ✔ Yes ___No			**Motion 1:** Accept the service category definition as presented and keep financial eligibility the same: PriCare=300%, LPAP=300% + 500%, MCM/SLW=none. **Motion 2:** Instruct the AA to work with MCM to be more active at finding those who are specifically lost to care and work closely with DIS workers to find.

‡ Service Category for Part B/State Services only.

FY 2017 How to Best Meet the Need Justification for Each Service Category

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: 2014 Needs Assessment, 2012-2014 Comp Plan, 2013 Outcome Measures, 2013 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) Providers b) Clients Can we bundle this service? Has a recent capacity issue been identified?	Recommendation(s)
Rural, Adult – Part A, Including LPAP, MCM & Svc Linkage (Includes OB/GYN) *See below for Pediatric, Vision* ***Workgroup 1*** ***Motion #1:*** *(Pruitt/Kelly)* *Votes: Y=13; N=0;* *Abstentions= Artiaga, Rodriguez, Russey* ***Motion #2:*** *(Kelly/Pruitt)* *Votes: Y=13; N=0;* *Abstentions= Artiaga, Rodriguez, Russey*	✔ Yes ___No	☐ EIIHA ☐ Unmet Need ☐ Continuum of Care		Covered under QHP? ✔ Yes ___No			**Motion 1:** Accept the service category definition as presented and keep financial eligibility the same: PriCare=300%, LPAP=300% + 500%, MCM/SLW=none. **Motion 2:** Instruct the AA to work with MCM to be more active at finding those who are specifically lost to care and work closely with DIS workers to find.

‡ Service Category for Part B/State Services only.

FY 2017 How to Best Meet the Need Justification for Each Service Category

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: 2014 Needs Assessment, 2012-2014 Comp Plan, 2013 Outcome Measures, 2013 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) Providers b) Clients Can we bundle this service? Has a recent capacity issue been identified?	Recommendation(s)
Pediatric – Part A ***Workgroup 1*** ***Motion #1:*** *(Pruitt/Kelly)* *Votes: Y=11; N=0;* *Abstentions= Artiaga, Noble, Rodriguez, Russey*	✔ Yes ___No	☐ EIIHA ☐ Unmet Need ☐ Continuum of Care					**Motion 1:** Accept the service category definition as presented and keep financial eligibility the same: PriCare=300%, MCM/SLW=none.
Vision – Part A ***Workgroup 1*** ***Motion #1:*** *(Pruitt/Kelly)* *Votes: Y=13; N=0;* *Abstentions= Artiaga*	✔ Yes ___No	☐ EIIHA ☐ Unmet Need ☐ Continuum of Care		Covered under QHP?* ___Yes ✔ No *QHPs cover pediatric vision			**Motion 1:** Accept the service category definition as presented and keep financial eligibility the same at 300%.

‡ Service Category for Part B/State Services only.

FY 2017 How to Best Meet the Need Justification for Each Service Category

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: 2014 Needs Assessment, 2012-2014 Comp Plan, 2013 Outcome Measures, 2013 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) Providers b) Clients Can we bundle this service? Has a recent capacity issue been identified?	Recommendation(s)
Clinical Case Management - Part A ***Workgroup 1*** ***Motion #1:*** *(Kelly/Pruitt)* *Votes: Y=12; N=0; Abstentions= Artiaga, Noble, Rodriguez, Russey* ***Motion #2:*** *(Kelly/Pruitt)* *Votes: Y=13; N=0; Abstentions= Artiaga, Rodriguez, Russey*	✔ Yes ___No	☐ EIIHA ☐ Unmet Need ☐ Continuum of Care		Covered under QHP? ___Yes ✔ No			**Motion 1:** Accept the service category definition as presented and keep financial eligibility the same at None. **Motion 2:** Instruct the AA to work with MCM to be more active at finding those who are specifically lost to care and work closely with DIS workers to find.

‡ Service Category for Part B/State Services only.

FY 2017 How to Best Meet the Need Justification for Each Service Category

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? **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: 2014 Needs Assessment, 2012-2014 Comp Plan, 2013 Outcome Measures, 2013 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) Providers b) Clients Can we bundle this service? Has a recent capacity issue been identified?	Recommendation(s)
Case Management – Non-Medical - Part A (Service Linkage at testing sites) ***Workgroup 1*** ***Motion #1:*** *(Kelly/Pruitt)* *Votes: Y=8; N=0; Abstentions= Artiaga, Moses, Noble, Rodriguez, Russey, Watson*	___Yes _✔_ No	☐ EIIHA ☐ Unmet Need ☐ Continuum of Care		Covered under QHP? ___Yes _✔_ No			**Motion 1:** Accept the service category definition as presented and keep financial eligibility the same at None.
Early Intervention Services (EIS)‡ (Incarcerated) (Harris County Jail) ***Workgroup 3*** ***Motion #1:*** *(Kelly/Pruitt)* *Votes: Y=9; N=0; Abstentions= Noble*	_✔_ Yes ___No	☐ EIIHA ☐ Unmet Need ☐ Continuum of Care		Covered under QHP? ___Yes _✔_ No			**Motion 1:** Accept the service category definition as presented and keep financial eligibility the same at None.

‡ Service Category for Part B/State Services only.

FY 2017 How to Best Meet the Need Justification for Each Service Category

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: 2014 Needs Assessment, 2012-2014 Comp Plan, 2013 Outcome Measures, 2013 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) Providers b) Clients Can we bundle this service? Has a recent capacity issue been identified?	Recommendation(s)
Health Insurance Premium & Co-Pay Assistance (Part A, Part B, and State Services) ***Workgroup 2*** ***Motion #1:*** *(Moses/Ross)* *Votes: Y=9; N=0;* *Abstentions= none*	✔ Yes __No	☐ EIIHA ☐ Unmet Need ☐ Continuum of Care		Covered under QHP? ___Yes ✔ No			**Motion 1:** Update the service category definition to reflect the new HRSA definition and change the financial eligibility to between 0%-400% ; client must have documentation showing they receive IRS subsidy. The Resource Group will check to see if State Services funds can be used to grandfather stand-alone dental and vision policies.

‡ Service Category for Part B/State Services only.

FY 2017 How to Best Meet the Need Justification for Each Service Category

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: 2014 Needs Assessment, 2012-2014 Comp Plan, 2013 Outcome Measures, 2013 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) Providers b) Clients Can we bundle this service? Has a recent capacity issue been identified?	Recommendation(s)
Home and Community-Based Services‡ (Facility-based) (Adult Day Treatment) ***Workgroup 2*** ***Motion #1:*** *(Ross/Kelly)* *Votes: Y=6; N=0;* *Abstentions= Stacy*	✔ Yes __No	☐ EIIHA ☐ Unmet Need ☐ Continuum of Care		Covered under QHP? ___Yes ✔ No			**Motion 1:** Accept the service category definition as presented and keep financial eligibility the same at 300%.
Hospice ‡ ***Workgroup 2*** ***Motion #1:*** *(Kelly/Murray)* *Votes: Y=7; N=0;* *Abstentions= Stacy*	✔ Yes __No	☐ EIIHA ☐ Unmet Need ☐ Continuum of Care		Covered under QHP? ✔ Yes ___No			**Motion 1:** Accept the service category definition as presented and keep financial eligibility the same at 300%.

‡ Service Category for Part B/State Services only.

FY 2017 How to Best Meet the Need Justification for Each Service Category

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: 2014 Needs Assessment, 2012-2014 Comp Plan, 2013 Outcome Measures, 2013 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) Providers b) Clients Can we bundle this service? Has a recent capacity issue been identified?	Recommendation(s)
Legal Assistance Part A ***Workgroup 3*** ***Motion #1:*** *(Pruitt/Kennedy)* *Votes: Y=9; N=0;* *Abstentions = Kelly* ***Motion #2:*** *(Collins-Nelson/Bellard)* *Votes: Y=6; N=5;* *Abstentions = none*	___Yes ✔ No	☐ EIIHA ☐ Unmet Need ☐ Continuum of Care		Covered under QHP? ___Yes ✔ No			**Motion 1:** Update the name of the service category to Other Professional Services. **Motion 2:** Set the financial eligibility for Other Professional Services, including Legal Services and Tax Preparation Services, at 500%. RWGA will prepare the service definition to be reviewed and approved by the Quality Improvement Committee.

‡ Service Category for Part B/State Services only.

FY 2017 How to Best Meet the Need Justification for Each Service Category

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: 2014 Needs Assessment, 2012-2014 Comp Plan, 2013 Outcome Measures, 2013 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) Providers b) Clients Can we bundle this service? Has a recent capacity issue been identified?	Recommendation(s)
Linguistic Services‡ ***Workgroup 2*** ***Motion #1:*** *(Kelly/Murray)* *Votes: Y=7; N=0;* *Abstentions= Jubert*	___Yes ✔ No	☐ EIIHA ☐ Unmet Need ☐ Continuum of Care		Covered under QHP? ___Yes ✔ No			**Motion 1:** Accept the service category definition as presented and keep financial eligibility the same at 300%.
Medical Nutritional Supplements and Therapy - Part A ***Workgroup 2*** ***Motion #1:*** *(Stacy/Moses)* *Votes: Y=8; N=0;* *Abstentions = none*	✔ Yes ___No	☐ EIIHA ☐ Unmet Need ☐ Continuum of Care		Covered under QHP?* ___Yes ✔ No *Some QHPs may cover prescribed supplements			**Motion 1:** Accept the service category definition as presented and keep financial eligibility the same at 300%.

‡ Service Category for Part B/State Services only.

FY 2017 How to Best Meet the Need Justification for Each Service Category

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? **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: 2014 Needs Assessment, 2012-2014 Comp Plan, 2013 Outcome Measures, 2013 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) Providers b) Clients Can we bundle this service? Has a recent capacity issue been identified?	Recommendation(s)
Mental Health Services‡ (Professional Counseling) ***Workgroup 2*** ***Motion #1:*** *(Ross/Moses)* *Votes: Y=7; N=0;* *Abstentions = Jubert*	✔ Yes ___No	☐ EIIHA ☐ Unmet Need ☐ Continuum of Care		NEW INFO: Part D provides both individual and group sessions. Covered under QHP? ✔ Yes ___No			**Motion 1:** Accept the service category definition as presented and keep financial eligibility the same at 300%.
Oral Health Untargeted – Part B Rural (North) – Part A ***Workgroup 2*** ***Motion #1:*** *(Ross/Moses)* *Votes: Y=9; N=0;* *Abstentions = Stacy*	✔ Yes ___No	☐ EIIHA ☐ Unmet Need ☐ Continuum of Care		Covered under QHP*? ___Yes ✔ No *Some QHPs cover pediatric dental; low-cost add-on dental coverage can be purchased in Marketplace			**Motion 1:** Accept the service category definition as presented and keep financial eligibility the same at 300%.
Program Support: (WITHIN THE ADMINISTRATIVE BUDGET)							

‡ Service Category for Part B/State Services only.

FY 2017 How to Best Meet the Need Justification for Each Service Category

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: 2014 Needs Assessment, 2012-2014 Comp Plan, 2013 Outcome Measures, 2013 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) Providers b) Clients Can we bundle this service? Has a recent capacity issue been identified?	**Recommendation(s)**
Council Support	___Yes ✔ No						
Project LEAP	___Yes ✔ No						
Blue Book	___Yes ✔ No						
Substance Abuse Treatment – Part A ***Workgroup 2*** ***Motion #1:*** *(Moses/Ross)* *Votes: Y=6; N=0; Abstentions = Jubert, Kelly*	✔ Yes ___No	☐ EIIHA ☐ Unmet Need ☐ Continuum of Care		Covered under QHP? ✔ Yes ___No			**Motion 1:** Accept the service category definition as presented and keep financial eligibility the same at 300%.

‡ Service Category for Part B/State Services only.

FY 2017 How to Best Meet the Need Justification for Each Service Category

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: 2014 Needs Assessment, 2012-2014 Comp Plan, 2013 Outcome Measures, 2013 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) Providers b) Clients Can we bundle this service? Has a recent capacity issue been identified?	**Recommendation(s)**
Transportation – Pt A (Van-based, bus passes & gas vouchers) ***Workgroup 3*** ***Motion #1:*** *(Pruitt/Kelly)* *Votes: Y=9; N=1;* *Abstentions = None*	___Yes ✔ No	☐ EIIHA ☐ Unmet Need ☐ Continuum of Care		Covered under QHP*? ___Yes ✔ No			**Motion 1:** Accept the service category definition as presented and keep financial eligibility the same at 300%.

‡ Service Category for Part B/State Services only.

FY 2017 How to Best Meet the Need Justification for Each Service Category

Service Category	Justification for Discontinuing the Service
Part 2: Services *allowed* by HRSA but not offered by Part A, Part B or State Services funding in the Houston EMA/HSDA as of 03-01-14 *(In order for any of the services listed below to be considered for funding, a New Idea Form must be submitted to the Office of Support for the Ryan White Planning Council no later than **5 p.m. on June 6, 2014**. This form is available by calling the Office of Support: 713 572-3724)*	
Buddy Companion/Volunteerism	Low use, need and gap according to the 2002 Needs Assessment (NA).
Childcare Services (In Home Reimbursement; at Primary Care sites)	Primary care sites have alternative funding to provide this service so clients will continue to receive the service through alternative sources.
Emergency Financial Assistance	According to the HOPWA representative, they provide significant funding for emergency rent and utility assistance. (See City Council approved allocations.)
Food Pantry (Urban)	Service available from alternative sources.
HE/RR	In order to eliminate duplication, eliminate this service but strengthen the patient education component of primary care.
Home and Community-based Health Services (In-home services)	Category unfunded due to difficulty securing vendor.
Housing Assistance (Emergency rental assistance) **Housing Related Services** (Housing Coordination)	According to the HOPWA representative, they provide significant funding for emergency rent and utility assistance. (See City Council approved allocations.) But, HOPWA does not give emergency shelter vouchers because they feel there are shelters for this purpose and because it is more prudent to use limited resources to provide long-term housing.
Minority Capacity Building Program	The Capacity Building program targeted to minority substance abuse providers was a one-year program in FY2004.
Outreach Services	Significant alternative funding.
Psychosocial Support Services (Counseling/Peer)	Duplicates patient education program in primary care and case management. The boundary between peer and client gets confusing and difficult to supervise. Not cost effective, costs almost as much per client as medical services.
Rehabilitation	Service available from alternative sources.

‡ Service Category for Part B/State Services only.

FY2017 Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 4/25/16

Epidemiological Trends

Who is living with HIV in the Houston EMA?[a]

24,979 people were living with HIV/AIDS in the EMA at the end of 2014. Of all PLWHA in the EMA:

- 75% are male
- 49% are African American
- 54% are between the ages of 35 and 54
- 55% are MSM

Who is newly diagnosed with HIV in the Houston EMA?[a]

1,386 people were newly diagnosed with HIV in the EMA in 2014. Of those newly diagnosed in 2014:

- 78% were male
- 48% were African American
- 58% were between the ages of 13 and 34
- 67% were MSM

It is estimated that an additional 5,225 people in the EMA are HIV positive and unaware of their status.

What groups are hardest-hit by HIV in the Houston EMA?[b]

MSM, African Americans, and Hispanic/Latinos continue to have the largest numbers of new HIV diagnoses in the EMA. Among subpopulations, the following groups had the most new infections in the EMA in 2011:

- African American MSM
- Hispanic MSM
- African American heterosexuals; and
- Young MSM (age 13 – 24) of Color (YMSMOC)

Source:
[a]To appear in the 2016 Houston Area Joint Epidemiologic Profile. Reporting period: January 1 to December 31, 2014.
[a]2013 Houston Area Integrated Epidemiologic Profile for HIV/AIDS Prevention and Care Services Planning. Reporting period: January 1 to December 31, 2011. *Approved March 14, 2013. Updated April 15, 2013*

Unmet Need for HIV Care

What is unmet need?

Unmet need is when a person diagnosed with HIV is out-of-care. According to HRSA, a person is considered out-of-care if they have not had at least 1 of the following in 12 months: (1) an HIV medical care visit, (2) an HIV monitoring test (either a CD4 or viral load), or (3) a prescription for HIV medication.

How many people are out-of-care in the Houston EMA?[a]

- In 2014, there were 6,367 PLWHA out-of-care in the EMA, or 25% of all diagnosed cases.

Who is out-of-care in the Houston EMA?[a]

The highest proportions of people out-of-care in 2014 were:

- Persons diagnosed with HIV vs. those with an AIDS diagnosis
- Males v. females
- Hispanic, African American, and other race/ethnicities vs. white
- Adults 25-34 vs. other age groups
- IDU vs. other risk groups
- Individuals diagnosed in 2005-2010

The *2014 Houston Areas HIV/AIDS Needs Assessment*[b] also identified characteristics of the out-of-care. These individuals were:

- More likely to report difficulty accessing all services except health insurance assistance, hospice, and substance abuse services
- Are 3 times more likely to report having no source of social support
- More likely to report higher occurrences of employment, private sector health insurance, use of public transportation, homelessness, and recent incarceration.

