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 / www.BRHPC.org

MEETING AGENDA

Committee: Priority Setting & Resource Allocation (PSRA)
Date/Time: Wednesday, May 20, 2015, 12:30 p.m.
Location: Governmental Center Annex Room A-337
Chair: Carla Taylor-Bennett **Vice Chair:** Rick Siclari

1. **CALL TO ORDER:** *Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment*
2. **APPROVALS:** 5/20/15 Agenda and 4/15/15 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
4. **UNFINISHED BUSINESS**
5. **MEETING ACTIVITIES**

Goal/Work Plan Objective #:	*Accomplishments*
Review PSRA Data & Scorecards (WP Item 1.2) (Handouts A-1 – A-6)	ACTION ITEM: Review relevant data to the PSRA process, including data on other funders, CEC priority rankings, and scorecards. Determine how the data relates to the PSRA process and how it can be used in the FY16-17 PSRA process.
PSRA Data Review Presentation (Handout B)	ACTION ITEM: Receive PSRA data review presentation from HIVPC Staff.
Priority Ranking (WP Item 1.5) (Handout C-1 and C-2)	ACTION ITEM: Priority rank Part A & MAI service categories.

6. **SUBCOMMITTEE REPORTS**
   a. ad-Hoc Local Pharmacy Advisory Committee
      Next meeting July 14, 2015.
   b. ad-Hoc Food Services Eligibility Committee
      ACTION ITEM: Review progress on developing a new model recommendation.
7. **GRANTEE REPORTS**
8. **PUBLIC COMMENT** (Please sign up on the Public Comment Sheet)
9. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** June 17, 2015,12:30 p.m. **Venue:** GC-301

Goal/Work Plan Objective #:	*Accomplishments*
Review PSRA Data (WP Item 1.2)	ACTION ITEM: Review relevant data to the PSRA process. Determine how the data relates to the PSRA process and how it can be used in the FY16-17 PSRA process.
Allocations (WP Item 1.6)	ACTION ITEM: Allocate Part A & MAI funds by service category.

10. **ANNOUNCEMENTS**
11. **ADJOURNMENT**

PLEASE COMPLETE YOUR MEETING EVALUATIONS

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

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

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MEETING MINUTES

Committee: Priority Setting & Resource Allocation (PSRA)
Date/Time: Wednesday, April 15, 2015, 12:30 p.m. **Location:** Governmental Center Annex Room A-337
Chair: Carla Taylor-Bennett **Vice Chair:** Rick Siclari

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Guests**
1	DeSantis, M.	**X**			Myers-Culpepper, K.
2	Gammell, B.		**E**		Runkle, D.
3	Grant, C.	**X**			
4	Hayes, M.	**X**			**Grantee Staff**
5	Katz, H. B.	**X**			Copa, R.
6	Reed, Y.		**A**		Degraffenreidt, S.
7	Schickowski, K.	**X**			Green, W.E.
8	Proulx, D.	**X**			Jones, L.
9	Siclari, R., *Vice Chair*		**A**		
10	Taylor-Bennett, C., *Chair*	**X**			**HIVPC Staff**
					Bente, A.
					Johnson, B.
					McEachrane, T.
	Quorum = 6	**7**			Sandler, C.

1. CALL TO ORDER:

The Chair called the meeting to order at 12:32 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. Chairs, committee members, guests, Grantee staff and HIVPC staff self-introductions were made.

2. APPROVALS:

Motion #1: To approve today's meeting agenda.
Proposed by: Katz, H.B. **Seconded by:** DeSantis, M.
Action: Passed Unanimously

Motion #2: To approve the meeting minutes of 3/18/15.
Proposed by: Katz, H.B. **Seconded by:** DeSantis, M.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS:

a. Monthly Expenditure/Utilization Report by Category of Service (WP Item 2.1)

Grantee staff explained the final fiscal year (FY) 2014-2015 expenditures including the additional variance column. He explained that Disease Case Management will be the largest service category of unexpended funds. He stated the Health Insurance Continuation Program (HICP) service category only contained a variance of 5.6%, and utilization at the beginning of FY 2015-2016 would likely be low for the service category since many client premiums were paid in advance. A member stated the Mental Health service category has not been able to spend the whole allocation and asked if this was a provider or service delivery issue. The Grantee stated that a provider has been lost. There was committee discussion regarding utilization of MAI funding not having a penalty for full utilization. There was also discussion regarding reduction of mental health and substance abuse funding due to low utilization. A member stated that most clients are not able to utilize this service category in a traditional manner. A member stated that rendering services in a non-traditional setting would benefit a greater number of clients. The Grantee stated that his office is looking at alternative methods to change entry points of care due to inadequate assessments of care. There was further

discussion regarding integration of mental health and substance abuse services to treat a greater number of clients.

4. UNFINISHED BUSINESS

None.

5. MEETING ACTIVITIES

a. Review PSRA Scorecards (WP Item 1.2) (Handouts A-1-A-6)

HIVPC staff explained the updates and other changes to the scorecards. HIVPC staff explained the Case Management scorecard, including medical and non-medical. Case management includes disease case management, while non-medical case management includes Centralized Intake and Eligibility Determination (CIED). HIVPC staff noted that not all referrals are noted on the scorecard, and Grantee staff noted some clients have moved onto Affordable Care Act (ACA) Marketplace plans that include case management, which may be the reason for the decrease in utilization. A member asked for the definition for viral load suppression. HIVPC staff stated that viral load suppression is defined as <200 copies/mL. HIVPC staff explained non-viral suppression rates. Clients between 18-28 years of age have that highest rate of non-viral load suppression. A member asked if it is possible to view utilization of clients that are newly diagnosed. Grantee staff explained that this type of data would be insignificant. HIVPC staff noted that blacks continue to be the subpopulation most likely not to be virally suppressed.

HIVPC staff explained the Outpatient Ambulatory Medical Care (OAMC) scorecard. HIVPC staff noted that while many clients have moved onto ACA plans, this service category will need to be funded at the same amount or higher because of Medicaid non-expansion. CQM staff explained quality outcome indicators and how clients have achieved health outcomes. The following motion was made:

Motion #3: To recommend to the Quality Management Committee to recommend to the appropriate QI network to change the Broward OAMC Outcome #1.2 to <200 copies/mL, which is in line with the NQC measures.
Proposed by: Hayes, M. **Seconded by:** DeSantis, M.
Action: Passed Unanimously

A member asked for the HIV/AIDS Bureau (HAB) performance measure definitions as the committee had difficulty understanding these measures and how they differed from other measures. There was committee discussion regarding alternative data collection methods to better inform the allocations process. There intense discussion regarding HAB and National Quality Center (NQC) measures. The Chair asked for clarification for the time period for NQC measures, clear HAB measure definitions, and a crosswalk between the two data points. Grantee staff asked if data was clarified, would it affect the committee's decision regarding the allocations process. A member stated that it would help himself and committee better understand the data presented. Grantee staff stated the Quality Management Committee (QMC) is tasked with data analysis, and these tasks can be completed by the QMC. The Chair stated the PSRA committee would like some robust recommendations from the QMC, instead of analyzing data.

HIVPC staff reviewed and explained the Oral Health scorecard, including client utilization, expenditures, and top 10 procedures. HIVPC staff explained this service category contains higher than average viral load suppression rates. The Chair asked for the definition of nutritional counseling. Grantee staff stated that nutritional counseling includes counseling regarding consumption of foods that decays teeth.

The Grantee asked the committee where the discussion about MAI services comes in. A member stated that the Florida Department of Health (FLDOH) has an MAI model and asked if the Grantee has consulted with FLDOH regarding the success of their model. There was committee discussion regarding a sustainable model for minority populations.

6. SUBCOMMITTEE REPORTS

a. ad-Hoc Local Pharmacy Advisory Committee (LPAC) (Handout B)

The LPAC Chair stated the committee reviewed the feasibility of moving Keppra from Tier 3 to Tier 1 of the formulary. The committee stated that this medication has the least adverse reactions to those taking

ARVs. The Chair stated that this additional would affect approximately 83 clients and cost between $11,025.72 and $16,702.92. The following motion was made:

Motion #4: To move Keppra from Tier 3 to Tier 1 of the Part A Formulary. **Proposed by:** Proulx, D. **Seconded by:** Katz, H. B. **Action:** Passed Unanimously

The LPAC Chair also explained moving Tricor from Tier 3 to Tier 1. The Chair explained there is not a Patient Assistance Program (PAP) available for Tricor. She explained that for patients with hypertriglyceridemia and very high triglycerides (over 500), Tricor has the least interactions and side effects. There is currently not a Tier 1 medication that is effective for clients with very high triglycerides. The following motion was made:

Motion #5: To move Tricor from Tier 3 to Tier 1 of the Part A Formulary. **Proposed by:** Proulx, D. **Seconded by:** Katz, H. B. **Action:** Passed Unanimously

b. ad-Hoc Food Services Eligibility Committee

The ad-Hoc Food Services Eligibility Committee Chair explained the flow chart for the proposed eligibility model. He also explained that goals of committee and the number of clients the service category will serve. He stated that only the most vulnerable will be served, as this is a supplemental service. The Chair also explained that clients will be served on an emergency model contingent on a client's Federal Poverty Level (FPL). The Chair stated that he hopes to present an eligibility model to PSRA by June.

7. GRANTEE REPORT

The Grantee announced that he had a call with the new project officer, which included some discussion regarding the local pharmacy service category. He stated this service category also provides emergency medications to clients, but HRSA is considering whether emergency medications should be funded through the emergency financial assistance service category. He stated that this could be problematic, because emergency financial assistance could also include emergency funding for food bank services. HRSA has not made a final decision yet. The Grantee announced the final notice of grant award should be received in the next two weeks. The Broward Part A Program is now on Twitter, @GetCareBroward. This account will target the younger population who utilizes social media. The committee also discussed the need for a community data presentation, and how to present the data in a way that is effective and meaningful to consumers. The discussion will continue at the Executive Committee meeting.

8. PUBLIC COMMENT

None.

9. AGENDA ITEMS/TASKS FOR NEXT MEETING: May 20, 2015 **Venue:** A-337

Goal/Work Plan Objective #:	*Accomplishments*
Review PSRA Data & Scorecards (WP Item 1.2)	ACTION ITEM: Review relevant data to the PSRA process, including data on other funders, CEC priority rankings, and scorecards. Determine how the data relates to the PSRA process and how it can be used in the FY16-17 PSRA process.
How Best to Meet the Need (WP Item 1.3)	ACTION ITEM: Review language for directives to Grantee on How Best to Meet the Need.
PSRA Data Review Presentation	ACTION ITEM: Receive PSRA data review presentation from HIVPC Staff.
Priority Ranking (WP Item 1.5)	ACTION ITEM: Priority rank Part A & MAI service categories.

10. ANNOUNCEMENTS

None.

11. ADJOURNMENT

The meeting was adjourned at 3:05 p.m.

