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: Thursday, May 17, 2018, 9:00 a.m.
Location: Governmental Center Room A-337
Chair: Lorenzo Robertson **Vice Chair:** Marie Hayes

1. **CALL TO ORDER:** *Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment*
2. **APPROVALS:** 5/17/18 Agenda and 4/19/18 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   a. Monthly Expenditure/Utilization Report by Category of Service
4. **UNFINISHED BUSINESS**
5. **MEETING ACTIVITIES**

Goal/Work Plan Objective #:	*Accomplishments*
Ryan White Funder/Stakeholder Presentations	ACTION ITEM: Receive presentations from Ryan White Funders/Stakeholders (RW Parts C, D, and HOPWA)
Needs Assessment/Community Forum Feedback	ACTION ITEM: Discussion of community needs and feedback from needs assessment activities.
Data Presentation Wrap-Up and Final Discussion	ACTION ITEM: Final discussion on data presentations, key findings, service gaps and barriers, community needs, etc.
Priority Setting	ACTION ITEM: Review CEC's ranking of FY2019 Part A Services & rank FY2019 Part A services based on community need, funder recommendations, and data presentations.

6. **RECIPIENT REPORTS**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** June 21, 2018 **Time:** 9:00-1:00 p.m., **EXTENDED MEETING** **Venue:** Governmental Center Annex, Room A-337

Goal/Work Plan Objective #:	*Accomplishments*
Ryan White Part A Service Category Presentations	ACTION ITEM: Receive presentations on Part A trends, expenditures, utilization, health outcomes, etc.
Wrap-Up and Final Discussion	ACTION ITEM: Final discussion on data presentations, key findings, service gaps and barriers, community needs, etc.
FY2019 Service Category Allocations	ACTION ITEM: Allocate Part A & MAI funds by service category.

9. **ANNOUNCEMENTS**
10. **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: Thursday, April 19, 2018 9:00 a.m.
Location: Government Center GC-430
Chair: Lorenzo Robertson **Vice Chair:** Marie Hayes

ATTENDANCE				
#	**Members**	**Present**	**Absent**	**Guests**
1	Barrientos, Y.	**X**		Leonard, C.
2	Barnes, B.	**X**		Schweizer, M.
3	Grant, C.		**A**	Duarte, M.
4	Hayes, M., *Vice Chair*	**X**		Rodriguez, J.
5	Katz, H. B.		**E**	Cius, W.
6	Lopes, R.	**X**		Fortune-Evans, B.
7	Robertson, L., *Chair*		**A**	Mester, B.
8	Schickowski, K.	**X**		**HIVPC Staff**
9	Shamer, D.	**X**		Ewart, L.
10	Siclari, R.	**X**		Oratien, V.
11	Spencer, W.		**A**	Holloman, K.
12	Williams, R.		**A**	Johnson, B.
	Quorum = 7	**7**		Anyaduba, L.
Grantee Staff				Powers, C.
Jones, L.				
Anderson, T.				
Drummond, K.				
Meeks, A.				
Robinson, J.				

1. TRAININGS AND PRESENTATIONS:

HIV Funder and Stakeholder Presentations: The Committee received presentations from the Florida Department of Health (FDOH) on 2016 Broward HIV/AIDS Epidemiology, and Ryan White Parts B and F.

a. Dr. Schweizer, the Ryan White Part F representative gave an overview of the Community-Based Dental Partnership Program between Nova Southeastern University's dental school and Broward Community and Family Health Center. The program provides oral health care for HIV+ clients. Notable trends seen in their clients include an increased number of both newly diagnosed and reengaged clients, mental health and substance use issues, issues with missed appointments. The Part F representative recommended that the HIVPC/PSRA Committee consider increased funding for mental health or patient eligibility specialists in oral health care sites to addresses some of the problems he sees.

b. Martha Duarte, the Florida Department of Health in Broward County gave an overview of the Broward County HIV and AIDS epidemiology for Calendar Year (CY) 2016. Broward reported a 20% increase in new HIV infections from 2015-2016, and an 11.5% increase in HIV related deaths. When looking at new infections, Black males and Black females bear the burden of disease over their White and Hispanic counterparts, however new HIV infections in Hispanic males have surpassed White males. While Blacks make up 24% of Broward's population, they account for 60% of AIDS and 28% of HIV cases. The group discussed notable age groups (20-29-year-old overall, 30-39-year-old women), distribution of PLWHA by zip code (no area without at least 1-75 cases), and how the distribution of cases is concentrated in the central corridor but extends north to Palm Beach and south the Miami-Dade. The group discussed the Top 9 priority populations for primary prevention and

treatment as prevention (Black heterosexuals, MSM of all race/ethnicities), and discussed the HIV care continuum measures for Broward.

c. The Part B representative gave an overview of his program, which services include Emergency Financial Assistance, Home and Community-Based Health, Health Insurance Premium/Cost Sharing, Medical Transportation, Substance Abuse-Residential, and Home Delivered Meals. The Part B program served 5,275 clients in FY2017 with a budget of $1,161,929.00. Notable trends include a high volume of clients needing assistance with copayments and deductibles for private insurance, and the need for Emergency Financial Assistance to cover meds for clients who's ADAP eligibility has expired or pending premium payments.