Sources:
[a]To appear in the 2016 Houston Area Joint Epidemiologic Profile. Reporting period: January 1 to December 31, 2014.
[b]2014 Houston Area HIV/AIDS Needs Assessment. Located at:
http://www.rwpchouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf

National, State, and Local Priorities

Initiatives at the national, state, and local level offer important guidance on how to design effective HIV care services for the Houston EMA:

National HIV/AIDS Strategy (NHAS) Updated for 2020

Released in July 2015, NHAS includes three broad outcomes for HIV care:

- Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least 85%.
- Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%.
- Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%.

Early Identification of Individuals with HIV/AIDS (EIIHA)

EIIHA is a HRSA initiative required of all Part A grantees. It has four goals:

1. Identifying individuals unaware of their HIV status
2. Informing individuals unaware of their HIV status
3. Referring to medical care and services
4. Linking to medical care

The EMA's EIIHA Strategy also includes a special populations focus:

1. African Americans
2. Hispanics/Latinos age 35 and over
3. Men who have Sex with Men (MSM)

Continuum of Care[a]

Developed by the CDC in 2012, the Continuum of Care is a five-step model of PLWHA engagement in HIV medical care. Using the model, local communities can identify specific areas for scaled-up engagement efforts. The Houston EMA's current Continuum of Care is as follows:

- 24,979 people are currently diagnosed with HIV in the EMA; an additional 5,1225 people are estimated to be HIV positive, but unaware of their status
- Of those aware, 75% have accessed HIV care
- Of those aware, 61% have been retained in HIV care
- Of those aware, 55% have a suppressed viral load

Source:
[aa]To appear in the 2016 Houston Area Joint Epidemiologic Profile. Reporting period: January 1 to December 31, 2014.

FY2017 Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 4/25/16

Epidemiological Trends

Con't from Page 1

Other notable subpopulation findings include the following:[a]

- Over a ten year period, the numbers of African American MSM, Hispanic/Latino MSM, and YMSM diagnosed with HIV have increased *each year*. Of the YMSM diagnosed, most have been African American.
- Also over a ten year period, the numbers of new HIV diagnoses in women of childbearing age (13 – 44) and in IDU have declined.
- 32% of all people living with HIV/AIDS in the Houston EMA at the end of 2011 were African American males; and 20% were Hispanic/Latino males.

How does the Houston EMA compare to other jurisdictions?

- The rates of new HIV diagnosis and of persons living with HIV/AIDS are both higher in the EMA than for Texas and the U.S.; however, both rates are lower than for Houston/Harris County alone.[a]
- The EMA's demographic trends largely mirror what is occurring statewide.[b] According to the Texas Department of State Health Services (DSHS), HIV disease in Texas is predominantly male and African American or Hispanic/Latino.

Sources:
[a]2013 Houston Area Integrated Epidemiologic Profile for HIV/AIDS Prevention and Care Services Planning. Reporting period: January 1 to December 31, 2011. *Approved March 14, 2013. Updated April 15, 2013*
[b]*State of the State* Presentation. Presented by Ann Robbins, Senior Public Health Advisor with the Texas Department of State Health Services. January 2016. Reporting Period: January 1 to December 31, 2014.

Unmet Need for HIV Care

Con't from Page 1

27% of all PLWHA in the 2014 Needs Assessment[b] reported stopping HIV medical care for 12 months year or more at some point since their initial diagnosis. The most common reasons for falling out-of-care were: not feeling sick, substance abuse concerns, and other priorities

How many of the newly diagnosed are out-of-care in the EMA?[a]

- 80% of those newly diagnosed in 2014 in the EMA were linked to HIV medical care within 3 months of their diagnosis. An additional 7% were linked to care within 4 – 12 months of their diagnosis.
- 13% of those newly diagnosed in 2014 in the EMA *remained* unlinked by the end of that year.

The highest proportions of those who were newly diagnosed and remained out-of-care in 2014 were:

- Males v. females
- African Americans and Hispanic vs. white and other race/ethnicities
- Youth (13 – 24) and 35-44 vs. other age groups
- MSM vs. other risk groups
- Those with other STI co-infections vs. those with no know STI co-infection

Sources:
[a] To appear in the 2016 Houston Area Joint Epidemiologic Profile. Reporting period: January 1 to December 31, 2014.
[b]2014 Houston Area HIV/AIDS Needs Assessment. Located at: http://www.rwpchouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf

National, State, and Local Priorities

Con't from Page 1

The Texas HIV Plan Update for 2014-2015
The Texas Department of State Health Services (DSHS) has also developed a model of PLWHA engagement in HIV medical care, which serves as the foundation for efforts to reduce HIV infections for the state as a whole. Domains for HIV care services improvements for the state are:

- Ensure timely linkage to HIV-related care and treatment
- Ensure continuous participation in systems of care and treatment
- Increase viral suppression

Houston Area Comprehensive HIV Plan (2012 – 2014)
This document outlines strategies, activities, and benchmarks for improving the entire system of HIV prevention and care in the EMA. HIV care services improvements slated for achievement by 2014 (extended to 2016) are:

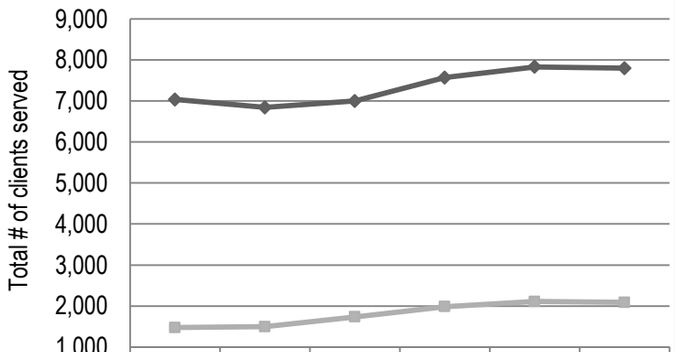
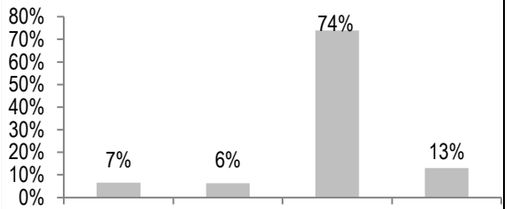
- Increase the proportion of newly diagnosed individuals linked to HIV medical care within 3 months of their diagnosis to 85%
- Increase the percentage of RW clients in continuous HIV care to 80%
- Reduce the proportion of diagnosed individuals who are not in HIV care by 0.8% each year as determined by the RW Unmet Need Framework
- Increase the proportion of RW clients with UVL by 10%
- Reduce the number of reports of barriers by PLWHA to RW-funded Mental Health Services and Substance Abuse Treatment Services

The plan also includes a special populations focus:

1. Adolescents (age 13 – 17)
2. Homeless
3. Incarcerated and recently released from jail or prison
4. IDU
5. MSM
6. Transgender

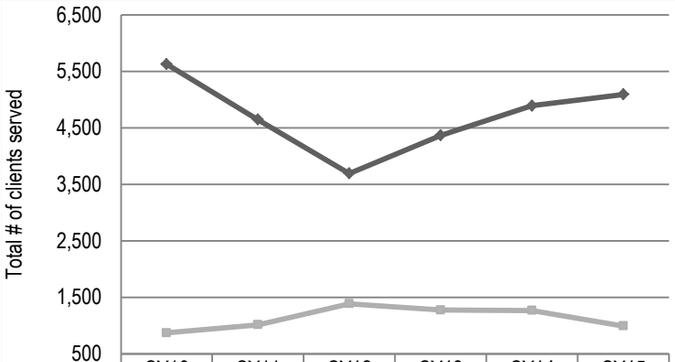
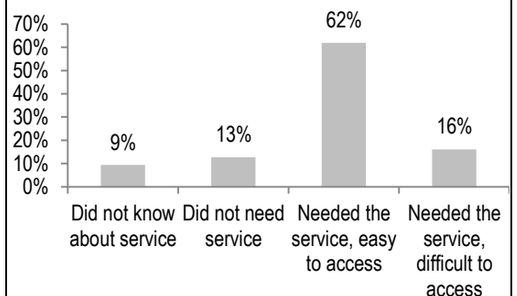
FY2017 Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 4/25/16

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities
Ambulatory Outpatient Medical Care (Adult and Pediatric) incl. Vision Care)	Part A: FY98: $2,084,928 FY99: $1,231,605 FY00: $1,891,325 FY01: $1,679,294 FY02: $1,941,561 FY03: $1,966,899 FY04: $1,687,404 FY05: $2,319,440 FY06: $3,161,000 FY07: $3,161,000 Part A/MAI/B: FY08: $9,214,688 FY09: $9,454,433 FY10: $9,510,270 FY11: $9,964,057 FY12: $9,941,410 FY13: $11,043,672 FY14: $10,656,734 Part A/MAI: FY15: $11,181,410 FY 16: $11,757,561 Source: PROPOSED FY 2016 Allocations - Level Funding Scenario Based upon FY15 Actual Awards - as of 06/24/15	 CY10 CY11 CY12 CY13 CY14 CY15 7,035 6,842 7,000 7,570 7,830 7,799 CCM 1,474 1,496 1,734 1,984 2,108 2,087 Source: RWGA and The Resource Group, 4/25/16	Primary Care: • Following Primary Care, 79% of clients were in continuous HIV care (i.e., two or more primary care visits at least three months apart).[a] • 92% of primary care clients increased or maintained their CD-4 counts.[a] • 92% of primary care clients in continuous care experienced viral suppression. [b] • 23% of clients receiving their first Primary Care visit had an AIDS diagnosis during the reporting period.[a] • ~7 percentage point variability between race/ethnicity categories for ART prescription and 9% for viral suppression.[b] Vision Care: 16 diagnoses were reported for HIV-related ocular disorders, all of which were managed appropriately.[c] • Overall performance rates of vision care providers have remained high, and are consistent with quality vision care. Significant improvements were noted for CMV screening, Dilated Fundus Exam, and Observation of External Structures.[c] Source: [a] RWGA FY 2013 Final Year Outcomes Reports [b]RWGA Primary Care Chart Review FY 2014 (November 2015) [c]RWGA Vision Care Chart Review FY 2014 (November 2015)	Needs Assessment Rankings: Primary Care was surveyed as "*HIV medical care visits or clinic appointments with a doctor, nurse, or physician assistant (i.e., outpatient primary HIV medical care)"* in the 2014 Needs Assessment. Results as defined are below:  • 87% of respondents reported a need for Primary Care, placing this service as the highest ranked need surveyed. • The most common barrier reported for Primary Care was wait time (14% of all reported barriers to this service). • Males, PLWHA of other/mixed race and white PLWHA, and PLWHA age 45+ reported the least difficulty accessing Primary Care. • Homeless PLWHA, out-of-care, recently released, and transgender PLWHA had the most difficulty accessing Primary Care. Source: 2014 Houston Area HIV/AIDS Needs Assessment. Located at: http://www.rwpchouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf	This service aligns with the following goals: National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015) • Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%. • Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%. The Continuum of Care • Increase the percentage of those aware of their HIV+ status retained in HIV care • Increase the percentage of those aware of their HIV+ status with a suppressed viral load The Texas HIV Plan Update for 2014-2015 (2013) • Ensure continuous participation in systems of care and treatment • Increase viral suppression Comprehensive HIV Plan (2012-2014): • Increase the percent of RW clients in continuous HIV care to 80% • Reduce the proportion of diagnosed individuals who are not in HIV care by 0.8% each year • Increase the proportion of RW clients with UVL by 10% The following Activities also pertain: • Ensure data on Special Populations are included in the annual process for determining RW funded services, priorities, and allocations • Sustain HIV care services to specific Special Populations through RW Part A, B, D, SS, and MAI The following Special Population is also specifically addressed by this service: • Adolescents (age 13 – 17)

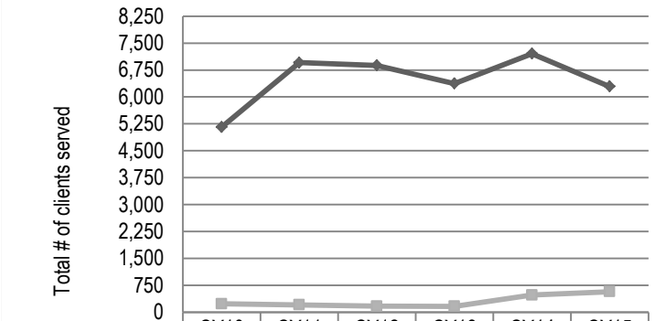
FY2017 Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 4/25/16

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities
Case Management - Medical (MCM) (incl. Clinical Case Management (CCM) for Mental Health/Sub Use)	Part A: FY98: $ 2,084,928 FY99: $1,231,605 FY00: $1,891,325 FY01: $1,679,294 FY02: $1,941,561 FY03: $1,966,899 FY04: $1,687,404 FY05: $2,319,440 FY06: $3,161,000 FY07: $1,747,070 FY08: $2,210,511 FY09: $2,616,512 FY10: $2,616,512 FY11: $2,139,991 Part A/B: FY12: $1,990,481 FY13: $1,840,481 Part A FY14: $1,752,556 FY15: $2,031,556 FY16: $2,215,702 Source: PROPOSED FY 2016 Allocations - Level Funding Scenario Based upon FY15 Actual Awards - as of 06/24/15	 CY10 CY11 CY12 CY13 CY14 CY15 MCM 5,626 4,646 3,692 4,366 4,891 5,089 CCM 870 1,012 1,385 1,275 1,266 992 Source: RWGA and The Resource Group, 4/25/16	Medical Case Management (MCM): • Following MCM, 55% of clients were in continuous HIV care (i.e., two or more primary care visits at least three months apart), and 5% accessed primary care for the first time. • Following MCM, 48% of clients accessed LPAP at least once, and 3% accessed mental health services at least once. • 67% of MCM clients had suppressed viral loads. Clinical Case Management (CCM): • Following CCM, 50% of clients were in continuous HIV care (i.e., two or more primary care visits at least three months apart), and 2% accessed primary care for the first time. • Following CCM, 50% of clients accessed LPAP at least once, and 9% accessed mental health services at least once. • 69% of CCM clients had suppressed viral loads Source: RWGA FY 2013 Final Year Outcomes Reports	Needs Assessment Rankings: Medical, Clinical, and SLW Case Management were not each surveyed *explicitly* in the 2014 Needs Assessment, but rather as a general category entitled "Case Management" and defined as: "*these are people at your clinic or program who assess your needs, make referrals for you, and help you make/keep appointments.*" Results as defined are below:  • 78% of respondents reported a need for case management services, placing it as the 2nd highest ranked need. • The most common barrier reported was lack of knowledge, both of where to go for the service and of how to receive the service (16%). Other Needs Assessment Data Related to CCM: • 71% of out-of-care respondents reported need for case management services. • Males, white PLWHA, and PLWHA age 13 to 24 reported the least difficulty accessing case management services. • Homeless PLWHA, out-of-care, recently released, and transgender PLWHA had the most difficulty accessing case management services. Source: 2011 Houston Area HIV/AIDS Needs Assessment. Located at: http://www.rwpchouston.org/Publications/2011_NA_Report/2011%20Needs%20Assessment.htm	This service aligns with the following goals: National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015) • Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%. • Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%. EIIHA • Referring to medical care and services • Linking to medical care The Continuum of Care • Increase the percentage of those aware of their HIV+ status retained in HIV care • Increase the percentage of those aware of their HIV+ status with a suppressed viral load The Texas HIV Plan Update for 2014-2015 (2013) • Ensure continuous participation in systems of care and treatment • Increase viral suppression Comprehensive HIV Plan (2012-2014): • Increase the percent of RW clients in continuous HIV care to 80% • Reduce the proportion of diagnosed individuals who are not in HIV care by 0.8% each year • Increase the proportion of RW clients with UVL by 10% • Reduce the number of reports of barriers by PLWHA to RW-funded Mental Health Services and Substance Abuse Treatment Services The following Special Populations are also specifically addressed by this service: • Adolescents (age 13 – 17) • IDU

FY2017 Service Category Information Summary – Part A, MAI, Part B, SS

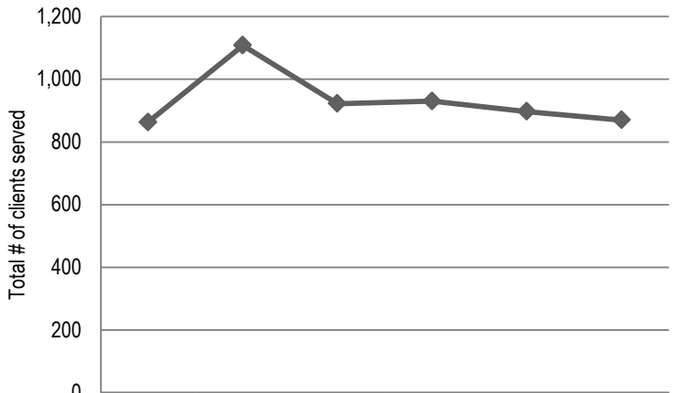
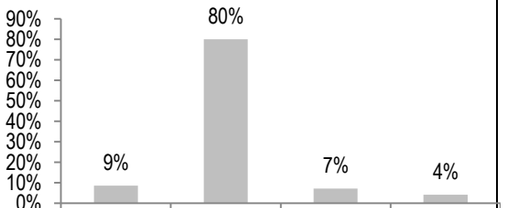
Last Updated: 4/25/16

