FY 2016 How to Best Meet the Need Justification for Each Service Category

Council approved 06/11/2015

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:*** *(Amboree/Bellard) Votes: Y=7; N=0; Abstentions= James, Martinez, Miertschin, Russey, Teeple*	✔ Yes ___No	☒ EIIHA ☒ Unmet Need ☒ Continuum of Care EIIHA: The purpose of the HRSA EIIHA initiative is to identify the status-*unaware* and facilitate their entry into Primary Care Unmet Need: Facilitating entry/reentry into Primary Care reduces unmet need. Additionally, a criterion for met need is evidence of an ART prescription, and clients cannot access LPAP until they are enrolled in Primary Care. Continuum of Care: Primary Care, MCM, and LPAP support maintenance/retention in care and viral suppression for PLWHA.	Epi: An estimated 4,487 people in the EMA are HIV + and unaware of their status (2013). The current estimate of unmet need in the EMA is 6,388, or 27% of all PLWHA (2013). Need (2014): Current # of living HIV/AIDS cases in EMA: 23,914 Rank w/in 10 Core Services: *Primary Care: #1* *LPAP: #4* *Case Management: #2* Service Utilization (2014): # clients served: *Primary Care: 7,830* *(3% increase v. 2013)* *LPAP:* 3,863 *(1% increase v. 2013)* *Medical Case Mgmt: 4,891* *(12% increase v. 2013)*	Primary Care: Medicaid, Medicare, RW Part D, and private providers, including federal health insurance marketplace participants LPAP: ADAP, State Pharmacy Assistance Program, Medicaid, Medicare Part D, RW Health Insurance Assistance, the public clinic's pharmacy program, private sector Patient Assistance Programs, and private pharmacy benefit programs , including federal health insurance marketplace participants Medical Case Management: RW Part C and D Service Linkage:	Justify the use of funds: This service category: - Is a HRSA-defined Core Medical Service - Is ranked as the #1 service need by PLWHA; and use has increased - Adheres to a medical home model and is bundled with LPAP, Medical Case Management, and Service Linkage - Results in desirable health outcomes for clients who access the service - Referring and linking the status-unaware to Primary Care is the goal of the national and local EIIHA initiative - Referring and linking the out-of-care to Primary Care is	Can we make this service more efficient? No Can we bundle this service? Currently bundled with: LPAP, Medical Case Management, and Service Linkage Has a recent capacity issue been identified? No	**Motion 1:** Accept the four service category definitions as presented: Adult CBO, Public Clinic, Adult Rural and Pediatric, and keep the financial eligibility the same: PriCare=300%, LPAP=300% +500%, MCM/SLW=none.

‡ Service Category for Part B/State Services only.

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)
			Non-Medical Case Mgmt, or Service Linkage: 7,206 (16% decrease v. 2013) Outcomes (FY2013): *Primary Care/LPAP:* 76% of Primary Care clients and 76% of LPAP clients had undetectable viral loads; *Medical Case Mgmt:* 55% of clients were in continuous HIV care following MCM; 67% of clients who received MCM had undetectable viral loads *Non-Medical Case Mgmt, or Service Linkage:* 50% of clients were in continuous HIV care following Service Linkage	RW Part C and D, HOPWA, and a grant from a private foundation Covered under QHP? ✔ Yes ___No	the goal of reducing unmet need - Facilitates national, state, and local goals related to continuous HIV care, reducing unmet need, and viral load suppression - Addresses specific activities from Strategy #3 of the Comprehensive Plan and addresses certain Special Populations named in the Plan Is this a duplicative service or activity? - This service is funded locally by other public and private sources for (1) specific Special Populations (e.g., WICY), (2) those meeting income, disability, and/or age-related eligibility criteria, and (3) those with private sector health insurance.		

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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)
Public Clinic, Adult – Part A, Including LPAP, MCM & Svc Linkage (Includes OB/GYN) *See below for Rural, Pediatric, Vision* ***Workgroup 1*** ***Motion #1:*** *(Amboree/Bellard)* *Votes: Y=7; N=0;* *Abstentions= James, Martinez, Miertschin, Russey, Teeple*	✔ Yes ___No	☒ EIIHA ☒ Unmet Need ☒ Continuum of Care EIIHA: The purpose of the HRSA EIIHA initiative is to identify the status-*unaware* and facilitate their entry into Primary Care Unmet Need: Facilitating entry/reentry into Primary Care reduces unmet need. Additionally, a criterion for met need is evidence of an ART prescription, and clients cannot access LPAP until they are enrolled in Primary Care. Continuum of Care: Primary Care, MCM, and LPAP support maintenance/retention in care and viral suppression for PLWHA.	Epi: An estimated 4,487 people in the EMA are HIV + and unaware of their status (2013). The current estimate of unmet need in the EMA is 6,388, or 27% of all PLWHA (2013). Need (2014): Current # of living HIV/AIDS cases in EMA: 23,914 Rank w/in 10 Core Services: *Primary Care: #1* *LPAP: #4* *Case Management: #2* Service Utilization (2014): # clients served: *Primary Care: 7,830* *(3% increase v. 2013)* *LPAP:* 3,863 *(1% increase v. 2013)* *Medical Case Mgmt: 4,891* *(12% increase v. 2013)* *Non-Medical Case Mgmt, or Service Linkage: 7,206* *(16% decrease v. 2013)*	Primary Care: Medicaid, Medicare, RW Part D, and private providers, including federal health insurance marketplace participants LPAP: ADAP, State Pharmacy Assistance Program, Medicaid, Medicare Part D, RW Health Insurance Assistance, the public clinic's pharmacy program, private sector Patient Assistance Programs, and private pharmacy benefit programs , including federal health insurance marketplace participants Medical Case Management: RW Part C and D Service Linkage: RW Part C and D, HOPWA, and a grant from a private foundation	Justify the use of funds: This service category: - Is a HRSA-defined Core Medical Service - Is ranked as the #1 service need by PLWHA; and use has increased - Adheres to a medical home model and is bundled with LPAP, Medical Case Management, and Service Linkage - Results in desirable health outcomes for clients who access the service - Referring and linking the status-unaware to Primary Care is the goal of the national and local EIIHA initiative - Referring and linking the out-of-care to Primary Care is the goal of reducing unmet need - Facilitates national, state, and local goals related to	Can we make this service more efficient? No Can we bundle this service? Currently bundled with: LPAP, Medical Case Management, and Service Linkage Has a recent capacity issue been identified? No	**Motion 1:** Accept the four service category definitions as presented: Adult CBO, Public Clinic, Adult Rural and Pediatric, and keep the financial eligibility the same: PriCare=300%, LPAP=300%+500%, MCM/SLW=none.