2. CALL TO ORDER:

The PSRA Vice Chair called the meeting to order at 10:34 a.m. The Vice 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.

3. APPROVALS:

Motion #1: To approve 4/19/18 meeting agenda.
Proposed by: Barnes, B. **Seconded by:** Shamer, D.
Action: Passed Unanimously

Motion #2: To approve meeting minutes of 3/15/18.
Proposed by: Shamer, D. **Seconded by:** Lopes, R.
Action: Passed Unanimously

4. UNFINISHED BUSINESS

None.

5. STANDARD COMMITTEE ITEMS

Monthly Expenditure/Utilization Report: The Recipient gave an overview of the most current FY2017 Part A expenditures. Their office is still waiting on a couple of invoices before their report is final, but currently they have a carryover amount that is higher than expected due to surprising underutilization in OAMC and CM.

6. MEETING ACTIVITIES

None.

7. RECIPIENT REPORT

The Recipient stated that their office has not yet received the EMA's final FY18 grant award. He is not sure when that will happen, but is assuming that they will receive an official notice of funding sometime in June. The Recipient thinks that the EMA may have receive a potential increase funding, but cannot make any promises as last year they received a slight decrease. Their office has also completed the rating panels for the recently submitted proposals for MAI, HICP and Peers Training programs. The County is in the final stages of provider contract recommendations which will be sent to the Commissioners in June. Official announcements will come after approval from the Commissioners, and the Recipient expects the new contracts to start either August 1st or sometime in September.

8. DATA REQUEST:

3-year trends in retention in care and viral load suppression data. Financial breakdown for Part B total funding by service category

9. PUBLIC COMMENT

None.

10. AGENDA ITEMS/TASKS FOR NEXT MEETING: May 17, 2018 **Time:** 9:00 a.m. **EXTENDED MEETING**

Venue: A-337

Goal/Work Plan Objective #:	*Accomplishments*
Ryan White Funder/Stakeholder Presentations	ACTION ITEM: Receive presentations from Ryan White Funders/Stakeholders (RW Parts C, D, and HOPWA)
Needs Assessment/Community Forum Feedback	ACTION ITEM: Discussion of community needs and feedback from needs assessment activities.
Community Empowerment Committee Service Rankings	ACTION ITEM: Review CEC's ranking of FY2019 Part A Services
Data Presentation Wrap-Up and Final Discussion	ACTION ITEM: Final discussion on data presentations, key findings, service gaps and barriers, community needs, etc.
Priority Setting	ACTION ITEM: Rank Part A services based on community need, funder recommendations, and data presentations.

11. ANNOUNCEMENTS

a. The HIVPC Chair is hoping to increase the HIVP's community involvement and outreach initiatives. The goal is to increase awareness of the HIVPC and get new faces and voices around the table.
b. The Recipient introduced their new Part A staff member: Jarrid Robinson is the new Senior Administrative Officer and will be giving PSRA financial reports.
c. The PSRA Vice Chair informed the Committee that their next meeting is extended, from 9-1. She asked the members to please arrive on time to ensure quorum.

12. ADJOURNMENT

The meeting was adjourned at 10:47 a.m.

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PSRA Attendance CY2018

Consumer	PLWHA	Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date:	18	C	15	19									
1	1	1	**1**	Barnes, B.	X		A	X									
1	0	0	**2**	Barrientos, Y.	X		X	X									
0	0	0		DeSantis, M.	X	Z-1/23											
0	0	1	**3**	Grant, C.	X		X	A									
0	0	1	**4**	Hayes, M., V. Chair	A		X	X									
1	1	0	**5**	Katz, H.B.	X		X	E									
0	0	1	**6**	Lopes, R.	A		X	X									
			7	Robertson, L., Chair	N- 4/1			A									
0	0	0	**8**	Schickowski, K.	X		X	X									
1	1	0	**9**	Shamer, D.	X		X	X									
0	0	1	**10**	Siclari, R.	X		A	X									
0	1	1	**11**	Spencer, W.	X		X	A									
		1	**12**	Williams, R.	N- 1/18		X	A									
				Quorum = 7	9		8	7									

Legend:

X - present

A - absent

E - excused

NQA - no quorum absent

NQX - no quorum present

NQE - no quorum excused

N - newly appointed

Z - resigned

C - cancelled

W - warning letter

R - removal letter

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

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

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Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment

Ryan White Funders Presentation for PSRA

RYAN WHITE PART C

The Ryan White Part C Program Overview

Ryan White Part C funds are provided by the Federal government through a competitive application process and is generally awarded to one recipient per County.

Broward Health has been the recipient of Ryan White Part C funds for Broward County since 1998. Our collaborative partner on this grant has been the Florida Department of Health in Broward County.

Ryan white Part C Early Intervention Services (EIS) are used to provide early intervention primary care services in the outpatient setting (OAMC).

These services target low-income , medically underserved people living with HIV/AIDS.