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities
Case Management - (Non-Medical / Service Linkage (SLW) (incl. SLW at public testing sites)	Part A: FY98: $2,084,928 FY99: $1,231,605 FY00: $1,891,325 FY01: $1,679,294 FY02: $1,941,561 FY03: $1,966,899 FY04: $1,687,404 FY05: $2,319,440 FY06: $3,161,000 FY07: $1,010,871 FY08: $1,079,062 FY09: $957,897 FY10: $957,897 FY11: $1,163,539 FY12: $1,212,217 FY13: $1,362,217 FY14: $1,359,832 FY15: $1,440,384 FY16: $1,440,384 Source: PROPOSED FY 2016 Allocations - Level Funding Scenario Based upon FY15 Actual Awards - as of 06/24/15	 *These are data for SLW at public testing sites only Source: RWGA and The Resource Group, 4/25/16	• Following receipt of SLW services, 50% of clients were in continuous HIV care (i.e., two or more primary care visits at least three months apart), and 5% accessed primary care for the first time. • Following receipt of SLW services, 33% of clients accessed LPAP, 26% of clients accessed oral health care, and 2% accessed mental health service at least once. Source: RWGA FY 2013 Final Year Outcomes Reports	Needs Assessment Rankings:[a] Medical, Clinical, and SLW Case Management were not surveyed *explicitly* in the 2014 Needs Assessment. Please refer to Case Management-Medical for 2014 Needs Assessment results, ranking, and barriers relating to general case management. Other Needs Assessment Data Related to SLW:[a] • The most common HIV diagnosis location was a private doctor's office (19%). • Young PLWHA (age 13 to 24) and the out-of-care were diagnosed most often at a private hospital or ER. Transgender and MSM PLWHA were diagnosed most often at an HIV clinic or organization. • 85% newly-diagnosed (diagnosed <1 year at the time of data collection) respondents reported receiving a list of HIV clinics at the time they were diagnosed, 87% were offered assistance in obtaining HIV care, and 83% were provided an appointment for their first medical visit. • 33% of respondents reported waiting > 3 months before entry into care. The most common reported reasons were not feeling sick (31%), denial (26%), and fear of others discovering their HIV status (16%). Other Data Related to SLW:[b] • 77% of newly diagnosed cases are linked to HIV medical care within the national standard (≤3 months of their diagnosis). An additional 4% are linked in more than 3 months. • Though 77% remains below the national goal of 85%, the rate has increased from 2010 when it was 65%. Source: [a]2014 Houston Area HIV/AIDS Needs Assessment. Located at: http://www.rwpchouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf [b]2013 Houston Area Integrated Epidemiologic Profile for HIV/AIDS Prevention and Care Services Planning. Reporting period: January 1 to December 31, 2011. *Approved March 14, 2013. Updated April 15, 2013*	This service aligns with the following goals: National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015) • Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least 85%. EIIHA • Referring to medical care and services • Linking to medical care This service also directly implements the EMA's EIIHA Strategy of linking the following special populations: 1. African Americans 2. Hispanics/Latinos age 35 and over 3. Men who have Sex with Men (MSM) The Continuum of Care • Increase the percentage of those aware of their HIV+ status linked to HIV care The Texas HIV Plan Update for 2014-2015 (2013) • Ensure timely linkage to HIV-related care and treatment • Ensure continuous participation in systems of care and treatment • Increase viral suppression Comprehensive HIV Plan (2012-2014): • Increase the proportion of newly diagnosed individuals linked to HIV medical care within 3 months of their diagnosis to 85%

	CY10	CY11	CY12	CY13	CY14	CY15
Total SLW	5,161	6,956	6,877	6,373	7,206	6,292
Testing Sites*	236	207	168	164	480	572

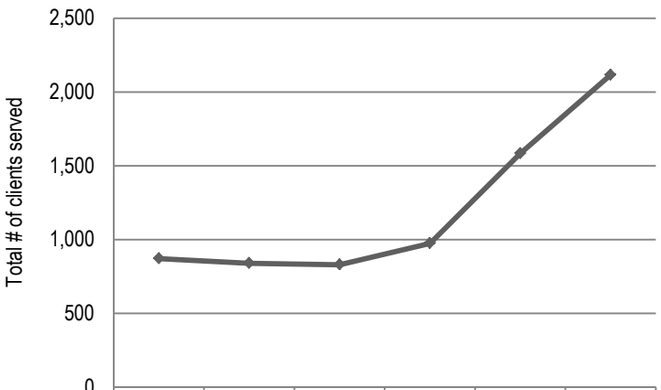
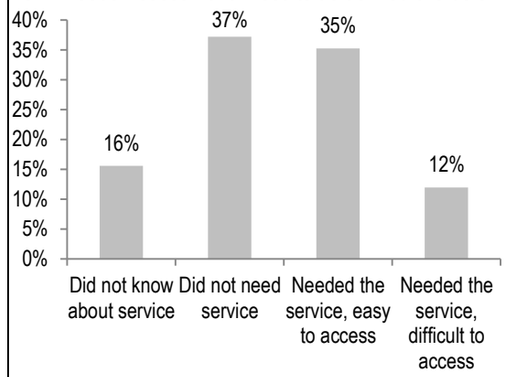
FY2017 Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 4/25/16

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities
Early Intervention Services (EIS) (Incarcerated)	Part A: FY03: $83,577 FY04: $60,588 SS: FY09: $166,211 FY10: $166,211 FY11: $166,211 FY12: $166,211 FY13: $166,211 FY14: $166,211 FY15: $166,211 Fy16: $166,211 Source: PROPOSED FY 2016 Allocations - Level Funding Scenario Based upon FY15 Actual Awards - as of 06/24/15	 CY10: 863; CY10: 1,108; CY12: 922; CY13: 930; CY14: 897; CY15: 870 Source: RWGA and The Resource Group, 4/25/16	Outcomes Data: • Outcomes data are not available for this service category at this time. Results of the SIRR Special Study:[a] • 46% of respondents reported receiving EIS while incarcerated, and 31% received a referral to a community-based agency for post-release HIV medical care. • 63% reporting readiness to maintain HIV care post-release. Within 3 months of release from incarceration: • 87% reported seeing a community-based HIV medical care provider. • 59% reported meeting with a case manager. • 53% reported completing both RW and ADAP eligibility. Source: [a]SIRR Partnership of Greater Houston, Evaluating the SIRR Referral Process for HIV Positive Post-Release Offenders: *Preliminary Results from a Descriptive Study*, March 2013	Needs Assessment Rankings:[a] EIS was surveyed as "*Pre-discharge Planning*" defined as: "*this is when jail staff help you plan for HIV medical care after your release*" in the 2014 Needs Assessment. Results as defined are below:  • 11% of respondents reported need for EIS services, placing it as the lowest ranked need. • The most common barrier reported was not being offered the service while incarcerated in Harris County Jail (29%). Results of the SIRR Special Study:[b] Five highest ranked HIV service needs post-release**: HIV primary care, HIV medications, transportation, food, and case management.** Barriers to HIV care were: lack of transportation, wait times for ADAP eligibility, lack of targeted social support, and lack of housing. Other Data Related to IRR Needs:[c] • 65 new HIV diagnoses were made in HCJ in 2011. • 19% of incarcerated cases in jail are out-of-care. Source: [a] 2014 Houston Area HIV/AIDS Needs Assessment. Located at: http://www.rwpchouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf [b]SIRR Partnership of Greater Houston, Evaluating the SIRR Referral Process for HIV Positive Post-Release Offenders: *Preliminary Results from a Descriptive Study*, March 2013 [c]2013 Houston Area Integrated Epidemiologic Profile for HIV/AIDS Prevention and Care Services Planning. Reporting period: January 1 to December 31, 2011. *Approved March 14, 2013. Updated April 15, 2013*	This service aligns with the following goals: Comprehensive HIV Plan (2012-2014): • Ensure data on Special Populations are included in the annual process for determining RW funded services, priorities, and allocations • Sustain HIV care services to specific Special Populations through RW Part A, B, D, SS, and MAI The following Special Population is addressed by this service: 1. IRR from jail or prison Recommendations from the SIRR Special Study of Consumers: 1. Add language to the Mental Health service category stating that services provided under this category may have "special attention" to Special Populations, including IRR 2. Distribute bus passes through EIS at discharge for use as transportation to a community-based HIV care provider. 3. Explore ways to further increase linkages between HIV care providers and EIS clients prior to release.

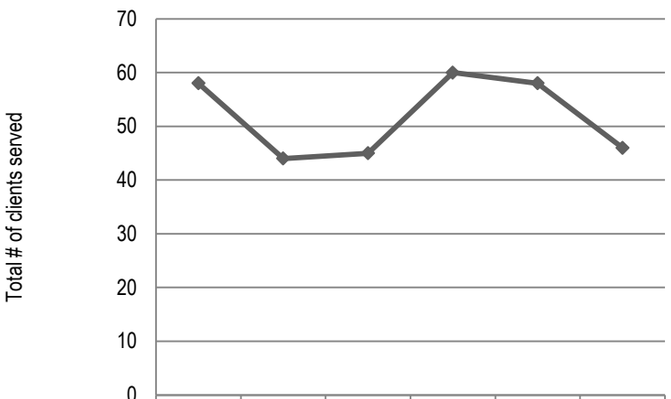
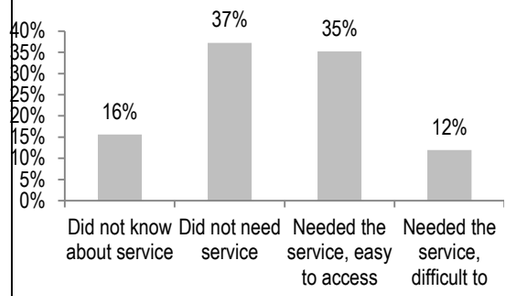
FY2017 Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 4/25/16

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities
Health Insurance Premium and Cost Sharing Assistance	Part A: FY98: $0 FY99: $0 FY00: $75,917 FY01: $50,917 FY02: $51,295 FY03: $81,303 FY04: $82,151 FY05: $177,852 FY06: $200,000 FY07: $400,000 FY08: $1,238,590 FY09: $573,135 FY10: $573,135 Part B/SS: FY11: $1,356,658 FY12: $1,406,658 FY13: $1,578,402 FY14: $2,068,402 Part A/B/SS: FY15: $3,442,297 FY16: $3,049,619 Source: PROPOSED FY 2016 Allocations - Level Funding Scenario Based upon FY15 Actual Awards - as of 06/24/15	 CY10 CY11 CY12 CY13 CY14 CY15 HIA 872 840 830 975 1,584 2,116 Source: RWGA and The Resource Group, 4/25/16	Outcomes data are not available for this service category at this time.	Needs Assessment Rankings:[a] Health Insurance Assistance (HIA) was defined as: "*this is when you have private health insurance or Medicare and you get help paying for your co-pays, deductibles, or premiums for medications or medical visits"* in the 2014 Needs Assessment. Results as defined are below:  • 10th highest ranked need (47% of respondents reported a need for HIA) • Most common barrier: lack of knowledge of where to go for HIA (16% of all reported barriers to this service). • Least difficulty accessing HIA: females, PLWHA of other/mixed race and African American PLWHA, and PLWHA age 45+ • Most difficulty accessing HIA: adolescents, MSM, recently released, and transgender PLWHA Other Data Related to HIA Needs: • Currently, 41% of all RW clients have health insurance. [b] Sources: [a] 2014 Houston Area HIV/AIDS Needs Assessment. [c]Houston Area Comprehensive Plan for 2012 to 2014 [d]2013 Houston Area Integrated Epidemiologic Profile for HIV/AIDS Prevention and Care Services Planning. Reporting period: January 1 to December 31, 2011. *Approved March 14, 2013. Updated April 15, 2013*	This service aligns with the following goals: National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015) • Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%. • Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%. The Continuum of Care • Increase the percentage of those aware of their HIV+ status retained in HIV care The Texas HIV Plan Update for 2014-2015 (2013) • Ensure continuous participation in systems of care and treatment • Increase viral suppression Comprehensive HIV Plan (2012-2014): • Increase the percent of RW clients in continuous HIV care to 80% • Reduce the proportion of diagnosed individuals who are not in HIV care by 0.8% each year The following Benchmarks also pertain to this service: • Increase the percentage of RW clients with Medicaid enrollment • Monitor the percentage of RW clients with private health insurance

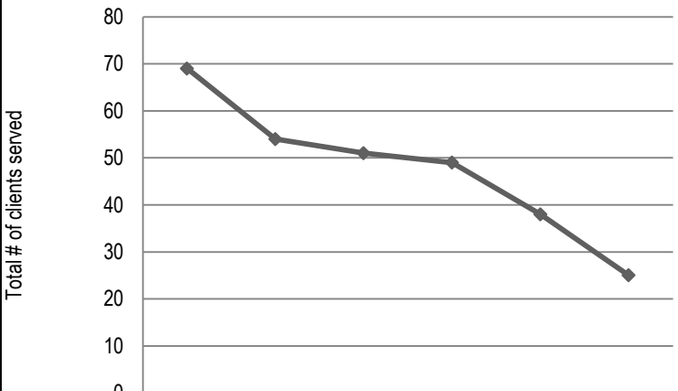
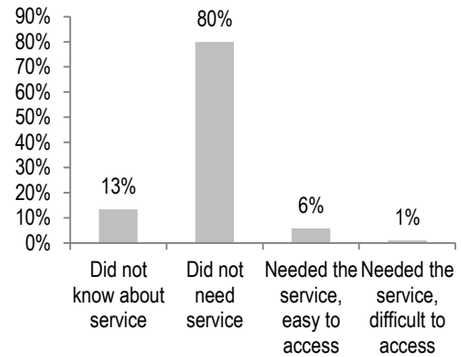
FY2017 Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 4/25/16

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities
Home & Community-Based Health Services (Adult Day Treatment)	Part A: FY98: $0 FY99: $0 FY00: $0 FY01: $0 FY02: $0 FY03: $83,577 FY04: $60,588 FY05: $72,289 FY06: $72,000 FY07: $72,000 FY08: $222,000 FY09:$148,972 Part B: FY10: $242,000 FY11: $232,000 FY12: $242,000 FY13: $232,000 FY14: $232,000 FY15: $232,000 FY16: $232,000 Source: PROPOSED FY 2016 Allocations - Level Funding Scenario Based upon FY15 Actual Awards - as of 06/24/15	 CY10 CY11 CY12 CY13 CY14 CY15 Adult Day 58 44 45 60 58 46 Source: RWGA and The Resource Group, 4/25/16	Clients receiving Home & Community Based Health Services (Adult Day Treatment) were provided an individual assessment of need, a written care plan, and a multidisciplinary team conference to review the care plan. According to chart reviews: • All clients with a documented need for physical therapy (25%), food pantry (100%), and nutritional services (20%) had chart evidence of referrals for those services. • All clients with diagnosed hypertension (40%) had chart evidence showing their hypertension was controlled. • 78% of client whose charts were reviewed had chart evidence of an undetectable viral load on their last lab. This is an increase from 2014 (61%). Source: The Resource Group, 2015 Chart Review	Needs Assessment Rankings: Home & Community Based Health Services (Adult Day Treatment) was surveyed as "*Day Treatment,*" defined as: "*this is a place you go during the day for help with your HIV medical care from a nurse or PA. It is not a place you live*" in the 2014 Needs Assessment. Results as defined are below:  • 34% of respondents reported a need for Home & Community Based Health Services (Adult Day Treatment), placing this service as the 11th highest ranked need. • The most common barrier reported was lack of knowledge of where to go for Home & Community Based Health Services (Adult Day Treatment) (18% of all reported barriers to this service). • Males, Hispanic/Latino PLWHA, and PLWHA age 13 to 24 reported the least difficulty accessing Home & Community Based Health Services (Adult Day Treatment). • Homeless PLWHA, out-of-care, and recently released had the most difficulty accessing Home & Community Based Health Services (Adult Day Treatment). Source: 2014 Houston Area HIV/AIDS Needs Assessment. Located at: http://www.rwpchouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf	This service aligns with the following goals: National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015) • Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%. • Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%. The Continuum of Care • Increase the percentage of those aware of their HIV+ status retained in HIV care • Increase the percentage of those aware of their HIV+ status with a suppressed viral load The Texas HIV Plan Update for 2014-2015 (2013) • Ensure continuous participation in systems of care and treatment • Increase viral suppression Comprehensive HIV Plan (2012-2014): • Increase the percent of RW clients in continuous HIV care to 80% • Reduce the proportion of diagnosed individuals who are not in HIV care by 0.8% each year • Increase the proportion of RW clients with UVL by 10%