Priority Setting Resource Allocation Committee Attendance CY 2015

Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date:	21	18	18	15									
1	DeSantis, M.	X	X	X	X									
2	Gammell, B.	X	X	X	E									
3	Grant, C.	X	X	X	X									
4	Hayes, M.	X	X	X	X									
5	Katz, H.B.	X	X	X	X									
6	Proulx, D.	X	X	X	X									
7	Reed, Y.	X	E	X	A									
8	Schickowski, K.	X	X	X	X									
9	Siclari, R., *Vice Chair*	X	X	X	A									
10	Taylor-Bennett, C., *Chair*	X	X	X	X									
	Quorum = 6	10	9	10	7									

2010-2014 Part A and MAI Utilization By Service Category						
PART A and MAI	**2010**	**2011**	**2012**	**2013**	**2014**	**% Change**
Outpatient /Ambulatory Health	3,559	3,506	3,790	3,958	4,102	15.3%
AIDS Pharmaceutical Assistance	2,765	2,061	2,551	3,108	3,145	16.7%
Oral Health Care	2,595	2,768	2,751	3,182	3,020	16.4%
Health Insurance Premium*	102	137	0	0	224	N/A
Mental Health Services	439	419	508	537	453	3.2%
Medical Case Management*	0	0	0	0	52	N/A
Substance Abuse - outpatient	149	124	126	122	128	-14.1%
Case Management (non-Medical)	3,780	3,551	3,509	3,332	3,155	-5.3%
Case Management (CIED)	2,978	6,333	6,629	6,953	7,665	9.3%
Food Bank/Home-Delivered Meals	2,114	2,019	2,188	2,496	3,019	42.8%
Legal Services	132	164	214	183	210	59.1%
Medical Transportation Services	345	124	0	0	0	N/A
Outreach Services	581	118	182	441	0	N/A
Total Unduplicated	**7,116**	**7,022**	**7,064**	**7,417**	**7,962**	11.9%
*due to late NOA, these services had delayed implementation						

2010-2014 Part A and MAI Client Demographics						
Race	**2010**	**2011**	**2012**	**2013**	**2014**	**% Change**
Other	214	249	147	137	184	-14.0%
White	3,169	3,117	3,208	3,177	3,606	13.8%
Black	3,733	3,656	3,712	3,639	4,172	11.8%
Ethnicity	**2010**	**2011**	**2012**	**2013**	**2014**	**% Change**
Hispanic	997	1,014	1,088	1,140	1,295	29.9%
Haitian	651	696	717	725	798	22.6%
Other	6,003	5,829	5,897	5,758	5,869	-2.2%
Gender	**2010**	**2011**	**2012**	**2013**	**2014**	**% Change**
Transgender	23	28	37	48	52	126.1%
Female	2,110	2,076	2,065	1,999	2,254	6.8%
Male	4,983	4,918	4,962	4,906	5,656	13.5%
Insurance Status	**2010**	**2011**	**2012**	**2013**	**2014**	**% Change**
Private	520	569	473	527	1,046	101.2%
Medicaid/Medicare	2,831	2,677	2,730	2,568	2,893	2.2%
No Insurance	3,765	3,776	3,813	3,742	4,018	6.7%
FPL	**2010**	**2011**	**2012**	**2013**	**2014**	**% Change**
0-100	4,317	4,087	4,151	4,074	4,626	7.1%
101-200	2,095	2,193	2,202	2,124	2,435	16.2%
201-300	613	649	629	627	755	27.7%
301-400	74	79	69	106	125	68.9%
400+	17	14	14	22	21	23.5%
Total	**7,116**	**7,022**	**7,064**	**6,953**	**7,962**	11.9%

2010-2014 Part A and MAI Initial Funding Allocation By Service Category					
PART A and MAI	**2010**	**2011**	**2012**	**2013**	**2014**
Outpatient /Ambulatory Health	$6,064,710	$6,154,833	$6,604,282	$5,806,496	$6,493,232
AIDS Pharmaceutical Assistance	$926,000	$622,385	$411,109	$509,576	$639,001
Oral Health Care	$2,183,022	$2,155,150	$2,656,408	$2,623,653	$2,255,328
Health Insurance Premium*	$70,745	$400,000	$0	$0	$500,000
Mental Health Services	$354,168	$324,098	$369,467	$465,405	$426,836
Medical Case Management*	$1,282,612	$1,090,105	$1,134,105	$1,147,448	$609,497
MAI Medical Case Management	$29,953	$29,953	$176,644	$176,644	$62,997
Substance Abuse - outpatient	$734,861	$730,389	$756,013	$742,889	$652,088
Case Management (non-Medical)**	$675,000	$590,957	$590,957	$758,470	$1,777,131
Food Bank/Home-Delivered Meals	$273,035	$363,360	$277,111	$353,241	$358,890
Legal Services	$96,426	$112,426	$112,426	$131,426	$131,426
Medical Transportation Services	$263,371	$163,261	$0	$0	$0
Outreach Services	$221,345	$67,000	$67,000	$58,768*	$0
Total	**$13,085,145**	**$12,840,656**	**$13,122,767**	**$12,744,016**	**$13,843,429**
* Part A funding only					
*due to late NOA, these services had delayed implementation					
** Allocation for FY 2014 includes CIED and non-medical Case Management					

FY 2014 Total Expenditures By Funder

	Part A & MAI		Part B / ADAP / AICP		Part C		Part D		Part F		HOPWA		Medicaid (PAC Waiver)		Veterans Administration	
	$	#	$	#	$	#	$	#	$	#	$	#	$	#	$	#
Outpatient /Ambulatory	$6,452,746	4,103	-	-	$605,055	710	$303,385	1,122	-	-	-	-	-	-	$363,974	419
AIDS Drug Asstnc. Prog.	-	-	$652,985	4,062	-	-	-	-	-	-	-	-	-	-	-	-
Pharmaceutical Asstnc.	$898,837	3,227	-	-	-	-	-	-	-	-	-	-	-	-	$1,355,571	309
Dental	$2,200,198	3,020	-	-	-	-	-	-	$219,345	46	-	-	-	-	$46,610	22
Early Intervention	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Health Insur. Premium	$353,936	186	$390,000	328	-	-	-	-	-	-	-	-	-	-	$1,764	2
Home Health	-	-	-	-	-	-	-	-	-	-	-	-	$38,308	19	-	-
Home/Community Hlth.	-	-	$4,145	9	-	-	-	-	-	-	-	-	$129,500	225	-	-
Hospice Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	$2,106	1
Mental Health	$304,356	453	-	-	$9,580	133	$114,332	1,079	-	-	-	-	-	-	$190,735	144
Medical Nutrition	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Case Mgt.	$144,680	2,992	-	-	$107,791	741	$431,134	1,051	-	-	-	-	$669,200	681	-	-
Subst. Abuse - outpat.	$586,536	128	-	-	-	-	-	-	-	-	-	-	-	-	$16,762	9
Non-Medical Case Mgt.	$1,986,698	3,155	$120,957	5,957	-	-	-	1,051	-	-	-	-	-	-	-	-
Child Care	-	-	-	-	-	-	-	313	-	-	-	-	-	-	-	-
Emerg. Financial Aid	-	-	-	-	-	-	-	1,073	-	-	-	-	-	-	-	-
Food Bank/Deliv. Meals	$980,446	3,019	$3,900	10	-	-	-	716	-	-	-	-	$152,470	98	-	-
Education/Risk Redctn.	-	-	-	-	-	-	-	1,184	-	-	-	-	$2,340	9	-	-
Housing	-	-	-	-	-	-	-	-	-	-	$7,755,418	951	$102,990	94	$33,569	24
Legal	$124,418	210	-	-	-	-	-	-	-	-	$182,340	93	-	-	-	-
Linguistics	-	-	-	-	-	-	-	352	-	-	-	-	-	-	-	-
Medical Transportation	-	-	$75,000	1,552	-	-	-	416	-	-	-	-	-	-	-	-
Outreach	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Psychosocial Support	-	-	-	-	-	-	$94,488	1,293	-	-	-	-	-	-	-	-
Referral/Support Care	-	-	$205,124	339	$43,271	653	-	-	-	-	-	-	-	-	-	-
Rehabilitation	-	-	-	-	-	-	-	-	-	-	-	-	$65,263	128	-	-
Respite Care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subst. Abuse - residntl.	-	-	$120,868	46	-	-	-	-	-	-	-	-	-	-	-	-
Treatment Adherence	-	-	-	-	$139,396	821	$19,003	1,184	-	-	-	-	-	-	-	-
Total Unduplicated	**$13,944,235**	**7,962**	-	**5,485**	**$905,093**	**2,332**	-	**1,529**	**$219,345**	**46**	**$7,937,758**	**951**	**$1,160,070**	**776**	**$2,038,648**	**467**

HANDOUT A-1

FY 2014 Total Unduplicated Clients Served By Funder

FY14-15 Demographics	Part A	Part B/ ADAP	Part C	Part D	Part F	HOPWA	PAC Waiver	VA
# New Patients	4249	-	249	157	46	-	-	-
# AIDS	849	250	-	324	1	-	-	410
# HIV/non AIDS	4702	3171	-	995	45	-	-	57
# HIV Infants Exposed	-	-	-	210	-	-	-	-
Total	7154	3421	2332	1529	46	951	-	467
Race								
Black or African American	4172	1551	1726	1345	21	590	-	-
White	3606	1675	510	104	24	354	-	-
Asian	47	23	12	3	-	-	-	-
American Indian/Alaska Native	13	12	3	1	-	1	-	-
Pacific Islander	-	-	-	-	-	-	-	-
More than one race	24	14	43	4	-	6	-	-
Other Race	90	146	38	3	1	-	-	-
Not Specified	-	-	-	-	-	-	-	-
Unknown	-	-	-	-	-	-	-	-
Ethnicity								
Hispanic	1295	685	221	333	9	100	-	-
Haitian	798	281	-	1196	37	-	-	-
Gender								
Male	5656	2612	1341	333	33	577	-	449
Female	2254	794	988	1196	12	365	-	18
Transgender	52	15	3	-	1	9	-	-
Exposure Category								
MSM	-	-	342	34	33	-	-	-
IV Drug User	-	-	53	1	-	-	-	-
MSM and IV Drug User	-	-	6	-	-	-	-	-
Heterosexual	-	-	1807	1085	13	-	-	-
Mother at-risk	-	-	42	212	-	-	-	-
Perinatal Infect.	-	-	-	190	-	-	-	-
Transfusion	-	-	-	1	-	-	-	-
Hemophilia	-	-	-	-	-	-	-	-
Not Specified	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-
Unknown	-	-	78	-	-	-	-	-
Age								
(0-12)	-	0	2	228	-	-	-	-
(13-24)	-	106	60	205	-	80	-	-
(25-44)	-	1189	548	679	16	519	-	53
(45-64)	-	1994	1549	397	24	347	-	298
(65+)	-	132	173	20	6	5	-	116
Insurance Status								
No Insurance	4018	2674	1552	81	46	-	-	-
Mdcaid/Mdcare	2893	324	678	1007	5	-	-	-
R.White Part A	-	-	1308	363	-	-	-	-
HMO/Private	1046	423	55	11	-	-	-	-
Federal Poverty Level								
0-100	4626	1661	1,760	1393	-	-	-	-
101-200	2435	1254	451	119	46	745	-	-
201-300	755	508	104	8	-	155	-	-
301-400	125	18	17	2	-	51	-	-
400+ ***	21	-	-	3	-	-	-	-

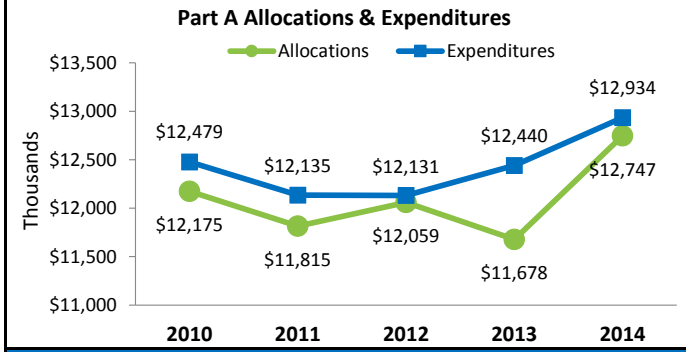
* 0-200% FPL

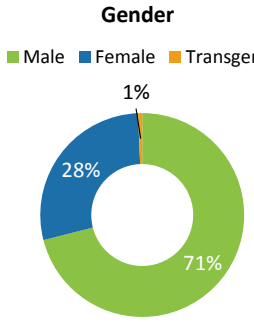
** 201-400% FPL

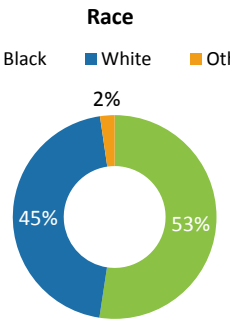
*** FPL is current for the end of the FY