Primary care services in the targeted area include: 1) HIV counseling , testing and referral; 2)medical evaluation and clinical care; 3) other primary care services ; and 4) referral to other health services

Program Budget

FY 2017 Budget was $905,094 of which $88,691 is usually allocated to the FDOHBC however this year they were not able to work on the program due to contractual issues.

- FY2017-18 Final Expenditures: Not yet completed as the year just ended April 30th
- FY2018 Budget - Partial funding in the amount of $222,897 and expect that subject to availability of funds we will receive a total of $891,587.00 for the year
- Any Other Funding Sources/Resources : RWA and FDOH

Services Provided

Outpatient Ambulatory Medical Care

Labs and medications

Non medical Case management

HIV Counseling and testing

Referrals

Medication adherence counseling

Outpatient Ambulatory Medical Care

OAMC is primary medical care that includes comprehensive diagnostic and therapeutic medical services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner on an outpatient basis for clients who require health care services for the treatment of HIV/AIDS whose care does not require confinement or a hospital stay. OAMC has been identified as a critical component in the maintenance and management of HIV infection.

Under general supervision, the RN renders professional nursing care in accordance with physicians' treatment plans. In doing so the RN will: assess patients' condition; administer prescribed drugs; provide treatments; observe patients' progress; record pertinent observations; and report reaction to drugs and treatments. The RN will also assist physicians with patient examinations and prepare instruments and equipment for physicians' use.

The Medical Assistants assist physicians with medical charting, blood draws, patient follow-up, and other duties as it relates to the provision of primary care services. Medical Assistant services help reduce the throughput time and improve patient satisfaction.

Outpatient Ambulatory Medical Care

Client Eligibility: HIV positive Broward County resident with income less than 400% of FPL.

Number of Unduplicated clients in FY2016: 838

Client demographics:

Gender: 60.5% Males, 39.5% females,<1% transgender

Race/ethnicity: 72.6% Black non-Hispanic, 13.9% White non-Hispanic, 8.4% Hispanic ,5.1% other race and <1% Asian

Ages: 63% of our clients are between the ages of 45-64, 25% ages 25-44, 9% ages 65+ and 3% ages 13-24

Risk factor : 83% Heterosexual, 14% MSM,2% IVDU,< 1% perinatal infection, <1% transfusion, <1% MSM/IVDU

Are there waiting lists for this service? no wait list

Are there service gaps and unmet needs? YES – Need a psychiatrist at this time, but we do have two LCSW s in the RWA program that see these clients

Are there any services that you provide that impact the HIVPC Minority AIDS Initiative : Yes majority of clients are minority and we have MAI funds from Ryan White Part A to provide medical care.

CASE MANAGEMENT

- Case Managers provide case management and counseling services, such as: financial, psychological, and sociological support; early intervention screening for HIV; assessment of clients' need and development of a plan of care to link clients with the different resources.
- They provide feedback to the clients, families/significant others and the healthcare team regarding issues and/or progress in the resolution of problems.
- In addition, case managers refer clients to mental health services and assist with linking HIV positive clients with primary care medical services and gaining access to medications.
- Case managers are a vital part of the care team as they assist the clients with their psycho-social issues so that they can engage in medical care. The work with the multidisciplinary team to conduct staffing when needed and are there for the clients throughout the care continuum for as long as needed.

- Client Eligibility: HIV positive residing in Broward County with income below 400% of positive
- Number of clients = 102

HIV COUNSELING AND TESTING

HIV Counseling, Testing listed is strictly from the Outreach Associate who serves as the liaison

Who conducts HIV testing to anyone who walk into the center requesting HIV test.

We also have HIV Testing Counselors not on this grant who test within our centers, hospitals and the community and link those testing positive to medical care.

social services intervention.

- Client Eligibility: none for counseling and testing,
- Number of Unduplicated clients in FY2017: 128 in this program only

REFERRALS TO SPECIALIST

Referrals to specialist are handled by the referral technician who logs and tracks each referral to the various specialists and will also work with medical records to track responses from the specialists.

Referrals are generated by the medical provider then processed by the referral technician who will contact scheduling , submit the referral and will contact the client with the appointment if not done by the scheduling center.

Eligibility: HIV infected client receiving care at Broward Health

Number of unduplicated clients = 838

MEDICATION ADHERENCE COUNSELING

Medication adherence is conducted by pharmacists in the Part C program.

Clients starting ARVs for the first time, those changing regimens ,and clients not achieving viral load suppression on their current regimens are referred to the pharmacists for evaluation and counseling services.

These pharmacists act as HIV consultants to primary care clinicians and are an extension of the medical services to help clients achieve positive health outcomes. This sometimes include assisting the clients with applications for assistance to get medications through the patients assistance programs.

They spend time with HIV/AIDS clients to understand barriers to adherence that they may be experiencing, review their lab reports, their medical history and their ability to follow the direction for medication administration. They will conduct direct observation therapy when indicated and assist the clients with filling their pill boxes.

The adherence counselors provide periodic education to clients and clinicians on HIV disease state management and prevention as well as participate in case staffing.

This position is invaluable in assisting the physician to recognize system impairment requiring adjustment to medication dosages based on weight, renal/hepatic functions.