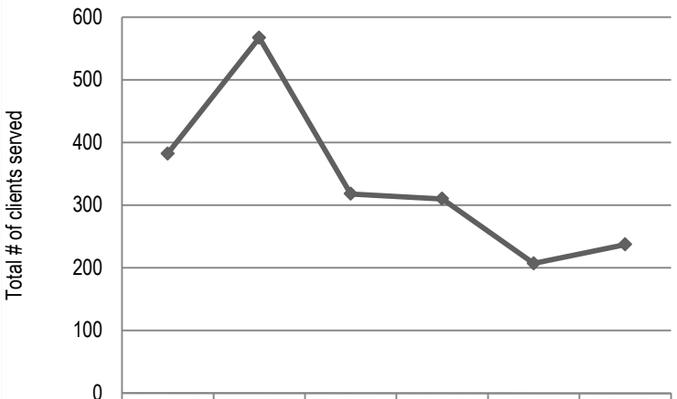
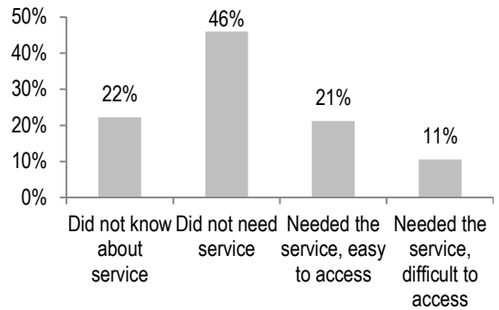
FY2017 Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 4/25/16

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities
Hospice	Part A: FY98: $132,826 FY99: $123,530 FY00: $147,889 FY01: $166,678 FY02: $167,914 FY03: $190,553 FY04: $203,039 FY05: $264,643 FY06: $283,600 FY07: $283,600 FY08: $422,915 Part A/SS: FY09: $422,915 FY10: $422,915 FY11: $419,916 FY12: $416,326 SS: FY13: $414,832 FY14: $414,832 FY15: $414,832 FY16: $414,832 Source: PROPOSED FY 2016 Allocations - Level Funding Scenario Based upon FY15 Actual Awards - as of 06/24/15	 CY10 CY11 CY12 CY13 CY14 CY15 Hospice 69 54 51 49 38 25 Source: RWGA and The Resource Group, 4/25/16	• According to chart review, 100% of clients receiving Hospice services had a documented multidisciplinary care plan with monthly updates. • 100% of clients had symptom management orders and medication administration records on file. • 100% of clients were assessed for pain at each shift. • Records indicated that end of life support was offered to the client's family in all applicable cases. • Upon admission, 38% of clients were homeless, 25% were active substance users, and 13% had an active psychiatric illness. Source: The Resource Group, 2015 Chart Review	Needs Assessment Rankings: Hospice was defined as: *"a program for people in a terminal stage of illness to get end-of-life care"* in the 2014 Needs Assessment. Results as defined are below:  • Hospice care is not a ranked service, as historically those receiving or are in greatest need of hospice care are not representatively sampled. • The most common barrier reported was inconvenient location (12% of all reported barriers to this service). • Males, Hispanic/Latino PLWHA, and PLWHA age 13 to 24 reported the least difficulty accessing Hospice care. • Recently released had the most difficulty accessing Hospice care. Source: 2014 Houston Area HIV/AIDS Needs Assessment. Located at: http://www.rwpchouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf	This service aligns with the following goals: National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015) • Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%. • Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%. The Continuum of Care • Increase the percentage of those aware of their HIV+ status retained in HIV care The Texas HIV Plan Update for 2014-2015 (2013) • Ensure continuous participation in systems of care and treatment • Increase viral suppression Comprehensive HIV Plan (2012-2014): • Increase the percent of RW clients in continuous HIV care to 80% • Reduce the proportion of diagnosed individuals who are not in HIV care by 0.8% each year • Reduce the number of reports of barriers by PLWHA to RW-funded Mental Health Services and Substance Abuse Treatment Services The following Special Populations are also specifically addressed by this service: • Homeless • IDU

FY2017 Service Category Information Summary – Part A, MAI, Part B, SS

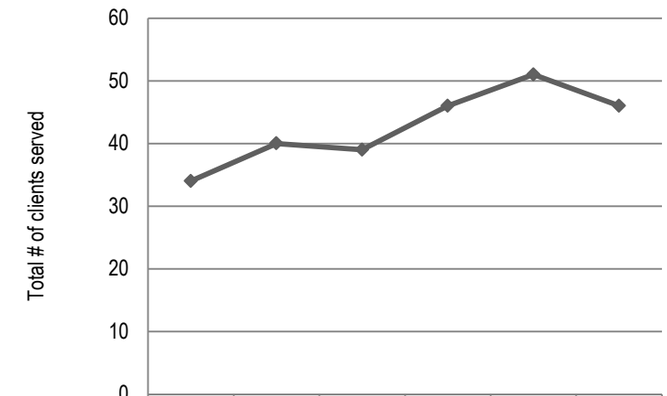
Last Updated: 4/25/16

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities
Legal Assistance	Part A: FY98: $255,200 FY99: $250,544 FY00: $313,538 FY01: $352,500 FY02: $352,446 FY03: $328,395 FY04: $238,062 FY05: $238,062 FY06: $259,248 FY07: $259,248 FY08: $380,784 Part A/SS: FY09: $380,784 FY10: $380,784 FY11: $300,480 FY12: $293,921 Part A: FY13: $293,921 FY14: $293,406 FY15: $293,406 FY16: $293,406 Source: PROPOSED FY 2016 Allocations - Level Funding Scenario Based upon FY15 Actual Awards - as of 06/24/15	 *A spike in clients served occurred in CY11 due to a vendor transition during. Notifications of service termination were documented as client encounters for the reporting period. Source: RWGA and The Resource Group, 4/25/16	• 100% of clients reported increased awareness about legal issues related to HIV status following receipt of legal assistance. • 100% of clients reported decreased anxiety about legal issues related to HIV status following receipt of legal assistance. • 40% of completed legal assistance cases resulted in the client obtaining *or continuing* their public benefits coverage; of these: – 7 cases were for disability – 1 case was for health insurance – 1 case was for public benefits – 13 cases were income-related Source: RWGA FY 2013 Final Year Outcomes Reports	Needs Assessment Rankings:[a] Legal Assistance was defined as: *"help from an attorney with things like Medicaid eligibility, wills, and permanency planning"* in the 2014 Needs Assessment. Results as defined are below:  • 32% of respondents reported a need for Legal Assistance, placing this service as the 12th highest ranked need. • The most common barrier reported was lack of knowledge, both of how to receive the service and where to go for Legal Assistance (both 17% of all reported barriers to this service). • Females, African American PLWHA, and PLWHA age 45+ reported the least difficulty accessing Legal Assistance. • Homeless PLWHA, MSM, out-of-care, and recently released had the most difficulty accessing Legal Assistance. Source: [a]2014 Houston Area HIV/AIDS Needs Assessment. Located at: http://www.rwpchouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf	This service aligns with the following goals: National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015) • Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%. • Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%. The Continuum of Care • Increase the percentage of those aware of their HIV+ status retained in HIV care The Texas HIV Plan Update for 2014-2015 (2013) • Ensure continuous participation in systems of care and treatment Comprehensive HIV Plan (2012-2014): • Increase the percent of RW clients in continuous HIV care to 80% • Reduce the proportion of diagnosed individuals who are not in HIV care by 0.8% each year

	CY10	CY11*	CY12	CY13	CY14	CY15
Legal	382	567	318	310	207	237

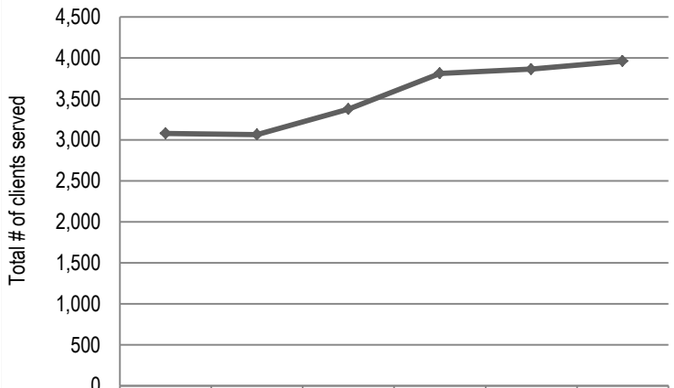
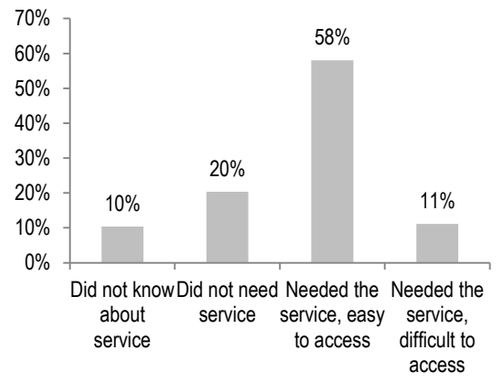
FY2017 Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 4/25/16

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities
Linguistic Services	SS: FY09: $28,000 FY10: $28,000 FY11: $28,000 FY12: $28,000 FY13: $35,000 FY14: $35,000 FY15: $35,000 FY16: $48,000 Source: PROPOSED FY 2016 Allocations - Level Funding Scenario Based upon FY15 Actual Awards - as of 06/24/15	 CY10 CY11 CY12 CY13 CY14 CY15 Linguistic 34 40 39 46 51 46 Source: RWGA and The Resource Group, 4/25/16	• Outcomes data are not available for this service category at this time.	Needs Assessment Rankings: [a] Linguistic Services are provided to *non*-Spanish-speaking monolingual RW clients. However, needs assessment surveys are conducted in English and Spanish only; therefore, the need for Linguistic Services *as designed* may not be fully known. For this reason, respondents were not surveyed regarding need for Linguistic Services. Results for language as a barrier to care show: • 5% of respondents who expressed a need for day treatment and had difficulty accessing the service cited language as a barrier. • 2% of respondents who expressed a need for Food Pantry and had difficulty accessing the service cited language as a barrier. • There were no reports of language barriers or low health literacy for out-of-care participants. Other Data Related to Linguistic Services:[b] Because linguistic services are for use with *non*-Spanish-speaking monolingual clients, data on the current level of linguistic isolation in the Houston EMA may be informative about the need for this service community-wide: • 19% of Houston EMA residents meet the definition of linguistic isolation, defined as someone who reports speaking English less than "very well." Most are Spanish-speakers. • <1% are linguistically isolated speaking a European language; and 2% are linguistically isolated speaking an Asian/Pacific Islander language. Source: [a]2014 Houston Area HIV/AIDS Needs Assessment. Located at: http://www.rwpchouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf [b]2013 Houston Area Integrated Epidemiologic Profile for HIV/AIDS Prevention and Care Services Planning. Reporting period: January 1 to December 31, 2011. *Approved March 14, 2013. Updated April 15, 2013*	This service aligns with the following goals: National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015) • Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%. • Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%. The Continuum of Care • Increase the percentage of those aware of their HIV+ status retained in HIV care The Texas HIV Plan Update for 2014-2015 (2013) • Ensure continuous participation in systems of care and treatment Comprehensive HIV Plan (2012-2014): • Increase the percent of RW clients in continuous HIV care to 80% • Reduce the proportion of diagnosed individuals who are not in HIV care by 0.8% each year

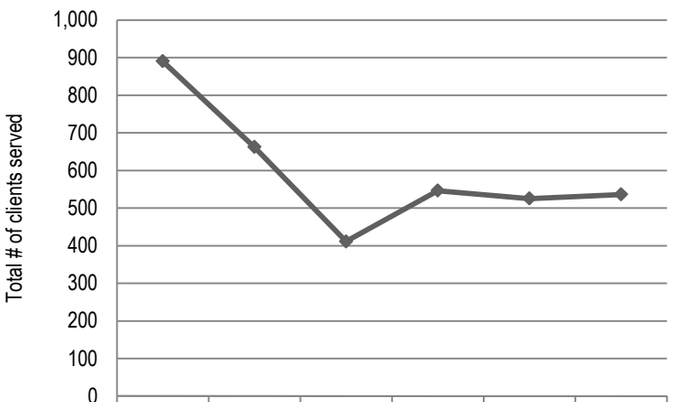
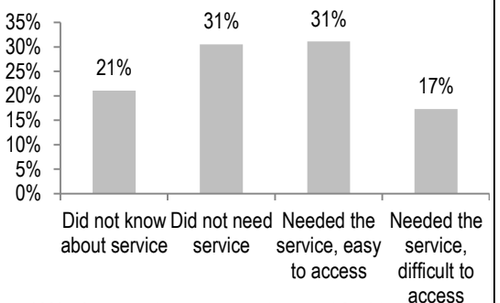
FY2017 Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 4/25/16

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities
Local Pharmacy Assistance Program (LPAP)	Part A: FY98: $627,652 FY99: $1,414,401 FY00: $1,545,043 FY01: $2,130,863 FY02: $2,014,178 FY03: $2,280,942 FY04: $2,862,518 FY05: $3,038,662 FY06: $2,496,000 FY07: $2.424,450 FY08: $3,288,420 FY09: $3,552,061 FY10: $3,452,061 FY11: $3,679,361 FY12: $3,582,046 FY13: $2,793,717 FY14: $2,544,176 FY15: $2,219,276 FY16: $2,581,440 Source: PROPOSED FY 2016 Allocations - Level Funding Scenario Based upon FY15 Actual Awards - as of 06/24/15	 CY10 CY11 CY12 CY13 CY14 CY15 LPAP 3,080 3,064 3,375 3,811 3,863 3,961 Source: RWGA and The Resource Group, 4/25/16	• 92% of LPAP clients increased or maintained their CD-4 counts • 76% of LPAP clients were virally suppressed Source: RWGA FY 2013 Final Year Outcomes Reports	Needs Assessment Rankings: LPAP was surveyed in the 2014 Needs Assessment. Results as defined are below:  • 69% of respondents reported a need for LPAP, placing this service as the 4th highest ranked need. • The most common barriers reported were lack of transportation and lack of knowledge of where to go for LPAP (both 13% of all reported barriers to this service). • Males, Hispanic/Latino PLWHA, and PLWHA age 45+ reported the least difficulty accessing LPAP. • Adolescents, MSM, out-of-care, recently released, and transgender PLWHA had the most difficulty accessing LPAP. Source: 2014 Houston Area HIV/AIDS Needs Assessment. Located at: http://www.rwpchouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf	This service aligns with the following goals: National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015) • Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%. • Increase the percentage of youth and persons who inject drugs with diagnosed HIV infection who are virally suppressed to at least 80%. The Continuum of Care • Increase the percentage of those aware of their HIV+ status with a suppressed viral load The Texas HIV Plan Update for 2014-2015 (2013) • Ensure continuous participation in systems of care and treatment • Increase viral suppression Comprehensive HIV Plan (2012-2014): • Increase the proportion of RW clients with UVL by 10%

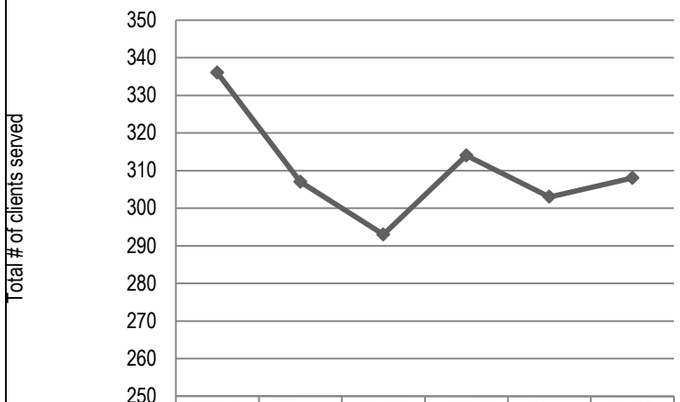
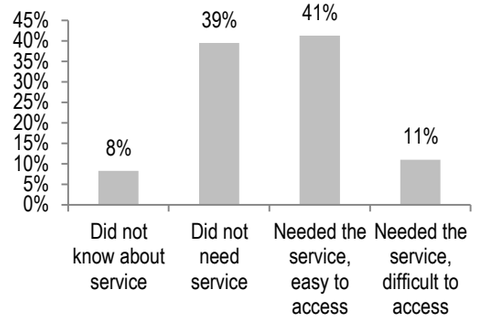
FY2017 Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 4/25/16

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities
Medical Nutritional Therapy (MNT) (incl. nutritional supplements)	Part A: FY07:$144,148 FY08:$301,325 Part A/B: FY09: $301,325 FY10: $301,325 Part A: FY11: $351,285 FY12: $341,994 FY13: $341,994 FY14: $341,395 FY15: $341,395 FY16: $341,395 Source: PROPOSED FY 2016 Allocations - Level Funding Scenario Based upon FY15 Actual Awards - as of 06/24/15	 CY10 CY11 CY12 CY13 CY14 CY15 MNT 890 662 411 546 525 536 Source: RWGA and The Resource Group, 4/25/16	• 91% of medical nutritional therapy clients maintained or increased their CD-4 counts • 87% of medical nutritional therapy clients were virally suppressed Source: RWGA FY 2013 Final Year Outcomes Reports	Needs Assessment Rankings:[a] Medical Nutrition Therapy was surveyed as "*Nutritional Supplements,"* defined as: "*like Ensure, fish oil, protein powder, etc., and/or nutritional counseling from a professional dietician"* in the 2014 Needs Assessment. Results as defined are below:  • 48% of respondents reported a need for Medical Nutrition Therapy, placing this service as the 9th highest ranked need. • The most common barriers reported was lack of knowledge of where to go for Medical Nutrition Therapy (20% of all reported barriers to this service). • Females, PLWHA of other/mixed race and Hispanic/Latino PLWHA, and PLWHA age 25-44 reported the least difficulty accessing Medical Nutrition Therapy. • Homeless PLWHA, MSM, out-of-care, and recently released had the most difficulty accessing Medical Nutrition Therapy. Other Data Relevant to MNT:[b] According to RW providers, the most common need for nutritional supplements among consumers are: • Wasting syndrome; and chronic disease Source: [a]2014 Houston Area HIV/AIDS Needs Assessment. Located at: http://www.rwpchouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf [b]RWGA, Nutritional Supplement Usage Survey, July 2012	This service aligns with the following goals: National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015) • Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%. • Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%. The Continuum of Care • Increase the percentage of those aware of their HIV+ status with a suppressed viral load The Texas HIV Plan Update for 2014-2015 (2013) • Ensure continuous participation in systems of care and treatment • Increase viral suppression Comprehensive HIV Plan (2012-2014): • Increase the proportion of RW clients with UVL by 10%

