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 1, 2018, 3:00 p.m.
Location: Governmental Center Room A-337
Chair: Yahaira Barrientos **Vice Chair:** Pat Fleurinord

1. **CALL TO ORDER:** *Welcome, Review meeting ground rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*

2. **APPROVALS**: 5/1/18 Agenda, 4/3/18 Minutes

3. **STANDARD COMMITTEE ITEMS** (10 minutes)
   a. Testimonials

4. **UNFINISHED BUSINESS**
   None.

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.*
BTAN Agenda (45 minutes)	ACTION ITEM: Discuss BTAN Workgroup business and agenda items
National HIV Testing Day (60 minutes)	ACTION ITEM: Discuss BTAN/CEC collaboration for National HIV Testing Day on June 27th, 2018
PSRA Service Category Priority Rankings (45 minutes)	ACTION ITEM: Priority rank Part A & MAI service categories for FY2019-2020; send recommendations to PSRA.

6. **RECIPIENT REPORTS**

7. **PUBLIC COMMENT**

8. **AGENDA ITEMS/TASKS FOR NEXT MEETING: Date:** June 5, 2018 **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.*
National HIV Testing Day	ACTION ITEM: Finalize details for HIV Testing Day

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 •

VISION: To ensure the delivery of high quality comprehensive HIV/AIDS services to low income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care

MISSION: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care
Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments
Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment

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MEETING AGENDA

COMMITTEE: Community Empowerment Committee
Date/Time: April 3, 2018, 3:00 p.m.
Location: Governmental Center Room A-337
Chair: Yahaira Barrientos **Vice Chair:** Pat Fleurinord

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

1. **CALL TO ORDER:** The Chair called the meeting to order at 3:08 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. A moment of silence was observed.

2. **APPROVALS**:

Motion #1: To approve 4/3/18 meeting agenda
Proposed by: Franks, H. **Seconded by:** Robinson, P.
Action: Passed Unanimously

Motion #2: To approve 2/6/18 meeting minutes
Proposed by: Franks, H. **Seconded by:** Bhrangger, R.
Action: Passed Unanimously

3. **STANDARD COMMITTEE ITEMS**
   a. Testimonials:
      a. A member shared that he is celebrating 25 years of sobriety.
      b. Another member shared that he is celebrating 16 years of sobriety.

4. **UNFINISHED BUSINESS**
   None.

5. **MEETING ACTIVITIES/NEW BUSINESS**
   a. FY2018 Work Plan: The CEC members reviewed the proposed FY2018 Committee work plan, and discussed activities proposed activities, including their FY2018 of participating in 2 outreach and 2 education events in

the FY. The group reviewed the WP timelines around National HIV/AIDS Awareness Days, collaborations with the Integrated Workgroup (IW), Membership/Council Development Committee (MCDC) and the Black Treatment Advocates Network (BTAN).

The new CEC Chair asked the members how they see their role within the community and how they chose to participate in community events? She explained that she thinks the CEC provides ample opportunities to go out into the community and talk about the HIVPC, Ryan White and HIV in general. She recognized the importance of the HIVPC and Committees as a venue for consumers to express their concerns or have their questions answered. By being in the community, having a table at various events, the CEC can bring in new members and voices.

The members then discussed ways to participate in upcoming community events. The CEC Vice Chair is also the Community Co-Chair BTAN, and their group is looking into National HIV Testing Day activities for June. Opportunities for Testing Day events including holding education sessions about HIV treatment, what it looks like to be healthy with HIV, and providing consumer testimony to combat the stigma of being HIV+. Testing Day will also include information about PrEP.

ACTION ITEM: PC Staff will set up a meeting with BTAN, CEC and event organizers to discuss CEC participation in HIV Testing Day in June.

Motion #3: To approve the FY2018 CEC work plan **Proposed by:** Fleurinord, P. **Seconded by:** Franks, H. **Action:** Passed Unanimously

b. National Transgender HIV Testing Day: Transgender Testing Day is on April 18th. The Pride Center is holding a panel on HIV/AIDS within the Transgender community on April 17th in honor of the day. The CEC has an opportunity to table at the event, and when more information is available Staff will send out an email with details.

c. Community Outreach Opportunities: The Healthy Broward Run/Walk will be held this weekend in conjunction with Public Health Week. The HIVPC Chair participated in the recent AIDS Walk, and thought it was a great opportunity to educate the community on Ryan White and the work of the HIVPC. The Run/Walk starts at 7:30, and the HIVPC will have a table at the event. PC Staff called for volunteers for the event.