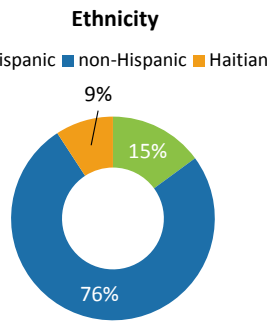
FY 2014-15 Scorecard: Part A Overall

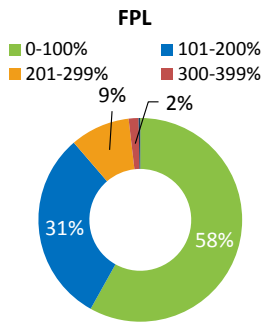
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		
FY	Part A	MAI	Total	Part A	MAI	Total	% change	**Total**	**Carryover**	**% Change**
2014	$12,747,410	$1,096,019	**$13,843,429**	$12,934,463	$1,009,772	$13,944,235	4.0%	**$16,012,762**		**4.2%**
2013	$11,677,997	$1,096,019	**$12,774,016**	$12,439,721	$1,095,535	$13,535,256	2.5%	$15,366,650	$448,662	-0.4%
2012	$12,059,174	$1,063,593	**$13,122,767**	$12,131,345	$898,412	$13,029,757	0.0%	$15,423,413	$32,755	2.8%
2011	$11,815,273	$1,025,383	**$12,840,656**	$12,135,018	$884,638	$13,019,656	-2.8%	$15,006,261		-2.5%
2010	$12,175,020	$910,945	**$13,085,965**	$12,478,545	$910,862	$13,389,407	N/A	$15,395,252		N/A











FY 14-15 Part A Utilization & Demographics

Year	Total Clients	% change
2014	7,962	**7.35%**
2013	7,417	

Ryan White Part A & MAI Providers		
Type	Part A	MAI
Number	11	3

FPL*	#	%
0-100%	4,626	58.1%
101-200%	2,435	30.6%
201-299%	755	9.5%
300-399%	125	1.6%
400% & over	21	0.3%

Insurance	#	%
Private	1,046	13.1%
Medicare	1,718	21.6%
Medicaid	1,137	14.3%
Other Public	43	0.5%
None	4,018	50.5%

Gender	#	%
Male	5,656	71.0%
Female	2,254	28.3%
Transgender	52	0.7%

Race	#	%
Black	4,172	52.4%
White	3,606	45.3%
Other	184	2.3%

Ethnicity	#	%
Hispanic	1295	16.3%
non-Hispanic	6579	82.6%
Haitian	798	10.0%

* FPL is current for the end of the FY

FY 2014-15 Scorecard: Part A Overall

Percent of Clients NOT Virally Suppressed (≥ 200 copies/mL) by Subpopulation

All Clients	#	%
	1,154	16.1%
Gender	#	%
Male	741	14.5%
Female	396	19.9%
Transgender*	17	34.0%
Age	#	%
18-28	176	32.7%
29-38	255	24.4%
39-48	292	16.8%
49-58	330	12.4%
59+	101	8.7%
Living Arrangements	#	%
Permanent	811	14.9%
Non-Permanent	334	20.1%
Institution*	8	18.6%

Race/Ethnicity	#	%
Black non-Hispanic Male	395	18.6%
Black non-Hispanic Female	342	21.3%
Total Black non-Hispanic	**737**	**19.70%**
White non-Hispanic Male	243	12.7%
White non-Hispanic Female	29	15.3%
Total White non-Hispanic	**272**	**12.9%**
Hispanic Male	99	9.8%
Hispanic Female	24	13.3%
Total Hispanic	**123**	**13.3%**
Haitian	111	14.4%
Non-Haitain	1,042	16.3%
Educational Level	#	%
<8th Grade	75	17.2%
8-12th Grade	750	17.5%
College	329	13.5%

Risk Factor	#	%
MSM	488	14.5%
Black MSM	190	22.7%
White MSM	293	11.8%
Hispanic MSM	86	10.8%
	#	%
Heterosexual	578	16.9%
Black Hetero	510	18.2%
White Hetero	67	11.2%
Hispanic Hetero	34	9.9%
	#	%
Hemophilia*	5	22.7%
IDU	18	13.4%
MSM/IDU*	5	13.5%
Perinatal	35	45.5%
Transfusion*	5	18.5%

*Small population group (N<75 in program year). #s and %s are within each subpopulation.

FY 2014-2015 Part A Overall

Overview

The Broward/Fort Lauderdale EMA continues to serve one of the country's areas most heavily impacted by the HIV/AIDS epidemic. The EMA has eleven providers, including three MAI providers, and provides clients with access to twelve different types of services. The Part A program is one of the largest providers of HIV care and treatment in the county.

Utilization

For fiscal year (FY) 14-15, the Part A program served 7,962 unduplicated clients, approximately a 7% increase from the previous FY.

Allocations & Expenditures

Due in part to the expiration of the hold harmless provision in 2014, the Broward EMA received an increase in funds for FY 2014. The increase in funds allowed the EMA to more comfortably implement two new services: Disease (Medical) Case Management and the Health Insurance Continuation Program (HICP). The Part A program expended nearly all funds for FY 2014, but a small amount of carryover was requested to be used for HICP. As implementation of the Affordable Care Act (ACA) progresses, there may be noticeable decreases in OAMC and pharmacy expenditures.

Viral Suppression

Of the 7,962 Part A clients, 16.1% were not virally suppressed. Overall, Black non-Hispanic women and men were less likely to be virally suppressed than White non-Hispanic and Hispanic women and men. The subpopulations that were more likely not to be achieving health outcomes include:

Gender: Women (19.9%) were more likely not to have a suppressed viral load compared to men (14.5%).

Race/Ethnicity: Black non-Hispanic women were more likely not to have a suppressed viral load (21.3%), compared to white non-Hispanic women (15.3%) and Hispanic women (13.3%). Black non-Hispanic men were more likely not to have a suppressed viral load (18.6%), compared to white non-Hispanic men (12.7%) and Hispanic men (9.8%).

Age: Although 18-28 year olds make up the smallest proportion of clients (only 7.5%), this age group was more likely not to be virally suppressed (32.7%) compared to other age categories.

Housing Status: Clients who do not have permanent housing were more likely not to be virally suppressed (20.1%) compared to clients with permanent housing (14.9%).

Education Level: Clients with an education level less than 8th and 12th grade were most likely not to be virally suppressed (17.5%) followed by clients with less than an 8th grade education (17.2%).

Risk Factor: Clients who identified heterosexual sexual contact as a risk factor were most likely not to be virally suppressed (16.9%), followed by clients who identify men who have sex with men (MSM) as a risk factor (14.5%). Black Heterosexual men and women (18.2%) were more likely than Whites (11.2%) and Hispanics (9.9%) not to be virally suppressed. Black MSM (22.7%) were far more likely not to be virally suppressed than both Hispanic (10.8%) and white MSM (11.8%).

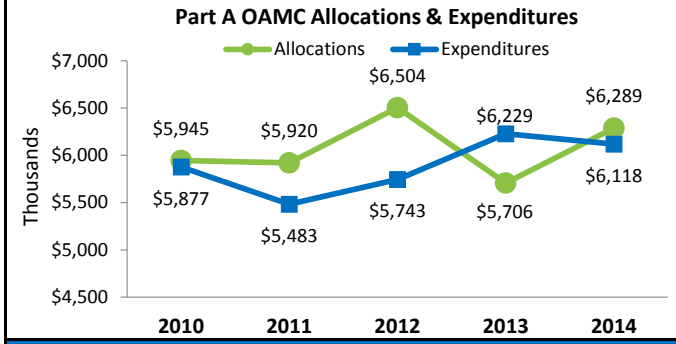
Conclusion

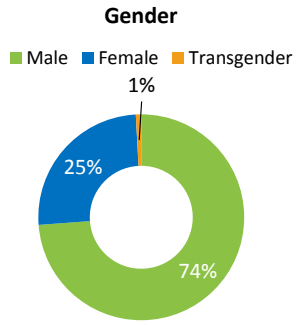
The Part A program is achieving high rates of viral load suppression; close to 84% of clients are virally suppressed. However, significant disparities exist in the subpopulations that are not achieving health outcomes. Black men and women and black MSM are especially less likely to be virally suppressed. These subpopulations may benefit from targeted MAI funding, particularly in those service categories with the highest rates of subpopulations not virally suppressed, such as substance abuse and non-medical case management. Approximately 750 clients between HICP and ADAP Premium Plus have transitioned onto Marketplace insurance plans. While it is too soon to determine the impact, it is expected the ACA will have a significant effect on the Part A program, specifically on OAMC and pharmacy expenditures.

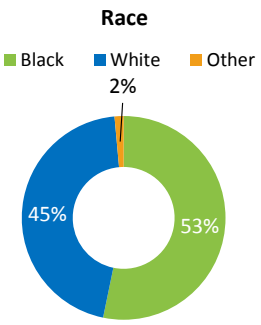
FY 2014-2015 Scorecard: Outpatient Ambulatory Medical Care

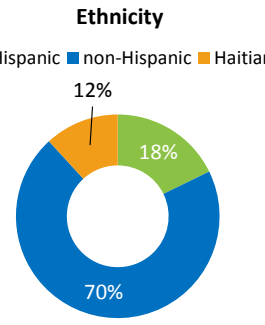
ELIGIBILITY: </= 400% FPL

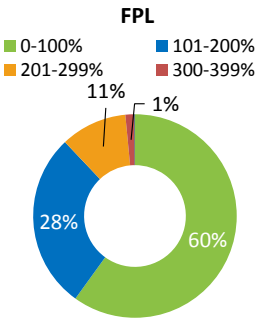
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% change	Total	% of Total	
2014	$6,288,636	$264,596	**$6,493,232**	$6,118,160	$264,586	**$6,382,746**	-1.46%	**$16,012,762**	**39.9%**	**1**
2013	$5,706,496	$100,000	$5,806,496	$6,228,552	$248,874	$6,477,426	10.86%	$15,366,650	42.2%	1
2012	$6,504,282	$100,000	$6,604,282	$5,743,196	$99,936	$5,843,132	4.7%	$15,423,413	37.9%	1
2011	$5,920,360	$234,473	$6,154,833	$5,482,813	$99,993	$5,582,806	-9.1%	$15,006,261	37.2%	1
2010	$5,944,675	$120,035	$6,064,710	$5,876,974	$263,344	$6,140,318	N/A	$15,395,252	39.9%	1











FY 14-15 OAMC Utilization & Demographics

Year	Total Clients	% change	# New	% New
2014	4,102	**3.51%**	1,025	**25.0%**
2013	3,958		997	25.2%

Ryan White Part A & MAI Providers		
Type	Part A	MAI
Number	5	1

FPL*	#	%
0-100%	2,459	59.9%
101-200%	1,148	28.0%
201-299%	433	10.6%
300-399%	58	1.4%
400% & over	4	0.1%

Insurance	#	%
Private	414	10.1%
Medicare	73	1.8%
Medicaid	287	7.0%
Other Public	15	0.4%
None	3,312	80.7%

* FPL is current for the end of the FY

Demographics, cont.

