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:** June 6, 2017, 3:00 p.m.
**Location:** Governmental Center Room GC-302
**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**: 6/6/17 Agenda, 5/2/17 Minutes

3. **STANDARD COMMITTEE ITEMS**
   a. Testimonials

4. **UNFINISHED BUSINESS**

5. **MEETING ACTIVITIES/NEW BUSINESS**

| *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.* |
|---|---|
| **Community Forum Follow-Up** | ACTION ITEM: Provide feedback on successes and challenges of Ryan White Consumer Forum. Review results of Consumer conversations about Ryan White services, barriers to care, etc. |
| **PSRA Service Category Priority Rankings** | ACTION ITEM: Priority rank Part A & MAI service categories; send recommendations to PSRA. |

6. **GRANTEE REPORTS**

7. **PUBLIC COMMENT**

8. **AGENDA ITEMS/TASKS FOR NEXT MEETING: Date:** August 1, 2017 **Venue:** Government Center 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.* |
|---|---|
| | |

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 •

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 MINUTES

**COMMITTEE**: Community Empowerment Committee
**Date/Time:** May 2, 2017, 3:00 p.m.
**Location:** Governmental Center Room A-337
**Chair:** Lorenzo Robertson **Vice Chair:** Pat Fleurinord

| | Members | Present | Absent | | Guests |
|---|---|---|---|---|---|
| 1 | Bhrangger, R. | X | | | Braxton, T. |
| 2 | Burgess, D. | X | | | |
| 3 | Fleurinord, P. *Vice Chair* | X | | | |
| 4 | Franks, H. | X | | | **HIVPC Staff** |
| 5 | Katz, H.B. | X | | | B. Johnson |
| 6 | Lint, A. | X | | | L. Ewart |
| 7 | Marcoviche, W. | X | | | V. Oratien |
| 8 | Robertson, L. , *Chair* | X | | | |
| 9 | Robertson, P. | X | | | **Grantee Staff** |
| 10 | Wilson, E. | X | | | T. Anderson |
| | **Quorum = 6** | **10** | | | L. Jones |

1. **CALL TO ORDER:** The Chair called the meeting to order at 3:12 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, BTAN 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:** Katz, H.B. **Seconded by:** Franks, H.
**Action:** Passed Unanimously

**Motion #2:** To approve 4/4/17 meeting minutes
**Proposed by:** Katz, H.B. **Seconded by:** Lint, A.
**Action:** Passed Unanimously

3. **STANDARD COMMITTEE ITEMS**
   a. Testimonials: None.

4. **UNFINISHED BUSINESS**
   a. Community Forum: The Committee reviewed a revised flyer for the joint CEC/BTAN Community Forum. The CEC Chair said that based on feedback from the joint CEC/BTAN meeting last month, the Community Forum flyer now reads "Chill, Chat and Chew." The forum will be used to gain consumer feedback on Ryan White services to ensure that programs are culturally competent, and meets the unique needs of Broward clients. The CEC Chair attended todays' BTAN meeting, and the group gave suggestions to alternative locations if the

Urban League cannot be confirmed by this Friday. If the event is at Urban League, they have agreed to advertise in their weekly email blasts.

The PC Manager encouraged every member to bring at least 2 guests with them, and for those who work in the field to please encourage their clients to attend. Staff will advertise the event through their list-servs, CIED and by dropping off flyers at provider agencies. The final flyer will be sent out next week once all the details are finalized.

The PC Manager would like to have music or a spoken word performance at the event. Joe Tolliver will facilitate, and will bring his remote technology, Turning Point, to ask questions to the audience and record their feedback. The goal is to get information directly from the clients on their perceptions of the Ryan White Program, and the information will to be used in the upcoming PSRA process.

A guest had a concern that the flyer is too ambiguous, and would not be clear that it is for HIV+ people. However, at the last CEC meeting people had concerns about having HIV on the flyer so as not to scare people off due to stigma. The Committee will use utilize their network of providers, managers and contacts to advertise the event, and it will be given to people whose HIV status is already known without putting it on the flyer. The CEC Chair stressed that unfortunately stigma is a fine line, and it's hard to decide whether or not to advertise an "HIV" event. Word of mouth is the best way to bring participants, and members should encourage their peers to attend as this is their opportunity to express their opinions and possibly get solutions to their problems.