Eligibility: Just have to be clients in the HIV program at Broward Health

Number of unduplicated clients = 810

Notable Trends

- We getting patients coming out of the hospital, newly diagnosed with HIV and have full blown AIDS with high viral loads and low CD4.
- This year we saw patients with PCP and KS which we have not seen in years.
- There is also an increase in the clients with syphilis
- Our clients are aging and doing well, 63% of the clients are now between the ages 45 and 64 years old
- We continue to see improvement in the viral load suppression rates for our clients and >92% of our clients are on ART.

Recommendations

The integration of behavioral health and primary care was an ingenious concept. It is one that we have used for years continue to see the disparity of not having a psychiatrist in the center over the past year.

Questions?

Discussion

Ryan White Funders Presentation for PSRA

RYAN WHITE PART D

The Ryan White Part D Program Overview

Part D of the HIV/AIDS Program focuses on providing access to coordinated, family-centered primary medical care and support services for HIV-infected women, infants, children, and youth and their affected family members. It also funds support services, like case management and childcare that help clients get the care they need. Eligible organizations are public or private nonprofit entities that provide or arrange for primary care for HIV-positive women, infants, children, and youth. Part D programs include community based organizations, hospitals, and state and local governments.

https://www.hrsa.gov/sites/default/files/about/budget/performancereport.pdf

Comprehensive Family AIDS Program (CFAP)

Serves infants, children, youth, women and families with HIV in Broward County (Served 3360 individuals and 1110 families in FY2017)

Any HIV exposed or positive infant, Any HIV positive child or youth, Any HIV positive woman or family member of an HIV positive child, Siblings or children of an HIV positive family member

Anyone who wants/needs HIV testing, targeting WICY at risk

CFAP Population

88% RACIAL/ETHNIC MINORITIES

26% INFANTS/CHILDREN/YOUTH (0-24 YEARS OLD)

66% WOMEN (> 24 YEARS OLD)

9% MEN (>24 YEARS OLD)

71% UNEMPLOYED

87% BELOW 100% FEDERAL POVERTY LEVEL

19% NON-ENGLISH SPEAKING

5% UNINSURED

12% RYAN WHITE COVERAGE

35% SUBSTANCE USING

67% WITH MENTAL HEALTH ISSUES

3% MSM

14% PREGNANCIES

Program Budget

Funded primarily by HRSA, Ryan White Part D program since 1991

- *FY2016/2017 - $2,120 059*
  - *Community Donations including The SMART Ride $106682*
  - *CMS HIV – 185,185.00*
  - *TOPWA – 170,000.00*

Services Provided

Number of Unduplicated clients in FY2017

- **Client demographics**
  - **Gender**
    - FEMALE 79% MALE 21%
  - **Race**
    - BLACK 88%
    - WHITE 12%
    - ALL OTHER RACES < 1%
    - **Ethnicity**
    - HISPANIC 6%
    - HAITIAN 17%
- **Age**
  - (0-12 YEARS) 14%
  - (13-24 YEARS) 12%
  - (25-44 YEARS) 44%
  - (45-64 YEARS) 28%
  - (65 +) 2%

Services Provided (Continued)

- **Risk factor**
  - MSM 3%
  - HETEROSEXUAL 70%
  - PERINATAL INFECTION 27%
- **Service Components**
- **Are any services that you provide that impact the HIVPC Minority AIDS Initiative Priority Populations**

(18-38 year old: Black heterosexual males, Black heterosexual females, Black MSM)

CFAP Clinical Services

Pediatric Dental care and hygiene services
Phlebotomy services
Primary, HIV specialty, and gynecologic care
Adherence Counseling
Nutrition screening and Therapy
Risk Reduction Counseling
Mental Health Screening & Treatment
Substance Abuse Screening & Treatment
Prenatal HIV medication counseling

CFAP Psychosocial Services

Intensive Medical Case Management
Psychosocial support
Food/Clothing Pantry
Support Groups
Emergency Financial Assistance
Translation
Child Care during visits
Legal assistance
Mental Health Counseling
Transportation

Needs, Gaps, Barriers to Care

- **Are there any service gaps?**

Client services were met with no gaps or concerns.

- **Are there waiting list for your services?**

Enrollment in the CFAP program is on a continuous basis. There is no waiting list

- **What are the primary barriers to care reported by your clients?**

Transportation issues
Housing
Employment
Insurance issues
Lack of Specialty providers on RW

Notable Trends

- **Newly diagnosed populations**

Pregnant
High VL
Resistance to HIV medications from Partner
Young/Naive about HIV
Insurance issues

- **Young Adults (18-28)**

Retention in care(Many Factors)
Issues with transition from Peds. to Adult care
Insurance issues
Employment/Housing issues
Unplanned pregnancy

- **The elderly**

Comorbidities
Insurance issues
Housing issues
Medicaid transportation

- **Recently reengaged in care**
- Lack of knowledge of HIV
- Denial
- Adherence Issues
- Disclosure

Notable Trends

Clients with high viral loads vs. virally suppressed clients

Virally suppressed clients
Acceptance of DX
Family/Friends support

High viral loads

Noncompliant with medical care
Issues with medications
Younger population
Mental Health/Substance Abuse issues
Housing
Transportation issues