Gender	#	%
Male	3,028	73.8%
Female	1,039	25.3%
Transgender	35	0.9%
Race	**#**	**%**
Black	2,184	53.2%
White	1,859	45.3%
Other	59	1.4%
Ethnicity	**#**	**%**
Hispanic	826	20.1%
non-Hispanic	3,276	79.9%
Haitian	549	13.4%

FY 14-15 Top 10 Procedures

Top 10 Procedures		Top 10 Expenditures	
Procedure	% of Procedure	Procedure	% of Expenditures
1. HIV-1 DNA Detection	15.80%	1. HIV-1 DNA Detection	30.42%
2. Office/Outpatient Visit	15.20%	2. Est. Patient Office/Outpatient Visit	29.64%
3. Comprehensive Metabolic Panel	13.80%	4. TB Test Cell Immun Measure	5.69%
4. Complete CBC with Diff WBC	10.10%	5. Genotype DNA HIV Reverse T	5.54%
5. Lipid Panel	10.00%	6. Comprehensive Metabolic Panel	3.58%
6. Blood Serology Qualitative	9.30%	7. Chylamydia Trach DNA AMP Prob	3.06%
7. Flowcytometry/TC Add-on	8.90%	8. Flowcytometry/ Tc 1 Marker	2.88%
8. T Cell Absolute Count	6.90%	9. Destruction Anal Lesions	2.75%
9. Chylamydia Trach DNA AMP Prob	5.40%	9. Phenosensegt/Genosure	2.60%
10. N. Gonorrhoeae DNA AMO Prob	5.00%	10. N.Gonorrhoeae Dna Amp Prob	2.35%

Average Cost Per Client
$ 1,432.61

Total Nutrition Services Expenditure
$ 112,219.22

Fort Lauderdale/Broward EMA Medical Outcome and Indicators	2012		2013		2014	
Outcome: Slow/prevent HIV disease progression.	Num/Denom	%	Num/Denom	%	Num/Denom	%
Indicator 1.1 80% of clients with a CD4 <500 are on HAART.	1,660/1938	85.7%	1,700/1,913	88.9%	3,320/3,644	91.1%
Indicator 1.2 70% of clients on HAART >6 months have a VL <400.	2,748/3,264	84.2%	3,266/3,546	92.1%	6,980/7,674	91.0%

FY 2014-2015 Scorecard: Outpatient Ambulatory Medical Care

ELIGIBILITY: </= 400% FPL

HAB HRSA HIV Performance Measures

	2013 (n/d)	Achieved	2014 (n/d)	Achieved		2013 (n/d)	Achieved	2014 (n/d)	Achieved
Oral Exam	1,948/4,118	47.3%	1,842/4,295	42.9%	Chlamydia	530/790	67.1%	745/962	77.4%
Lipid Screening	2,873/3,609	79.6%	3,226/3,837	84.1%	Gonorrhea	467/790	59.1%	622/962	64.7%
TB Screening	3,149/4,109	76.6%	3,185/4,287	74.3%	Syphilis	3,194/4,118	77.6%	3,463/4,295	80.6%
Hepatitis B	3,644/4,118	88.5%	3,680/4,295	85.7%	Cervical Cancer	468/1,115	42.0%	428/1,097	39.0%
Hepatitis C	3,315/4,118	80.5%	3,385/4,295	78.8%					

National Quality Center (NQC) inCARE Retention Measures for Part A/MAI Medical Patients	2013		2014		Participant National Avg	Comments
#1: Gap Measure	Num/Denom	%	Num/Denom	%	%	
Patients with NO medical visits in last 180 days of measurement yr / Patients with >/= 1 medical visit in 1st 6 months of measurement yr	64 / 708	9.0%	605 / 2,101	28.8%	14.8%	Strive for low%. Worse than avg.
#2: Medical Visit Frequency	Num/Denom	%	Num/Denom	%	%	
Patients with >/=1 medical visit in each 6 month period of 24 months / Patients with >/=1 medical visit in 1st 6 months of 24 months	520 / 586	88.7%	1,024 / 2,962	34.6%	64.1%	Strive for high%. Worse than avg.
#3: Patients Newly Enrolled in Medical Care	Num/Denom	%	Num/Denom	%	%	
Patients with >/= 1 medical visit in each 4-months of measurement yr / Patients newly enrolled w/ provider & >/=1 visit in 1st 4 mos. of yr	20 / 54	37.0%	80 / 212	37.7%	56.9%	Strive for high%. Worse than avg.
#4: Viral Load Suppression	Num/Denom	%	Num/Denom	%	%	
Patients with a viral load <200 at last VL test in measurement year / Patients with at least one medical visit in the measurement year	697 / 782	89.1%	2,236 / 2,634	84.9%	80.0%	Strive for high%. Better than avg.

FY 14-15 Percent of Clients NOT Virally Suppressed (≥ 200 copies/mL) by Subpopulation

All Clients	#	%
	596	14.6%
Gender	#	%
Male	419	13.9%
Female	167	16.2%
Transgender*	10	28.6%
Age	#	%
18-28	110	28.5%
29-38	153	20.5%
39-48	148	13.6%
49-58	148	10.5%
59+	37	8.4%
Living Arrangements	#	%
Permanent	390	13.2%
Non-Permanent	203	18.6%
Institution*	3	14.3%

Race/Ethnicity	#	%
Black non-Hispanic Male	225	17.5%
Black non-Hispanic Female	136	16.6%
Total Black non-Hispanic	**361**	**17.20%**
White non-Hispanic Male	134	13.7%
White non-Hispanic Female	17	18.5%
Total White non-Hispanic	**151**	**14.10%**
Hispanic Male	57	8.1%
Hispanic Female	13	13.1%
Total Hispanic	**70**	**8.7%**
Haitian	72	13.2%
Non-Haitain	523	14.8%
Educational Level	#	%
<8th Grade	35	13.5%
8-12th Grade	393	16.2%
College	168	12.0%

Risk Factor	#	%
MSM	276	13.9%
Black MSM	115	21.5%
White MSM	157	11.1%
Hispanic MSM	46	8.2%
	#	%
Heterosexual	280	14.6%
Black Hetero	237	15.2%
White Hetero	42	12.1%
Hispanic Hetero	21	9.5%
	#	%
Hemophilia*	1	16.7%
IDU*	7	11.1%
MSM/IDU*	3	15.8%
Perinatal*	21	44.7%
Transfusion*	2	20.0%

**Small population group (N<75 in program year).*

Note: #s and %s are within each subpopulation.

FY 2014-2015 Outpatient Ambulatory Medical Service Category

Overview of Service Category

Outpatient/Ambulatory Medical Care (OAMC) service category provides primary care to both Part A and MAI patients. Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines such as access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies. Six Part A and one MAI service provider administer OAMC services throughout Broward.

Utilization

For fiscal year (FY) 14-15, the Part A OAMC program served 4,102 clients, an approximately 4% increase from the previous FY. The most common procedures that OAMC clients receive are HIV-1 DNA Detection (15.8%) and outpatient visits (15.2%).

Allocations & Expenditures

There was a 1.46 % decrease in expenditures since the last fiscal year for both Part A and MAI respectively. The decrease in expenditures for Part A is likely due to an observed decrease in medical costs per client. The increase in expenditures for MAI may be attributed to increased numbers of minority clients disproportionately impacted by the HIV/AIDS epidemic in Broward. In FY 14-15, OAMC was allocated a total of $6,493,232, which included $6,288,636 in Part A funds and $264,596 in MAI funds. The top expenditures for FY 2014 were HIV-1 DNA detections (30.42%) and established patient office/outpatient visits (29.64%).

Fort Lauderdale/Broward EMA Medical Outcomes

OAMC services surpassed Indicator 1.1 in FY 2014, which states that 80% of clients with a CD4 less than 500 are prescribed HAART. Currently, 91.1% of clients with a low CD4 are prescribed HAART. OAMC services also achieved Indicator 1.2 in FY 2014, which states that 70% of clients on HAART for over 6 months will have a viral load less than 400. OAMC exceeded the indicator with 91.0% clients achieving the desired outcome.

HAB HRSA HIV Performance Measures

In FY 14-15 Part A saw an improvement in the following measures: Lipid Screening, Chlamydia Screenings, Gonorrhea Screenings, and Syphilis Screenings. Screenings for Chlamydia and Gonorrhea, improved significantly by 15% and 9%, respectively. There was a decrease for the following measures in FY 14-15: Oral Exam, Cervical Screenings, and Hepatitis C Screenings.. The significant increase in STD screenings may be a result of a training for medical providers provided by the FLDOH on STDs. The significant decline of oral exams may be a result of the emergence of new dental services being offered in the Broward EMA that have given patients more options for care beyond Ryan White.

National Quality Center (NQC) In+Care Retention Measures

Gap Measure: Broward's performance (28.8%) remains poorer than national benchmarks (14.8%) for FY 14-15. These outcomes may be due in part to the system-wide participation of Broward as an EMA while other participants enter the campaign as single agencies or smaller systems of care. Other reasons for Broward not meeting the national benchmarks could be that more clients are becoming medically "stable" and require less frequent visits within the reporting period or missed or rescheduled appointments place clients beyond criteria range

Medical Visit Frequency: Broward's performance (34.6%) remains poorer than national benchmarks (64.1%) for this FY 14-15. As previously stated, more clients may be considered medically "stable" and not require frequent medical visits with a provider.

Patients Newly Enrolled in Medical Care: Broward's performance (37.7%) remains lower than the average benchmark, which is approximately 57% for this reporting period. The enrollment of clients into the Marketplace in the beginning of 2014 and subsequent return of some clients who were forced to dis-enroll may have led to the fluctuation in the number of Ryan White clients/patients newly enrolled this year.

Viral Load Suppression: Broward EMA continues to meet or exceed the national average in FY 14-15 for this measure. Broward's performance is 4% higher than the national average (80.0%).

Viral Suppression

Of the 4,102 OAMC clients, 14.6% were not virally suppressed. Overall, Black non-Hispanic women and men were less likely to be virally suppressed than non-Hispanic and Hispanic women and men. The subpopulations that were more likely not to be achieving health outcomes include:

Gender: Women (16.2%) were more likely not to have a suppressed viral load compared to men (13.9%).

Race/Ethnicity: White non-Hispanic women were more likely not to have a suppressed viral load (18.5%), compared to Black non-Hispanic women (16.6%) and Hispanic women (13.1%). Black non-Hispanic men were more likely not to have a suppressed viral load (17.5%), compared to white non-Hispanic men (13.7%) and Hispanic men (8.1%).

Age: The 18-28 year old (28.5%) and 29-38 year old (20.5%) age groups were more likely not to be virally suppressed compared to other age categories.

Housing Status: Clients who do not have permanent housing were more likely not to be virally suppressed (18.6%) compared to clients with permanent housing (13.2%).

Education Level: Clients with an education level between 8th and 12th grade were most likely not to be virally suppressed (16.2%).

Risk Factor: Clients who identified heterosexual sexual contact as a risk factor were most likely not to be virally suppressed (14.6%), followed by clients who identify men who have sex with men (MSM) as a risk factor (13.9%). Black Heterosexual men and women (15.2%) were more likely than Whites (12.1%) and Hispanics (9.5%) not to be virally suppressed. Black MSM (21.5%) were far more likely not to be virally suppressed than both White (11.1%) and Hispanic (8.2%) MSM.

Conclusion

Utilization and expenditures in the OAMC program may decrease as clients transition onto Marketplace insurance plans, with private insurance plans covering the costs of medical care. MAI funds should continuously be allocated in order to enhance the quality of care and health outcomes in minority populations disproportionately impacted by the HIV epidemic. MAI-funded services such as OAMC are an integral part of the overall HIV care continuum. These services help to improve the quality of care and health outcomes by increasing access to, retention in, and adherence to care for minority populations.

HRSA's HIV/AIDS Bureau (HAB) performance measures align with the milestones along the HIV care continuum. These measures monitor HHS-funded programs by emphasizing the essential aspects of HIV prevention, treatment, and care services. Grantees are not expected to use all the measures; instead, they should prioritize and select those measures that are most applicable to their organization, setting, patient population, and epidemic.

Oral Exam	
Definition	Percent of clients with HIV infection who received an oral exam by a dentist at least once during the measurement year.
Numerator	Number of clients who had an oral exam by a dentist at least once during the measurement year, based on patient self-report or either documentation.
Denominator	Number of clients with HIV infection who had a medical visit with a provider with prescribing privileges at least once in the measurement year.
Exclusions	None.
Lipid Screening	
Definition	Percentage of client with HIV infection on HAART who had a fasting lipid panel during the measurement year.
Numerator	Number of HIV-infected clients who: • Were prescribed HAART • Had a fasting lipid panel in the measurement year
Denominator	Number of HIV-infected clients who are on HAART and who had a medical visit with a provider with prescribing privileges at least once in the measurement year.
Exclusions	None.
TB Screening	
Definition	Percentage of clients with HIV infection who received testing with results documented for latent tuberculosis infection (LTBI) since HIV diagnosis.
Numerator	Number of clients who received documented testing for latent tuberculosis infection (LBTI) with any approved test (tuberculin skin test [TST] or interferon gamma release assay [IGRA]) since HIV diagnosis.
Denominator	Number of HIV-infected clients who: • Do not have a history of previous documented culture-positive TB disease or previous documented positive TST or IGRA; and • Had a medical visit with a provider with prescribing privileges at least once in the measurement year.
Exclusions	None.
Hepatitis B Screening	
Definition	Percentage of clients with HIV infection who have been screened for Hepatitis B virus infection status.
Numerator	Number of HIV-infected clients who have documented Hepatitis B infection status in the health record.
Denominator	Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year.
Exclusions	Patients with documentation of complete Hepatitis B vaccination.
Hepatitis C Screening	
Definition	Percentage of clients for whom Hepatitis C (HCV) screening was performed at least once since the diagnosis of HIV infection.
Numerator	Number of HIV-infected clients who have documented HCV status in chart.
Denominator	Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year.
Exclusions	None.