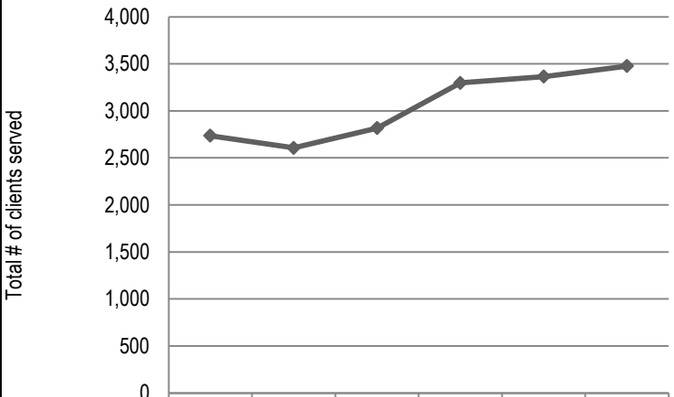
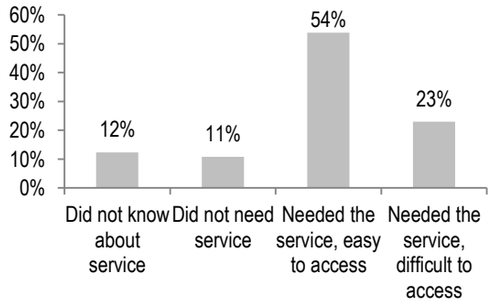
FY2017 Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 4/25/16

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities
Mental Health (Professional Counseling)	Part A: FY98: $547,025 FY99: $774,176 FY00: $445,344 FY01: $329,112 FY02: $174,719 FY03: $268,764 FY04: $194,834 FY05: $224,000 FY06: $234,000 FY07: $214,000 FY08: $365,798 SS: FY09: $252,200 FY10: $252,200 FY11: $252,200 FY12: $252,200 FY13: $252,200 FY14: $252,200 FY15: $300,000 FY16: $300,000 Source: PROPOSED FY 2016 Allocations - Level Funding Scenario Based upon FY15 Actual Awards - as of 06/24/15	 CY10 CY11 CY12 CY13 CY14 CY15 Ment Health 336 307 293 314 303 308 Source: RWGA and The Resource Group, 4/25/16	Outcomes data are not available for this service category at this time.	Needs Assessment Rankings: Mental Health was surveyed as "*Professional Mental Health Counseling,"* defined as: "*by a licensed professional counselor or therapist either individually or as part of a therapy group"* in the 2014 Needs Assessment. Results as defined are below:  • 52% of respondents reported a need for Mental Health services, tying this service with Food Pantry for the 7th highest ranked need. • The most common barrier reported was lack of knowledge of how to get the Mental Health services (13% of all reported barriers to this service). • Females, white PLWHA, and PLWHA age 45+ reported the least difficulty accessing Mental Health services • Homeless PLWHA, out-of-care, and recently released had the most difficulty accessing Mental Health Services. Other Needs Assessment Data Related to Mental Health Services: • 54% of all respondents reported having current diagnosis of at least one mental health condition. • Depression was the most commonly reported mental health condition (42%), followed by bipolar disorder (22%), and anxiety (19%). Source: 2014 Houston Area HIV/AIDS Needs Assessment. Located at: http://www.rwpchouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf	This service aligns with the following goals: National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015) • Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%. • Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%. The Continuum of Care • Increase the percentage of those aware of their HIV+ status retained in HIV care The Texas HIV Plan Update for 2014-2015 (2013) • Ensure timely linkage to HIV-related care and treatment • Ensure continuous participation in systems of care and treatment • Increase viral suppression Comprehensive HIV Plan (2012-2014): • Increase the percent of RW clients in continuous HIV care to 80% • Reduce the proportion of diagnosed individuals who are not in HIV care by 0.8% each year • Reduce the number of reports of barriers by PLWHA to RW-funded Mental Health Services and Substance Abuse Treatment Services Recommendations from the SIRR Special Study of Consumers: • Add language to the Mental Health service category stating that services provided under this category may have "special attention" to Special Populations, including IRR

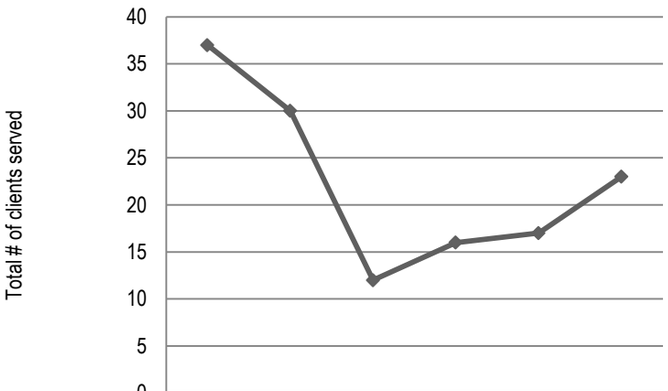
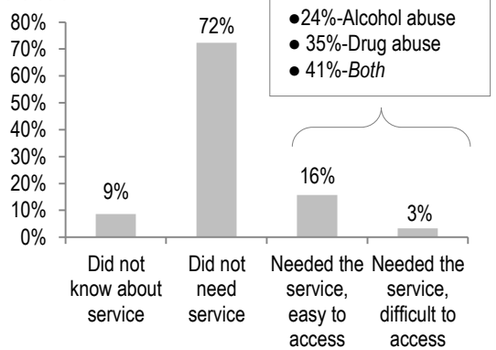
FY2017 Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 4/25/16

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities
Oral Health (Untargeted & Rural)	Part A: FY98: $607,280 FY99: $722,299 FY00: $620,240 FY01: $772,480 FY02: $776,585 FY03: $903,017 FY04: $884,176 FY05: $1,014,124 FY06: $1,060,000 FY07: $1,060,000 FY08: $1,455,678 Part A/B: FY09: $1,550,678 FY10: $1,700,325 FY11: $1,835,346 FY12: $2,146,063 FY13: $1,951,776 FY14: $1,951,546 FY15: $2,083,999 FY16: $2,286,750 Source: PROPOSED FY 2016 Allocations - Level Funding Scenario Based upon FY15 Actual Awards - as of 06/24/15	 CY10 CY11 CY12 CY13 CY14 CY15 Oral Health 2,735 2,607 2,816 3,298 3,365 3,476 Source: RWGA and The Resource Group, 4/25/16	Untargeted: [a] • According to client charts reviewed for untargeted oral health services 100% had chart evidence for vital signs assessment at every visit, 97% had updated health histories in their chart, 94% had chart evidence of a hard and soft tissue review, and 95% had chart evidence of receipt of oral health education Rural:[b] • According to client charts reviewed for rural oral health services, 92% of client charts had evidence of intraoral exams, 91% had evidence of extraoral exams, 91% had evidence of receipt of periodontal screening. One chart reviewed showed the client presenting with oral pathology, but had not yet returned for evaluation by the dentist. Source: [a]The Resource Group, 2015 Chart Review [b]RWGA Oral Health Care – Rural Target Chart Review FY 2014 (Dec. 2015)	Needs Assessment Rankings: Oral Health was defined as: "*Oral health care visits with a dentist or hygienist,"* in the 2014 Needs Assessment. Results as defined are below:  • 77% of respondents reported a need for Oral Health services, placing this service as the 3rd highest ranked need. • The most common barrier reported was wait time for Oral Health services (16% of all reported barriers to this service). • Females, PLWHA of other/mixed race and African American PLWHA, and PLWHA age 45+ reported the least difficulty accessing Oral Health services • Homeless PLWHA, out-of-care, MSM, and recently released had the most difficulty accessing Oral Health Services. Source: 2014 Houston Area HIV/AIDS Needs Assessment. Located at: http://www.rwpchouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf	This service aligns with the following goals: National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015) • Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%. • Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%. The Continuum of Care • Increase the percentage of those aware of their HIV+ status retained in HIV care The Texas HIV Plan Update for 2014-2015 (2013) • Ensure continuous participation in systems of care and treatment Comprehensive HIV Plan (2012-2014): • Increase the percent of RW clients in continuous HIV care to 80% • Reduce the proportion of diagnosed individuals who are not in HIV care by 0.8% each year

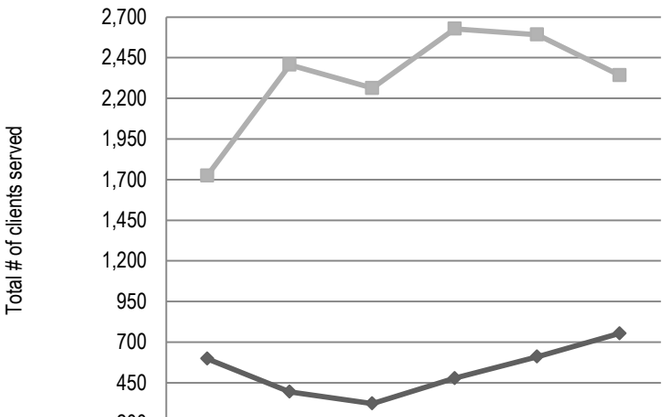
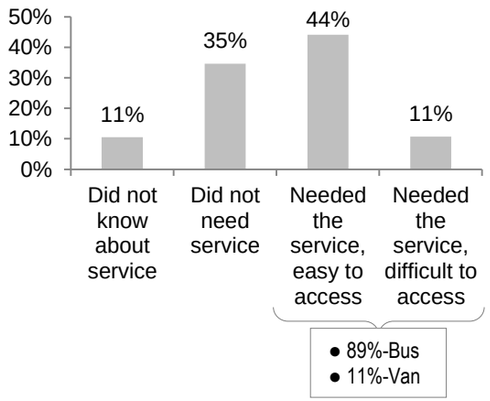
FY2017 Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 4/25/16

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities
Substance Abuse Treatment	Part A: FY98: $294,600 FY99: $247,077 FY00: $207,639 FY01: $41,368 FY02: $56,786 FY03: $59,110 FY04: $85,745 FY05: $42,850 FY06: $45,000 FY07: $35,000 FY08: $25,051 FY09: $66,051 FY10: $72,000 FY11: $47,000 FY12: $45,757 FY13: $45,757 FY14: $45,677 FY15: $45,677 FY16: $45,677 Source: PROPOSED FY 2016 Allocations - Level Funding Scenario Based upon FY15 Actual Awards - as of 06/24/15	 CY10 CY11 CY12 CY13 CY14 CY15 Sub Abuse 37 30 12 16 17 23 Source: RWGA and The Resource Group, 4/25/16	• 50% of substance abuse treatment services clients completed a treatment program during the reporting period. • 100% of substance abuse treatment service clients reported abstaining from alcohol or drugs "every day" after two months in the program • 100% of substance abuse treatment service clients reported attending community support group meetings • Following receipt of substance abuse treatment services, 73% of clients accessed HIV primary care at least once, all clients maintained CD-4 counts, 17% increased their CD-4 counts, and 54% were virally suppressed. Source: RWGA FY 2013 Final Year Outcomes Reports	Needs Assessment Rankings: Substance Abuse Treatment was surveyed as "*alcohol or drug abuse treatment or counseling (in an outpatient setting only)*" in the 2014 Needs Assessment. Results as defined are below:  • 19% of respondents reported a need for Substance Abuse Treatment, placing this service as the 13th highest ranked need. • The most common barriers: lack of knowledge of where to go for Substance Abuse Treatment, and fear that others would learn their status • Females, African American PLWHA, and PLWHA age 45+ reported the least difficulty accessing Substance Abuse Treatment • MSM and recently released had the most difficulty accessing Substance Abuse Treatment. Other Needs Assessment Data Related to Substance Abuse Services: • Respondents with a history of being out-of-care, ranked substance use was the #2 reason for interruption in care. • For out-of-care respondents, problems with substance use were cited 5th out of 13 possible reasons for falling out of care. Source: 2014 Houston Area HIV/AIDS Needs Assessment. Located at: http://www.rwpchouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf	This service aligns with the following goals: National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015) • Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%. • Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%. The Continuum of Care • Increase the percentage of those aware of their HIV+ status retained in HIV care The Texas HIV Plan Update for 2014-2015 (2013) • Ensure continuous participation in systems of care and treatment • Increase viral suppression Comprehensive HIV Plan (2012-2014): • Increase the percent of RW clients in continuous HIV care to 80% • Reduce the proportion of diagnosed individuals who are not in HIV care by 0.8% each year • Reduce the number of reports of barriers by PLWHA to RW-funded Mental Health Services and Substance Abuse Treatment Services The following Special Populations are also specifically addressed by this service: • IDU

FY2017 Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 4/25/16

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities
Transportation (Untargeted & Rural) (Van & Bus Pass)	Part A: FY98: $488,405 FY99: $580,909 FY00: $838,460 FY01: $912,947 FY02: $1,015,666 FY03: $945,743 FY04: $598,816 FY05: $570,000 FY06: $570,000 FY07: $512,000 FY08: $654,539 Part A/B: FY09: $654,539 FY10: $595,366 Part A: FY11: $625,366 FY12: $543,459 FY13: $543,459 FY14: $527,361 FY15: $527,362 FY16: $527,362 Source: PROPOSED FY 2016 Allocations - Level Funding Scenario Based upon FY15 Actual Awards - as of 06/24/15	 CY10 CY11 CY12 CY13 CY14 CY15 Van Based 598 394 322 478 611 754 Bus Pass 1,725 2,406 2,263 2,628 2,592 2,342 Source: RWGA and The Resource Group, 4/25/16	Van Based: • Following van based transportation services: – 69% of clients accessed HIV primary care at least once: – 72% accessed LPAP at least once; and – 74% accessed oral health services at least once. Bus Pass: • Following bus pass transportation services: – 77% of clients accessed a RW service of some kind at least once; – 36% accessed HIV primary care at least once; – 20% accessed LPAP at least once; and – 25% accessed oral health services at least once. Source: RWGA FY 2013 Final Year Outcomes Reports	Needs Assessment Rankings:[a] Transportation was defined *as "Transportation to/from your HIV medical appointments on a van or with a Metro bus card"* in the 2014 Needs Assessment. Results as defined are below:  • 55% of respondents reported a need for Transportation services, tying this service with Housing as the 5th highest ranked need. • The most common barrier reported for Transportation Services was lack of transportation (18% of all reported barriers to this service).* • Males, African American PLWHA, and PLWHA age 45+ reported the least difficulty accessing Transportation services • Homeless PLWHA, out-of-care, and recently released had the most difficulty accessing Transportation services. *Anecdotally, the initial transportation gap in accessing Transportation services, and the ongoing gap of refilling bus cards was noticed during data collection for the 2011 and 2014 Needs Assessments, and the I/RR and Transgender special studies. However, this particular issue has not been formally measured. Source: 2014 Houston Area HIV/AIDS Needs Assessment. Located at: http://www.rwpchouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf	This service aligns with the following goals: National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015) • Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%. • Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%. The Continuum of Care • Increase the percentage of those aware of their HIV+ status retained in HIV care • Increase the percentage of those aware of their HIV+ status with a suppressed viral load The Texas HIV Plan Update for 2014-2015 (2013) • Ensure continuous participation in systems of care and treatment • Increase viral suppression Comprehensive HIV Plan (2012-2014): • Increase the percent of RW clients in continuous HIV care to 80% • Reduce the proportion of diagnosed individuals who are not in HIV care by 0.8% each year • Increase the proportion of RW clients with UVL by 10% Recommendations from the SIRR Study: • Distribute bus passes through EIS at discharge for use as transportation to a community-based HIV care provider. Recommendations from the Transgender Special Study: • Lack of transportation was cited most often (44%) by transgender consumers as a barrier to HIV care. It is recommended that the workgroup explore ways to reduce transportation barriers for this Special Population.

DRAFT

TARGETING FOR FY 2017 SERVICE CATEGORIES FOR RYAN WHITE PART A, B, MAI AND STATE SERVICES FUNDING

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

* Geographic targeting in rural area only.

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

*** Geographic targeting in the north only.

Community Health Worker Training

Harris Health System's Community Outreach Services Department is an authorized and certified provider of the Texas Department of State Health Services Community Health Worker Training and Certification Program.

What is a Community Health Worker?
A Community Health Worker (CHW) is a lay health and human services worker who provides needed services to individuals and families in our community.

These services include:
• Culturally appropriate health education
• Overcoming language barriers
• Navigating healthcare systems
• Speaking up effectively about medical concerns
• Seeking available assistance resources

CHW Continuing Education Classes
Our CHW classes are free and open to those seeking continuing education on a variety of health and social service topics. Our classes provide Texas Department of State Health Services certified Continuing Education Units (CEUs) for CHWs renewing their certification.