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			Outcomes (FY2013): *Primary Care/LPAP:* 76% of Primary Care clients and 76% of LPAP clients had undetectable viral loads; *Medical Case Mgmt:* 55% of clients were in continuous HIV care following MCM; 67% of clients who received MCM had undetectable viral loads *Non-Medical Case Mgmt, or Service Linkage:* 50% of clients were in continuous HIV care following Service Linkage	Covered under QHP? ✔ Yes ___No	continuous HIV care, reducing unmet need, and viral load suppression - Addresses specific activities from Strategy #3 of the Comprehensive Plan and addresses certain Special Populations named in the Plan Is this a duplicative service or activity? - This service is funded locally by other public and private sources for (1) specific Special Populations (e.g., WICY), (2) those meeting income, disability, and/or age-related eligibility criteria, and (3) those with private sector health insurance.		

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Rural, Adult – Part A, Including LPAP, MCM & Svc Linkage (Includes OB/GYN) *See below for Pediatric, Vision* ***Workgroup 1*** ***Motion #1:*** *(Amboree/Bellard)* *Votes: Y=7; N=0;* *Abstentions= James, Martinez, Miertschin, Russey, Teeple*	✔ Yes ___No	☒ EIIHA ☒ Unmet Need ☒ Continuum of Care EIIHA: The purpose of the HRSA EIIHA initiative is to identify the status-*unaware* and facilitate their entry into Primary Care Unmet Need: Facilitating entry/reentry into Primary Care reduces unmet need. Additionally, a criterion for met need is evidence of an ART prescription, and clients cannot access LPAP until they are enrolled in Primary Care. Continuum of Care: Primary Care, MCM, and LPAP support maintenance/retention in care and viral suppression for PLWHA.	Epi: An estimated 4,487 people in the EMA are HIV + and unaware of their status (2013). The current estimate of unmet need in the EMA is 6,388, or 27% of all PLWHA (2013). Need (2014): Current # of living HIV/AIDS cases in EMA: 23,914 Rank w/in 10 Core Services: *Primary Care: #1* *LPAP: #4* *Case Management: #2* Service Utilization (2014): # clients served: *Primary Care: 7,830* *(3% increase v. 2013)* *LPAP:* 3,863 *(1% increase v. 2013)* *Medical Case Mgmt: 4,891* *(12% increase v. 2013)* *Non-Medical Case Mgmt, or Service Linkage: 7,206* *(16% decrease v. 2013)*	Primary Care: Medicaid, Medicare, RW Part D, and private providers, including federal health insurance marketplace participants LPAP: ADAP, State Pharmacy Assistance Program, Medicaid, Medicare Part D, RW Health Insurance Assistance, the public clinic's pharmacy program, private sector Patient Assistance Programs, and private pharmacy benefit programs , including federal health insurance marketplace participants Medical Case Management: RW Part C and D Service Linkage: RW Part C and D, HOPWA, and a grant from a private	Justify the use of funds: This service category: - Is a HRSA-defined Core Medical Service - Is ranked as the #1 service need by PLWHA; and use has increased - Adheres to a medical home model and is bundled with LPAP, Medical Case Management, and Service Linkage - Results in desirable health outcomes for clients who access the service - Referring and linking the status-unaware to Primary Care is the goal of the national and local EIIHA initiative - Referring and linking the out-of-care to Primary Care is the goal of reducing unmet need - Facilitates national, state, and local goals related to	Can we make this service more efficient? No Can we bundle this service? Currently bundled with: LPAP, Medical Case Management, and Service Linkage Has a recent capacity issue been identified? No	**Motion 1:** Accept the four service category definitions as presented: Adult CBO, Public Clinic, Adult Rural and Pediatric, and keep the financial eligibility the same: PriCare=300%, LPAP=300%+500%, MCM/SLW=none.