HAB performance measures align with the milestones along the HIV care continuum. These measures monitor HHS-funded programs by emphasizing the essential aspects of HIV prevention, treatment, and care services. Grantees are not expected to use all the measures; instead, they should prioritize and select those measures that are most applicable to their organization, setting, patient population, and epidemic

Chlamydia Screening	
Definition	Percentage of clients with HIV infection at risk for sexually transmitted infections (STIs) who had a test for chlamydia within the measurement year.
Numerator	Number of HIV-infected clients who had a test for chlamydia.
Denominator	Number of HIV-infected clients who: • Were either a) newly enrolled in care; b) sexually active; or c) had a STI within the last 12 months, and • Had a medical visit with a provider with prescribing privileges at least once in the measurement year
Exclusions	Patients who were <18 years old and denied a history of sexual activity.
Gonorrhea Screening	
Definition	Percentage of clients with HIV infections at risk for sexually transmitted infections (STIs) who had a test for gonorrhea within the measurement year.
Numerator	Number of HIV-infected clients who had a test for gonorrhea.
Denominator	Number of HIV-infected clients who: • Were either a) newly enrolled in care; b) sexually active; or c) had a STI within the last 12 months, and • Had a medical visit with a provider with prescribing privileges at least once in the measurement year
Exclusions	Patients who were <18 years old and denied a history of sexual activity.
Syphilis Screening	
Definition	Percentage of adult clients with HIV infection who had a test for syphilis performed within the measurement year.
Numerator	Number of HIV-infected clients who had a serologic test for syphilis performed at least once during the measurement year.
Denominator	Number of HIV-infected clients who: • were ≥ 18 years old in the measurement year or had a history of sexual activity <18 years, and • had a medical visit with a provider with prescribing privileges at least once in the measurement year
Exclusions	Patients who were <18 years old and denied a history of sexual activity.
Cervical Cancer Screening	
Definition	Percentage of women with HIV infection who have a Pap screening in the measurement year.
Numerator	Number of HIV-infected female clients who had Pap screen results documented in the measurement year.
Denominator	Number of HIV-infected clients who: • were ≥ 18 years old in the measurement year or reported having a history of sexual activity, and had a medical visit with a provider with prescribing privileges at least once in the measurement year
Exclusions	1. Patients who were <18 years old and denied a history of sexual activity. 2. Patients who have had a hysterectomy for non-dysplasia/non-malignant indications.

In+Care Campaign Retention Measures

HRSA's HIV/AIDS Bureau (HAB) together with the National Quality Center (NQC) created this national campaign whose premise is the idea that when patients stay in care they get the services that they need, leading to healthier people and stronger communities. The in+care Campaign is designed to facilitate local, regional, and state-level efforts to retain more HIV patients in medical care and to prevent HIV patients falling out of medical care.

Gap Measure	
Definition	Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS who did not have a medical visit with a provider with prescribing privileges in the last 180 days of the measurement year.
Numerator	Number of patients who had no medical visits in the last 180 days of the measurement year.
Denominator	Number of patients, regardless of age, with a diagnosis of HIV/AIDS who had at least one medical visit with a provider with prescribing privileges in the first 6 months of the measurement year.
Exclusions	1. Patients who are documented to be deceased at any time in the measurement year. 2. Patients who were incarcerated for greater than 90 days of the measurement year. 3. Patients who relocated out of the service area or transferred medical care at any time in the measurement year.
Medical Visit Frequency	
Definition	Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS who had at least one medical visit with a provider with prescribing privileges in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits.
Numerator	Number of patients with at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6- month period compared to the last medical visit in the subsequent 6-month period.
Denominator	Number of patients, regardless of age, with a diagnosis of HIV/AIDS with at least one medical visit with a provider with prescribing privileges in the first 6 months of the 24-month measurement period.
Exclusions	1. Patients who are documented to be deceased at any time in the measurement period. 2. Patients who were incarcerated for greater than 90 days of the measurement period. 3. Patients who relocated out of the service area or transferred medical care at any time in the measurement period.

In+Care Campaign Retention Measures

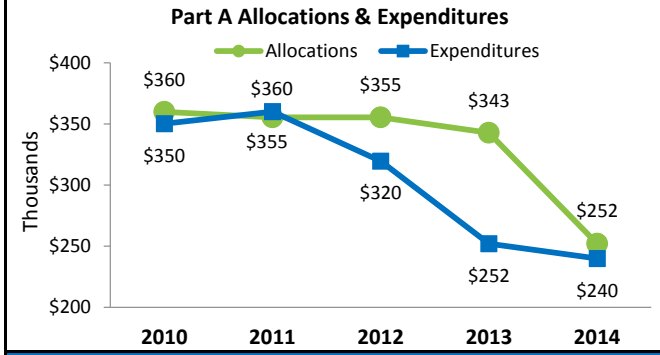
HRSA's HIV/AIDS Bureau (HAB) together with the National Quality Center (NQC) created this national campaign whose premise is the idea that when patients stay in care they get the services that they need, leading to healthier people and stronger communities. The in+care Campaign is designed to facilitate local, regional, and state-level efforts to retain more HIV patients in medical care and to prevent HIV patients falling out of medical care.

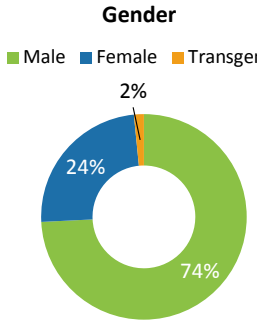
Patients Newly Enrolled In Medical Care	
Definition	Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS who were newly enrolled with a medical provider with prescribing privileges who had a medical visit in each of the 4-month periods in the measurement year.
Numerator	Number of patients who had at least one medical visit in each 4-month period of the measurement year.
Denominator	Number of patients, regardless of age, with a diagnosis of HIV/AIDS who were newly enrolled with a medical provider AND had at least one medical visit with a provider with prescribing privileges in the first 4 months of the measurement year.
Exclusions	1. Patients who are documented to be deceased at any time in the measurement year. 2. Patients who were incarcerated for greater than 90 days of the measurement year. 3. Patients who relocated out of the service area or transferred medical care at any time in the measurement year.
Viral Load Suppression	
Definition	Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS with a viral load less than 200 copies/mL at last viral load test during the measurement year.
Numerator	Number of patients with a viral load less than 200 copies/mL at last viral load test during the measurement year.
Denominator	Number of patients, regardless of age, with a diagnosis of HIV/AIDS with at least one medical visit with a provider with prescribing privileges in the measurement year.
Exclusions	1. Patients who are documented to be deceased at any time in the measurement year. 2. Patients who were incarcerated for the greater than 90 days of the measurement year. 3. Patients who relocated out of the service area or transferred medical care at any time in the measurement year.

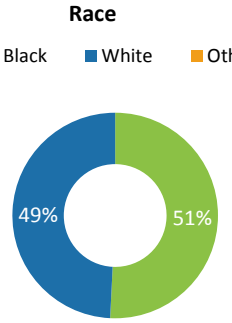
FY 2014-15 Scorecard: Substance Abuse

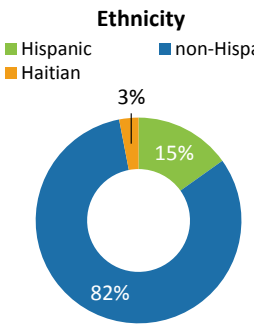
ELIGIBILITY: </=300% FPL

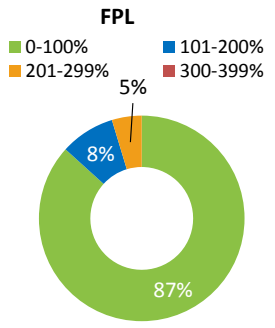
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% change	Total	% of Total	
2014	$252,088	$400,000	**$652,088**	$239,935	$346,601	$586,536	-4.8%	**$16,012,762**	**3.7%**	**7**
2013	$342,889	$400,000	**$742,889**	$252,077	$452,255	$704,332	-21.1%	$15,366,650	4.6%	3
2012	$355,389	$400,624	**$756,013**	$319,631	$399,986	$719,617	-11.2%	$15,423,413	4.7%	6
2011	$355,389	$375,000	**$730,389**	$360,060	$374,931	$734,991	2.8%	$15,006,261	4.9%	7
2010	$359,861	$375,000	**$734,861**	$350,277	$334,750	$685,027	N/A	$15,395,252	4.4%	5











FY 14-15 Substance Abuse Utilization & Demographics

Year	Total Clients	% change	# New	% New
2014	128	**4.92%**	40	**31.3%**
2013	122		50	41.0%

Ryan White Part A & MAI Providers		
Type	Part A	MAI
Number	2	1

FPL*	#	%
0-100%	111	86.7%
101-200%	11	8.6%
201-299%	6	4.7%
300-399%	0	0.0%
400% & over	0	0.0%

Insurance	#	%
Private	3	2.3%
Medicare	1	0.8%
Medicaid	25	19.5%
Other Public	1	0.8%
None	97	75.8%

Gender	#	%
Male	95	74.2%
Female	31	24.2%
Transgender	2	1.6%

Race	#	%
Black	65	50.8%
White	63	49.2%
Other	0	0.0%

Ethnicity	#	%
Hispanic	20	15.6%
non-Hispanic	108	84.4%
Haitian	4	3.1%

Average Cost Per Client
$4,165.74

** FPL is current for the end of the FY*

FY 2014-15 Scorecard: Substance Abuse

ELIGIBILITY: </=300% FPL

FY 14-15 Top Diagnoses

Diagnosis*		# of Clients	% of Clients
1. Cannabis Abuse:	Periodic use & intoxication by marijuana which may interfere with an individual's performance.	3	2.3%
2. Opioid Abuse:	Includes legal pain relievers as well as illegal drugs such as heroin. Strong desire for opioids as well as inability to reduce use indicates abuse of these drugs.	1	0.8%
3. Polysubstance Dependence:	Addiction to intoxication without preference for substance.	1	0.8%

**Indicates primary diagnosis. Many clients have a mental health diagnosis as the primary diagnosis.*

FY 14-15 Outcomes and Indicators

Outcomes and indicators were revised in 2014

		Num/Denom	%
Outcome 1:	Improvement in client's symptoms associated with primary mental health diagnosis		
Indicator 1.1:	85% of clients achieve Plan of Care goals by designated target date.	62/124	50.0%
Outcome 2:	Increase and/or maintain retention in OAMC	Num/Denom	%
Indicator 2.1:	85% of clients are retained in OAMC.	148/174	85.1%

Percent of Clients NOT Virally Suppressed (≥ 200 copies/mL) by Subpopulation

All Clients	#	%
	27	21.4%
Gender	#	%
Male	21	21.5%
Female*	7	22.6%
Transgender*	0	0.0%
Age	#	%
18-28*	3	30.0%
29-38*	11	31.4%
39-48*	4	14.3%
49-58*	9	18.4%
59+*	0	0.0%
Living Arrangements	#	%
Permanent*	5	12.8%
Non-Permanent	21	26.6%
Institution*	1	14.3%

Race/Ethnicity	#	%
Black non-Hispanic Male*	11	27.5%
Black non-Hispanic Female*	5	22.7%
Total Black non-Hispanic*	**16**	**25.80%**
White non-Hispanic Male*	7	20.0%
White non-Hispanic Female*	2	28.6%
Total White non-Hispanic*	**9**	**21.4%**
Hispanic Male*	2	11.1%
Hispanic Female*	0	0.0%
Total Hispanic*	**2**	**10.0%**
Haitian*	1	25.0%
Non-Haitian	26	21.3%
Educational Level	#	%
<8th Grade*	4	44.4%
8-12th Grade	16	18.8%
College*	7	21.9%

Risk Factor	#	%
MSM*	13	23.2%
Black MSM*	9	39.1%
White MSM*	4	12.1%
Hispanic MSM*	0	0.0%
	#	%
Heterosexual*	10	17.2%
Black Hetero*	6	14.6%
White Hetero*	4	23.5%
Hispanic Hetero*	1	14.3%
	#	%
Hemophilia*	0	0.0%
IDU*	2	0.0%
MSM/IDU*	1	33.3%
Perinatal*	1	100.0%
Transfusion*	0	0.0%

FY 2014-2015 Substance Abuse Service Category

Overview of Service Category

The Substance Abuse program is funded by Ryan White Part A. Funds are awarded to two agencies, including one for MAI services, which in turn deliver substance abuse services to eligible individuals. Substance abuse services provided by Part A are for outpatient services only, but residential services are available through other programs such as the Broward Addiction Recovery Center (BARC). The emergence of new drugs such as flakka, that are relatively easy to obtain, may have played a part in the increase in clients for FY 2014.