6. GRANTEE REPORTS

The Recipient's Office is in their monitoring season when the visit Ryan White providers for site visits. The HRSA site visit to Broward is tentatively scheduled for last week of June, although HRSA has not sent a formal notice as of yet. The Ryan White service request for proposals (RFP) interviews are coming up, and rating panels will be selecting providers for peer counseling services, MAI, etc.

7. PUBLIC COMMENT

None.

8. AGENDA ITEMS/TASKS FOR NEXT MEETING: **Date:** May 1, 2018 **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.*
National HIV Testing Day	ACTION ITEM: Plan for participation in June HIV Testing Day events
PSRA Service Category Priority Rankings	ACTION ITEM: Priority rank Part A & MAI service categories; send recommendations to PSRA

9. ANNOUNCEMENTS

a. Healthy Broward Run/Walk is on Saturday, April 7th at 7:30 a.m. Volunteers are needed.
b. National Transgender HIV Testing Day event, HIV/AIDS in the Transgender Community, is on April 17th at 6:00 p.m. at the Pride Center

10. ADJOURNMENT

Without objection, the meeting was adjourned at 3:50 p.m.

CEC ATTENDANCE CY 2018

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

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

CEC PRIORITY RANKINGS

Consumer Involvement in Prioritizing Ryan White Services

HIVPC
Broward County HIV Health Services Planning Council

BROWARD COUNTY
FLORIDA




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




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




SUPPORT SERVICES

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




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 2018-2019

	FY2018 CEC Rankings	FY2018 Overall Ranking
CORE SERVICES		
Outpatient Ambulatory Medical Care	7	1
Medical Case Management (Disease)	2	2
AIDS Pharmaceutical Assistance (Local)	1	3
AIDS Drugs Assistance Program Treatments (ADAP)	3	4
Health Insurance Premium & Cost-Sharing Assistance (HICP)	4	5
Mental Health Services	5	6
Oral Health Care (Dental)	6	7
Substance Abuse Services - Outpatient	8	8
Medical Nutrition Therapy	13	9
Early Intervention Services	9	10
Home and Community-Based Health Services	12	11
Home Health Care	11	12
Hospice Services	13	13
	FY2013 CEC Rankings	FY2018 Ranking
SUPPORT SERVICES		
Food Bank/Home-Delivered Meals	4	1
Emergency Financial Assistance	1	2
Legal Services	3	3
Non-Medical Case Management	5	4
Housing Services	2	5
Medical Transportation Services	9	6
Substance Abuse Services – Residential	11	7
Psychosocial Support Services	7	8
Outreach Services	6	9
Health Education/Risk Reduction	8	10
Referral for Health Care/Supportive Services	14	11
Linguistics Services (Interpretation and Translation)	13	12

AS SERVICE USERS, CONSUMERS ARE WELL POSITIONED TO EVALUATE THE QUALITY, APPROPRIATENESS, AND EFFECTIVENESS OF FUNDED SERVICES.

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




CEC 2019-2020 PRIORITY RANKINGS

- **Fist**, review HRSA's allowable Part A core and support services and their definitions and last year's CEC and Overall Service Category Rankings.
- **Next**, preliminarily rank the services on the Handout.
- **Finally**, CEC members use the IPads to input Part A Core and Support service rankings into the Survey Gizmo link:

  https://www.surveygizmo.com/s3/4342062/FY-2018-2019-CEC-Ranking-Survey-5-1-18

HRSA SERVICE CATEGORIES & DEFINITONS, FY2019-2020

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 2018-2019 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. **Outpatient/Ambulatory Health Services**
2. **AIDS Pharmaceutical Assistance (Local)**
3. **Health Insurance Premium & Cost-Sharing Assistance (HICP)**
4. **Medical Case Management (Disease)**
5. **Mental Health Services**
6. **Oral Health Care (Dental)**
7. **Substance Abuse Services - Outpatient**
8. AIDS Drugs Assistance Program Treatments (ADAP)
9. Medical Nutrition Therapy
10. Early Intervention Services
11. Home and Community-Based Health Services
12. Home Health Care
13. Hospice Services

Support Services:

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

HRSA SERVICE CATEGORIES & DEFINITONS, FY2019-2020

17. Respite Care

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

HRSA SERVICE CATEGORIES & DEFINITONS, FY2019-2020

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.

HRSA SERVICE CATEGORIES & DEFINITONS, FY2019-2020

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 includes:
    - 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

HRSA SERVICE CATEGORIES & DEFINITONS, FY2019-2020

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).

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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.