Mental health or substance use issues

Mental Health
Denial
Limit access to Psychiatry for RW
Limit therapist that are multi-lingual

Substance use
Limited access to Detox locations
Continuum of care for substance abusers

Recommendations

What are some of the successes of your program:

CFAP's system of care for the prevention of perinatal transmission has been a best practice for decades

Targeted Outreach for Pregnant Women Act-CFAP is one reason Broward had no positive babies in 2017

Offer late night clinic and same dye appt. to accommodate clients

CDTC participates in Test and Treat, a program funded by the Broward County Department of Health in partnership with Ryan White Part A

Research team/ Clinical Research Pharmacist

Recommendations

What activities do you feel are contributing to the success of the program:

- Outreach to identify pregnant women and WICY, offering Pregnancy test and HIV test
- Link all HIV positive pregnant clients and WICY to CFAP program.
- Despite the changes in our ambulatory services, the care coordination services remain robust. Care coordinators are working closely with all clients to provide appropriate linkages and follow up to ensure their medical needs are addressed.
- Offer Support Groups(Haitian , Women groups, Teen, Pregnancy)

What are some of the challenges faced by your program:

Retention of Care for the youth

Nutrition

Lack of Specialty providers on RW

Based on the identified challenges, what are some activities or solutions that the Part A Program could potentially address through the PSRA process?

Educating clients/providers on other health concerns based on Nutrition

Develop a peer advocacy program via social media to encourage positive youth

h

Questions?

Discussion

HOPWA Presentation for PSRA

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)

The HOPWA Program Overview

The Housing Opportunities for Persons with AIDS (HOPWA) Program is administered by the Office of HIV/AIDS and the Office of Community Planning and Development (CPD) of the United States Department of Housing and Urban Development (HUD). The HOPWA program funds a wide range of housing assistance activities in order to provide a variety of housing options that meet the needs of Persons Living with HIV/AIDS (PLWAS). In Broward County, the program is administered by the City of Fort Lauderdale (COFL), the largest City in the Eligible Metropolitan Statistical Area (EMSA). The COFL has administered the HOPWA formula grant since the 1990's. The City is the sole recipient of HOPWA funds in Broward County and services must be provided countywide. The source of funds is comprised entirely of federal HOPWA funds that are allocated annually to the City by HUD.

THIS PROGRAM DOES NOT DISCRIMINATE BASED ON RACE, COLOR, SEX, SEXUAL ORIENTATION, GENDER IDENTITY, RELIGION, FAMILIAL STATUS, OR DISABILITY.

Program Budget

- FY2017 Budget
- Grant Award for 2017-2018 **$7,204,649.00**
- City of Fort Lauderdale Administrative CAP 3% **$216,139.47**
- Allocated to Sub-recipients**: $6827336.18**

- **Current Sub-recipients**
- Broward House, Inc
- Broward Regional Health Planning Council, Inc
- Care Resource Community Health Centers, Inc
- Mount Olive Development Corporation
- Sunshine Social Services, Inc
- Legal Aid Service of Broward County.

- FY2018 Budget: **Not available**.

The program is solely fund by the department of Housing and Urban Development (HUD)

Services Provided

Definition of the Services

Short-Term Rent, Mortgage, and Utility (STRMU) assistance is an eligible activity under the HOPWA program. STRMU is ***time-limited*** housing assistance designed to prevent homelessness and increase housing stability due to unexpected illness or loss of income. HOPWA Agency may provide assistance for a period that does not exceed ***the established lifetime cap.***

Permanent Housing Placement (PHP) assistance is an eligible activity under the Housing Opportunities for Persons with AIDS (HOPWA) program. PHP's goal is to help establish permanent residence with out long term housing subsidy. HOPWA may provide assistance for a period that does not exceed ***the established cap***.

Housing Case Management (HCM)Program: income certifies clients, assist with the finical subsidy application process, completes referrals to other community resources and provides general wraparound case management services.

Project Based Rental (PBR) provides ongoing rental subsidy assistance to eligible individuals for specified time period of up to 24 months. Clients in this program receive intensive case management aimed at improving client's ability to move to self-sufficiency. Responsible for paying 30% of household income toward the cost of housing.

Tenant Based Rental Voucher (TBRV) Client receives a rental voucher that can be used with an independent landlord in Broward County. Clients are responsible for paying 30% of household income towards the cost of housing.

Services Provided

Client General Eligibility (24 CFR) non negotiable

- Documented proof of HIV status
- Income Certified as being at or below 80% area median Income

Municipality Eligibility Requirement

- Documented proof of Broward County Residency for 6 consecutive months

Number of unduplicated clients at the end of FY 2016 :

1791 (651 received financial subsidy and **1140** received housing case management services only**)**

THIS PROGRAM DOES NOT DISCRIMINATE BASED ON RACE, COLOR, SEX, SEXUAL ORIENTATION, GENDER IDENTITY, RELIGION, FAMILIAL STATUS, OR DISABILITY.

