Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

MEETING AGENDA

COMMITTEE: Community Empowerment Committee
Date/Time: May 3, 2016, 3:00p.m.
Location: Governmental Center Room A-337
Chair: Lorenzo Robertson **Vice Chair:** Pat Fleurinord

1. **CALL TO ORDER:** *Welcome, Review meeting ground rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*
2. **APPROVALS:** 5/3/16 Agenda, 2/2/16 Minutes
3. **STANDARD COMMITTEE ITEMS**
   a. Testimonials
4. **UNFINISHED BUSINESS**
   a. None.
5. **MEETING ACTIVITIES/NEW BUSINESS**

Goal/Work Plan Objective #:	*Accomplishments*
PSRA Service Category Priority Rankings Overview (Handout A-B)	ACTION ITEM: Review the importance of Consumer Priority Rankings
PSRA Service Category Priority Rankings	ACTION ITEM: Priority rank Part A & MAI service categories; send recommendations to PSRA.
Community Events Follow up	ACTION Item: Discuss participation in Community Events in April and how can this information be used to inform the community/CEC members.
CEC Goals	ACTION ITEM: Discuss the goals of the committee and prioritize next steps.

6. **GRANTEE REPORTS**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS/TASKS FOR NEXT MEETING: Date:** TBD **Venue:** A-337

Agenda Items/Tasks for next Meeting (Work Plan Item/Goal#)	*Information requested (i.e. data, research, etc.) action to be taken, presentation, discussion, brainstorm etc.*
CEC/MCDC Training	ACTION ITEM: Receive training on Turn The Curve

9. **ANNOUNCEMENTS**
10. **ADJOURNMENT**

PLEASE COMPLETE YOUR MEETING EVALUATIONS

THREE GUIDING PRINCIPLES OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

• Linkage to Care • Retention in Care • Viral Load Suppression •

MEETING MINUTES
COMMITTEE: Community Empowerment Committee (CEC)
Date/Time: Tuesday, February 2, 2016, 3:00 p.m.
Location: A337
Chair: Arianna Lint **Vice Chair:** Pat Fleurinord

	Members	Present	Absent		Guests
1	Bhrangger, R.	X			Martin, R.
2	Burgess, D.	X			Huggins, L.
3	Creary, K.	X			Smith, C.
4	Culpepper, K.		A		Hatchett, P.
5	Fleurinord, P. *Vice Chair*	X			
6	Franks, H.	X			**Grantee Staff**
7	Katz, H.B.	X			Jones, L.
8	Lint, A., *Chair*	X			DeGraffenreidt, S.
9	Marcoviche, W.	X			Green, W.E.
10	Myers, L.		A		
11	Parker, P.		A		**HIVPC Staff**
12	Robertson, P.		E		Johnson, B.
13	Runkle, D.	X			Ewart, L.
14	Wilkins, D.		E		
	Quorum = 8	**8**			

1. CALL TO ORDER:

The Chair called the meeting to order at 3:13 p.m. The Chair welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. The Chair, committee members, guests, grantee staff and support staff self-introductions were made. A moment of silence was observed.

2. APPROVALS:

Motion #1: To approve today's meeting agenda
Proposed by: Creary, K. **Seconded by:** Franks, H.
Action: Passed Unanimously

Motion #2: To approve 1/5/16 meeting minutes
Proposed by: Runkle, D. **Seconded by:** Katz, H.B.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

a. Testimonials: A member recently spoke to middle school students about HIV and AIDS. The students had many questions, and she stressed the need to have more open conversations with children about the disease.

4. UNFINISHED BUSINESS

a. Client Rights and Responsibilities: Last month the Grantee presented the committee with a Clients' Right and Responsibilities form that will be distributed to all Ryan White Part A clients. The Grantee explained the background: on several occasions he has heard from consumers that the intake process is a blur and many do not understand much of the information provided. This

document will be given to each consumer every time they go through recertification at CIED. This is different from the document given to clients at each provider agency, as it is a universal document for the Ryan White system. A member asked if the document will be read or reviewed with people who have low literacy levels, and expressed concern about some of the wording that clients may not understand. The Grantee asked the member to review the document and identify words that she believed are too complicated. The Grantee said that the document will be thoroughly reviewed with clients during CIED appointments, and will be reinforced at each recertification appointment. He also believes that the document can be used as a tool by CEC members to help the community understand their rights, and members should encourage the community to ask questions about forms they are asked to sign.