Utilization

For fiscal year (FY) 14-15, the Part A Substance Abuse program served 128 unduplicated clients, approximately a 5% increase from the previous FY.

Allocations & Expenditures

In FY 14-15, substance abuse was allocated a total of $652,088 in Part A funds. The expenditures for substance abuse have decreased approximately 5% since the previous fiscal year, which may be due in part to the reduction of providers.

Viral Suppression

Of the 128 substance abuse clients, 21.4% were not virally suppressed. Subpopulations not achieving health outcomes were very small (most <50 clients). The subpopulations that were more likely not to be achieving health outcomes include:

Gender: Women (22.6%) were more likely not to have a suppressed viral load compared to men (21.5%).

Race/Ethnicity: Black non-Hispanic clients (25.8%) are more likely not to be virally suppressed than White non-Hispanic (21.4%) or Hispanic clients (10.0%).

Age: 18-28 year olds (30.0%) and 29-38 year olds (31.4%) were more likely not to be virally suppressed compared to other age categories.

Housing Status: Clients who do not have permanent housing were more likely not to be virally suppressed (26.6%) compared to clients with permanent housing (12.8%).

Education Level: Clients with an education level less than an 8th grade education were most likely not to be virally suppressed (44.4%).

Risk Factor: Clients who identified as men who have sex with men (MSM) were more likely not to be virally suppressed (23.2%) than heterosexual clients (17.2%). Black MSM (39.1%) were more likely than white MSM (12.1%) not to be virally suppressed. White Heterosexual (23.5%) were far more likely not to be virally suppressed than both Hispanic (14.3%) and Black Heterosexual (14.6%).

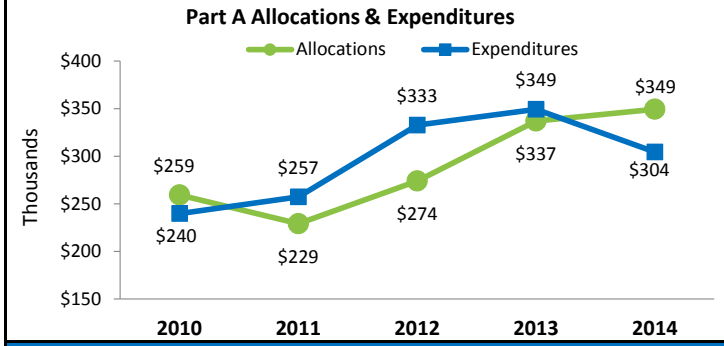
Conclusion

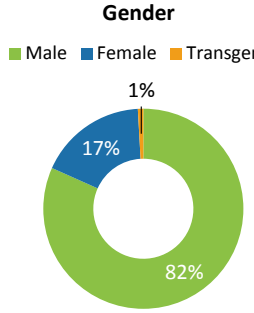
Substance Abuse services continue to play an important role in clients being retained in care and becoming virally suppressed. Nearly a fifth of substance abuse clients were not virally suppressed, and minority clients were far more likely not to be virally suppressed. The committee may want to consider conducting research to develop a more targeted MAI substance abuse model, as well as research on a behavioral health model that encompasses both mental health and substance abuse services.

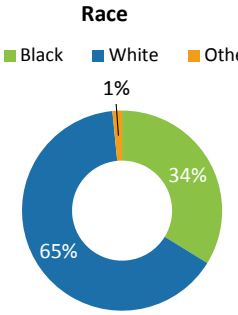
FY 2014-15 Scorecard: Mental Health

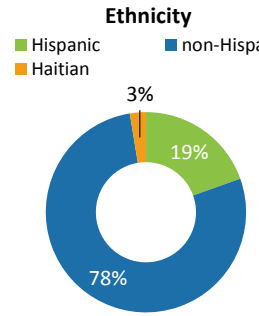
ELIGIBILITY: </=300% FPL

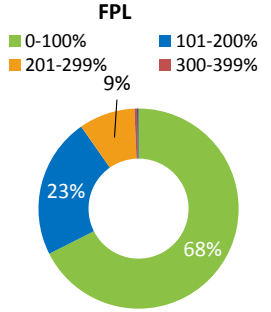
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% change	Total	% of Total	
2014	$349,367	$77,469	**$426,836**	$304,356	$56,062	$360,418	-12.9%	**$16,012,762**	**2.3%**	**6**
2013	$336,987	$128,418	**$465,405**	$349,261	$63,477	$412,738	5.0%	$15,366,650	2.7%	3
2012	$274,099	$95,368	**$369,467**	$332,746	$84,003	$416,749	29.4%	$15,423,413	2.7%	6
2011	$229,098	$95,000	**$324,098**	$257,238	$88,814	$346,052	7.3%	$15,006,261	2.3%	7
2010	$259,168	$95,000	**$354,168**	$239,685	$79,579	$319,264	N/A	$15,395,252	2.1%	5











FY 14-15 Mental Health Utilization & Demographics

Year	Total Clients	% change	# New	% New
2014	453	**-15.64%**	163	**36.0%**
2013	537		157	29.2%

Ryan White Part A & MAI Providers		
Type	Part A	MAI
Number	3	1

FPL*	#	%
0-100%	306	67.5%
101-200%	103	22.7%
201-299%	41	9.1%
300-399%	2	0.4%
400% & over	1	0.2%

Insurance	#	%
Private	48	10.6%
Medicare	11	2.4%
Medicaid	31	6.8%
Other Public	4	0.9%
None	359	79.2%

Gender	#	%
Male	370	81.7%
Female	79	17.4%
Transgender	4	0.9%

Race	#	%
Black	153	33.8%
White	293	64.7%
Other	7	1.5%

Ethnicity	#	%
Hispanic	91	20.1%
non-Hispanic	362	79.9%
Haitian	12	2.6%

Average Cost Per Client
$723.35

* FPL is current for the end of the FY

FY 2014-15 Scorecard: Mental Health

ELIGIBILITY: </=300% FPL

FY 14-15 Top 10 Diagnoses

Diagnosis	# of Clients	% of Clients
1. Depressive Disorder Not Otherwise Specified: Characterized by sadness/grief in response to a loss, or loss of interest in life activities.	49	15.9%
2. Major Depressive Disorder Recurrent Moderate: Diagnosis requires at least one Major Depressive Episode.	44	14.3%
3. No Diagnosis or Condition on Axis I : No diagnosis warrented.	25	8.1%
4. Adjustment Disorder with Depressed Mood: Symptoms and impaired functioning as a result of significant life events.	24	7.8%
5. Generalized Anxiety Disorder: Excessive worrying. Can be associated tension, fatigue, insomnia, and lack of concentration.	22	7.1%
6. Adjustment Disorder Unspecified: Symptoms and impaired functioning as a result of significant life events.	19	6.2%
7. Major Depressive Disorder Recurrent Unspecified: Diagnosis requires at least one Major Depressive Episode.	12	3.9%
8. Bipolar Disorder Not Otherwise Specified: Characterized by mood swings or episodes of Mania, Hypomania, or Major Depression.	9	2.9%
9. Major Depressive Disorder Recurrent Severe With Psychotic Features: Diagnosis requires at least one Major Depressive Episode.	8	2.6%
10. Major Depressive Disorder Recurrent Severe Without Psychotic Features: Diagnosis requires at least one Major Depressive Episode.	8	2.6%

FY 14-15 Outcomes and Indicators

Outcomes and indicators were revised in 2014

		Num/Denom	%
Outcome 1:	Improvement in client's symptoms associated with primary mental health diagnosis		
Indicator 1.1:	85% of clients achieve Plan of Care goals by designated target date.	121/164	73.8%
Outcome 2:	Improvement in client's symptoms associated with primary mental health diagnosis	Num/Denom	%
Indicator 2.1	85% of clients are retained in OAMC.	270/298	90.6%

Percent of Clients NOT Virally Suppressed (≥ 200 copies/mL) by Subpopulation

All Clients	#	%
	53	11.7%
Gender	#	%
Male	42	11.4%
Female	11	13.9%
Transgender*	0	0.0%
Age	#	%
18-28	8	22.2%
29-38	8	10.8%
39-48	13	10.3%
49-58	20	12.0%
59+	4	8.0%
Living Arrangements	#	%
Permanent	31	10.8%
Non-Permanent	20	12.3%
Institution*	2	66.7%

Race/Ethnicity	#	%
Black non-Hispanic Male	15	15.0%
Black non-Hispanic Female*	6	12.5%
Total Black non-Hispanic	**21**	**14.20%**
White non-Hispanic Male	21	11.3%
White non-Hispanic Female*	3	16.7%
Total White non-Hispanic	**24**	**11.8%**
Hispanic Male	6	7.7%
Hispanic Female*	2	15.4%
Total Hispanic	**8**	**8.8%**
Haitian*	1	8.3%
Non-Haitain	52	11.8%
Educational Level	#	%
<8th Grade	2	14.3%
8-12th Grade	29	12.5%
College	22	10.6%

Risk Factor	#	%
MSM	34	11.6%
Black MSM*	12	23.1%
White MSM	22	9.4%
Hispanic MSM*	4	6.3%
	#	%
Heterosexual	16	11.8%
Black Hetero	9	9.4%
White Hetero*	7	17.5%
Hispanic Hetero*	4	18.2%
	#	%
Hemophilia*	0	0.0%
IDU*	0	0.0%
MSM/IDU*	2	40.0%
Perinatal*	1	25.0%
Transfusion*	0	0.0%

FY 2014-2015 Mental Health Service Category

Overview of Service Category

Mental Health services provide mental health counseling to Part A clients. Three service providers, including one MAI service provider, are available for clients to receive services from. Mental health, similar to HIV, still has stigma attached to it, which has traditionally made it difficult to engage clients in care. Mental health issues continue to be a top concern for the Broward EMA, but Part A mental health services are underutilized; between FY 2013 and FY 2014, utilization of mental health services decreased by 16%. Other factors, such as substance abuse issues, may also make it difficult for clients to remain engaged in care.

Utilization

For fiscal year (FY) 14-15, the Part A Mental Health program served 453 unduplicated clients, approximately a 16% decrease from the previous FY.

Allocations & Expenditures

In FY 14-15, mental health was allocated a total of $426,836 in Part A funds. The expenditures for mental health have decreased by approximately 13% between FY 2013 and FY 2014.

Viral Suppression

Of the 453 mental health clients, 11.7% were not virally suppressed. Subpopulations not achieving health outcomes were very small (most <50 clients). The subpopulations that were more likely not to be achieving health outcomes include:

Gender: Women (13.9%) were more likely not to have a suppressed viral load compared to men (11.4%).

Race/Ethnicity: Black non-Hispanic clients (14.2%) were more likely than both White non-Hispanic clients (11.8%) and Hispanic clients (8.8%) to not have a suppressed viral load.

Age: 18-28 year olds were more likely not to be virally suppressed (22.2%) compared to clients in other age groups.

Housing Status: Clients who do not have permanent housing (12.3%) were more likely not to have a suppressed viral load, compared to clients with permanent housing (10.8%).

Education Level: Clients with an education level between 8th and 12th grade were most likely not to be virally suppressed (12.5%).