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Pediatric – Part A ***Workgroup 1*** ***Motion #1:*** *(Amboree/Bellard)* *Votes: Y=7; N=0;* *Abstentions= James, Martinez, Miertschin, Russey, Teeple*	✔ Yes ___No	☒ EIIHA ☒ Unmet Need ☒ Continuum of Care EIIHA: The purpose of the HRSA EIIHA initiative is to identify the status-*unaware* and facilitate their entry into Primary Care Unmet Need: Facilitating entry/reentry into Primary Care reduces unmet need. Additionally, a criterion for met need is evidence of an ART prescription, and clients cannot access LPAP until they are enrolled in Primary Care. Continuum of Care: Primary Care, MCM, and LPAP support maintenance/retention in care and viral suppression for PLWHA.	Epi: An estimated 4,487 people in the EMA are HIV + and unaware of their status (2013). The current estimate of unmet need in the EMA is 6,388, or 27% of all PLWHA (2013). Need (2014): Current # of living HIV/AIDS cases in EMA: 23,914 Rank w/in 10 Core Services: *Primary Care: #1* *LPAP: #4* *Case Management: #2* Service Utilization (2014): # clients served: *Primary Care: 7,830* *(3% increase v. 2013)* *LPAP:* 3,863 *(1% increase v. 2013)* *Medical Case Mgmt: 4,891* *(12% increase v. 2013)* *Non-Medical Case Mgmt, or Service Linkage: 7,206* *(16% decrease v. 2013)*	Primary Care: Medicaid, Medicare, RW Part D, and private providers, including federal health insurance marketplace participants LPAP: ADAP, State Pharmacy Assistance Program, Medicaid, Medicare Part D, RW Health Insurance Assistance, the public clinic's pharmacy program, private sector Patient Assistance Programs, and private pharmacy benefit programs , including federal health insurance marketplace participants Medical Case Management: RW Part C and D Service Linkage: RW Part C and D, HOPWA, and a grant from a private foundation	Justify the use of funds: This service category: - Is a HRSA-defined Core Medical Service - Is ranked as the #1 service need by PLWHA; and use has increased - Adheres to a medical home model and is bundled with LPAP, Medical Case Management, and Service Linkage - Results in desirable health outcomes for clients who access the service - Referring and linking the status-unaware to Primary Care is the goal of the national and local EIIHA initiative - Referring and linking the out-of-care to Primary Care is the goal of reducing unmet need - Facilitates national, state, and local goals related to	Can we make this service more efficient? No Can we bundle this service? Currently bundled with: LPAP, Medical Case Management, and Service Linkage Has a recent capacity issue been identified? No	**Motion 1:** Accept the four service category definitions as presented: Adult CBO, Public Clinic, Adult Rural and Pediatric, and keep the financial eligibility the same: PriCare=300%, MCM/SLW=none.

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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)**
			Outcomes (FY2013): *Primary Care/LPAP:* 76% of Primary Care clients and 76% of LPAP clients had undetectable viral loads; *Medical Case Mgmt:* 55% of clients were in continuous HIV care following MCM; 67% of clients who received MCM had undetectable viral loads *Non-Medical Case Mgmt, or Service Linkage:* 50% of clients were in continuous HIV care following Service Linkage	Covered under QHP? ✔ Yes ___No	continuous HIV care, reducing unmet need, and viral load suppression - Addresses specific activities from Strategy #3 of the Comprehensive Plan and addresses certain Special Populations named in the Plan Is this a duplicative service or activity? - This service is funded locally by other public and private sources for (1) specific Special Populations (e.g., WICY), (2) those meeting income, disability, and/or age-related eligibility criteria, and (3) those with private sector health insurance.		

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Vision – Part A ***Workgroup 1*** ***Motion #1:*** *(James/Pennamon)* *Votes: Y=11; N=0;* *Abstentions = None*	✔ Yes ___No	☐ EIIHA ☐ Unmet Need ☒ Continuum of Care Continuum of Care: Vision services support maintenance/ retention in HIV care by increasing access to care and treatment for HIV-related and general ocular diagnoses. Untreated ocular diagnoses may act as logistical or financial barriers to HIV care.	Need (2014): Current # of living HIV/AIDS cases in EMA: 23,914 Service Utilization (2014): # clients served: 2,108 *(6% increase v. 2013)* Outcomes (FY2013): 7 diagnoses were reported for HIV-related ocular disorders in chart reviews	No known alternative funding sources exist for this service Covered under QHP?* ___Yes ✔ No *QHPs cover pediatric vision	No known alternative funding sources exist for this service	Can we make this service more efficient? No Can we bundle this service? Currently bundled with Primary Care Has a recent capacity issue been identified? No	**Motion 1:** Accept the service category definition as presented, and keep the financial eligibility at 300%.
Clinical Case Management - Part A ***Workgroup 1*** ***Motion #1:*** *(James/Martinez)* *Votes: Y=10; N=0;* *Abstentions = Russey*	✔ Yes ___No	☐ EIIHA ☒ Unmet Need ☒ Continuum of Care Unmet Need: Among PLWHA with a history of unmet need, substance use is the #2 reason cited for falling out-of-care, making CCM is a strategy for preventing unmet need. CCM also addresses local priorities related to mental health and substance abuse co-morbidities Continuum of Care: CCM	Need (2014): Current # of living HIV/AIDS cases in EMA: 23,914 Rank w/in 10 Core Services: #2 (Case Management - general) Service Utilization (2014): # clients served: 1,266 *(1% decrease v. 2013)* Outcomes (FY2013): 50% of clients were in continuous care following receipt of CCM	RW Part C Covered under QHP? ___Yes ✔ No	Justify the use of funds: This service category: - Is a HRSA-defined Core Medical Service - Is ranked as the #2 service need by PLWHA - Results in desirable health outcomes for clients who access the service - Prevents unmet need by addressing co-morbidities related to substance abuse and mental health - Facilitates national, state,	Can we make this service more efficient? No Can we bundle this service? No Has a recent capacity issue been identified? No	**Motion 1:** Accept the service category definition as presented, and keep the financial eligibility at None.