The members discussed potential topics and questions for the Chat session, including PrEP, linkage, barriers, retention and reengagement, and unmet need. Joe's roll will be to ask the questions, look at the clicker answers, and then use the results to delve deeper and tease out more detailed responses. The group talked about viral suppression, and if clients knew the term and what it meant for their health. They thought that many clients only know the term undetectable, but may not know they are still are still HIV+ or if they stop taking their medications then they won't be undetectable anymore. They also suggested asking about peer support and the client's knowledge of Part A legal services.

The Forum agenda will include an hour to eat and mingle (5:30-6:30), then a short ice breaker, then possibly a speaker or poet, and finally the facilitated session (6:30-8:00). The group discussed whether or not to have a speaker, and if HIV+ people would want to hear about other people's experiences when that is their own daily reality. They discussed having a motivational speech, and suggested May Rain, Butterfly or Poettis. The PC Manager reminded the group that there is a limited amount of time for this event, and that the goal is to give as much time as possible for people to speak about their issues and needs. The agenda should limit the amount of time for an icebreaker or speaker to make sure the people who come have a chance to share their experiences. The CEC Vice Chair suggested having an HIV+ person do a welcome address: thank everyone for coming and tell them why they are there and participating, why this is important.

## 5. MEETING ACTIVITIES/NEW BUSINESS

None.

## 6. GRANTEE REPORTS

The Grantee's representative said that there is not much new information to report at the time. The Grantee's Office is finalizing the provider contracts, and Test and Treat began May 1st. The members asked if non-traditional and weekend hours would be available for people who test in vans or other off hours sites. As the program was just beginning its rollout, the Grantee's representative was not sure what the process for after hour diagnoses were. However, the HIVPC will receive a presentation on Test and Treat rollout in 6 months, and the CEC members will be encouraged to come receive an update as well.

## 7. PUBLIC COMMENT

None.

## 8. AGENDA ITEMS/TASKS FOR NEXT MEETING: **Date:** June 6, 2017 **Venue:** Government Center GC-302

| *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.* |
|---|---|
| **Community Forum Follow-Up** | ACTION ITEM: Provide feedback on successes and challenges of Ryan White Consumer Forum. Review results of Consumer conversations about Ryan White services, barrier to care, etc. |
| **PSRA Service Category Priority Rankings** | ACTION ITEM: Priority rank Part A & MAI service categories; send recommendations to PSRA. |

## 9. ANNOUNCEMENTS

a. June 27th is National HIV Testing Day. BTAN is collaborating with Williams Memorial CME Church to have block party. CEC should table at the event.

## 10. ADJOURNMENT

Without objection, the meeting was adjourned at 4:19 p.m.

**Community Empowerment Committee Attendance 2017**

| Consumer | PLWHA | Absences | Count | Meeting Month: | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Attendance Letters |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | **Meeting Date:** | 3 | C | 7 | 4 | 2 | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | 0 | | Arencibia, Y. | X | Z-1/31 | | | | | | | | | | | |
| 1 | | 0 | 1 | Bhrangger, R. | X | | X | X | X | | | | | | | | |
| 1 | 1 | 1 | 2 | Burgess, D. | A | | E | X | X | | | | | | | | |
| | | 0 | 3 | Fleurinord, P., *V. Chair* | X | | X | X | X | | | | | | | | |
| | | 0 | 4 | Franks, H. | X | | X | X | X | | | | | | | | |
| 1 | | 2 | 5 | Katz, H.B. | A | | X | A | X | | | | | | | | |
| 1 | | 1 | 6 | Lint, A. | X | | X | A | X | | | | | | | | |
| 1 | | 0 | 7 | Marcoviche, W. | X | | X | X | X | | | | | | | | |
| 1 | | 2 | | Parker, P. | A | | A | E | | | | | | | | | |
| | | 0 | 8 | Robertson, L., *Chair* | X | | X | X | X | | | | | | | | |
| 1 | 1 | 1 | 9 | Robertson, P. | A | | X | X | X | | | | | | | | |
| | | | 10 | Wilson, E. | N- 4/27 | | | | X | | | | | | | | |
| | | | | **Quorum = 7** | 7 | | 8 | 7 | | | | | | | | | |