Services Provided

FY16-17 Demographics	Housing (HOPWA)
# New Patients	
Race	
Black	439
White	210
More than one	-
Asian	-
American Indian	1
Other Race	1
Ethnicity	
Hispanic	65
Haitian	-
Gender	
Male	373
Female	270
Transgender	8
Exposure Category	
Age	
(0-12)	-
(13-24)	25
(25-44)	322
(45-64)	290
(65+)	14
Insurance Status	
Federal Poverty Level	
0-100	200
101-200	261
201-300	124
301-400	30
400+	36
Unknown	

Note: Table represents the 651 clients who received a financial subsidy

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Needs, Gaps, Barriers to Housing

Current service gap;

There are over 560 individuals on the Tenant Based Rental Voucher wait list. The reduction in funding and the continued increase in the cost of rental units in Broward County has created a challenge in sustaining this program. For this reason the TBRV voucher are not being backfilled in an effort to maintain services at the current level.

Barriers

Some of the primary barriers are the cost of rental units/ limited stock of affordable housing units and Clients not wanting to live in neighborhoods were units are available.

Notable Trends

HOWPA Back-to-Work Initiative appear to be having a positive impact.

There are fewer number of clients requesting the Maximum 21 weeks of STRMU assistance

(few client utilizing the maximum number of units)

There has been an increased number of clients accessing 2-3 units of STRMU (Larger number of clients accessing the services on a short term basis)

1% increase in the number of clients moving from TBRV and PBR to self-sufficiency.

Recommendations

What are some of the successes of your program:

Increase in the number of clients who are moving to self-sufficiency

What are some of the challenges faced by your program:

Sustaining the Current Tenant Based rental Vouchers

What activities do you feel are contributing to the success of the program?

The HOPWA Getting Back to Work initiative has played a vital role in the success of the program .

Based on the identified challenges, what are some activities or solutions that the Part A Program could potentially address through the PSRA process?

Support the HOPWA Getting Back to Work Initiative.

Questions?

Discussion

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Black Women's Study Results

May 6, 2018

In collaboration with the HIV Planning Council's System of Care Committee, the Ronik-Radlauer Group conducted an analysis of Black women receiving Ryan White services who had unsuppressed or high viral loads. Data regarding the demographics of women meeting these criteria was analyzed and reported to the System of Care Committee as well as services received. Subsequently, a survey was developed by the Ronik-Radlauer Group, which was presented and approved by the System of Care Committee. Training in completion of the survey was conducted by the Ronik-Radlauer Group with staff from Children's Diagnostic and Treatment Center. The survey was then administered by CDTC staff over a two-month period (December 2017 through January 2018). The following report details the initial analysis of Black women receiving Ryan White services as well as the results of the survey.

Provide Enterprise Data

The HIV Planning Council's System of Care Committee identified HIV positive women who were not virally suppressed/had high viral loads as a priority population. They held a series of meetings in 2017 (January, April, May, and June) during which data was reviewed, a survey was developed, and a plan for administration was established. The following represents an analysis of the data derived from Provide Enterprise regarding this priority population.

At the time of the presentation, there were 337 Black women who were living with HIV, who were receiving Ryan White Part A services and who had high (12%) or unsuppressed (88%) viral loads.

Characteristics and Services

- The average age of women in this analysis was 43.7 years old
- 71% had completed high school, 19% had attended college, and 10% had 8th grade or less years of education
- 27% were not permanently housed
- 93% identified as heterosexual
- 66% were HIV positive, not AIDS, 24% were HIV positive, AIDS status unknown; and 10% were living with AIDS
- 17% were not receiving any type of HIV therapy
- Ryan White services received (in order of numbers of women receiving services)
    - CIED (335)
    - Ambulatory (140)
    - Pharmaceutical (104)
    - Food Bank (85)
    - Medical CM (83)
    - Oral Health (58)

- Disease CM (35)
- Mental Health (8)
- Insurance Support (3)
- Legal (3)
- Substance Abuse (1)

Women of Haitian Ancestry

Of the 337 women in this analysis, 70 (21%) were of Haitian ancestry. Of those, 83% had unsuppressed viral loads, while 17% had high viral loads.

Characteristics and Services

- The average age of these women was 43.68 years old.
- 73% had completed high school, 6% had attended college, and 21% had 8th grade or less years of education
- 20% were not permanently housed
- 57% were HIV positive, not AIDS; 26% were HIV positive, AIDS status unknown; and 17% were living with AIDS
- 20% were not receiving any type of HIV therapy
- Ryan White services received (in order of numbers of women receiving services)
  - CIED (70)
  - Ambulatory (42)
  - Pharmaceutical (35)
  - Disease CM (22)
  - Medical CM (20)
  - Oral Health (20)
  - Food Bank (14)
  - Insurance Support (3)
  - Mental Health (0)
  - Legal (0)
  - Substance Abuse (0)

Survey Administration

The Ronik-Radlauer Group provided training to staff at Children's Diagnostic and Treatment Center. Staff subsequently administered the survey over a two-month period to positive Black women who had high or unsuppressed viral loads.