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		supports maintenance/retention in care and viral suppression for PLWHA.			and local goals related to continuous HIV care and reducing unmet need - Addresses a system-level objective (#8) from the Comprehensive Plan and addresses certain Special Populations named in the Plan Is this a duplicative service or activity? - This service is funded locally by other RW Parts for specific Special Populations and for clients served by specific funded agencies/programs only		
Case Management – Non-Medical - Part A (Service Linkage at testing sites) ***Workgroup 1 Motion #1:***	___Yes ✔No Service Linkage at HIV testing sites provides active system navigation for newly diagnosed PLWHA with an emphasis on hard-to-reach populations such as youth.	☒ EIIHA ☒ Unmet Need ☒ Continuum of Care EIIHA: The EMA's EIIHA Strategy identifies Service Linkage as a local strategy for attaining Goals #3-4 of the national EIIHA	Need (2014): Current # of living HIV/AIDS cases in EMA: 23,914 Rank w/in 5 Support Services: #1 (Case Management – General) Service Utilization (2014):	RW Part C and D, HOPWA, and a grant from a private foundation Covered under QHP? ___Yes ✔No	Justify the use of funds: This service category: - Is a HRSA-defined Support Service - Results in desirable health outcomes for clients who access the service	Can we make this service more efficient? No Can we bundle this service? No Has a recent capacity issue	**Motion 1:** Accept the service category as presented, with the exception of the text related to Service Linkage Workers targeting Youth which will be deleted and moved to

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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)
(Suazo/Bellard) Votes: Y=5; N=0; Abstentions = David, James, Martinez, Miertschin, Russey, Teeple	Locating Service Linkage at public HIV testing sites ensures that linkage to primary care (and to other Core Medical Services) occurs immediately upon diagnosis, consistent with Test and Treat best practice.	initiative. Additionally, linking the newly diagnosed into HIV care via strategies such as Service Linkage fulfills the national, state, and local goal of linkage to HIV medical care ≤ 3 months of diagnosis. In 2013, 21% of the newly diagnosed in the EMA were *not* linked within this timeframe. Unmet Need: Service Linkage at HIV testing sites is specifically designed to prevent newly diagnosed PLWHA from falling out-of-care by facilitating entry into HIV primary care immediately upon diagnosis. In 2013, 17% of the newly diagnosed had unmet need by the end of that year. Continuum of Care: Service Linkage supports linkage to care, maintenance/retention in care and viral suppression for PLWHA.	# clients served: 480 *(193% increase v. 2013)* Outcomes (FY2013): Following Service Linkage, 50% of clients were in continuous HIV care, and 5.3% accessed HIV primary care for the first time		- Is a strategy for attaining national EIIHA goals locally - Prevents the newly diagnosed from having unmet need - Facilitates national, state, and local goals related to linkage to care Is this a duplicative service or activity? - This service is funded locally by other RW Parts for specific Special Populations and for clients served by specific funded agencies/programs only	been identified? No	Ambulatory Outpatient Medical Care, and keep the financial eligibility at None.

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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)
Early Intervention Services (EIS)‡ (Incarcerated-Harris Co. Jail) ***Workgroup 3*** ***Motion #1:*** *(Smith/Kelly)* *Votes: Y=12; N=0;* *Abstentions= none*	✔ Yes ___No	☒ EIIHA ☒ Unmet Need ☒ Continuum of Care EIIHA: Local jail policy mandates HIV testing within 14 days of incarceration, thereby identifying status-unaware members of this population. In 2011, 65 new HIV cases were identified at Harris County Jail. During incarceration, 100% are linked to HIV care. EIS ensures that the newly diagnosed identified in jail maintain their HIV care post-release by bridging HIV infected offenders into community-based primary care. This is accomplished through care coordination by EIS staff in partnership with community-based providers/MOUs. Unmet Need: HIV infected offenders are at risk of lapsing their HIV care upon release from incarceration. EIS helps to prevent unmet need among this	Need (2011): # of new HIV/AIDS diagnoses in Harris County Jail: 65 (*2011*) Rank w/in 10 Core Services: #10 Service Utilization (2014): # clients served: 897 *(0.4% increase v. 2013)* Outcomes (2012): 46% of recently released respondents in a Special Study reported receiving EIS; 31% received a referral to a community-based primary care provider. Also, ≤3 months of release from incarceration: *87% reported seeing a community-based HIV care provider; 59% reported meeting with a case manager; and 53% reported completing RW and ADAP eligibility.*	RW Part C provides non-targeted EIS Covered under QHP? ___Yes ✔ No	Justify the use of funds: This service category: - Is a HRSA-defined Core Medical Service - Results in desirable outcomes for clients who access the service - Links those newly diagnosed in a local EMA jail to community-based HIV primary care upon release, thereby maintaining linkage to care for and preventing unmet need in this Special Population - Addresses specific activities from Strategy #3 of the Comprehensive Plan and addresses certain Special Populations named in the Plan Is this a duplicative service or activity? - No, there is no known alternative funding for this	Can we make this service more efficient? No Can we bundle this service? No Has a recent capacity issue been identified? No	**Motion 1:** Update the justification chart, accept the service category definition as presented and keep the financial eligibility at none.

‡ Service Category for Part B/State Services only.

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)
		population by bridging HIV infected offenders into community-based primary care post-release. This is accomplished through care coordination by EIS staff in partnership with community-based providers/MOUs. Continuum of Care: EIS supports linkage to care, maintenance/retention in care and viral suppression for PLWHA.			service as designed		

‡ Service Category for Part B/State Services only.