Attending our CEU classes provides hours toward the state criteria for renewing an existing certification, but does not count toward an initial CHW certification. Our program does not offer the initial certification training.

For questions about Harris Health's CHW Training Program, call 713-634-1242 or e-mail chw@harrishealth.org. To register for our classes, please sign up to receive our monthly class announcements with online registration links for each class as it becomes available. To subscribe to our e-mail list, sign up here. Please note, we only open registration for each class one month in advance.

Continuing Education Calendar 2015

Continuing Education Topics	Dates & Times Offered
Access to Harris Health *3 CEUs – Competency: Service Coordination Skills*	1/14/16 (Th); 9 a.m.-noon (Eng); 1-4 p.m. (Esp)
Child Development *3 CEUs – Competency: Knowledge Base*	3/11/16 (F); 9 a.m.-noon (Eng); 1-4 p.m. (Esp)
Talking to Teens about Health and Sexuality *3 CEUs – Competency: Communication*	5/12/16 (Th); 9 a.m.-noon (Eng); 1-4 p.m. (Esp)
10th Annual CHW Conference *Hosted by Texas Gulf Coast CHW/Promotores Association*	6/1/16 (W), 9 a.m.-4 p.m. + Reception www.chwconferencehouston.com

Heart Health *3 CEUs – Competencies: Knowledge Base*	7/7/16 (Th); 9 a.m.-noon (Eng); 1-4 p.m. (Esp)
Cultural Diversity *3 CEUs – Competencies: Interpersonal*	9/8/16 (Th); 9 a.m.-noon (Eng); 1-4 p.m. (Esp)

For information about CHW certification
Please visit the Texas Department of State Health Services website for the community health worker certification process, available 160-hour training programs for initial certification, and criteria for renewing existing certification.

Additional CHW resources can be found on the Texas Gulf Coast CHW/Promotores Association website and Community Health Worker Texas website.

Please note that our 2016 CHW CEU classes are:
• Offered once in English (morning session) and once in Spanish (afternoon session)
• Subject to change
• Free, but require prior registration via emailed links; space is limited
• Begun promptly; students must be on time and stay the entire class; no partial credit
• Held at the United Way Community Resource Center, 50 Waugh, Houston, TX 77007

From: Community Health Worker Texas website

What Is a Community Health Worker?

Community Health Workers (CHWs) work in association with the local health care system (hospitals, doctors, clinics) in both urban and rural environments to bridge the gap between providers and underserved populations in need of care. They are members of the community who share ethnicity, language, socioeconomic status and life experiences with those they serve.

CHWs provide culturally appropriate health education and information in order to assist people in receiving the care they need. They can give informal counseling and guidance on health behaviors; advocate for individual and community health needs; and provide some direct health services, like first aid and blood pressure screening.

Interested in what a Community Health Workers can do for your community? Watch a video on how CHWs work with clients and communities.

What is training for CEs?

Each community health worker has to renew their CHW certification every two years. Continuing Education (CE) is required for renewal. CE is intended to maintain and improve the quality of professional services provided by community health workers and instructors and to keep these individuals knowledgeable of current programs, techniques and practices.

The State of Texas Requires that: (http://www.dshs.state.tx.us/chpr/chw/chwdocs.shtm)

A community health worker complete 20 contact hours of continuing education acceptable to the Department of State Health Services (DSHS) during each two-year renewal period. At least 10 hours of continuing education must come from participation in a DSHS certified training program.

No more than 10 hours may come from training programs and instructors not certified by DSHS, and may

also include activities such as reading materials, audio materials, audiovisual materials or a combination. A list of resources may be found at: www.dshs.state.tx.us/chpr/chw at the Articles and Research Material link.

A contact hour is 50 minutes of attendance and participation. One-half contact hour is 30 minutes of attendance and participation during a 30- minute period.

At least 10 of the required hours must be directly related to the eight community health worker competency areas.

The remaining hours can be related to new knowledge base or programmatic activity.

East Texas AHEC offers both DSHS certified CE and non DSHS certified CE. Our CE is offered in a face to face format as well as a on-line live format. The student can choose to come to class in person or participate via the virtual, on-line classroom.

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 _____)

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 assurance 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 Assurance 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 one FY prior to the immediate prior FY, ending August 31)
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 Assurance Committee approved 05-14-14)

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 Assurance Committee approved 05-14-14)

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

2016 Quarterly Report
Quality Improvement Committee
(May 2016)

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

1. Conduct the "How to Best Meet the Needs" (HTBMN) process, with particular attention to the continuum of care with respect to HRSA identified core services.

   DONE

2. Develop a process for including consumer input that is proactive and consumer friendly for the Standards of Care and Performance Measures review process.

   Now using ~~HSA~~ Consumer only workgroup process to get input

3. Continue to improve the information, processes and reporting (within the committee and also thru collaboration with other Planning Council committees) needed to:

   a. Identify "The Un-met Need"; Ongoing

   b. Determine "How to Best Meet the Needs"; Ongoing

   c. *Strengthen and improve the description and measurement of medical and health related outcomes.

      Ongoing

4. *Identify and review the required information, processes and reporting needed to assess the "Efficiency of the Administrative Mechanism". Focus on the status of specific actions and related time-framed based information concerning the efficiency of the administrative mechanism operation in the areas of:

   a. Planning fund use (meeting RWPC identified needs, services and priorities);

   b. Allocating funds (reporting the existence/use of contract solicitation, contract award and contract monitoring processes including any time-frame related activity); Ongoing

   c. Distributing funds (reporting contract/service/re-imbursement expenditures and status, as well as, reporting contract/service utilization information). Ongoing

5. Annually, review the status of committee activities identified in the current Comprehensive Plan. Ongoing

Status of Tasks on the Timeline:

Carla Ross
Committee Chairperson

5/19/2016
Date

Operations Committee Report

DRAFT

Budget
for the
2017 - 2018 Blue Book

*The exact cost of reproducing the 2017 – 2018 Blue Book is not available at this time since the largest budget item, printing costs, fluctuates with the price of oil/ink.

Budget for the 2017 – 2018 Blue Book

Graphic Design	5,000
Updating the Book (in house)	
Advertising	3,000
Spanish Translation	2,000
App Support	1,000
Software	1,000
Postage	4,000
Printing 50,000 copies ($.88/book)	44,000*
TOTAL	**$60,000***

HOUSTON AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL

EST. JULY 10, 2008 **POLICY No. 400.03**

PROCESS FOR APPROVING THE COUNCIL SUPPORT BUDGET

PURPOSE

This policy is to establish the process used to review and approve the annual budget for the Houston Area HIV Health Services Ryan White Planning Council and the Council Support Staff.

AUTHORITY

The authority given to the Operations Committee by the Council adoption and approval of By-laws Rev. 12/07 and under the order of the Chief Elected Official (CEO) of Harris County, initiate procedures by which day to day business of the Council is to take place. According to the Ryan White HIV/AIDS Treatment Modernization Act of 2006, and a letter of guidance issued by the HIV/AIDS Bureau (April 26, 2007) "Section 2604(h) specifies that the chief elected official of an eligible area shall not use in excess of 10 percent of amounts received under a Part A grant for administrative expenses. The amounts may be used for administrative activities that include all activities associated with the grantee's contract award procedures, including activities carried out by the HIV Health Services Planning Council as established under section 2602 (b) of the Act… While Part A Planning Councils may use Ryan White Program funds to support certain activities related to carrying out required functions, the Planning Council must also work with the grantee to agree on a budget for Planning Council support activities. Reasonable and necessary activities include both tasks directly related to legislative functions and the following costs that support multiple functions:

- Staff support (professional and clerical)
- Expenses of Planning Council members as a result of their participation
- Activities publicizing the Planning Council's activities for people living with HIV and efforts to substantively enhance community participation in Planning Council activities
- Developing and implementing Planning Council grievance procedures for decisions related to funding."

INTENT

Create an atmosphere of mutual respect and transparency as the Council works with the CEO and the grantee to agree on the annual Council Support budget.

PROCEDURE

The following describes the steps to be followed in order to secure approval of the Council Support budget:

1. The Manager of the Office of Support prepares a proposed budget.
2. The Manager distributes the proposed budget to members of the Operations Committee, the liaison to the CEO and the manager of Harris County Public Health

and Environmental Services/Ryan White Grants Administration Section (the "grantee").

3. The grantee reviews the budget in terms of Ryan White Program guidelines and discusses any concerns with both the Manager of the Office of Support and the assigned liaison to the CEO.
4. The Manager conveys this input to the Operations Committee when they meet to review and make recommendations on the proposed budget.
5. The Operations Committee reviews the budget to make sure that it supports activities related to carrying out the legislatively mandated role of the Council and prepares a committee recommendation regarding the proposed budget.
6. The Steering Committee and Council review and vote on the recommendations of the Operations Committee regarding the Council Support budget.
7. The Manager provides the grantee with the Council approved budget.
8. The grantee reviews the budget and provides written confirmation to the Manager of the Office of Support and the liaison with the County Judge's Office stating that the budget is consistent with HRSA requirements and County rules and no changes are necessary. If the budget is not consistent with HRSA requirements and County rules, the budget is returned to the Manager of the Office of Support who revises the budget and begins the process at Step 1 as described above.

Comparison of FY 2016 and 2017 Council Support Budgets

(Prepared 05-11-16)

Item	Current FY 2016 Budget	Proposed FY 2016 Budget (3% Cost of Living Increase)	Difference between FY 2016 and Proposed FY 2016 Budgets	Proposed FY 2017 Budget	Difference Between FY 2016 and FY 2017 Budgets
Salaries	$250,487	$256,123	+ $5,636	$258,002	+ $1,879
Fringe	100,673	101,820	+ 1,147	102,201	+ 381
Equipment	3,000	2,347	- 653	3,000	+ 653
Travel	11,770	10,640	- 1,130	5,800	- 4,840
Supplies	6,000	6,000	0	6,000	0
Blue Book	16,500	16,500	0	60,000	+ 43,500
Needs Assessment	10,700	10,700	0	3,000	- 7,700
Planning Council Expenses	23,686	23,686	0	23,686	0
Advertising	6,000	6,000	0	6,000	0
Communications	7,000	7,000	0	7,000	0
Council Education	3,500	3,500	0	3,500	0
Project LEAP	7,750	7,750	0	15,000	+ 7,250
Postage	10,000	5,000	- 5,000	10,000	+ 5,000
Copier	9,250	9,250	0	9,250	0
TOTAL	$466,316	$466,316	0	$512,439	+ $46,123

Houston Ryan White Planning Council
FY 2016 Council Support Budget
County Judge approved 2 salary increases
(Prepared 03-01-16)

		Subtotal	Total
PERSONNEL			
RWPC Manager (V. Williams) ($6427/mo. X 12 mos. X 100%) Responsible for overall functioning of planning council, supervises all support staff.	$77,132	**$250,487**	
RWPC Health Planner (A. Alvarez) ($5,892/mo. X 12 mos. X 100%) Responsible for coordinating Comprehensive Planning and Needs Assessment activities. Analyzing and presenting data.	$70,699		
RWPC Coordinator (D. Beck) ($4,580/mo x 12 mos. X 100%) Coordinates support activities for the RW Planning Council and committees. Provides routine administrative duties (minutes, scheduling of meetings, mailouts, etc.).	$54,962		
Assistant Coordinator (E.Moreno) ($3,975/mo x 12 mos. X 100%) Coordinates support activities for assigned committees. Provides routine administrative duties (minutes, scheduling of meetings, mailouts, etc.)	$47,694		
FRINGE		**$100,673**	
Social Security @ 7.65%	$19,162		
Health Insurance (4 x $11,116/FTE)	$47,200		
Retirement @ 10.75%	$26,927		
Workers Compensation @ 0.83%	$2,079		
Supplemental Death Insurance @ 0.50	$1,252		
Unemployment Insurance @ 0.60%	$1,503		
Incentives/allowances	$2,550		

Houston Ryan White Planning Council
FY 2016 Council Support Budget
County Judge approved 2 salary increases
(Prepared 03-01-16)

		Subtotal	Total
EQUIPMENT Replacement computers to replace obsolete units	$3,000	**$3,000**	
TRAVEL		**$11,770**	
Local travel @ $0.575/mile for Planning Council Support Staff	$800		
Out of EMA travel: One out of state trip for Office of Support staff for HIV planning meeting and five in State trips for staff and/or volunteer Council members for statewide HIV Planning meetings	$10,970		
SUPPLIES General consumable office supplies including materials for Council Members and Public Meetings	$6,000	**$6,000**	
CONTRACTUAL	$0	**$0**	
OTHER		**$94,386**	
Resource Guide	$16,500		
Needs Assessment Activities	$10,700		
Reimbursement for PC member expenses: Reimbursement for travel, childcare, meals and other eligible expenses resulting from participation in Council approved/ HRSA grant required activities.	$23,686		
Advertising for PC Activities: For publication of meeting announcements in community papers; invitations to participate in needs assessment activities and focus groups; advertisments for additional volunteers.	$6,000		
Communications (phone, pagers): For local and long distance phone expenses and internet charges.	$3,500		
Web Page Technical Assitance Costs: For additional training/consultation to staff in order to update/improve web site.	$500		

Houston Ryan White Planning Council
FY 2016 Council Support Budget
County Judge approved 2 salary increases
(Prepared 03-01-16)

		Subtotal	Total
Council Education: For speakers & training costs primarily for Council member orientation, room rentals & the cost of speakers for ongoing training to insure that key decision-makers receive necessary and relevant information. This includes the Sept. & Nov. 2015 Council meetings & the Jan. 2016 training/orientation meeting, all to be held off-site at locations within Harris County, Texas.	$3,500		
Project LEAP Student Reimbursement: 15 participants for 17 week course including travel, childcare and other eligible expenses resulting from participation in Council approved training activities related to the HRSA grant.	$2,250		
Project LEAP Education: Training costs for 17 weeks including speaker fees, room rental for off-site meetings & educational materials.	$5,500		
Interpreter Services For Spanish-speaking and sign-language interpretation services during public meetings, focus groups, etc.	$1,500		
Fees and Dues Registration costs for attending meetings, trainings and conferences related to HIV/AIDS health planning.	$500		
English/Spanish Translation (written): For professional translation of Council materials into Spanish.	$1,000		
Postal Machine Rental & Postage: For mailouts of Committee and Council agendas, minutes and attachments; HIV/AIDS Resource Guides for those who are unable to pickup in person; other office of support communications.	$10,000		
Copier Rental: For rental, service agreement of high-use Xerox machine used for Council and Office of Support.	$9,250		
TOTAL			**$466,316**

Working Draft

DRAFT
Houston Ryan White Planning Council
FY 2016 Council Support Budget
Includes 3% Cost of Living Increases
(Prepared 05-01-16)

		Subtotal	Total
PERSONNEL			
RWPC Manager (V. Williams) ($6573/mo. X 12 mos. X 100%) Responsible for overall functioning of planning council, supervises all support staff.	$78,867	**$256,123**	+ $5,636
RWPC Health Planner (A. Alvarez) ($6024/mo. X 12 mos. X 100%) Responsible for coordinating Comprehensive Planning and Needs Assessment activities. Analyzing and presenting data.	$72,290		
RWPC Coordinator (D. Beck) ($4,683/mo x 12 mos. X 100%) Coordinates support activities for the RW Planning Council and committees. Provides routine administrative duties (minutes, scheduling of meetings, mailouts, etc.).	$56,199		
Assistant Coordinator (E.Moreno) ($4064/mo x 12 mos. X 100%) Coordinates support activities for assigned committees. Provides routine administrative duties (minutes, scheduling of meetings, mailouts, etc.)	$48,767		
FRINGE		**$101,820**	+ 1,147
Social Security @ 7.65%	$19,593		
Health Insurance (4 x $11,116/FTE)	$47,200		
Retirement @ 10.75%	$27,533		
Workers Compensation @ 0.83%	$2,126		
Supplemental Death Insurance @ 0.50	$1,281		
Unemployment Insurance @ 0.60%	$1,537		
Incentives/allowances	$2,550		

DRAFT
Houston Ryan White Planning Council
FY 2016 Council Support Budget
Includes 3% Cost of Living Increases
(Prepared 05-01-16)

		Subtotal	Total
EQUIPMENT Replacement computers to replace obsolete units	$2,347	**$2,347**	-$653
TRAVEL		**$10,640**	-$1,130
Local travel @ $0.575/mile for Planning Council Support Staff.	$800		
Out of EMA travel: One out of state trip for Office of Support staff for HIV planning meeting and five in State trips for staff and/or volunteer Council members for statewide HIV Planning meetings	$9,840		
SUPPLIES General consumable office supplies including materials for Council Members and Public Meetings	$6,000	**$6,000**	
CONTRACTUAL	$0	**$0**	
OTHER		**$89,389**	
Resource Guide	$16,500		
Needs Assessment Activities	$10,700		
Reimbursement for PC member expenses: Reimbursement for travel, childcare, meals and other eligible expenses resulting from participation in Council approved/ HRSA grant required activities.	$23,686		
Advertising for PC Activities: For publication of meeting announcements in community papers; invitations to participate in needs assessment activities and focus groups; advertisments for additional volunteers.	$6,000		
Communications (phone, pagers): For local and long distance phone expenses and internet charges.	$3,500		
Web Page Technical Assitance Costs: For additional training/consultation to staff in order to update/improve web site.	$500		