Results

- A total of 78 women completed the survey.
- The average age of women completing the survey was 34.22, while the median age was 32
- Sixteen (16) women were perinatally infected, or 23% of the women surveyed.
- The average of HIV diagnosis for the remainder of the sample was 25.16.
- 73% were employed full-time, employed part-time, or looking for employment
- 69% were single, never married
- 91% were not caring for adults in their household
- 38% were not caring for any children younger than 17 in their household, and 42% were caring for 1 or 2 children younger than 17 in their household
- The majority of survey participants lived in the following zip codes:
    - 33311 (29%)
    - 33313 (16%)
    - 33068 (12%)
    - 33319 (9%)
- The majority of survey participants rent an apartment, home, or mobile home (61%), or are staying/living with family (18%)

Survey Questions

The following questions were asked of survey participants:

1. Sometimes people feel overwhelmed living with HIV. The following are some challenges that others have identified. On a scale of 1-4 with 1 being not at all significant and 4 being very significant, how would you rate these challenges for you? (check all that apply). Results reflect responses that indicated very significant and significant.
    a. Not wanting the people I live with to know I have HIV (58%).
    b. Tired of taking medication (49%)
    c. Not having support from family or friends to help me manage living with HIV (39%)
    d. Not fully accepting my diagnosis (39%)
    e. Not feeling comfortable going to the doctor or clinic. Not feeling like I am treated well there (32%)
    f. My religion teaching me not to get care for my HIV (3%)
2. Sometimes people living with HIV have difficulty getting to their appointments and to pick up their medicine. On a scale of 1-4 with 1 being not at all significant and 4

being very significant, how would you rate these challenges for you? (check all that apply). Results reflect responses that indicated very significant and significant.

a. Problems with transportation (51%)
b. Problems with insurance (47%)
c. Having to work and I can't get to my appointments (40%)
d. Not wanting anyone I live with to see me in the doctor's office (40%)
e. Services are not conveniently located (36%)
f. Having to wait a long time at the clinic or doctor's office (36%)
g. Having to take care of my family and I can't get to my appointments (32%)
h. Not enough money to pay for my medicine (29%)
i. Having problems with childcare (21%)
j. Takes a long time to schedule an appointment (17%)
k. Not knowing where to go to get care (5%)

3. Sometimes people living with HIV have difficulty taking their medication as prescribed. On a scale from 1-4, with 1 being not at all significant, and 4 being very significant, how would you rate these challenges for you? (check all that apply). Results reflect responses that indicated very significant and significant.
    a. The pills are too big, too hard to swallow, or make me gag (38%)
    b. I forget or can't remember to take my medicine (32%)
    c. Having anxiety, depression, or other mental health issues that get in the way of me taking my medicine (27%)
    d. I prefer to use alternative treatments instead of medicine (18%)
    e. Believing that HIF is going to kill me so I don't want to take medicine (17%)
    f. I don't have food to take with my medicine (17%)
    g. Not understanding how to take all of my medicine (12%)
    h. Not trusting the government or the healthcare system that the medicines are safe for me to take (9%)
    i. Having challenges with alcohol or substance use that get in the way of me taking my medicine (8%)

Broward House Focus Group

March 29, 2018

A focus group was held with participants of Broward House's Day Treatment Program for HIV positive individuals who were also experiencing challenges with substance use and addiction. A total of 17 individuals participated in this focus group, which was facilitated by Marci Ronik, M.S. of the Ronik-Radlauer Group. The consultant was conducting a survey regarding Ryan White Part A services with electronic devices. While participants were waiting to complete the survey, the consultant conducted an informal (not planned) focus group. The following summarizes the results of this session.

General Themes

- Concurrent certification of Part A services and ADAP. The majority of participants indicated they would like to renew Part A (CIED) and ADAP simultaneously, either at FDOH-Broward or where they receive care (i.e., Comprehensive Care). They also indicated they would prefer certification to be one year instead of six months.
- Participants were interested in receiving information regarding:
    - The types of medications Ryan White covers
    - The providers funded by Ryan White
    - A list of specialists (including neurologists)
- Participants indicated they would be interested in a pamphlet that explained how Ryan White Part A works locally.
- Participants would like information regarding medications provided by ADAP, for example medications for diabetes. They would like a one-stop shop for all of their medications.
- Participants had questions regarding hospital-related care and if Ryan White paid for hospital services if it was not HIV-related.
- Participants were not aware of legal services paid for by Ryan White and would like additional information about those services.
- Participants were interested in participating in a Stop Stigma related to HIV campaign as well as educating the public (how you get it and don't get it, questions/answers). Recommended having sessions in the parks, schools, etc.
- Youth and young adults (ages 13-24) need to be educated and the people who are conducting the education need to speak their language. They are uneducated and need a spokesperson who looks like them.
- Need to go into communities where older adults live and challenge their beliefs
- Need to educate the general community about stigma and engaging families
- Need to educate the community about test and treat and about prevention (i.e., safe sex practices).
- Need to talk to people about the internalization of stigma.
- Need to increase the knowledge of testers such as in regular drug treatment classes.