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, State Services** ***Workgroup 05/12/15*** ***Motion #1:*** *(Vargas/Bellard)* *Votes: Y=10; N=0;* *Abstentions = Longoria* ***Motion #2:*** *(Ledbetter/Bellard)* *Votes: Y=9; N=0;* *Abstentions = Boyle, Longoria* ***Motion #3:*** *(Vargas/Atkinson)* *Votes: Y=9; N=0;* *Abstentions = Longoria* ***Motion #4:*** *(Vargas/ Atkinson)* *Votes: Y=7; N=0;* *Abstentions = Longoria*	✔ Yes __No	☐ EIIHA ☒ Unmet Need ☒ Continuum of Care Unmet Need: Reductions in unmet need can be aided by *preventing* PLWHA from lapsing their HIV care. This service category can directly prevent unmet need by removing financial barriers to HIV care for those who are eligible for public or private health insurance. Currently, 41% of RW clients have some form of health insurance, and 27% have public coverage. This service will assist those clients to remain in HIV care via all insurance resources; This will also be utilized to assist federal health insurance marketplace participants. Continuum of Care: Health Insurance Assistance facilitates maintenance/retention in care and viral suppression by increasing access to non-RW private and	Need (2014): Current # of living HIV/AIDS cases in EMA: 23,914 Rank w/in 10 Core Services: #7 *% of RW clients with health insurance: 41% (5,145)* *% of RW clients with public insurance: 27%* Service Utilization (2013): # clients served: 1,584 *(63% increase v. 2013)*	No known alternative funding sources exist for this service, though consumers between 100% and 400% FPL may qualify for Advanced Premium Tax Credits (subsidies). COBRA plans seems to have fewer out-of-pocket costs. Covered under QHP? ___Yes ✔ No	Justify the use of funds: This service category: - Is a HRSA-defined Core Medical Service - Has limited or no alternative funding source - Removes potential barriers to entry/retention in HIV care, thereby contributing to EIIHA goals and preventing unmet need - Facilitates national, state, and local goals related to retention in care and reducing unmet need - Supports federal health insurance marketplace participants Is this a duplicative service or activity? - No, there is no known alternative funding for this service as designed	Can we make this service more efficient? Yes, see attached service definitions for changes. Can we bundle this service? No Has a recent capacity issue been identified? No	**Motion 1:** Update the justification chart. Under Local Service Category Definition and Services to be Provided, delete the annual and monthly caps. **Motion 2:** Under Local Service Category Definition, add at the bottom APTC Tax Liability **Motion 3:** Include a cap of 50% up to $500 max to the APTC tax liability. Under Target Population, add Medicare Supplemental plans. Change the financial eligibility to 100-400% for marketplace plans and up to 400% for all other plans. Grandfather in those already receiving assistance on

‡ Service Category for Part B/State Services only.

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)
		public medical and pharmaceutical coverage. The savings yielded by securing non-RW healthcare coverage for PLWHA increases the amount of funding available to provide other needed services throughout the Continuum of Care.					policies in effect as of 11/1/15. Under Client Eligibility add (within local financial eligibility) after "or be eligible" Under Agency Requirements, delete the second bullet. Under Agency Requirements, add at the end of the 7th bullet add premiums take precedence. Under Agency Requirements, add at the bottom of the priority ranking list APTC Tax Liability. **Motion 4:** Incorporate the suggested changes for both Part A and Part B/State Services and approve the service category definitions with the recommended changes.

‡ Service Category for Part B/State Services only.

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:*** *(Russey/Hawkins)* *Votes: Y=9; N=0;* *Abstentions = James*	✔ Yes __No	☐ EIIHA ☒ Unmet Need ☒ Continuum of Care Unmet Need: Facilitating entry into/return of the out-of-care into primary care is the intent of reducing unmet need. Adult Day Treatment contributes to this goal by providing a community-based alternative to in-patient care facilities for those with advanced HIV-related health concerns. This, in turn, may prevent those with advanced stage illness or complex HIV-related health concerns from becoming out-of-care. In 2013, 20% of people with an AIDS diagnosis were out-of-care in the EMA. In addition, the goal of Adult Day Treatment is to return clients to self-sufficient daily functioning, which includes maintenance in HIV care. Continuum of Care: Adult Day Treatment facilitates re-linkage	Need (2014): Current # of living HIV/AIDS cases in EMA: 23,914 Rank w/in 10 Core Services: #8 Service Utilization (2014): # clients served: 58 *(3% decrease v. 2013)* Chart Review (2014): 61% of client charts reviewed showed undetectable viral load	Medicaid Covered under QHP? __Yes ✔ No	Justify the use of funds: This service category: - Is a HRSA-defined Core Medical Service; and use has increased - Results in desirable health outcomes for clients who access the service - Helps prevent unmet need for those with advanced HIV-related health concerns - Facilitates national, state, and local goals related to retention in care, reducing unmet need, and viral load suppression Is this a duplicative service or activity? - This service is funded locally by one other public source for those meeting income or disability-related eligibility criteria	Can we make this service more efficient? No Can we bundle this service? No Has a recent capacity issue been identified? No	**Motion 1:** Update the justification chart, accept the service category definition as presented and keep the financial eligibility at 300%.

‡ Service Category for Part B/State Services only.