The members recounted different stories of friends and clients who did not know their rights, were unsure of the intake process, felt that they did not receive proper help from case managers, etc. The Grantee encouraged anyone with questions to call his office.

The document includes a statement on fraud: knowingly and willingly submitting false documentation to receive services constitutes fraud and any cases found will be reported to the Office of the Inspector General. A member suggested creating a YouTube video covering the document in various languages. The Grantee considered adding a video link to the document in the future. The group spoke about the grievances and the need for clients to be educated on the process. A guest then spoke about his experiences as a consumer in New York, and the hurdles he faced while trying to receive services and navigate the system here in Florida.

5. MEETING ACTIVITIES/NEW BUSINESS

a. Review WP and P&Ps: The PC Manager reviewed Handout B, the CEC 18 month Work Plan, with a status report on how much of each objective was accomplished. The PC Manager then asked the group to determine their new focus and what they want to accomplish in the upcoming year. She suggested the possibility of adding an educational component to the work plans, using the Clients' Right and Responsibilities document to be able to educate the community, or deleting items not relevant the their goals from the year. The committee then reviewed Handout C, the CEC Policies & Procedures. The PC Staff thought the document was in alignment with the mission of the committee, and suggested adding language regarding committee collaboration with community partners into the P&Ps. Staff suggested that collaborative efforts could be outside of the HIV/AIDS scope, and that the committee could reach out to other entities to educate people about HIV/AIDS. The Vice Chair announced an upcoming PrEP summit this Friday, and mentioned the possibility of having a table at the event. The Sistrunk Festival is upcoming as well, and it was suggested that CEC collaborate with BTAN; the PC Manager encouraged the members to think about what exactly they are trying to accomplish at each event, their goals and scope of involvement; whether education, awareness, etc. She asked members to be forward thinking about how they want to impact the community by their involvement. A member asked who will be responsible for creating a new work plan, and the Grantee representative stated that the direction of the work plans is set by the new PC leadership and committee Chairs. A member stated that she was unhappy that many of the completed work plan targets were accomplished through meeting, and that many of the community outreach targets were not met. The Grantee representative encouraged the members not to focus on the work plan progress, which does not measure the quality of the group or dismiss what was done. The committee discussed planning the next forum and using the work plan to decide what they would like to do better, e.g. more community outreach. The PC Manager explained that other committees have been analyzing data from target populations with high viral loads (18-38: Black heterosexual females and males, Black MSM), and that March 10th is National Women and

Girls HIV/AIDS Awareness day. Perhaps the CEC can use the other committee's information to create an education forum or event.

Motion #3: To Approve the proposed changes to the CEC Policies and Procedures **Proposed by**: Katz, H.B. **Seconded by**: Runkle, D. **Action**: Passed with 1 opposition

6. PUBLIC COMMENT

None.

7. AGENDA ITEMS/TASKS FOR NEXT MEETING: **Date:** March 1, 2016 **Venue:** TBD

Agenda Items/Tasks for next Meeting (Work Plan Item/Goal#)	*Information requested (i.e. data, research, etc.) action to be taken, presentation, discussion, brainstorm etc.*

8. ANNOUNCEMENTS

A member told the committee that today starts The Yellow Dot Program, designed for people who have health concern. Participants can put a yellow sticker on the back window of their car and fill out a card with the individual's health information to let emergency crews know if there are pressing medical issues that must be considered.

9. ADJOURNMENT

Without objection the meeting was adjourned at 4:40 p.m.

Community Empowerment Committee (CEC) CY 2016 Attendance

Consumer	PLWHA	Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date:	5	2											
1		0	**1**	Bhrangger, R.	X	X											
1	1	0	**2**	Burgess, D.	X	X											
	1	0	**3**	Creary, K.	X	X											
		1	**4**	Culpepper, K.	X	A											
		1	**5**	Fleurinord, P., *V. Chair*	X	X											
		0	**6**	Franks, H.	X	X											
1		0	**7**	Katz, H.B.	X	X											
		0	**8**	Lewis, L.	X	Z-2/1											
1		0	**9**	Lint, A., *Chair*	X	X											
1		0	**10**	Marcoviche, W.	X	X											
		2	**11**	Myers, L.	A	A											
1		2	**12**	Parker, P.	A	A											
	1	0	**13**	Robertson, P.	X	E											
1		0	**14**	Runkle, D.	E	X											
	1	1	**15**	Wilkins, D.	A	E											
				Quorum = 9	11	9											

Legend:

X - present

A - absent

E - excused

NQA - no quorum absent

NQX - no quorum present

N - newly appointed

Z - resigned

C - cancelled

W - warning letter

R - removal letter

CEC Priority Rankings

Consumer Involvement in Prioritizing Ryan White Services




PSRA Legislative Responsibility Includes:

- **Priority setting** – of up to 29 allowable service categories
- **Directives** to grantee on how best to meet priorities
- **Allocation** of funds to priority service categories
- **Reallocation** – during the year to ensure all funds are spent




The CEC's role in the PSRA process

- HRSA and the HIV Planning Council recognize the importance of consumer and PLWHA input in the service categories' ranking and allocations.
- The CEC is the first committee to rank the Ryan White Part A service categories each fiscal year.
- As the community voice of the HIVPC, it is important that the CEC's ranking reflect the needs of the community.
- When the PSRA Committee ranks the Part A service categories later this month, the CEC rankings will be considered as a part of their decision making process.




Core Medical Services

1. Outpatient/ambulatory medical care
2. AIDS Drug Assistance Program (ADAP treatments)
3. AIDS pharmaceutical assistance (local)
4. Oral health (dental) care
5. Early intervention services (EIS)
6. Health insurance premium & cost-sharing assistance
7. Home health care
8. Home and community-based health services
9. Hospice services
10. Mental health services
11. Medical nutrition therapy
12. Medical case management
13. Substance abuse services - outpatient




Support Services

1. Case management (non-medical)
2. Child care services
3. Emergency financial assistance
4. Food bank/home-delivered meals
5. Health education/risk reduction
6. Housing services
7. Legal services
8. Linguistics services (interpretation & translation)
9. Medical transportation services
10. Outreach services
11. Psychosocial support services
12. Referral for health care/supportive services
13. Rehabilitation services
14. Respite care
15. Substance abuse services – residential
16. Treatment adherence counseling




Priority Setting

Priority setting means determining what *service categories* are most important for PLWHAs in the EMA (Broward)




Resource Allocation

Process of deciding how much money to allow for each priority service category

Previous Rankings for FY 2016-2017

	CEC Rankings	Overall Rankings
CORE SERVICES		
Outpatient Ambulatory Medical Care	2	**1**
AIDS Pharmaceutical Assistance (Local)	4	**2**
Oral Health (dental) Care	3	**3**
Early Intervention Services	5	**6**
Health Insurance Premium & Cost-Sharing Assistance	1	**4**
Home and Community-Based Health Services	10	**10**
Home Health Care	12	**12**
Hospice Services	8	**11**
Mental Health Services	6	**7**
Medical Nutrition Therapy	11	**9**
Medical Case Management	9	**5**
Substance Abuse Services - Outpatient	7	**8**
SUPPORT SERVICES		
Case Management (Non-Medical)	3	**1**
Child Care Services	11	**11**
Emergency Financial Assistance	1	**2**
Food Bank/Home-Delivered Meals	4	**3**
Health Education/Risk Reduction	7	**12**
Housing Services	2	**4**
Legal Services	5	**6**
Linguistics Services (Interpretation and Translation)	9	**16**
Medical Transportation Services	6	**5**
Outreach Services	13	**7**
Psychosocial Support Services	8	**10**
Referral for Health Care/Supportive Services	12	**8**
Rehabilitation Services	10	**14**
Respite Care	16	**15**
Substance Abuse Services – Residential	14	**9**
Treatment Adherence Counseling	15	**13**

As service users, Consumers are well positioned to evaluate the quality, appropriateness, and effectiveness of funded services.

Questions & Answers

Please feel free to ask questions before we begin the CEC Ranking Process!!




CEC 2017-2018 Priority Rankings

- http://www.surveygizmo.com/s3/1643240/Priority-Rankings-CEC-5-5-15

Service Category Definitions and Descriptions Using the National Monitoring Standards (Part A Program Standards)

Updated April 2014

Core Services

1. **Outpatient and Ambulatory Medical Care:** the provision of professional diagnostic and therapeutic services rendered by a licensed physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting (not a hospital, hospital emergency room, or any other type of inpatient treatment center), consistent with Health and Health Services (HHS) guidelines and including access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies. Allowable services include:
   - 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 of medication therapy
   - Education and counseling on health issues
   - Well-baby care
   - Continuing care and management of chronic conditions
   - Referral to and provision of HIV-related specialty care (includes all medical subspecialties, even ophthalmic and optometric services)

   Includes provision of **laboratory tests** integral to the treatment of HIV infection and related complications.