**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**

**Z - resigned**

**R - removal letter**

HANDOUT A

**5.23.17 Community Empowerment Committee's Chill, Chat and Chew Forum**
**Urban League**
**51 attendees, 25 Community Members Participated In Q&A Session**

1. Have you heard of PrEP?
   - 81% Yes (Prevention of HIV; it stops you from spreading to your partner who doesn't have HIV)
   - 19% No

2. Why did you initially get tested for HIV?
   - 62% routine medical visit
   - 19% HIV+ partner
   - 14% attended health fair
   - 5% ER visit

3. How long after you were diagnosed did it take to see an HIV doctor?
   - 30% same day
   - 15% one week to a month
   - 15% 1 month to three months
   - 5% 3 to six months
   - 35% more than 6 months (denial; prostitution)

4. Do you receive Ryan White services?
   - 82% yes
   - 18% no

5. Which services do you think are most important to you?
   - 27% primary doctor (doctors provide the medications)
   - 27% health insurance
   - 18% pharmacy/ADAP
   - 18% mental health (If not in the right mind, I won't do anything else; right mind is needed to get and stay on meds; people should seek it out if they have unhealthy thoughts, suicide, think of harming others, and to deal with the trauma of HIV)
   - 5% substance abuse
   - 5% case management
   - 0% legal
   - 0% dental food bank

6. Have you kept all of your appointments in the last 6 months?
   - 70% yes
   - 30% no (drugs; sometimes things don't happen; can't make all of your appointments; getting tired of all the appointments (gynecologists, primary, etc.) because it's all too much, but I did go)

7. If not, why did you miss them?
   - 50% mental health or substance abuse issues
   - 21% forgot
   - 14% transportation
   - 14% other (didn't want to; times don't fit with theirs)
   - 0% lack of finances
   - 0% no child care
   - 0% issues with provider and staff

8. What are some reasons that people stop getting HIV care?
   - 50% mental health or substance abuse issues (mental health and substance abuse are different and should be separate answers)
   - 25% personal issues
   - 10% financial issues (insurance doesn't cover all costs (high out of pocket costs) and didn't know about Ryan White services)
   - 10% other (people need 3 doctor's appointments per month to get a bus pass, but if people only have 1 and no transportation that is a huge concern)
   - 5% don't like the doctor's staff (bad provider staff shoot people down)

9. What are some reasons the people return to HIV care?
   - 71% started feeling sick
   - 21% ran out of medication
   - 21% other (ready to start managing my life again; getting clean and sober)
   - 7% doctor encouragement

10. Was there any time that you needed a service but it wasn't available?
    - 65% yes (had expired Medicaid and went 3 months without medication; no insurance)
    - 35% no

11. Was there any time that you received a Part A service but the service did not meet all of your needs?
    - 68% no
    - 32% yes (unclear on differences between Ryan White Parts and the services from each entity; hospitalization was not covered by Medicaid)

12. If yes, which one?
- 56% it was a service Ryan White doesn't offer
- 11% dental (dental implants)
- 11% substance abuse (I tried to enter detox before heading into a substance abuse program, but no one took Ryan White and I had to detox on my own)
- 11% mental health
- 11% legal
- 0% food bank
- 0% pharmacy/ADAP (meds not covered by ADAP or Part A)
- 0% health insurance
- 0% primary doctor

13. How can clients be better served by the Ryan White Program?
- When you print out your labs, I don’t know all the information, I need a handout on how to read them
- Help with insurance issues
- Help to reduce stigma

14. Who do you speak to and where do you go to find services that you need?
- 56% case manager (don’t like my case manager; case managers are reliable and if they are inexperienced they can go ask other people that know)
- 19% doctor
- 6.25% an agency (without Broward House I wouldn’t have known about bus passes, HOWPA, or substance abuse treatments until seeing my case manager and they were the best place to get information and find an HIV doctor; went to Care Resource after being kicked out of an expensive treatment center and was homeless)
- 6.25% friend
- 6.25% peer
- 6.25% other

HANDOUT B

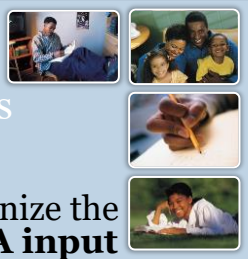
# CEC Priority Rankings

*Consumer Involvement in Prioritizing Ryan White Services*

## PSRA Legislative Responsibility Includes:

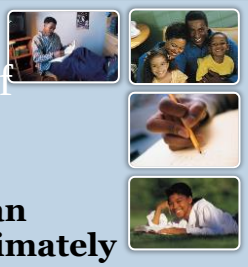
- **Priority setting** – of up to 30 allowable service categories
- **Directives** to grantee on how best to meet priorities
- **Allocation** of funds to priority service categories
- **Reallocation** – during the year to ensure all funds are spent