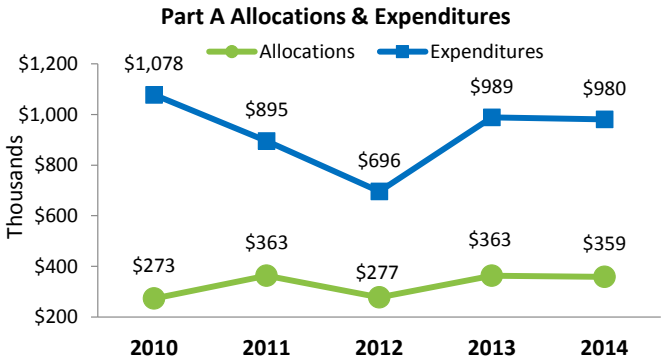
Risk Factor: Clients who identified heterosexual sexual contact as a risk factor were most likely not to be virally suppressed (11.8%), closely followed by clients who identify men who have sex with men (MSM) as a risk factor (11.6%). Hispanic Heterosexual men and women (18.2%) were more likely than Blacks (9.4%) and whites (17.5%) not to be virally suppressed. Black MSM (23.1%) were far more likely not to be virally suppressed than both Hispanic (6.3%) and white MSM (9.4%).

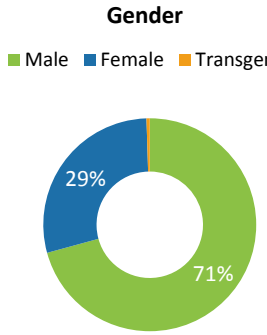
Conclusion

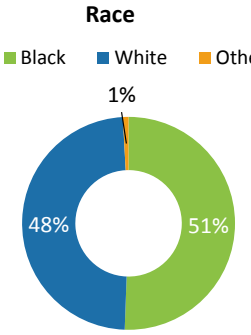
Mental health issues continue to be an important aspect of clients staying in care and becoming virally suppressed. Since other factors are often at play besides mental health, such as substance abuse co-morbidities, further research on a behavioral health model to be implemented in the future may be a recommendation of the committee. The committee may also want to recommend research on a more targeted MAI mental health model, as minority mental health clients are far more likely not to be virally suppressed.

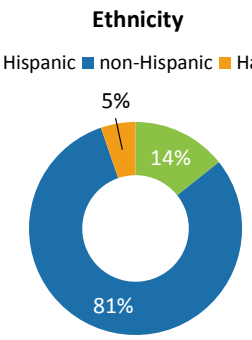
FY 2014-15 Scorecard: Food Bank/Voucher — ELIGIBILITY: </=250% FPL, Emergency: 251-300% FPL

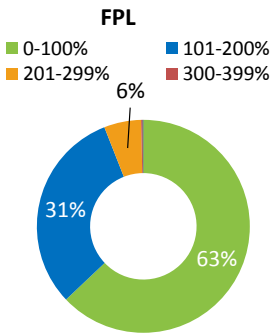
Fiscal Year	Part A & MAI Service Allocations*			Final Part A Expenditures			Service Utilization	EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A Total	MAI	% change	Total Utilization	**Total**	**% of Total Award (incl. utilization)**	
2014	$358,890	$0	**$358,890**	$980,446	$0	-0.9%	$1,650,772	**$16,012,762**	**10.3%**	**2**
2013	$363,241	$0	**$363,241**	$988,890	$0	42.1%	$1,307,976	$15,366,650	8.5%	2
2012	$277,111	$0	**$277,111**	$695,995	$0	-22.2%	$625,388	$15,423,413	4.1%	1
2011	$363,360	$0	**$363,360**	$894,790	$0	-17.0%	$479,594	$15,006,261	3.2%	1
2010	$273,035	$0	**$273,035**	$1,077,795	$0	N/A	$1,004,427	$15,395,252	6.5%	1











*These numbers reflect initial allocations and do not include bulk purchases or additional allocations from sweeps

FY 14-15 Food Bank/Voucher Utilization & Demographics

Year	Total Clients	% change	# New	% New
2014	3,019	**20.95%**	747	**24.7%**
2013	2,496		650	26.0%

Ryan White Part A & MAI Providers		
Type	Part A	MAI
Number	1	0

FPL*	#	%
0-100%	1,900	62.9%
101-200%	939	31.1%
201-299%	170	5.6%
300-399%	7	0.2%
400% & over	3	0.1%

Insurance	#	%
Private	327	10.8%
Medicare	992	32.9%
Medicaid	536	17.8%
Other Public	25	0.8%
None	1,138	37.7%

Gender	#	%
Male	2,136	70.8%
Female	868	28.8%
Transgender	15	0.5%

Race	#	%
Black	1,527	50.6%
White	1,466	48.6%
Other	26	0.9%

Ethnicity	#	%
Hispanic	456	15.1%
non-Hispanic	2563	84.9%
Haitian	168	5.6%

Average Cost Per Client
$497.09

* FPL is current for the end of the FY

FY 2014-15 Scorecard: Food Bank/Voucher			ELIGIBILITY: </=250% FPL, Emergency: 251-300% FPL					
Percent of Clients NOT Virally Suppressed (≥ 200 copies/mL) by Subpopulation								
All Clients	#	%	**Race/Ethnicity**	#	%	**Risk Factor**	#	%
	447	15.8%	Black non-Hispanic Male	135	17.7%	MSM	205	15.2%
Gender	#	%	Black non-Hispanic Female	131	20.2%	Black MSM	63	22.5%
Male	295	14.7%	**Total Black non-Hispanic**	**266**	**18.90%**	White MSM	140	13.4%
Female	145	17.9%	White non-Hispanic Male	121	14.0%	Hispanic MSM	32	10.9%
Transgender*	7	50.0%	White non-Hispanic Female	7	8.1%		#	%
Age	#	%	**Total White non-Hispanic**	**128**	**13.5%**	Heterosexual	217	16.4%
18-28	27	29.0%	Hispanic Male	37	10.2%	Black Hetero	194	18.0%
29-38	78	25.2%	Hispanic Female*	7	9.5%	White Hetero	23	9.5%
39-48	129	19.8%	**Total Hispanic**	**44**	**10.1%**	Hispanic Hetero	12	9.9%
49-58	166	13.7%	Haitian	18	10.8%		#	%
59+	47	8.3%	Non-Haitain	429	16.1%	Hemophilia*	4	28.6%
Living Arrangements	#	%	**Educational Level**	#	%	IDU*	6	9.2%
Permanent	317	14.7%	<8th Grade	28	17.1%	MSM/IDU*	3	15.0%
Non-Permanent	122	19.0%	8-12th Grade	292	16.6%	Perinatal*	5	27.8%
Institution*	8	33.3%	College	127	14.1%	Transfusion*	2	15.4%

FY 2014-2015 Food Bank Service Category

Overview of Service Category

Food Bank services provide grocery items (in the form of a food box) and food vouchers to Part A clients. The food bank service category has had unstable utilization over the past several years, due to a bulk purchase and several changes in eligibility in order to ensure the bulk purchase was used. Unlike other EMAs, there are not as many other food sources available in the community, meaning that the Part A food service program is one of the few in the EMA that PLWHAs are able to access.

Utilization

For fiscal year (FY) 14-15, the Part A Food Bank program served 3,019 unduplicated clients, approximately a 21% increase from the previous FY. The utilization increased dramatically due to several factors including a bulk purchase and change in eligibility, which allowed more clients to receive food services.

Allocations & Expenditures

In FY 14-15, food bank was allocated a total of $358,890 in Part A funds. The expenditures for food bank have increased to $980,446 in 2014, due to an increase in clients and change in eligibility.

Viral Suppression

Of the 3,019 food bank clients, 15.8% were not virally suppressed. Overall, Black non-Hispanic women and men (18.9%) were less likely to be virally suppressed than non-Hispanic and Hispanic women and men. The subpopulations that were more likely not to be achieving health outcomes include:

Gender: Women (17.9%) were more likely not to have a suppressed viral load compared to men (14.7%).

Race/Ethnicity: Black non-Hispanic women were more likely not to have a suppressed viral load (20.2%), compared to white non-Hispanic women (8.1%) and Hispanic women (9.5%). Black non-Hispanic men were more likely not to have a suppressed viral load (17.7%), compared to white non-Hispanic men (14.0%) and Hispanic men (10.2%).

Age: 18-28 year olds made up the smallest proportion of food bank clients. This age group was more likely not to be virally suppressed (29.0%) compared to other age categories.

Housing Status: Clients who do have permanent housing were more likely not to be virally suppressed (33.3%) compared to clients with institutional housing (14.3%).

Education Level: Clients with an education level less than 8th grade were most likely not to be virally suppressed (17.1%) followed by clients with an 8th – 12th grade education (16.6%).

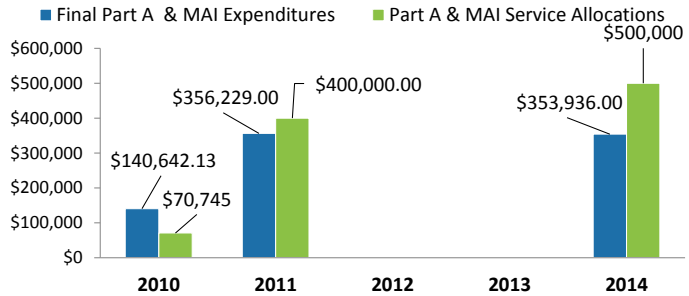
Risk Factor: Clients who identified heterosexual as a risk factor were most likely not to be virally suppressed (16.4%), followed by clients who identify MSM as a risk factor (15.2%). Black Heterosexual men and women (18.0%) were more likely than White Heterosexuals (9.5%) and Hispanic Heterosexuals (9.9%) not to be virally suppressed. Black MSM (22.5%) were far more likely not to be virally suppressed than both Hispanic MSM (10.9%) and white MSM (13.4%).

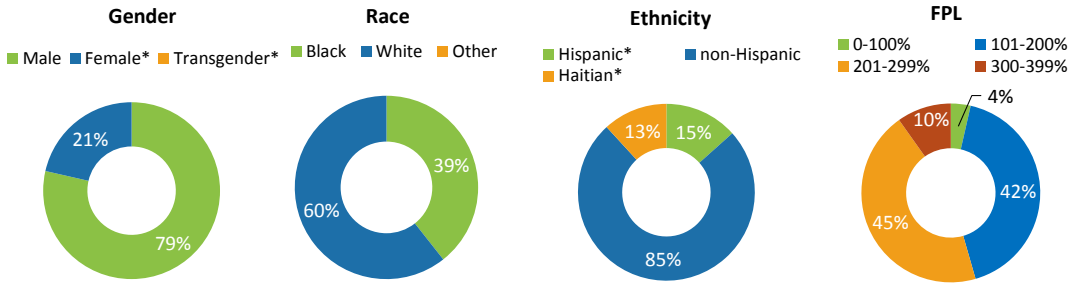
Conclusion

Food Bank continues to serve an increased number of clients, although utilization has leveled off since cost containment measures have been put into place by the current provider. An ad-Hoc committee is also in the process of developing a long-term, sustainable model to avoid cycles of over and under-utilization. This service category may need to be reevaluated in the future, after the new eligibility has been put into place.

FY 2014-15 Scorecard: Health Insurance Continuation Program ELIGIBILITY: Proof of Income, </= 400% FPL

Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Ranking
FY	Part A	MAI	Total	Part A	MAI	Total	% change	Total	% of Total	
2014	$500,000	$0	$500,000	$353,936	$0	$353,936	-0.6%	**$16,012,762**	**2.2%**	**4**
2013	HICP Not Funded for FY 2012 & FY 2013									
2012										
2011	$400,000	$0	$400,000	$356,229	$0	$356,229	153.3%	$15,006,261	2.4%	5
2010	$70,745	$0	$70,745	$140,642	$0	$140,642	N/A	$15,395,252	0.9%	7





FY 14-15 HICP Utilization & Demographics

Year	Total Clients	% change
2014	224	N/A
2013	N/A	

Ryan White Part A & MAI Providers		
Type	Part A	MAI
Number	1	N/A

FPL*	#	%
0-100%	8	3.6%
101-200%	94	42.0%
201-299%	100	44.6%
300-399%	22	9.8%
400% & over	0	0.0%

Insurance	#	%
Private	159	71.0%
Medicare	0	0.0%
Medicaid	1	0.4%
Other Public	0	0.0%
None	63	28.1%

Gender	#	%
Male	176	78.6%
Female*	48	21.4%
Transgender*	0	0.0%

Race	#	%
Black	87	38.8%
White	134	59.8%
Other	0	0.0%

Ethnicity	#	%
Hispanic*	34	15.2%
non-Hispanic	190	84.8%
Haitian*	30	13.4%

Average Cost Per Client
$1,729.89

* FPL is current for the end of the FY

**Small population group (N<75 in program year).*

FY 2014-2015 Health Insurance Continuation Program

Overview

Health Insurance Continuation Program (HICP) provides a cost-effective alternative to ADAP through 1) the purchasing of health insurance that provides comprehensive primary care and pharmacy benefits for low-income clients that provide a full range of HIV medications, 2) paying co-pays and deductibles on behalf of the client, and 3) providing funds to contribute to a client's out of pocket costs (up to $6,500 per client).