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)
		and retention in care for PLWHA by providing a community-based alternative to in-patient care facilities for those with advanced HIV-related health concerns, and may prevent those with advanced HIV-related health concerns from falling out-of-care.					
Hospice ‡ ***Workgroup 2*** ***Motion #1:*** *(Russey/Kelly)* *Votes: Y=9; N=0; Abstentions = James, Noble*	✔ Yes __No	☐ EIIHA ☒ Unmet Need ☒ Continuum of Care Unmet Need: Facilitating entry into/return of the out-of-care into primary care is the intent of reducing unmet need. Hospice contributes to this goal by providing facility-based skilled nursing and palliative care for those with a terminal AIDS diagnosis. This, in turn, may prevent PWA from becoming out-of-care. In 2013, 20% of people with an AIDS diagnosis were out-of-care in the EMA. In 2014 the administrative agent conducted a	Need (2014): Current # of living HIV/AIDS cases in EMA: 23,914 Service Utilization (2014): # clients served: 38 *(22% decrease v. 2013)* Chart Review (2014): Of 41% of client charts reviewed: • *17% had experienced homeless at the time of admission* • *17% had active substance abuse* • *12% of clients with an active*	Medicaid, Medicare Covered under QHP? ✔ Yes ___No	Justify the use of funds: This service category: - Is a HRSA-defined Core Medical Service - Prevents unmet need among PWA and those with co-occurring conditions - Facilitates national, state, and local goals related to retention in care and reducing unmet need - Addresses a system-level objective (#8) from the Comprehensive Plan and addresses certain Special Populations named in the	Can we make this service more efficient? No Can we bundle this service? No Has a recent capacity issue been identified? No	**Motion 1:** Update the justification chart, accept the service category definition as presented and keep the financial eligibility at 300%.

‡ Service Category for Part B/State Services only.

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)
		review of 20 client charts yielded that *17% were charts belonging to clients experiencing homeless, 17% were charts belonging to clients with active substance abuse, and 12% were charts belonging clients with an active psychiatric health concerns.* Hospice ensures clients with co-morbidities remain in HIV care. As a result, this service also addresses local priorities related to mental health and substance abuse co-morbidities. <u>Continuum of Care</u>: Hospice services support re-linkage and maintenance/retention in care for PLWHA by providing facility-based skilled nursing and palliative care for those with a terminal AIDS diagnosis, preventing individuals with a terminal AIDS diagnosis from falling out-of care.	*psychiatric health concerns*		Plan Is this a duplicative service or activity? - This service is funded locally by other public sources for those meeting income, disability, and/or age-related eligibility criteria		

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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:*** *(Kennedy/Pennamon)* *Votes: Y=12; N=0;* *Abstentions= none*	___Yes ✔ No Legal Assistance supports access to HIV care by helping PLWHA to obtain or maintain non-RW public benefits, including those that provide HIV Core Medical Services (e.g., Medicaid, Medicare)	☐ EIIHA ☒ Unmet Need ☒ Continuum of Care Unmet Need: Reductions in unmet need can be aided by *preventing* PLWHA from lapsing their HIV care. This service category can directly prevent unmet need by removing barriers to HIV care for those who are eligible for public benefits (including public health insurance). Continuum of Care: Legal Assistance facilitates maintenance/retention in care and viral suppression by removing barriers to HIV care for those who are eligible for public benefits (including public health insurance), thereby preventing lapses in care	Need (2014): Current # of living HIV/AIDS cases in EMA: 23,914 Rank w/in 5 Support Services: #5 Service Utilization (2014): # clients served: 270 *(33% decrease v. 2013)* Outcomes (FY2013): 65% of all completed public benefits cases resulted in access (or continued access) to benefits upon completion	Other non-HIV-specific legal aid services are available in the Houston EMA/HSDA Covered under QHP? ___Yes ✔ No	Justify the use of funds: This service category: - Is a HRSA-defined Support Service - Removes potential barriers to entry/retention in HIV care, thereby contributing to EIIHA goals and preventing unmet need - Facilitates national, state, and local goals related to retention in care and reducing unmet need Is this a duplicative service or activity? - No, there is no known alternative funding for this service as designed	Can we make this service more efficient? No Can we bundle this service? No Has a recent capacity issue been identified? No	**Motion 1:** Update the justification chart and keep the service category definition and financial eligibility the same.

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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:*** *(James/Moore)* *Votes: Y=8; N=0;* *Abstentions = Russey*	___Yes ✔ No Linguistic Services eliminates language barriers in the HIV care setting, thereby supporting PLWHA to access these services and adhere to an HIV care plan	☐ EIIHA ☒ Unmet Need ☒ Continuum of Care Unmet Need: Facilitating entry into/return of the out-of-care into primary care is the intent of reducing unmet need. By eliminating language barriers in RW-funded HIV care, this service facilitates entry into care and helps prevent lapses in care for monolingual PLWHA. Continuum of Care: Linguistic Services support linkage to care, maintenance/retention in care, and viral suppression by eliminating language barriers and facilitating effective communication for non-Spanish monolingual PLWHA.	Need (2014): Current # of living HIV/AIDS cases in EMA: 23,914 Service Utilization (2014): # clients served: 51 *(11% increase v. 2013)*	RW providers must have the capacity to serve monolingual Spanish-speakers; Medicaid may provide language translation for *non-Spanish* monolingual clients Covered under QHP? ___Yes ✔ No	Justify the use of funds: This service category: - Is a HRSA-defined Support Service - Has limited or no alternative funding source - Removes potential barriers to entry/retention in HIV care for monolingual PLWHA, thereby contributing to EIIHA goals and preventing unmet need - Facilitates national, state, and local goals related to retention in care and reducing unmet need - Linguistic and cultural competence is a Guiding Principle of the Comprehensive HIV Plan Is this a duplicative service or activity? - No, there is no known alternative funding for this service as designed	Can we make this service more efficient? No Can we bundle this service? No Has a recent capacity issue been identified? There is no waiting list at this time; however, the need for this service has the potential to exceed capacity due to new cohorts of languages spoken in the EMA/HSDA	**Motion 1:** Update the justification chart, accept the service category definition as presented and keep the financial eligibility at 300%.