HANDOUT B



## 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.**



## CEC's role as the community arm of the HIVPC: Surveying

**This year the CEC Committee created an outreach survey, and collected approximately 70 surveys:**

- 37 identified as HIV+
- 57 knew someone who was HIV+
- 27 were Ryan White consumers

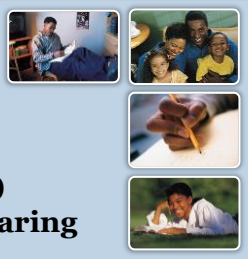
- **The top responses for community education needs were:**
  - Social and Community Support
  - Housing
  - HIV Prevention
  - HIV Medications

HANDOUT B

## CEC's role as the community arm of the HIVPC: Forums

**The CEC hosted a forum in May asking participants about Ryan White Services. 51 people were in attendance**

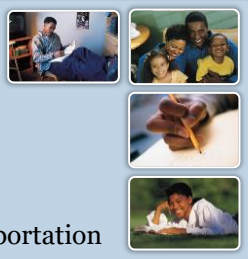
- 82% were Ryan White Consumers
- Participants ranked the most important services:
  - OAMC
  - HICP
  - Pharmacy
  - Mental Health
- Based on the feedback provided by the participants, mental health and substance abuse issues were the top identified reasons individuals fall out of HIV care
- Participants identified Case Managers and CIED as an important resource for finding available services



## Core Medical Services

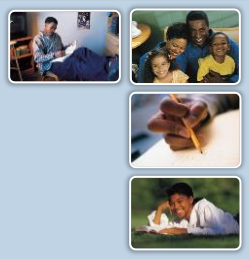
1. **AIDS Pharmaceutical Assistance (Local)**
2. **Health Insurance Premium and Cost Sharing Assistance (HICP)**
3. **Medical Case Management (Disease)**
4. **Mental Health Services**
5. **Oral Health Care**
6. **Outpatient/Ambulatory Health Services**
7. **Substance Abuse Outpatient Care**
8. AIDS Drug Assistance Program Treatment
9. Early Intervention Services
10. Home and Community-Based Health Services
11. Home Health Care
12. Hospice
13. Medical Nutrition Therapy

HANDOUT B



## Support Services

1. **Emergency Financial Assistance**
2. **Food Bank/Home Delivered Meals**
3. **Legal Services**
4. **Non-Medical Case Management**
5. Child Care Services
6. Health Education/Risk Reduction
7. Housing
8. Linguistics Services (Interpretation & Translation)
9. Medical Transportation Services
10. Other Professional Services
11. Outreach Services
12. Permanency Planning
13. Psychosocial support services
14. Referral for Health Care/Supportive Services
15. Rehabilitation services
16. Respite care
17. Substance Abuse Services (Residential)

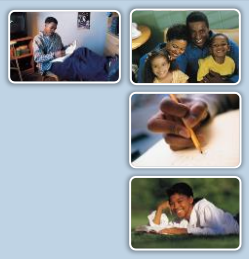


## Priority Setting

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

Ranking and recommendations should be based on needs of Broward's PLWHAs, not on the personal opinions

HANDOUT B



# Resource Allocation

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

## Previous Rankings for FY 2017-2018

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

HANDOUT B

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!!

HANDOUT B

# CEC 2018-2019 Priority Rankings

- http://www.surveygizmo.com/s3/3610093/Rankings-Survey-2017

## HRSA Funded Service Categories

Please find listed below the 13 Core Medical Service Categories and the 17 Support Service Categories that are fundable with Ryan White Program Part A and MAI (Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds – *Policy Clarification Notice #16-02 [Revised 12/05/16*]) . **Those funded by the Broward EMA in 2017-2018 are in bold.** All funded agencies are contractually obligated to engage in activities, which help to engage and/or retain clients in care.