Utilization

For fiscal year (FY) 14-15, the Part A program served 224 unduplicated clients.

Allocations & Expenditures

Due in part to the expiration of the hold harmless provision in 2014, the Broward EMA received an increase in funds for FY 2014. The increase in funds allowed the EMA to more comfortably implement two new services: Disease (Medical) Case Management and the Health Insurance Continuation Program (HICP). The Part A program expended nearly all funds for FY 2014, but a $45,000 carryover was requested for HICP. HICP was not funded by Part A in FY 2012 and FY 2013.

Demographics

Of the 224 Part A HICP clients, 78.6% are male. Overall, whites are more likely to utilize HICP at 59.8% and 84.8% of clients identified as non-Hispanic.

Conclusion

Approximately 750 clients between HICP and ADAP Premium Plus have transitioned onto Marketplace insurance plans. The average cost per client was $1,729.

Priority Setting & Resource Allocation Data Presentation

PRESENTED BY HIVPC STAFF
5/20/2015

Overview

- The Purpose
- Data Sources
  - Epidemiology
  - Client Demographics
  - Client Projections
  - Needs Assessment
  - Affordable Care Act (ACA)
- Current Services
- Summary

The Purpose

- Conduct priority setting and resource allocation (PSRA) process annually to ensure that the needs of clients within the EMA are being met
  - Needed services are available
  - Clients can access services
  - Services are cost effective and of high quality

Data Sources – Broward Epidemiology

Broward HIV/AIDS Prevalence (Through 2013)			
GENDER		**#**	**%**
	Male	13,293	72.3%
	Female	5,104	27.7%
RACE/ETHNICITY		**#**	**%**
	White	8,788	47.8%
	Black	6,354	34.5%
	Hispanic	2,825	15.4%
	Other	430	2.3%
AGE		**#**	**%**
	0-19	150	0.8%
	20-29	1,290	7.0%
	30-39	2,851	15.5%
	40-49	5,598	30.4%
	50-59	5,953	32.4%
	60+	2,555	13.9%
RISK FACTORS		**#**	**%**
	Heterosexual	6,927	37.7%
	MSM	9,374	51.0%
	IDU	1,239	6.7%
	MSM/IDU	579	3.1%
	Other	278	1.5%
TOTAL		**18,397**	**100.0%**

HANDOUT B

Data Sources –Client Demographics

Broward Part A Demographics (FY 2014)		
GENDER	**#**	**%**
Male	5,656	71.0%
Female	2,254	28.3%
Transgender	52	0.7%
RACE/ETHNICITY	**#**	**%**
White	3,606	45.3%
Black	4,172	52.4%
Hispanic	1,295	16.3%
Other	184	2.3%
AGE	**#**	**%**
18-28	538	7.5%
29-38	1,046	14.6%
39-48	1,741	24.3%
49-58	2,663	37.2%
59+	1,166	16.3%
RISK FACTORS	**#**	**%**
Heterosexual	3,415	47.7%
MSM	3,367	47.1%
IDU	134	1.9%
MSM/IDU	37	0.5%
Other	201	2.8%
TOTAL	**7,962**	**100.0%**

Data Sources – Client Projections

Services	2010	2011	2012	2013	2014	% Change	Projection for FY 2016
Outpatient /Ambulatory Health	3,559	3,506	3,790	3,958	4,103	15.3%	4,300
AIDS Pharmaceutical Assistance	2,765	2,061	2,551	3,108	3,145	13.7%	3,100
Oral Health Care	2,595	2,768	2,751	3,182	3,020	16.4%	2,870
Health Insurance Premium	102	137	0	0	186	N/A	250
Mental Health Services	439	419	508	537	453	3.2%	450
Medical Case Management	0	0	0	0	52	N/A	1,500
Substance Abuse - outpatient	149	124	126	122	128	-14.1%	130
Case Management (non-Medical)	3,780	3,551	3,509	3,332	3,155	-5.3%	3,000
Case Management (CIED)	2,978	6,333	6,629	6,953	7,665	9.3%	8,400
Food Bank/Home-Delivered Meals	2,114	2,019	2,188	2,496	3,019	42.8%	2,000
Legal Services	132	164	214	183	210	59.1%	220
Total Unduplicated	**7,116**	**7,022**	**7,064**	**6,953**	**7,962**	11.9%	**8,760**

Data Sources – Needs Assessment

- Services identified as needed but not receiving (service gaps):
  - Oral Health Care
  - Food Bank
  - Peer Counseling
- Subpopulations less likely to experience positive health outcomes:
  - Transgender
  - Younger (under 25)
  - Homeless/Unstably Housed
  - Black
- Other factors at play:
  - Shame and Stigma
  - Cultural/Linguistic Barriers
  - Transportation
  - Inappropriate Messaging/Marketing

Data Sources – Affordable Care Act

- Medicaid expansion still unlikely
- King v. Burwell Supreme Court Case
- Unknown prices of premiums, co-pays, deductibles
- ADAP eligibility for enrollment

Current Services

Service Category	FY 2015 Rank	FY 2015 Initial Allocation	FY 2014 Final Expenditures	FY 2014 Utilization	Utilization Change FY 2013 to FY 2014	FY 2014 Average Client Cost	Cost Change FY 2013 to FY 2014
CORE SERVICES							
OAMC	1	$6,817,894	$6,382,746	4,102 clients	7.61%	$1,432.61	-3.1%
Local Pharmaceutical Assistance	2	$670,951	$898,837	3,145 clients	1.18%	$183.59	-8.4%
OHC	3	$2,638,734	$2,200,198	3020 clients	-5.36%	$662.14	2.8%
HICP*	4	$1,800,000	$353,936	73 clients	N/A	$1,729.89	N/A
MCM* (Disease CM)	5	$639,972	$51,576	186 clients	N/A	$145.63	N/A
Mental Health	7	$448,178	$360,418	453 clients	-15.64%	$723.35	3.5%
Substance Abuse - Outpatient	8	$684,692	$586,536	128 clients	4.92%	$4,165.74	-20.6%
SUPPORT SERVICES							
CM (non-medical)	1	$1,069,594	$1,176,676	3,155 clients	-5.26%	$353.75	13.2%
CM (CIED)	1	$796,934	$758,446	7665 clients	9.20%	$89.93	-8.7%
Food Bank/Home-Delivered Meals	3	$1,087,779	$980,446	3,019 clients	20.95%	$497.09	4.3%
Legal Services	6	$137,997	$124,418	210 clients	12.86%	$538.61	-17.5%

**Implementation of these services were delayed due to the late NOA.*

Summary

- Linking services to the three guiding principles
  - Linkage to care
  - Retention in care
  - Viral load suppression
- Impact on the HIV Care Continuum

RANKINGS

SERVICE CATEGORY	FY 2015-2016 Rankings	2014 CLIENT SURVEY	2014 PROVIDER SURVEY	CEC
Core Services				
Outpatient/ambulatory medical care	1	2	2	2
AIDS Drug Assistance Program (ADAP treatments)	-	1	1	12
AIDS pharmaceutical assistance (local)	2	3	3	3
Oral health (dental) care	3	5	5	4
Early intervention services (EIS)	6	7	9	5
Health insurance premium & cost-sharing assistance	4	4	4	1
Home and community-based health services	10	8	11	6
Home health care	12	11	12	10
Hospice services	11	13	13	7
Mental health services	7	9	6	9
Medical nutrition therapy	9	10	10	11
Medical case management	5	6	7	13
Substance abuse services - outpatient	8	12	8	8
Support Services				
Case management (non-medical)	1	1	1	1
Child care services	11	11	16	6
Emergency financial assistance	2	4	10	2
Food bank/home-delivered meals	3	2	3	3
Health education/risk reduction	12	8	12	8
Housing services	4	3	4	4
Legal services	6	5	11	5
Linguistics services (interpretation and translation)	16	15	13	7
Medical transportation services	5	6	5	9
Outreach services	7	7	7	16
Psychosocial support services	10	10	6	10
Referral for health care/supportive services	8	9	8	13
Rehabilitation services	14	12	14	11
Respite care	15	16	15	12
Substance abuse services – residential	9	14	2	15
Treatment adherence counseling	13	13	9	14

Part A & Part B Service Categories

Core Medical-related Services [Listed in Legislation]

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

Supportive Services [Approved by Secretary of HHS]

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

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

Updated April 2014

Core Services

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

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

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

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

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

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

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

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

5. **Early Intervention Services (EIS):** includes identification of individuals at points of entry and access to services and provision of:
   - HIV testing and targeted counseling
   - Referral services
   - Linkage to care
   - Health education and literacy training that enable clients to navigate the HIV system of care

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

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

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

8. **Home and Community-based Health Services:** skilled health services furnished in the home of an HIV-infected individual, based on a written plan of care prepared by a case management team that includes appropriate health care professionals. Allowable services include:
   - Durable medical equipment
   - Home health aide and personal care services
   - Day treatment or other partial hospitalization services
   - Home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy)

- Routine diagnostic testing
- Appropriate mental health, developmental, and rehabilitation services

Non-allowable services include:

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

9. **Hospice Care:** services provided by licensed hospice care providers to clients in the terminal stages of illness, in a home or other residential setting, including a non-acute-care section of a hospital that has been designated and staffed to provide hospice care for terminal patients. Allowable services include:
   - Room
   - Board
   - Nursing care
   - Mental health counseling
   - Physician services
   - Palliative therapeutics

10. **Mental Health Services:** includes psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, based on a detailed treatment plan, and provided by a mental health professional licensed or authorized within the State to provide such services, typically including psychiatrists, psychologists, and licensed clinical social workers.

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

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

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

- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments
- Client-specific advocacy and/or review of utilization of services

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

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

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

Supportive Services

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

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

15. **Child Care Services:** services for the children of HIV-positive clients, provided intermittently, only while the client attends medical or other appointments or Ryan White HIV/AIDS Program-related meetings, groups, or training sessions. May include use of funds to support:
    - A licensed or registered child care provider to deliver intermittent care
    - Informal child care provided by a neighbor, family member, or other person (with the understanding that existing Federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services)
      Such allocations to be limited and carefully monitored to assure:
      - Compliance with the prohibition on direct payments to eligible individuals
      - Assurance that liability issues for the funding source are carefully weighed and addressed through the use of liability release forms designed to protect the client, provider, and the Ryan White Program

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

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

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

    Note: Direct cash payments to clients are not permitted.

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

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

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

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

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

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

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

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

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

***Note*:** Ryan White HIV/AIDS Program Grantees and local decision-making planning bodies, *i.e.* Part A and Part B, are strongly encouraged to institute duration limits to provide transitional and emergency housing services. HUD defines transitional housing as 24 months and HRSA/HAB recommends that grantees consider using HUD's definition as their standard.

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

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

Funds may not be used for:

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

21. **Linguistic Services:** includes interpretation (oral) and translation (written) services, provided by qualified individuals as a component of HIV service delivery between the provider and the client, when such services are necessary to facilitate communication between the provider and client and/or support delivery of Ryan White-eligible services.

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

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

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

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

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

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

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

    May include benefits/entitlement counseling and referrals to assist eligible clients in obtaining access to other public and private programs for which they may be eligible, e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturers' Patient Assistance Programs, and other State or local health care and supportive services.

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

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

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

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

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

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