DRAFT
Houston Ryan White Planning Council
FY 2016 Council Support Budget
Includes 3% Cost of Living Increases
(Prepared 05-01-16)

		Subtotal	Total
Council Education: For speakers & training costs primarily for Council member orientation, room rentals & the cost of speakers for ongoing training to insure that key decision-makers receive necessary and relevant information. This includes the Sept. & Nov. 2015 Council meetings & the Jan. 2016 training/orientation meeting, all to be held off-site at locations within Harris County, Texas.	$3,500		
Project LEAP Student Reimbursement: 15 participants for 17 week course including travel, childcare and other eligible expenses resulting from participation in Council approved training activities related to the HRSA grant.	$2,250		
Project LEAP Education: Training costs for 17 weeks including speaker fees, room rental for off-site meetings & educational materials.	$5,500		
Interpreter Services For Spanish-speaking and sign-language interpretation services during public meetings, focus groups, etc.	$1,500		
Fees and Dues Registration costs for attending meetings, trainings and conferences related to HIV/AIDS health planning.	$500		
English/Spanish Translation (written): For professional translation of Council materials into Spanish.	$1,000		
Postal Machine Rental & Postage: For mailouts of Committee and Council agendas, minutes and attachments; HIV/AIDS Resource Guides for those who are unable to pickup in person; other office of support communications.	$5,000		- $5,000
Copier Rental: For rental, service agreement of high-use Xerox machine used for Council and Office of Support.	$9,250		
TOTAL			**$466,319**

Working Draft

DRAFT
Houston Ryan White Planning Council
FY 2017 Council Support Budget
Includes FY 2016 3% Cost of Living Increase
(Prepared 05-10-16)

			Subtotal	Total
PERSONNEL				
RWPC Manager (V. Williams) ($66205/mo. X 12 mos. X 100%) Responsible for overall functioning of planning council, supervises all support staff.		$79,446	**$258,002**	+ $1,879
RWPC Health Planner (A. Alvarez) Responsible for coordinating Comprehensive Planning and Needs Assessment activities. Analyzing and presenting data.	6068	$72,820		
RWPC Coordinator (D. Beck) ($4,718/mo x 12 mos. X 100%) Coordinates support activities for the RW Planning Council and committees. Provides routine administrative duties (minutes, scheduling of meetings, mailouts, etc.).		$56,611		
Assistant Coordinator (E.Moreno) ($4094/mo x 12 mos. X 100%) Coordinates support activities for assigned committees. Provides routine administrative duties (minutes, scheduling of meetings, mailouts, etc.)		$49,125		
FRINGE			**$102,201**	+ $381
Social Security @ 7.65%		$19,737		
Health Insurance (4 x $11,116/FTE)		$47,200		
Retirement @ 10.75%		$27,735		
Workers Compensation @ 0.83%		$2,141		
Supplemental Death Insurance @ 0.50		$1,290		
Unemployment Insurance @ 0.60%		$1,548		
Incentives/allowances		$2,550		

DRAFT
Houston Ryan White Planning Council
FY 2017 Council Support Budget
Includes FY 2016 3% Cost of Living Increase
(Prepared 05-10-16)

		Subtotal	Total
EQUIPMENT Replacement computers to replace obsolete units	$3,000	**$3,000**	
TRAVEL		**$5,800**	
Local travel @ $0.575/mile for Planning Council Support Staff	$800		
Out of EMA travel: One out of state trip for Office of Support staff for HIV planning meeting and five in State trips for staff and/or volunteer Council members for statewide HIV Planning meetings	$5,000		
SUPPLIES General consumable office supplies including materials for Council Members and Public Meetings	$6,000	**$6,000**	
CONTRACTUAL	$0	**$0**	
OTHER		**$137,436**	
Resource Guide	$60,000		
Needs Assessment Activities	$3,000		
Reimbursement for PC member expenses: Reimbursement for travel, childcare, meals and other eligible expenses resulting from participation in Council approved/ HRSA grant required activities.	$23,686		
Advertising for PC Activities: For publication of meeting announcements in community papers; invitations to participate in needs assessment activities and focus groups; advertisments for additional volunteers.	$6,000		
Communications (phone, pagers): For local and long distance phone expenses and internet charges.	$3,500		
Web Page Technical Assitance Costs: For additional training/consultation to staff in order to update/improve web site.	$500		

+$653

-$4,840

+$43,047

DRAFT
Houston Ryan White Planning Council
FY 2017 Council Support Budget
Includes FY 2016 3% Cost of Living Increase
(Prepared 05-10-16)

		Subtotal	Total
Council Education: For speakers & training costs primarily for Council member orientation, room rentals & the cost of speakers for ongoing training to insure that key decision-makers receive necessary and relevant information. This includes the Sept. & Nov. 2015 Council meetings & the Jan. 2016 training/orientation meeting, all to be held off-site at locations within Harris County, Texas.	$3,500		
Project LEAP Student Reimbursement: 30 participants for 17 week course including travel, childcare and other eligible expenses resulting from participation in Council approved training activities related to the HRSA grant.	$5,500		
Project LEAP Education: Training costs for 17 weeks including speaker fees, room rental for off-site meetings & educational materials.	$9,500		
Interpreter Services For Spanish-speaking and sign-language interpretation services during public meetings, focus groups, etc.	$1,500		
Fees and Dues Registration costs for attending meetings, trainings and conferences related to HIV/AIDS health planning.	$500		
English/Spanish Translation (written): For professional translation of Council materials into Spanish.	$1,000		
Postal Machine Rental & Postage: For mailouts of Committee and Council agendas, minutes and attachments; HIV/AIDS Resource Guides for those who are unable to pickup in person; other office of support communications.	$10,000		+$5,000
Copier Rental: For rental, service agreement of high-use Xerox machine used for Council and Office of Support.	$9,250		
TOTAL			**$512,439**

Request for Co-Sponsorship

TO: Members, Operations Committee
FROM: Tori Williams, Director, Office of Support
DATE: 05-02-16

The Council has been asked to co-sponsor an educational event targeting private physicians with information about HIV prevention and testing with a specific focus on PrEP and linkage to care. Co-sponsorship for the Council would mean providing volunteer support the day of the event. Per an activity from the 2012-2016 Houston Area Comprehensive HIV Prevention and Care Services Plan, staff from the Office of Support is working with other co-sponsors to create an HIV tool kit for local physicians to be distributed as a handout at the event. Details are as follows:

EVENT: HIV Testing and Prevention Workshop: Tools for Your Practice
DATE: 8 am – 2:30 pm, Saturday, August 13, 2016
LOCATION: (Tentative until contract is signed) Houston Marriott Medical Center

EVENT CO-SPONSORS:
Unconfirmed: Association for the Advancement of Mexican Americans
Houston Health Department Bureau of HIV/STD & Viral Hepatitis Prevention
Legacy Community Health
Unconfirmed: Ryan White Grant Administration
Unconfirmed: Ryan White Planning Council
PrEP Houston - Baylor College of Medicine
South Central AIDS Education & Training Center - Houston, Harris Health System

See attached Council policy regarding event co-sponsorship.

2016 QUARTERLY REPORT
OPERATIONS COMMITTEE
(submit May 2016)

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

1. Design and implement Orientation for Council members and new external committee members in January and February 2017.
   Status: Done.

2. When necessary, address member needs for additional orientation and training, including through the Committee Mentoring Program. (Example: create more training for mentors and a "Frequently Asked Questions" form. The information for this document can be gathered from Project LEAP and others.)
   Status: Done

3. *When necessary, review and revise the bylaws, policies, and procedures of the Ryan White Planning Council.
   Status: On going.

4. When necessary, review and revise policies and procedures for the Council support staff.
   Status: On going

5. *Investigate and make recommendations regarding complaints and grievances brought before the committee in order to assure member/staff compliance with bylaws, policies, and procedures.
   Status: ongoing.

6. *Resolve any grievances brought forward.
   Status: Non-Submitted

7. *Make nominations to the CEO, which ensure the reflectiveness and representativeness of the Council.
   Status: Sch. in the Fall

8. Evaluate the performance of the Manager in conjunction with the Planning Council Chair and CEO.
   Status: In Dec.

9. Ensure that the Council is complying with HRSA, County and other open meeting requirements.
   Status: Ongoing

10. Annually, review the status of Committee activities identified in the Comprehensive Plan.
    In fall

Status of Tasks on the Timeline:

Carolyn Ballard
Committee Chairperson

17 May 2016
Date

Comprehensive HIV Planning Committee Report

2016 QUARTERLY REPORT
COMPREHENSIVE HIV PLANNING COMMITTEE

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

1. *Assess, evaluate, and make ongoing recommendations for the Comprehensive HIV Plan.
   Done. Receiving updates and providing comments on ~~Comprehensive~~ Comprehensive Plan.
2. *Determine the size and demographics of the estimated population of individuals who are unaware of their HIV status. EIIHA strategy development to begin June/July, 2016.
3. *Work with the community and other committees to develop a strategy for identifying those with HIV who do not know their status, make them aware of their status, and link and refer them into care.
   See #2 above.
4. *Explore and develop on-going needs assessment and comprehensive planning activities including the identification and prioritization of special studies.
   Needs Assessment and comprehensive plan development process currently underway.
5. *Review and disseminate the most current Joint Epidemiological Profile.
   Development of 2016 Joint Epidemiological Profile anticipated in late 2016.

John Lago
Committee Chairperson

5-12-16
Date

Houston Area HIV Services Ryan White Planning Council
Comprehensive HIV Planning Committee

2016 Houston Area HIV/AIDS Needs Assessment
Sampling Summary
May 5, 2016

1. Overall Sample Size

	Minimum	Maximum
Sample Size Goal	587	1,024
Current Sample Size*	364	364
Percent of Goal	62%	26%

2. Rural Representation

	Goal	Current*
Harris County	92%	91%
Non-Harris County	8%	9%

3. Retention in Care Representation

	Goal	Current*
Retained in Care	75%	99.4%
Not Retained in Care	25%	0.6%

4. Demographic Proportions

	Goal	Current*
Male	75%	68%
Female	25%	32%
White	21%	13%
Black	49%	64%
Hispanic	27%	20%
18 – 24	5%	4%
25 – 49	59%	38%
50+	35%	58%
MSM	55%	42%
IDU	11%	2%
Heterosexual	30%	54%

5. Special Populations

	Current*
Rural**	0.3%
Not Retained in Care	0.6%
Unstable Housing	27%
IDU	2 %
MSM	42%
Recently Released	6%
Transgender	4%

* Only 339 surveys entered; 25 surveys pending entry. Current percentages reflect entered surveys only.
** Residing in Wharton, Colorado, Austin, or Walker County

2017 Houston Area Comprehensive HIV Services Plan

Logic Model 1: Goal, Solutions, and Benchmarks - PEI

Goal

{Desired long-term result, outcome, or change}

①

1. Reduce new HIV infections
2. Increase awareness of HIV
3. Increase awareness of HIV status
4. Ensure early entry into care
5. Increase access to ARV therapy for treatment and prevention*
6. Address the HIV prevention needs of high incidence communities
7. Reduce population risk factors for HIV infection

Solutions

{Recommended approaches to achieve the goal}

②

1. Adopt high-impact structural interventions such as governmental policy change and population-based efforts that normalize HIV risk reduction and help create unfettered access to HIV information and proven prevention tools
2. Expand opportunities for HIV testing for the general public and in high-incidence populations and communities
3. Increase the timeliness of the linkage to care system for newly-diagnosed HIV+ individuals
4. Expand prevention with positives including treatment adherence and Treatment as Prevention (TasP), HIV prophylaxis including Pre-Exposure Prophylaxis (PrEP), and behavior change interventions for HIV+ individuals and their partners*
5. Expand HIV prevention data collection to include behavioral surveillance and measures of community-wide sexual health*
6. Expand opportunities for HIV and sexual health education for the general public an high-incidence populations and communities**

Benchmarks

{How the result will be measured}

1. Reduce number of new HIV infections diagnosed in the Houston Area by 25% ③

-Will revisit benchmarks on brochures distributed and mean number of calls to HIV prevention hotline in June pending information from HHD

-All Hip Hop for HIV Awareness-related benchmarks to be revised/removed

2017 Houston Area Comprehensive HIV Services Plan

Logic Model 1: Goal, Solutions, and Benchmarks - Gaps in Care

Goal

{Desired long-term result, outcome, or change}

1. Ensure early entry into care
2. Reduce Unmet Need
3. Increase retention in continuous care
4. Improve health outcomes for People Living with HIV (PLWH)*
5. Increase viral suppression**

①

Solutions

{Recommended approaches to achieve the goal}

②

1. Target linkage to care efforts to vulnerable points in the HIV system (e.g. at initial diagnosis, before the first medical visit, after the initial visit, upon release from incarceration, etc.) where individual are more likely to not seek care or to fall out of care, particularly newly-diagnosed PLWH*
2. Expand retention and engagement activities with in-care PLWH, focusing on community education system enhancements, and health literacy*
3. Adopt strategies to re-engage out of care PLWH to return to care

Benchmarks

{How the result will be measured}

Continue work on Benchmarks on 6/2 at 3 p.m.

③

2017-2021 Comprehensive Plan

Strategy to Address the Needs of Special Populations

Definitions

- **Youth** aged 13-24
- **Homeless** defined as individuals who lack a fixed, regular, and adequate nighttime residence, including those who live in locations not meant for human habitation such as public parks and streets, those who live in or are transitioning from temporary housing or shelters, and those who have persistent housing instability
- **Incarcerated/Recently Released (I/RR)** defined as individuals who are currently incarcerated in the jail or prison system or have been released from jail or prison within the past 12 months
- **Injection Drug Users (IDU)** defined as individuals who inject medications or drugs, including illegal drugs, hormones, and cosmetics/tattooing
- **Men who have Sex with Men (MSM)** defined as Men who engage in male-to-male sexual practices and identify as gay or bisexual, those who engage in male-to-male sexual practices and do not identify as gay or bisexual, and those who engage in gay or bisexual male culture regardless of gender identity (i.e., male-to-female transgender)"
- **Transgender and Gender Non-conforming** defined as individuals who cross or transcend culturally-defined categories of gender
- **Women of Color** defined as individuals who identify racially or ethnically as Black/African American, Hispanic/Latina, or Multiracial women
- **Aging** aged 50 and up

Note: Youth, homeless, IRR, IDU, MSM, and transgender and gender non-conforming are special populations retained from the 2012 Comprehensive Plan with relevant adjustments to terms and definitions reflect appropriate terminology, lived experiences, and/or data; the Special Populations Strategy Workgroup added women of color and aging following analysis of local epidemiological, needs assessment/special study, service utilization data, and the National HIV/AIDS Strategy Updated for 2020. The Workgroup developed all definitions using various sources.

2017 Houston Area Comprehensive HIV Services Plan

Logic Model 1: Goal, Solutions, and Benchmarks – SP

Goal

{Desired long-term result, outcome, or change}

1. Prevent new HIV infections among the special populations of youth, homeless, IRR from jail or prison, IDU, MSM, transgender and gender non-conforming, women of color, and aging* ①
2. Reduce barriers to HIV prevention and care for the special populations of youth, homeless, IRR from jail or prison, IDU, MSM, transgender and gender non-conforming, women of color, and aging*
3. Strengthen the cultural and linguistic competence of the HIV prevention and care system[1]

[1]Revise definitions of "culture" and "health" in activities relating to this goal to align with current Office of Minority Health *National Cultural and Linguistically-Appropriate Services Standards*

Solutions

{Recommended approaches to achieve the goal}

②

1. Evaluate HIV prevention and care system policies, procedures, and other structural components, and adjust to ensure equal treatment of all people living with or at risk for HIV*
2. Close gaps in targeted interventions and services to better meet the HIV prevention and care needs of special populations*
3. Improve data management systems to better reveal information on the HIV epidemiology, risks outcomes, and needs of historically under-sampled populations and support Data-to-Care*

Benchmarks

{How the result will be measured}

Continue work on Benchmarks on 5/20 at 9 a.m. ③

2017 Houston Area Comprehensive HIV Services Plan

Logic Model 1: Goal, Solutions, and Benchmarks – COE

Goal

{Desired long-term result, outcome, or change}

1. Increase awareness of HIV among all Greater Houston Area health and social service providers* ①
2. Increase the availability of HIV-related prevention and care services and providers*
3. Reduce barriers to HIV prevention and care
4. Partner to address co-occurring public health problems that inhibit access to HIV prevention and care*
5. Monitor and respond to state and national-level changes in the health care system*

Solutions

{Recommended approaches to achieve the goal}

②

1. Launch proactive efforts to unify stakeholders and to engage new and non-traditional partners in achieving the HIV prevention and care mission
2. Support technical assistance and training to current HIV-related service providers and extend training to potential providers*
3. Increase communication of HIV-related issues through media to educate and mobilize the public and providers*

Continue work on Benchmarks on 5/13 at 9 a.m.