**Core Medical Services:**

1. **AIDS Pharmaceutical Assistance (Local)**
2. **Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals**
3. **Medical Case Management (Both Part A and MAI)**
4. **Mental Health Services (Both Part A and MAI)**
5. **Oral Health Care**
6. **Outpatient/Ambulatory Health Services (Both Part A and MAI)**
7. **Substance Abuse Outpatient Care (Both Part A and MAI)**
8. AIDS Drug Assistance Program Treatments
9. Early Intervention Services (EIS)
10. Home and Community-Based Health Services
11. Home Health Care
12. Hospice
13. Medical Nutrition Therapy

**Support Services:**

1. **Emergency Financial Assistance**
2. **Food Bank/Home Delivered Meals**
3. **Legal Services**
4. **Non-Medical Case Management Services**
5. Child Care Services
6. Health Education/Risk Reduction
7. Housing
8. Linguistic Services
9. Medical Transportation
10. Other Professional Services
11. Outreach Services
12. Permanency Planning
13. Psychosocial Support Services
14. Referral for Health Care and Support Services
15. Rehabilitation Services
16. Respite Care
17. Substance Abuse Services (Residential)

**Service Category Definitions**

***Core Medical Services:***

1. **AIDS Drug Assistance Program Treatments (ADAP):** A state-administered program authorized under Part B of the RWHAP to provide FDA-approved medications to low income clients with HIV disease who have no coverage or limited health care coverage. ADAPs may also use program funds to purchase health insurance for eligible clients and for services that enhance access to, adherence to, and monitoring of antiretroviral therapy. RWHAP ADAP recipients must assess and compare the aggregate cost of paying for the health insurance option versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services to ensure that purchasing health insurance is cost effective in the aggregate. Eligible ADAP clients must be living with HIV and meet income and other eligibility criteria as established by the state.

2. **AIDS Pharmaceutical Assistance:** Local Pharmaceutical Assistance Programs (LPAP) are operated by a RWHAP Part A or B recipient or subrecipient as a supplemental means of providing medication assistance when an ADAP has a restricted formulary, waiting list and/or restricted financial eligibility criteria. Only RWHAP Part A grant award funds or Part B Base award funds may be used to support an LPAP. ADAP funds may not be used for LPAP support. LPAP funds are not to be used for Emergency Financial Assistance. Emergency Financial Assistance may assist with medications not covered by the LPAP.

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

3. **Early Intervention Services (EIS)**: Include counseling individuals with respect to HIV/AIDS; testing individuals with respect to HIV/AIDS, including tests to confirm the presence of the disease, tests to diagnose to the extent of the deficiency in the immune system, and tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from HIV/AIDS; referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations of individuals with HIV/AIDS; and the provision of therapeutic measures.

4. **Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals (HICP):** Provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program.

For purposes of this service category, health insurance also includes standalone dental insurance. The service provision consists of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services, and pharmacy benefits that provide a full range of HIV medications for eligible clients; and/or
- Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
- Paying cost sharing on behalf of the client.

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

6. **Home Health Care: T**he provision of services in the home that are appropriate to a client's needs and are performed by licensed professionals. Services must relate to the client's HIV disease and may include:
    - Administration of prescribed therapeutics (e.g. intravenous and aerosolized treatment, and parenteral feeding)
    - Preventive and specialty care
    - Wound care
    - Routine diagnostics testing administered in the home
    - Other medical therapies

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

8. **Medical Case Management (including Treatment Adherence Services):** The provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication). Key activities include:
    - Initial assessment of service needs
    - Development of a comprehensive, individualized care plan
    - Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
    - Continuous client monitoring to assess the efficacy of the care plan

- Re-evaluation of the care plan at least every 6 months with adaptations as necessary Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

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

9. **Medical Nutrition Therapy**: Includes nutrition assessment and screening, dietary/nutritional evaluation, food and/or nutritional supplements per medical provider's recommendation, and nutrition education and/or counseling. These services can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services. All services performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Services not provided by a registered/licensed dietician should be considered Psychosocial Support Services under the RWHAP.

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

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

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

- Prescription, and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis

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

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

    Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the RWHAP, it is included in a documented plan. Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific guidance.