‡ Service Category for Part B/State Services only.

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)
Medical Nutritional Supplements and Therapy - Part A ***Workgroup 2*** ***Motion #1:*** *(James/Hawkins)* *Votes: Y=10; N=0;* *Abstentions = None*	✔ Yes ___No	☐ EIIHA ☒ Unmet Need ☒ Continuum of Care Unmet Need: The most commonly cited reason for referral to this service by a RW clinician is to mitigate sideeffects from HIV medication. Currently, 8% of PLWHA report that side effects prevent them from taking HIV medication. This service category eliminates potential barriers to HIV medication adherence by helping to alleviate side effects. In addition, evidence of an ART prescription is a criterion for met need. Continuum of Care: Medical Nutrition Therapy facilitates viral suppression by allowing PLWHA to mitigate HIV medication side effects with supplements, and increasing medication adherence.	Need (2014): Current # of living HIV/AIDS cases in EMA: 23,914 Rank w/in 10 Core Services: #6 Clinician Survey (2012): 95% of clinicians surveyed by RWGA stated the service is "very useful" or "useful" for clients; most common referrals to the service were for weight loss, wasting syndrome, and medication side effects Service Utilization (2014): # clients served: 525 *(4% decrease v. 2013)* Outcomes (FY2013): 87% of Medical Nutritional Therapy clients had undetectable viral load	No known alternative funding sources exist for this service Covered under QHP?* ___Yes ✔ No *Some QHPs may cover prescribed supplements	Justify the use of funds: This service category: - Is a HRSA-defined Core Medical Service - Is ranked as the #9 service need by PLWHA - Has limited or no alternative funding source - Results in desirable health outcomes for clients who access the service - Removes barriers to HIV medication adherence, thereby facilitating national, state, and local goals related to viral load suppression Is this a duplicative service or activity? - Alternative funding for this service may be available through Medicaid.	Can we make this service more efficient? No Can we bundle this service? No Has a recent capacity issue been identified? No	**Motion 1:** Update the justification chart, accept the service category definition as presented and keep the financial eligibility at 300%.

‡ Service Category for Part B/State Services only.

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)
Mental Health Services‡ (Professional Counseling) ***Workgroup 2*** ***Motion #1:*** *(James/David)* *Votes: Y=9; N=0;* *Abstentions = Russey*	✔ Yes ___No	☐ EIIHA ☒ Unmet Need ☒ Continuum of Care Unmet Need: Of 27% of Needs Assessment respondents who reported falling out of care for >12 months since first entering care, 7% reported mental health concerns caused the lapse (15% among respondents out of care at the time of survey). Mental Health Services offers professional counseling for those with a mental health condition/concern, and, as a result, may help reduce lapses in HIV care. Mental Health Services also address local priorities related to mental health co-morbidities. Continuum of Care: Mental Health Services facilitate linkage, maintenance/retention in care, and viral suppression by helping PLWHA manage mental and emotional health concerns that may act as barriers to HIV care.	Need (2014): Current # of living HIV/AIDS cases in EMA: 23,914 Rank w/in 10 Core Services: #5 Service Utilization (2014): # clients served: 303 *(4% increase v. 2013)* Chart Reviews (2014): Of 20% of client charts reviewed, 100% had documentation of clients receiving mental health services receiving a comprehensive assessment, a psychosocial history, and a treatment plan.	RW Part D (targets WICY), Medicaid, Medicare, private providers, and self-pay Some services provided by MHMRA Covered under QHP? ✔ Yes ___No	Justify the use of funds: This service category: - Is a HRSA-defined Core Medical Service - Is ranked as the #7 service need by PLWHA - Facilitates national, state, and local goals related to retention in care and preventing unmet need - Addresses a system-level objective (#8) from the Comprehensive Plan and (as a result of the motion) addresses certain Special Populations named in the Plan Is this a duplicative service or activity? - This service is funded locally by other public and private sources for (1) specific Special Populations (e.g., WICY), (2) those meeting income, disability, and/or	Can we make this service more efficient? No Can we bundle this service? No Has a recent capacity issue been identified? No	**Motion 1:** Update the justification chart, accept the service category definition as presented and keep the financial eligibility at 300%.

‡ Service Category for Part B/State Services only.

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)
					age-related eligibility criteria, and (3) those with private sector health insurance.		
Oral Health Untargeted – Part B Rural (North) – Part A ***Workgroup 2*** ***Motion #1:*** *(Russey/Kelly)* *Votes: Y=9; N=0;* *Abstentions = James*	✔ Yes ___No	☐ EIIHA ☐ Unmet Need ☒ Continuum of Care Continuum of Care: Oral Health services support maintenance in HIV care by increasing access to care and treatment for HIV-related and general oral health diagnoses. Untreated oral health diagnoses can create poor health outcomes and may act as a financial barrier to HIV care.	Need (2014): Current # of living HIV/AIDS cases in EMA: 23,914 Rank w/in 10 Core Services: #3 Service Utilization (2014): # clients served: 3,365 *(2% increase v. 2013)* Outcomes (FY2013): 29 diagnoses of HIV-related and general oral pathologies requiring follow-up were reported. 23 cases (79%) were resolved at follow-up.	In FY12, Medicaid Managed Care expanded benefits to include oral health services Covered under QHP*? ___Yes ✔ No *Some QHPs cover pediatric dental; low-cost add-on dental coverage can be purchased in Marketplace	Justify the use of funds: This service category: - Is a HRSA-defined Core Medical Service - Is ranked as the #3 service need by PLWHA; and use has increased. Is this a duplicative service or activity? - This service is funded locally by one other public sources for its Managed Care clients only	Can we make this service more efficient? No Can we bundle this service? No Has a recent capacity issue been identified? Yes, clients report waiting lists for this service	Gather information on the availability of pediatric oral health care and establish a workgroup if needed. **Motion 1:** Update the justification chart, accept the service category definition as presented and keep the financial eligibility at 300%.
Program Support: (WITHIN THE ADMINISTRATIVE BUDGET)							
Council Support	___Yes ✔ No						
Project LEAP	___Yes ✔ No						