2. **AIDS Drug Assistance Program (ADAP):** funding allocated to a State-supported AIDS Drug Assistance Program that provides an approved formulary of medications to HIV-infected individuals for the treatment of HIV disease or the prevention of opportunistic infections, based on income guidelines and Federal Poverty Level (FPL) set by the State.

3. **Local AIDS Pharmaceutical Assistance Program (LPAP):** a program for the provision of HIV/AIDS medications using a drug distribution system that has:
   - A client enrollment and eligibility process that includes screening for ADAP and LPAP eligibility with rescreening every six months
   - A LPAP advisory board
   - Uniform benefits for all enrolled clients throughout the EMA or TGA
   - A drug formulary approved by the local advisory committee/board
   - A recordkeeping system for distributed medications
   - A drug distribution system
   - A system for drug therapy management

   An LPAP may not dispense medications as:
   - A result or component of a primary medical visit

- A single occurrence of short duration (an emergency)
- Vouchers to clients on an emergency basis

Program must be:
1. Consistent with the most current HIV/AIDS Treatment Guidelines
2. Coordinated with the State's Part B AIDS Drug Assistance Program

4. **Oral Health Services:** includes diagnostic, preventive, and therapeutic dental care that is in compliance with state dental practice laws, includes evidence-based clinical decisions that are informed by the American Dental Association Dental Practice Parameters, is based on an oral health treatment plan, adheres to specified service caps, and is provided by licensed and certified dental professionals.

5. **Early Intervention Services (EIS):** includes 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

   All four components should be present, but Part A funds are to be used for HIV testing only as necessary to supplement, not supplant, existing funding.

6. **Health Insurance Premium and Cost-sharing Assistance:** provides a cost-effective alternative to ADAP by:
   - Purchasing health insurance that provides comprehensive primary care and pharmacy benefits for low-income clients that provide a full range of HIV medications
   - Paying co-pays (including co-pays for prescription eyewear for conditions related to HIV infection) and deductibles on behalf of the client
   - Providing funds to contribute to a client's Medicare Part D true out-of-pocket (TrOOP) costs [an allowable use of Ryan White funds as of January 1, 2011 as specified in the Affordable Care Act]

7. **Home Health Care:** services provided in the patient's home by licensed health care workers such as nurses. Services exclude personal care. Services include:
   - The administration of intravenous and aerosolized treatment
   - Parenteral [intravenous] feeding
   - Diagnostic testing
   - Other medical therapies

8. **Home and Community-based Health Services:** skilled health services furnished in the home of an HIV-infected individual, based on a written plan of care prepared by a case management team that includes 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

Non-allowable services include:

- Inpatient hospital services
- Nursing home and other long term care facilities

9. **Hospice Care:** services 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. Allowable services include:
   - Room
   - Board
   - Nursing care
   - Mental health counseling
   - Physician services
   - Palliative therapeutics

10. **Mental Health Services:** includes 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.

11. **Medical Nutrition Therapy:** services including nutritional supplements provided outside of a primary care visit by a licensed registered dietician; may include food provided pursuant to a physician's recommendation and based on a nutritional plan developed by a licensed registered dietician.

12. **Medical Case Management Services** (including treatment adherence): services to ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, provided by trained professionals, including both medically credentialed and other health care staff who are part of the clinical care team, through all types of encounters including face-to-face, phone contact, and any other form of communication. Activities are to include at least the following:
   - Initial assessment of service needs
   - Development of a comprehensive, individualized care plan
   - Coordination of services required to implement the plan
   - Continuous client monitoring to assess the efficacy of the plan
   - Periodic re-evaluation and adaptation of the plan at least every 6 months, as necessary

   Service components may include:
   - A range of client-centered services that link clients with health care, psychosocial, and other services, including benefits/entitlement counseling and referral activities assisting them to access other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturers' Patient Assistance Programs, and other State or local health care and supportive services)
   - Coordination and follow up of medical treatments

- 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/AIDS treatments
- Client-specific advocacy and/or review of utilization of services

13. **Abuse Treatment Services-Outpatient:** services provided by or under the supervision of a physician or other qualified/licensed personnel. May include use of funds to expand HIV-specific capacity of programs if timely access to treatment and counseling is not otherwise available.