Benchmarks

{How the result will be measured}

Work on Benchmarks on 5/13 at 9 a.m. ③

2017 Houston Area Comprehensive HIV Services Plan

Logic Model 2: Solution, Focus & Activities

Solution

{Recommended approach to achieve stated goals and targets}

①

Activities

{Specific tasks to be performed that will achieve the solution}

{Any specific focus for the proposed activities. A focus can be geographic, population-based, program-specific, or another type of segmentation}

Focus	Focus	Focus	Focus

2017 Houston Area Comprehensive HIV Prevention & Care Services Plan

Logic Model 3: Action Planning Matrix

Solution

{Recommended approach to achieve stated goals and targets}

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Priority (rank by #)

Affected Community Committee Report

Greeters for 2016 Council Meetings

(Revised: 02-23-16)

Meeting Dates (**Please arrive at 11:45 a.m.** Unless otherwise noted, the meetings are held at 2223 W. Loop South)	**Greeter #1** External Member	**Greeter #2**	**Greeter #3**
Thurs. March 10	Viviana Santibanez	Teresa Pruitt	Arlene Johnson
Thurs. April 14	Johnetta Evans Thomas	Gene Ethridge	Allen Murray
Thurs. May 12	Lionel Pennamon	Gene Ethridge	Teresa Pruitt
Thurs. June 9 **Off-Site Location:**	Johnetta Evans Thomas	Allen Murray	Teresa Pruitt
Thurs. July 14	Gene Ethridge	Teresa Pruitt	Tana Pradia
Thurs. August 11	Tana Pradia	Teresa Pruitt	Skeet Boyle
Thurs. September 8			
Thurs. October 13			
Thurs. November 10 External Committee Member Appreciation			
Thurs. December 8			

DRAFT

Schedule of Topics for
2016 Affected Community Committee Meetings

(revised 05-16-16)

Shaded areas indicate an off-site meeting location; black areas = meeting rooms not available

Confirmed	Month 2016	Topic	Speaker/Facilitator	Meeting Location
✓	12 noon, Tues. February 23	• Purpose of the Council and Public Hearings • Participation in Health Fairs • Why meetings are held off-site	Tori Williams	Office of Support
✓	12 noon, Tues. March 17	Joint meeting of the Affected Community, Priority and Allocations & Quality Improvement Committees	Committee Co-Chairs	Office of Support
✓	12 noon, Tues. March 22	***Training for Consumers:*** The RW How To Best Meet the Need Process - Part 1	Tori Williams	Office of Support
✓	1:30 - 4 p.m., Thurs. April 14	How To Best Meet the Need Training – Part 2	Planning Council Chairs	Office of Support
✓	10:30 a.m. – 4 p.m. Tues. April 26 &/or Wed. April 27	How To Best Meet the Need Workgroups	Quality Improvement Committee	Office of Support
✓	12 noon, Tues. May 24	HIV and the Asian Community	Peta-gay Ledbetter, PhD	Hope Clinic 7001 Corporate Dr., #120 Houston, Tx 77036 713 773-0803
✓	12 noon, Tues. June 21	HIV and the Heterosexual Community Advisory Board (CAB)	Amana Turner aturner@changehappenstx.org	Change Happens
✓	12 noon, Tues. July 26	PReP	Adonis May	Bee Busy
✓	12 noon, Tues. August 23	***Training for Consumers:*** Standards of Care, Why Should I Care?	Amber Harbolt, Health Planner, Office of Support	Office of Support
✓	12 noon, Tues. Sept. 20	Standards of Care and Performance Measures **Consumer Only** Workgroup	Carin Martin, Manager Ryan White Grant Administration	Office of Support
TENTATIVE	12 noon, Tues. October 25	HIV and the Rural Community	????	Access Health
TENTATIVE	12 noon, Tues. November 22	Substance Abuse	Stanley Lewis, MD	St. Hope Foundation, **Conroe**

Possible Topics:

Community Involvement in HIV Clinical Research Trials - Morénike Giwa

Medication Updates – Shital Patel, MD or Ben Barnett, MD OR invite all drug reps. Include info on getting Rx's FDA approved, change to generic status – how does this impact ADAP pricing?

Affected Community Committee
2016 Community Events (as of 03-14-16)

Point Person (PP): Committee member who picks up display materials and makes sure they are returned to the Office of Support.

Day, date, times	Event	Location	Participants
Sunday, March 6 1pm-Walk	AIDS Foundation Houston (AFH) AIDS Walk	Houston Park Downtown-1100 Bagby Street, 77002	Allen Murray will distribute Project LEAP flyers.
Friday, May 6 6 – 9 pm Contact: Herman Finley Or John Humphreys at	Houston Splash 2016	Double Tree Hotel – Galleria	Allen, Teresa, Curtis, Arlene, Cecilia **PP: Teresa ; back up Skeet**
Saturday, June 25 Noon – 7:00 pm	Pride Festival	Downtown near City Hall	Shift 1 (11:30 am-2 pm) : **PP Curtis,** Tana, John L **,** Johnetta Shift 2 (2-4:30 pm) Gene, Teresa, Allen Shift 3 (4:30-7 pm): **PP Teresa** **To be Assigned:** Peta, Steven V, Tracy, Carol, Arlene
Friday, September 16	HIV and Aging Symposium	Montrose Center	Tana, Skeet, Curtis, Gene, Rodney **PP: Skeet**
Sunday, September 18, 2016	MISS UTOPIA	The Crowne Plaza (Brookhollow) 12801 Northwest Freeway Houston, TX 77040	**Need 3 volunteers** Carol, Peta, Skeet, Tana, Cecilia **PP:_____**
Tuesday, September 27 Contact: Herman Finley	Gay Men's Health Summit	Hiram Clarke Multi Service Center 810 W. Fuqua St., 77045	Teresa (PP), Curtis, Allen, Cecilia, Arlene
October	Road 2 Success		
Tuesday, December 1	World AIDS Day Events		Most committee members attend events
January 2017	Road 2 Success		

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2016 QUARTERLY REPORT
AFFECTED COMMUNITY COMMITTEE

(To be submitted May 2016)

Status of Committee Goals and Responsibilities (* indicates a HRSA mandate):

1. Educate consumers so they understand how to access HIV/AIDS treatment, medication and clinical trials. Provide information that can be understood by consumers of diverse educational backgrounds on client-centered issues such as: medication side effects, toxicities, adherence and more.
   Status: Ongoing
2. Continue to meet 4 – 6 times a year in locations throughout the Houston EMA/HSDA in order to make the Council more accessible to people living with HIV/AIDS.
   Status: In progress
3. Distribute information about committee meetings and Council sponsored, educational opportunities to local service providers.
   Status: Will do more work on this
4. Assure participation by people living with HIV/AIDS in all Council work products.
   Status: Ongoing - all members of the Affected Community Committee Serve on other committees
5. *Work with other committees to coordinate Public Hearings regarding the FY 2017 How to Best Meet the Need Results & Priorities and Allocations for Ryan White Parts A and B and State Services.
   Status: The first public Hearing is tonight
6. Continue marketing the activities of the committee and Council through health fairs and other appropriate activities so that people living with HIV/AIDS can attend committee meetings and give input to the Council.
   Status: Participating in numerous Community events.
7. Recruit Council applicants throughout the year.
   Status: Ongoing through participaty in Community Events
8. Annually, review the status of committee activities identified in the current Comprehensive Plan.
   Status: Done

Committee Chairperson _____ Date 05/24/2016

Priority and Allocations Committee Report

FY 2016 RW PART A REQUESTS FOR ALLOCATION INCREASE (April 2016)

REVISED: 5/19/2016

Request Control Number	FY 16 Priority Rank	HRSA Service Category	Local Service Category or Subcategory	Amount of Request	Amount Approved by RWPC	FY 2015 Final Contract Amount	Expended 2015	Percent Expended	FY 2016 Contract Amount	FY 2016 Expended YTD	FY 2016 Percent YTD	FY 2016 Percent Expected YTD	Is agency currently in compliance with contract conditions and therefore eligible for increase?	Notes
1	1.b - 1.d	Primary Medical Care	Community-based Primary Medical Care targeted to African American, Hispanic and White	$268,446		$2,676,828	$2,676,480	100%	$2,878,482	N/A			Yes	Amount approved detail:
2	1.b - 1.d	Primary Medical Care	Community-based Primary Medical Care targeted to African American, Hispanic and White	$150,150		$1,835,812	$1,835,492	100%	$1,573,656	N/A			Yes	
3	1.b - 1.d	Primary Medical Care	Vision	$24,960		$261,820	$164,905	63%	$113,675	N/A			Yes	
				$443,556	$0	$4,774,460	$4,676,877		$4,565,813	$0				

Confirmed Funds Avail. for Reallocation	**$319,607**	**Part A**
Source of Funds Available for Reallocation:		**Explanation:**
FY16 Legal Services Allocations	$293,406	Service Provider chose not to renew contract and RFP process did not identify interested vendor
Final FY16 Grant Award Increase	$26,201	Remaining balance of full award increase beyond PC prescribed increase scenario

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency **(not provided to RWPC)**						
B.	Contract Number **(not provided to RWPC)**						
C.	Service Category Title (per RFP)	Outpatient/Ambulatory Medical Care				Control No.	1
D.	Request for Increase under (check one):	Part A: X	or	MAI:			
	Request Period (check one):	April: X	August:	Oct:	Final Qtr:		
E.	Amount of additional funding Requested:	**$268,446.00**					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1. Pcare Visits by Physician/Physician Extender	2100	$275.00	976	$268,400.00		
	2.				$0.00		
	3.				$0.00		
	4.				$0.00		
	5.				$0.00		
	6.				$0.00		
	7.				$0.00		
	8. Disbursements (list current **amount** in column a. and **requested**amount in column c.)	$381,109.00	N/A	$46.00	$46.00		
	9.Total additional funding (must match E. above):				**$268,446.00**		
G.	Number of new/additional clients to be served with requested increase.						
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. **De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.**	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2015.* (March 1, 2015 - February 28, 2016) *If agency was funded for service under Part A (or MAI) in FY 2015 - if not, mark these cells as "NA"	1968	44%	21%	35%	84%	16%
	2. Number of clients that have received this service under Part A (or MAI) in FY 2016. a. April Request Period = Not Applicable b. August Request Period = 03/01/16 - 06/30/16 c. October Request Period = 03/01/16 - 09/30/16 d. 4th Qtr. Request Period = 03/01/16 - 11/30/16						

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do **not** include agency name or identifying information):
	1. Length of waiting time (in weeks) for an appointment for a **new** client:	2	2	The agency has a large number of Ryan White patients seeking primary care services, and this requested funding will allow the agency to sufficiently meet the continued demands for new Ryan White patients.
	2. Length of waiting time (in weeks) for an appointment for a **current** client:	1	1	The agency has a large number of Ryan White patients seeking primary care services, and this requested funding will allow the agency to sufficiently meet the continued demands for existing Ryan White patients.
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	The agency does not maintain a waiting list. The agency offers a limited number of same day appointment slots for patients.
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0	The agency does not maintain a waiting list. The agency offers a limited number of same day appointment slots for patients.

J.	List all other sources and amounts of funding for **similar** services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1.				
	2.				
	3.				
	4.				

K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).
	This form must be submitted electronically via email by published deadline to Carin Martin: cmartin@hcphes.org

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency **(not provided to RWPC)**						
B.	Contract Number **(not provided to RWPC)**						
C.	Service Category Title (per RFP)	**PRIMARY MEDICAL CARE**				Control No.	2
D.	Request for Increase under (check one):	Part A: **X**	or	MAI:			
	Request Period (check one):	April: **X**	August:	Oct:	Final Qtr:		
E.	Amount of additional funding Requested:	**$150,150.00**					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1. MD/NP/PA	**582**	**$275.00**	**546**	**$150,150.00**		
	2.				$0.00		
	3.				$0.00		
	4.				$0.00		
	5.				$0.00		
	6.				$0.00		
	7.				$0.00		
	8. Disbursements (list current **amount** in column a. and **requested**amount in column c.)		N/A		$0.00		
	9.Total additional funding (must match E. above):				**$150,150.00**		
G.	Number of new/additional clients to be served with requested increase.	**100**					
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. **De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.**	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2015.* (March 1, 2015 - February 28, 2016) *If agency was funded for service under Part A (or MAI) in FY 2015 - if not, mark these cells as "NA"	**1855**	**64% (raw# = 1188)**	**10% (raw# = 188)**	**24% (raw# = 444)**	**73% (raw# = 1349)**	**27% (raw# = 506)**
	2. Number of clients that have received this service under Part A (or MAI) in FY 2016. a. April Request Period = Not Applicable b. August Request Period = 03/01/16 - 06/30/16 c. October Request Period = 03/01/16 - 09/30/16 d. 4th Qtr. Request Period = 03/01/16 - 11/30/16	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do **not** include agency name or identifying information):
	1. Length of waiting time (in weeks) for an appointment for a **new** client:	**2 - 3**	**0**	The need for same day appointments for new patients is consitently increasing. Linkage to care for newly diagnosed is being completed daily, but we still have a limited number of new patient slots for same day appointments. We are seeing a average of 25 new patients each month. New patient appt timeframes is currently 2-3 weeks, but with the steady increase of new patients the timeframe could reach 3-4 weeks without the increase in funding. Currently we have $50,440 in no pay status.
	2. Length of waiting time (in weeks) for an appointment for a **current** client:	**1 - 2**	**0**	Will be able to see patients same day with funding increase
	3. Number of clients on a "waiting list" for services (per Part A SOC):	**0**	**0**	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	**0**	**0**	

J.	List all other sources and amounts of funding for **similar** services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1.				
	2.				
	3.				
	4.				

K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).
	This form must be submitted electronically via email by published deadline to Carin Martin: cmartin@hcphes.org

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency **(not provided to RWPC)**						
B.	Contract Number **(not provided to RWPC)**						
C.	Service Category Title (per RFP)	Vision Care				Control No.	3
D.	Request for Increase under (check one):	Part A: X	or	MAI:			
	Request Period (check one):	April: X	August:	Oct:	Final Qtr:		
E.	Amount of additional funding Requested:	**$24,960.00**					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1. Optometrist/Cert. Opthalmic Asst. Ophthalmologist	1778	$65.00	384	$24,960.00		
	2.				$0.00		
	3.				$0.00		
	4.				$0.00		
	5.				$0.00		
	6.				$0.00		
	7.				$0.00		
	8. Disbursements (list current **amount** in column a. and **requested**amount in column c.)		N/A		$0.00		
	9.Total additional funding (must match E. above):				**$24,960.00**		
G.	Number of new/additional clients to be served with requested increase.						
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. **De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.**	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2015.* (March 1, 2015 - February 28, 2016) *If agency was funded for service under Part A (or MAI) in FY 2015 - if not, mark these cells as "NA"	1272	42%	21%	37%	77%	23%
	2. Number of clients that have received this service under Part A (or MAI) in FY 2016. a. April Request Period = Not Applicable b. August Request Period = 03/01/16 - 06/30/16 c. October Request Period = 03/01/16 - 09/30/16 d. 4th Qtr. Request Period = 03/01/16 - 11/30/16						

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do **not** include agency name or identifying information):
	1. Length of waiting time (in weeks) for an appointment for a **new** client:	4	3	The agency has a large number of Ryan White patients seeking vision services as one of the two Ryan White-funded vision clinics. The agency is requesting funding in order to sufficiently meet the continued demands for vision services for new Ryan White patients.
	2. Length of waiting time (in weeks) for an appointment for a **current** client:	3	2	The agency has a large number of Ryan White patients seeking vision services as one of the two Ryan White-funded vision clinics. The agency is requesting funding in order to sufficiently meet the continued demands for vision services for existing Ryan White patients.
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	The agency does not maintain a waiting list. The agency offers a limited number of same day appointment slots for patients.
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0	The agency does not maintain a waiting list. The agency offers a limited number of same day appointment slots for patients.

J.	List all other sources and amounts of funding for **similar** services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1.				
	2.				
	3.				
	4.				

K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).
	This form must be submitted electronically via email by published deadline to Carin Martin: cmartin@hcphes.org

DRAFT

2016 QUARTERLY REPORT
PRIORITY AND ALLOCATIONS COMMITTEE

(submitted May 2016)

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

1. Conduct training to familiarize committee members with decision-making tools.
   Status: ON-Going

2. Review the final quarter allocations made by the administrative agents.
   Status: Done

3. *Improve the processes for and strengthen accountability in the FY 2017 priority-setting, allocations and subcategory allocations processes for Ryan White Parts A and B and State Services funding.
   Status: ON Going

4. When applicable, plan for specialty dollars like Minority AIDS Initiative (MAI) and special populations such as Women, Infants, Children and Youth (WICY) throughout the priority setting and allocation processes.
   Status: June —

5. *Determine the FY 2017 priorities, allocations and subcategory allocations for Ryan White Parts A and B and State Services funding.
   Status: Priorities Set — Allocations ON-going

6. *Review the FY 2016 priorities as needed.
   Status: Done

7. *Review the FY 2016 allocations as needed.
   Status: Done

8. Evaluate the processes used.
   Status: ON Going

9. Annually, review the status of Committee activities identified in the current Comprehensive Plan.
   Status: ON Going

Status of Tasks on the Timeline:

5/26/16

Committee Chairperson

5-26-16
Date