***Support Services:***

1. **Child Care Services:** Services for the children living in the household of HIV-infected clients for the purpose of enabling clients to attend medical visits, related appointments, and/or RWHAP-related meetings, groups, or training sessions. Allowable use of funds include:
    - A licensed or registered child care provider to deliver intermittent care
    - Informal child care provided by a neighbor, family member, or other person (with the understanding that existing federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services)

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

    It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, and for limited amounts, uses, and periods of time. Continuous

provision of an allowable service to a client should not be funded through emergency financial assistance.

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

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

5. **Housing**: Services provide transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment. Housing services include housing referral services and transitional, short-term, or emergency housing assistance.

    Transitional, short-term, or emergency housing provides temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Housing services must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing services also can include housing referral services: assessment, search, placement, and advocacy services; as well as fees associated with these services.

    Eligible housing can include either housing that:
    - Provides some type of core medical or support services (such as residential substance use disorder services or mental health services, residential foster care, or assisted living residential services); or
    - Does not provide direct core medical or support services, but is essential for a client or family to gain or maintain access to and compliance with HIV related outpatient/ambulatory health services and treatment. The necessity of housing services for the purposes of medical care must be documented.

    RWHAP recipients and subrecipients must have mechanisms in place to allow newly identified clients access to housing services. RWHAP recipients and subrecipients must assess every client's housing needs at least annually to determine the need for new or additional services. In addition, RWHAP recipients and subrecipients must develop an individualized housing plan for each client receiving housing services and update it annually. RWHAP recipients and subrecipients must provide HAB with a copy of the individualized written housing plan upon request.

RWHAP Part A, B, C, and D recipients, subrecipients, and local decision making planning bodies are strongly encouraged to institute duration limits to housing services. The U.S. Department of Housing and Urban Development (HUD) defines transitional housing as up to 24 months and HRSA/HAB recommends that recipients and subrecipients consider using HUD's definition as their standard.

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

6. **Legal Services:** Provided to and/or on behalf of the individual living with HIV and involving legal matters related to or arising from their HIV disease, including:
    - Assistance with public benefits such as Social Security Disability Insurance (SSDI)
    - Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the RWHAP
    - Preparation of:
        - Healthcare power of attorney
        - Durable powers of attorney
        - Living wills

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

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

8. **Medical Transportation:** The provision of nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services. Medical transportation may be provided through:
    - Contracts with providers of transportation services
    - Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject)
    - Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle
    - Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
    - Voucher or token systems

    Costs for transportation for medical providers to provide care should be categorized under the service category for the service being provided.

Unallowable costs include:

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

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

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

10. **Other Professional Services:** Allows for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include:
    - Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits.

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

    Outreach programs must be:
    - Conducted at times and in places where there is a high probability that individuals with HIV infection and/or exhibiting high-risk behavior
    - Designed to provide quantified program reporting of activities and outcomes to accommodate local evaluation of effectiveness

- Planned and delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort
- Targeted to populations known, through local epidemiologic data or review of service utilization data or strategic planning processes, to be at disproportionate risk for HIV infection

12. **Permanency Planning:** Includes services to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney and preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption.

13. **Psychosocial Support Services:** Provide group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns. These services may include:
    - Bereavement counseling
    - Caregiver/respite support (RWHAP Part D)
    - Child abuse and neglect counseling
    - HIV support groups
    - Nutrition counseling provided by a non-registered dietitian (see Medical Nutrition Therapy Services)
    - Pastoral care/counseling services

    Funds under this service category may not be used to provide nutritional supplements (See Food Bank/Home Delivered Meals). RWHAP-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation. Funds may not be used for social/recreational activities or to pay for a client's gym membership. For RWHAP Part D recipients, outpatient mental health services provided to affected clients (people not identified with HIV) should be reported as Psychosocial Support Services; this is generally only a permissible expense under RWHAP Part D.

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

    Referrals for Health Care and Support Services provided by outpatient/ambulatory health care providers should be reported under the Outpatient/Ambulatory Health Services category. Referrals for health care and support services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management).

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

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

    Recreational and social activities are allowable program activities as part of a respite care service provided in a licensed or certified provider setting including drop-in centers within HIV Outpatient/Ambulatory Health Services or satellite facilities. Funds may not be used for off premise social/recreational activities or to pay for a client's gym membership. Funds may be used to support informal, home-based Respite Care, but liability issues should be included in the consideration of this expenditure. Direct cash payments to clients are not permitted.

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

    Substance Abuse Services (residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the RWHAP. RWHAP funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.

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