    Services are limited to the following:
    - Pre-treatment/recovery readiness programs
    - Harm reduction
    - Mental health counseling to reduce depression, anxiety and other disorders associated with substance abuse
    - Outpatient drug-free treatment and counseling
    - Opiate Assisted Therapy
    - Neuro-psychiatric pharmaceuticals
    - Relapse prevention
    - Limited acupuncture services with a written referral from the client's primary health care provider, provided by certified or licensed practitioners wherever State certification or licensure exists

    Services provided must include a treatment plan that calls only for allowable activities and includes:
    - The quantity, frequency, and modality of treatment provided
    - The date treatment begins and ends
    - Regular monitoring and assessment of client progress
    - The signature of the individual providing the service and/or the supervisor as applicable

Supportive Services

14. **Case Management (Non-medical):** services that provide advice and assistance to clients in obtaining medical, social, community, legal, financial, and other needed services. May include:
    - Benefits/entitlement counseling and referral activities to assist eligible clients to obtain access to public and private programs for which they may be eligible
    - All types of case management encounters and communications (face-to-face, telephone contact, other)
    - Transitional case management for incarcerated persons as they prepare to exit the correctional system

    Note: Does not involve coordination and follow up of medical treatments.

15. **Child Care Services:** services for the children of HIV-positive clients, provided intermittently, only while the client attends medical or other appointments or Ryan White HIV/AIDS Program-related meetings, groups, or training sessions. May include use of funds to support:
    - 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)
      Such allocations to be limited and carefully monitored to assure:
      - Compliance with the prohibition on direct payments to eligible individuals
      - Assurance that liability issues for the funding source are carefully weighed and addressed through the use of liability release forms designed to protect the client, provider, and the Ryan White Program

    May include Recreational and Social Activities for the child, if provided in a licensed or certified provider setting including drop-in centers in primary care or satellite facilities.

    Excludes use of funds for off-premise social/recreational activities or gym membership.

16. **Emergency Financial Assistance (EFA**): assistance for essential services including utilities, housing, food (including groceries, food vouchers, and food stamps), or medications, provided to clients with limited frequency and for limited periods of time, through either:
    - Short-term payments to agencies
    - Establishment of voucher programs

    Note: Direct cash payments to clients are not permitted.

17. **Food Bank/Home-delivered Meals:** may include:
    - The provision of actual food items
    - Provision of hot meals
    - A voucher program to purchase food

    May also include the provision of non-food items that are limited to:
    - Personal hygiene products
    - Household cleaning supplies
    - Water filtration/purification systems in communities where issues with water purity exist

    Appropriate licensure/ certification for food banks and home delivered meals where required under State or local regulations

    No funds are to be used for:
    - Permanent water filtration systems for water entering the house
    - Household appliances
    - Pet foods
    - Other non-essential products

18. **Health Education/Risk Reduction:** services that educate clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. Includes:
    - Provision of information about available medical and psychosocial support services
    - Education on HIV transmission and how to reduce the risk of transmission
    - Counseling on how to improve their health status and reduce the risk of HIV transmission to others

19. **Housing Services:** the provision of short-term assistance to support emergency, temporary, or transitional housing to enable an individual or family to gain or maintain medical care. Funds received under the Ryan White HIV/AIDS Program may be used for the following housing expenditures:
    - Housing referral services, defined as assessment, search, placement, and advocacy services must be provided by case managers or other professional(s) who possess a comprehensive knowledge of local, state, and federal housing programs and how these can be accessed; or
    - Short-term or emergency housing defined as necessary to gain or maintain access to medical care and must be related to either:
        - Housing services that provide some type of medical or supportive service, including, but not limited to, residential substance abuse treatment or mental health services (not including facilities classified as an Institution for Mental Diseases under Medicaid), residential foster care, and assisted living residential services; or
        - Housing services that do not provide direct medical or supportive services, but are essential for an individual or family to gain or maintain access and compliance with HIV-related medical care and treatment; necessity of housing services for purposes of medical care must be certified or documented.
    - Grantees must develop mechanisms to allow newly identified clients access to housing services.

      Upon request, Ryan White HIV/AIDS Program Grantees must provide HAB with an individualized written housing plan, consistent with this Housing Policy, covering each client receiving short-term, transitional, and emergency housing services.

    - Short-term or emergency assistance is understood as transitional in nature and for the purposes of moving or maintaining an individual or family in a long-term, stable living situation. Thus, such assistance cannot be permanent and must be accompanied by a strategy to identify, relocate, and/or ensure the individual or family is moved to, or capable of maintaining, a long-term, stable living situation.

