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, April 18, 2019, 9:30 a.m.
Location: Secret Woods Nature Center
Chair: Lorenzo Robertson **Vice Chair:** Marie Hayes

1. **CALL TO ORDER:** *Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment*
2. **APPROVALS:** 4/18/19 Agenda and 3/21/19 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   a. Monthly Expenditures/Utilization Report- by service category
4. **UNFINISHED BUSINESS**
   None.
5. **MEETING ACTIVITIES**

Goal/Work Plan Objective #:	*Accomplishments*
Activity 1.1: Review data relevant to the PSRA process	
PSRA Presentation & Member Agreement (Handout A) *30 minutes*	ACTION ITEM: Receive PSRA Process overview, Review FY20 PSRA Manual and sign FY19 Member Agreement.
Activity 1.1: Review data relevant to the PSRA process	
Part A Eligibility for Service Categories (Handouts B1-B2) *1 hour*	ACTION ITEM: Review scope of service, comparable EMA eligibility, and previous utilization of services for Disease Case Management, Case Management, Oral Health Care service categories.
Activity 1.1: Review data relevant to the PSRA process	
2017 Part A Epidemiological Data Presentation *1 hour*	ACTION ITEM: Receive a presentation of 2017 Broward EMA data.

6. **RECIPIENT REPORTS**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** May 16, 2019 **Time:** 9:00 a.m. **Venue:** Gov't Center A-337

Goal/Work Plan Objective #:	*Accomplishments*
Activity 1.1: Review data relevant to the PSRA process	
Review Part A Eligibility for Service Categories	ACTION ITEM: Review scope of service, comparable EMA eligibility, and previous utilization of services for service categories.
Activity 1.2: Review How Best to Meet the Need language recommendations	
Discuss Cost Containment Strategies and Develop Language for HBTMTN	ACTION ITEM: Review best practices, service limitations/caps, and cost sharing data.

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 •

VISION: To ensure the delivery of high quality comprehensive HIV/AIDS services to low income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care
MISSION: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care
Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments
Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment

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MEETING MINUTES

Committee: Priority Setting & Resource Allocation (PSRA)
Date/Time: Thursday, March 21, 2019 9:00 a.m.
Location: Government Center A-337
Chair: Lorenzo Robertson **Vice Chair:** Marie Hayes

ATTENDANCE				
#	**Members**	**Present**	**Absent**	**Guests**
1	Barnes, B.	**X**		Markman, N.
2	Fortune-Evans, B.	**X**		Mester, B.
3	Grant, C.	**X**		Cook, S.
4	Hayes, M., *Vice Chair*	**X**		Guerrier, G.
5	Katz, H. B.		**E**	Cius, W.
6	Lopes, R.		**A**	Rodriguez, J.
7	Moreno, V.	**X**		Carter, J.
8	Robertson, L., *Chair*	**X**		Dennis, B.
9	Schickowski, K.	**X**		**HIVPC Staff**
10	Schweizer, M.		**A**	Martinez, G.
11	Siclari, R.	**X**		Oratien, V.
				Johnson, B.
				Guice, M.
				Joseph, A.
				Grantee Staff
				Anderson, T.
Quorum = 8				Fender, T.
				Robinson, J.
				Jones, L.
				Garcia, E.

1. CALL TO ORDER:

The PSRA Chair called the meeting to order at 9:15 a.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 3/21/2019 meeting agenda.
Proposed by: Siclari, R. **Seconded by:** Barnes, B.
Action: Passed Unanimously

Motion #2: To approve the meeting minutes of 2/21/2019.
Proposed by: Barnes, B. **Seconded by:** Hayes, M.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

Monthly Expenditure/Utilization Report: The Fiscal Administrator reviewed the expenditures and utilization

through the previous FY. Overall, 98% of Part A and MAI funding was utilized and a limited number of invoices are expected to be submitted. The MAI program expended 83% of its funding, the remainder of which will be rolled into FY19-20 services. Part A funds were 100% expended.

4. UNFINISHED BUSINESS

FY2018 Work Plan/Evaluation: The Committee reviewed its progress on the FY18-19 PSRA Work Plan. The Committee completed its annual Work Plan Assignments, not having updated its How Best to Meet the Need language in FY18.