- Participants recommended commercials that did not portray the disease as being "okay"; they need to emphasize the use of protection.
- Questions regarding the ACA-coverage, navigating insurance, Medicare, Medicaid, providers not accepting coverage, wait lists, etc.
- Recommended conducting a focus group with youth and young adults (some volunteered to talk with them).
- Questions regarding bus passes; length to get them, would like one-month vs. one-day; transportation is a major issue
- Not called if they miss blood test appointment
- Recommended video chatting (telehealth) with doctors

HRSA SERVICE CATEGORIES & DEFINITONS, FY2019-2020

HRSA Funded Service Categories

Please find listed below the 13 Core Medical Service Categories and the 17 Support Service Categories that are fundable with Ryan White Program Part A and MAI (Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds – *Policy Clarification Notice #16-02 [Revised 12/05/16*]). **Those funded by the Broward EMA in 2018-2019 are in bold.** All funded agencies are contractually obligated to engage in activities, which help to engage and/or retain clients in care.

Core Medical Services:

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

Support Services:

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

17. Respite Care

Service Category Definitions

Core Medical Services:

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

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

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

3. **Early Intervention Services (EIS)**: Include counseling individuals with respect to HIV/AIDS; testing individuals with respect to HIV/AIDS, including tests to confirm the presence of the disease, tests to diagnose to the extent of the deficiency in the immune system, and tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating

conditions arising from HIV/AIDS; referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations of individuals with HIV/AIDS; and the provision of therapeutic measures.

4. **Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals (HICP):** Provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also includes standalone dental insurance. The service provision consists of the following:
    - Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services, and pharmacy benefits that provide a full range of HIV medications for eligible clients; and/or
    - Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
    - Paying cost sharing on behalf of the client.

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

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

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

8. **Medical Case Management (including Treatment Adherence Services):** The provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication). Key activities include:
    - Initial assessment of service needs
    - Development of a comprehensive, individualized care plan
    - Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
    - Continuous client monitoring to assess the efficacy of the care plan
    - Re-evaluation of the care plan at least every 6 months with adaptations as necessary Ongoing assessment of the client's and other key family members' needs and personal support systems
    - Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
    - Client-specific advocacy and/or review of utilization of services

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

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

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

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

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

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

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

    Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the RWHAP, it is included in a documented plan. Syringe access services are allowable, to the extent that they comport

with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific guidance.

Support Services:

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

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

    It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a client should not be funded through emergency financial assistance.

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

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

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

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

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

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

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

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

6. **Legal Services:** Provided to and/or on behalf of the individual living with HIV and involving legal matters related to or arising from their HIV disease, including:
   - Assistance with public benefits such as Social Security Disability Insurance (SSDI)

- Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the RWHAP
- Preparation of:
  - Healthcare power of attorney
  - Durable powers of attorney
  - Living wills

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

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

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

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

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

9. **Non-Medical Case Management Services:** Provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical Case

management services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans. This service category includes several methods of communication including face-to-face, phone contact, and any other forms of communication deemed appropriate by the RWHAP Part recipient. Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems

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

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

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

    Outreach programs must be:
    - Conducted at times and in places where there is a high probability that individuals with HIV infection and/or exhibiting high-risk behavior
    - Designed to provide quantified program reporting of activities and outcomes to accommodate local evaluation of effectiveness
    - Planned and delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort
    - Targeted to populations known, through local epidemiologic data or review of service utilization data or strategic planning processes, to be at disproportionate risk for HIV infection

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

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

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

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

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

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

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

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

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

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

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

FY2019 CORE AND SUPPORT SERVICE CATEGORIES: PRELIMINARY RANKINGS

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

Core Medical Services:

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

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

	FY2018 CEC Rankings	FY2018 Overall Rankings	FY2019 CEC Rankings
CORE SERVICES			
Outpatient Ambulatory Medical Care	7	1	6
Medical Case Management (Disease)	2	2	2
AIDS Pharmaceutical Assistance (Local)	1	3	3
AIDS Drugs Assistance Program Treatments (ADAP)	3	4	1
Health Insurance Premium & Cost-Sharing Assistance (HICP)	4	5	4
Mental Health Services	5	6	5
Oral Health Care (Dental)	6	7	7
Substance Abuse Services - Outpatient	8	8	8
Medical Nutrition Therapy	13	9	11
Early Intervention Services	9	10	9
Home and Community-Based Health Services	12	11	10
Home Health Care	11	12	12
Hospice Services	13	13	13

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

	FY2013 CEC Rankings	FY2018 Rankings	FY2019 CEC Rankings
SUPPORT SERVICES			
Food Bank/Home-Delivered Meals	4	1	3
Emergency Financial Assistance	1	2	2
Legal Services	3	3	5
Non-Medical Case Management	5	4	6
Housing Services	2	5	1
Medical Transportation Services	9	6	4
Substance Abuse Services – Residential	11	7	8
Psychosocial Support Services	7	8	7
Outreach Services	6	9	9
Health Education/Risk Reduction	8	10	10
Referral for Health Care/Supportive Services	14	11	11
Linguistics Services (Interpretation and Translation)	13	12	14
Other Professional Services	10	13	13
Child Care Services	12	14	15
Rehabilitation Services	16	15	12
Permanency Planning	15	16	16
Respite Care	17	17	17

FY2019 CORE AND SUPPORT SERVICE CATEGORIES: PRELIMINARY RANKINGS

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

Support Services:

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