‡ Service Category for Part B/State Services only.

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)
Blue Book	___Yes _✔_No						
Substance Abuse Treatment – Part A ***Workgroup 2*** ***Motion #1:*** *(Moore/David)* *Votes: Y=9; N=0;* *Abstentions = Russey*	_✔_ Yes ___No	☐ EIIHA ☒ Unmet Need ☒ Continuum of Care Unmet Need: Among PLWHA with a history of unmet need, substance use is the #2 reason cited for falling out-of-care. Therefore, Substance Abuse Treatment services can directly prevent or reduce unmet need. Substance Abuse Treatment also addresses local priorities related to substance abuse co-morbidities. Continuum of Care: Substance Abuse Treatment facilitates linkage, maintenance/retention in care, and viral suppression by helping PLWHA manage substance abuse that may act as barriers to HIV care.	Need (2014): Current # of living HIV/AIDS cases in EMA: 23,914 Rank w/in 10 Core Services: #9 Service Utilization (2014): # clients served: 17 *(6% increase v. 2013)* Outcomes (FY2013): 73% of clients accessed primary care at least once after receiving Substance Abuse Treatment services	RW Part C, Medicaid, Medicare, private providers, and self-pay. Some services provided by SAMHSA Covered under QHP? _✔_ Yes ___No	Justify the use of funds: This service category: - Is a HRSA-defined Core Medical Service - Removes potential barriers to early entry into HIV care, thereby contributing to EIIHA goals - Prevents unmet need by addressing the #2 cause cited by PLWHA for lapses in HIV care - Facilitates national, state, and local goals related to continuous HIV care and reducing unmet need - Addresses a system-level objective (#8) from the Comprehensive Plan and addresses certain Special Populations named in the Plan	Can we make this service more efficient? No Can we bundle this service? No Has a recent capacity issue been identified? No	**Motion 1:** Update the justification chart, accept the service category definition as presented and keep the financial eligibility at 300%.

‡ Service Category for Part B/State Services only.

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)
					Is this a duplicative service or activity? - This service is funded locally by other public and private sources for (1) those meeting income, disability, and/or age-related eligibility criteria, and (2) those with private sector health insurance.		
Transportation – Pt A (Van-based, bus passes & gas vouchers) ***Workgroup 3*** ***Motion #1:*** *(Pennamon/Kelly)* *Votes: Y=12; N=0;* *Abstentions= none*	___Yes ✔ No With an expansive service area (EMA = 6,287 mi²; HSDA = 9,812 mi²), the Ryan White program's transportation services eliminate barriers to accessing HIV Core Medical Service providers in the EMA/HSDA. This service can only be used to travel to/from HIV medical services.	☐ EIIHA ☒ Unmet Need ☒ Continuum of Care Unmet Need: Lack of transportation is the *fourth* most commonly-cited barrier among PLWHA to accessing HIV core medical services. Transportation services eliminate this barrier to care, thereby supporting PLWHA in continuous HIV care. Continuum of Care: Transportation supports linkage, maintenance/retention in care, and	Need (2014): Current # of living HIV/AIDS cases in EMA: 23,914 Rank w/in 5 Support Services: #2 Service Utilization (2014): # clients served: *Van-based: 611* *(28% increase v. 2013)* *Bus pass: 2,628* *(1% decrease v. 2013)* Outcomes (FY2013): 69% of clients accessed primary care at least once after	Medicaid, RW Part D (small amount of funds for parking and other transportation needs), and by other public sources for (1) specific Special Populations (e.g., WICY), and (2) those meeting income, disability, and/or age-related eligibility criteria. Covered under QHP*? ___Yes ✔ No	Justify the use of funds: This service category: - Is a HRSA-defined Support Service - Is ranked as the #2 need among Support Services by PLWHA - Results in clients accessing HIV primary care - Removes potential barriers to entry/retention in HIV care, thereby contributing to EIIHA goals and preventing unmet need - Facilitates national, state,	Can we make this service more efficient? No Can we bundle this service? No Has a recent capacity issue been identified? No	**Motion 1:** Update the justification chart, accept the service category definition as presented and keep the financial eligibility at 300%.

‡ Service Category for Part B/State Services only.

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)
		viral suppression by helping PLWHA attend HIV primary care visits, and other vital services.	using van transportation; and 77% accessed a Ryan White/State Services service of some kind after using bus pass services		and local goals related to continuous HIV care and reducing unmet need Is this a duplicative service or activity? - This service is funded locally by other public sources for (1) specific Special Populations (e.g., WICY), and (2) those meeting income, disability, and/or age-related eligibility criteria.		

‡ Service Category for Part B/State Services only.

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 03-01-15 *(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 May 8, 2015**. 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	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.

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