HANDOUT C

RYAN WHITE PART A CORE AND SUPPORT SERVICE CATEGORY RANKINGS: FY2018 OVERALL

	FY2018 CEC Rankings	FY2018 Overall Ranking
CORE SERVICES		
Outpatient Ambulatory Medical Care	7	1
Medical Case Management (Disease)	2	2
AIDS Pharmaceutical Assistance (Local)	1	3
AIDS Drugs Assistance Program Treatments (ADAP)	3	4
Health Insurance Premium & Cost-Sharing Assistance (HICP)	4	5
Mental Health Services	5	6
Oral Health Care (Dental)	6	7
Substance Abuse Services - Outpatient	8	8
Medical Nutrition Therapy	13	9
Early Intervention Services	9	10
Home and Community-Based Health Services	12	11
Home Health Care	11	12
Hospice Services	13	13

HANDOUT C

RYAN WHITE PART A CORE AND SUPPORT SERVICE CATEGORY RANKINGS: FY2018 OVERALL

	FY2013 CEC Rankings	FY2018 Ranking
SUPPORT SERVICES		
Food Bank/Home-Delivered Meals	4	1
Emergency Financial Assistance	1	2
Legal Services	3	3
Non-Medical Case Management	5	4
Housing Services	2	5
Medical Transportation Services	9	6
Substance Abuse Services – Residential	11	7
Psychosocial Support Services	7	8
Outreach Services	6	9
Health Education/Risk Reduction	8	10
Referral for Health Care/Supportive Services	14	11
Linguistics Services (Interpretation and Translation)	13	12
Other Professional Services	10	13
Child Care Services	12	14
Rehabilitation Services	16	15
Permanency Planning	15	16
Respite Care	17	17

HANDOUT D

FY2019 CORE AND SUPPORT SERVICE CATEGORIES: PRELIMINARY RANKINGS

Listed below are the core medical services that meet the federal government's requirements for Part A funds. Please rank the services in their order of importance to Broward residents living with HIV. The score **1** is given to the **most important** service, while the score of **13** is given to the service with the **lowest importance**. Please do not give two services the same rank.

Core Medical Services:

- ___ Outpatient/Ambulatory Health Services
- ___ AIDS Pharmaceutical Assistance (Local)
- ___ Health Insurance Premium & Cost-Sharing Assistance (HICP)
- ___ Medical Case Management (Disease)
- ___ Mental Health Services
- ___ Oral Health Care (Dental)
- ___ Substance Abuse Services - Outpatient
- ___ AIDS Drugs Assistance Program Treatments (ADAP)
- ___ Medical Nutrition Therapy
- ___ Early Intervention Services
- ___ Home and Community-Based Health Services
- ___ Home Health Care
- ___ Hospice Services

HANDOUT D

FY2019 CORE AND SUPPORT SERVICE CATEGORIES: PRELIMINARY RANKINGS

Listed below are the support services that meet the federal government's requirements for Part A funds. Please rank the services in their order of importance to Broward residents living with HIV. The score **1** is given to the **most important** service, while the score of **17** is given to the service with the **lowest importance**. Please do not give two services the same rank.

Support Services:

- ___ Food Bank/Home-Delivered Meals
- ___ Emergency Financial Assistance
- ___ Legal Services
- ___ Non-Medical Case Management (CIED, BISS)
- ___ Housing Services
- ___ Medical Transportation Services
- ___ Substance Abuse Services - Residential
- ___ Psychosocial Support Services
- ___ Outreach Services
- ___ Health Education/Risk Reduction
- ___ Referral for Health Care/Supportive Services
- ___ Linguistics Services (Integration and Translation)
- ___ Other Professional Services
- ___ Child Care Services
- ___ Rehabilitation Services
- ___ Permanency Planning
- ___ Respite Care

HANDOUT D

FY2019 CORE AND SUPPORT SERVICE CATEGORIES: PRELIMINARY RANKINGS

Please answer the following questions regarding survey participant demographics:

1. Are you a Person Living with HIV/AIDS (PLWHA)? ☐ Yes ☐ No ☐ N/A

2. Do you receive Ryan White Part A services? ☐ Yes ☐ No ☐ N/A

3. Do you work for an agency that provides services for HIV+ individuals? ☐ Yes ☐ No

4. What is your race? ☐ Black ☐ White ☐ American Indian/Alaskan Native

   ☐ Asian/Pacific Islander ☐ Other

5. What is your ethnicity? ☐ Hispanic ☐ Not Hispanic

6. What is your age? _____

7. What is your ZIP code? _____