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

***Note*:** Ryan White HIV/AIDS Program Grantees 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. HUD defines transitional housing as 24 months and HRSA/HAB recommends that grantees consider using HUD's definition as their standard.

20. **Legal Services:** services provided for an HIV-infected person to address legal matters directly necessitated by the individual's HIV status. Such services include (but are not limited to:

- Preparation of Powers of Attorney and Living Wills
- Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under Ryan White
- Permanency planning for an individual or family where the responsible adult is expected to pre-decease a dependent (usually a minor child) due to HIV/AIDS; includes the provision of social service counseling or legal counsel regarding (1) the drafting of wills or delegating powers of attorney, and (2) preparation for custody options for legal dependents including standby guardianship, joint custody or adoption

Funds may not be used for:

- Criminal defense
- Class-action suits unless related to access to services eligible for funding under the Ryan White HIV/AIDS Program

21. **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.

22. **Medical Transportation Services:** services that enable an eligible individual to access HIV-related health and support services, including services needed to maintain the client in HIV medical care, through either direct transportation services or vouchers or tokens. Services may be provided through:
    - Contracts with providers of transportation services
    - Voucher or token systems
    - Use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
    - Purchase or lease of organizational vehicles for client transportation programs, provided the grantee receives prior approval for the purchase of a vehicle

23. **Outreach Services:** services designed to identify individuals who do not know their HIV status and/or individuals who know their status and are not in care and help them to learn their status and enter care. Outreach programs must be:
    - Planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort
    - Targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection
    - Targeted to communities or local establishments that are frequented by individuals exhibiting high-risk behavior
    - Conducted at times and in places where there is a high probability that individuals with HIV infection will be reached
    - Designed to provide quantified program reporting of activities and results to accommodate local evaluation of effectiveness

    Note: Funds may not be used to pay for HIV counseling or testing.

24. **Psychosocial Support Services:** may include:
    - Support and counseling activities
    - Child abuse and neglect counseling
    - HIV support groups
    - Pastoral care/counseling
    - Caregiver support
    - Bereavement counseling
    - Nutrition counseling provided by a non-registered dietitian

    Note: Funds under this service category may not be used to provide nutritional supplements.

    Pastoral care/counseling supported under this service category to be:
    - Provided by an institutional pastoral care program (e.g., components of AIDS interfaith networks, separately incorporated pastoral care and counseling centers, components of services provided by a licensed provider, such as a home care or hospice provider)
    - Provided by a licensed or accredited provider wherever such licensure or accreditation is either required or available
    - Available to all individuals eligible to receive Ryan White services, regardless of their religious denominational affiliation

25. **Referral for Health Care/Supportive Services:** referrals that direct a client to a service in person or through telephone, written, or other types of communication, including the management of such services where they are not provided as part of Ambulatory/ Outpatient Medical Care or Case Management services.

    May include benefits/entitlement counseling and referrals to assist 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 Manufacturers' Patient Assistance Programs, and other State or local health care and supportive services.

    Referrals may be made:
    - Within the Non-medical Case Management system by professional case managers
    - Informally through community health workers or support staff
    - As part of an outreach program

26. **Rehabilitation Services:** services intended to improve or maintain a client's quality of life and optimal capacity for self-care, provided by a licensed or authorized professional in an outpatient setting in accordance with an individualized plan of care. May include:
    - Physical and occupational therapy
    - Speech pathology services
    - Low-vision training

27. **Respite Care:** includes non-medical assistance for an HIV-infected client, provided in community or home-based settings and designed to relieve the primary caregiver responsible for the day-to-day care of an adult or minor living with HIV/AIDS.

Note: Funds may be used to support informal respite care provided issues of liability are addressed, payment made is reimbursement for actual costs, and no cash payments are made to clients or primary caregivers.

28. **Substance Abuse Treatment – Residential:** treatment to address substance abuse problems (including alcohol and/or legal and illegal drugs) in a short-term residential health service setting. Requirements include the following:
    - Services are to be provided by or under the supervision of a physician or other qualified personnel with appropriate and valid licensure and certification by the State in which the services are provided
    - Services are to be provided in accordance with a treatment plan
    - Detoxification is to be provided in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of a hospital)
    - Limited acupuncture services are permitted with a written referral from the client's primary health care provider, provided by certified or licensed practitioners wherever State certification or licensure exists

29. **Treatment Adherence Counseling:** the provision of counseling or special programs to ensure readiness for, and adherence to, complex HIV/AIDS treatments, provided by non-medical personnel outside of the Medical Case Management and clinical setting.