After reviewing its Work Plan, PSRA completed an annual evaluation. Members discussed incorporating suggested time limits to agenda items to keep meetings on track. Members also discussed extending trend data to show more information over time during the PSRA Process. Other suggestions included reviewing more data throughout the year and having narrative information to provide historical reference alongside numerical data.

After completing its evaluation, the Committee chose not to make any changes to its goals and objectives for FY19-20.

Motion #3: To approve the FY19-20 PSRA Work Plan
Proposed by: Grant, C. **Seconded by:** Barnes, B.
Action: Passed Unanimously

Service Category Review: PSRA resumed the previous meeting's discussion regarding service categories. The Committee continued to discuss CIED and BSS. The Fiscal Administrator provided scope of service information for the service categories in addition to the eligibility requirements.

Members discussed the possibility of Part A certification being utilized to certify for Part B and vice versa. This would lighten the load on CIED. The Part B Recipient noted that while this is allowable, it is governed at the local level and Rule 64B would have to be amended before this could happen.

Members also discussed who was being served by BSS because its intent is to assist those with ACA coverage in choosing the right plan, but they are likely not to have an ACA plan. The BSS service category is accessed by clients who are eligible for Medicare and Medicaid as well. 1,078 clients were served by BSS in FY18-19.

After much discussion, PSRA voted to return to reviewing both service categories during the PSRA Process. The Committee will review all service categories before making decisions related to each.

Motion #4: To earmark the BSS service category for stronger review and further modification.
Proposed by: Hayes, M. **Seconded by:** Grant, C.
Action: Passed Unanimously

Motion #5: To allow the CIED service category to continue to operate as is.
Proposed by: Grant, C. **Seconded by:** Fortune-Evans, B.
Action: Failed with 3 in favor, 4 opposed

5. MEETING ACTIVITIES

PSRA Process: The Senior HIVPC Manager reviewed the timeline for the PSRA Process noting dates and locations of extended meetings along with meeting topics. The Committee motioned to approve the PSRA Process and Timeline.

Motion #6: To approve the PSRA Process and Timeline.
Proposed by: Grant, C. **Seconded by:** Schickowski, K.
Action: Passed Unanimously

FY2019 Assessment of the Administrative Mechanism: The HIV Planning Council is tasked with assessing the Recipient each year on how its work is done. The PSRA Committee reviewed and approved the Methodology as well as the survey which would be posed to the HIVPC. At the next HIVPC meeting, members will complete the survey. Those not present at the meeting will be sent an electronic version to complete.

Motion #7: To approve the Assessment of the Administrative Mechanism Methodology and Survey Questions. **Proposed by:** Barnes, B. **Seconded by:** Hayes, M. **Action:** Passed Unanimously

6. RECIPIENT REPORT

The Recipient updated the Committee regarding the previously discussed CIED appointment delays. Case Managers are being given access to upload client documents in order to expedite the process when possible. Case Managers are not being mandated to enter their clients' information but are able to do so because they might have information needed by CIED. The Recipient's Office is also moving forward with its online enrollment platform rollout.

7. PUBLIC COMMENT

None.

8. AGENDA ITEMS/TASKS FOR NEXT MEETING: April 18, 2019 **Time**: 9:30 a.m. **Venue:** Secret Woods

Goal/Work Plan Objective #:	*Accomplishments*
PSRA Process	ACTION ITEM: Review and sign FY19 Member Agreement.
Part A Eligibility for Service Categories	ACTION ITEM: Review scope of service, comparable EMA eligibility, and previous utilization of services for service categories.
2017 Part A Epidemiological Data Presentation	ACTION ITEM: Receive a presentation of 2017 Broward EMA data.

9. ANNOUNCEMENTS

None.

10. ADJOURNMENT

The meeting was adjourned at 10:54 a.m.

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PSRA Attendance CY2019

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	17	31	21	21										
0	1	1	**1**	Barnes, B.	X	A	X	X										
0	0	0	**2**	Fortune-Evans, B.	X	X	X	X										
0	0	1	**3**	Grant, C.	E	A	X	X										
0	0	0	**4**	Hayes, M. *V Chair*	X	X	X	X										
1	1	1	**5**	Katz, H.B.	X	A	X	E										
0	0	**2**	**6**	Lopes, R.	X	A	X	A										
0	0	0	**7**	Moreno, V.	X	X	X	X										
1	1	0	**8**	Robertson, L. *Chair*	X	X	X	X										
0	0	0	**9**	Schickowski, K.	X	X	X	X										
0	0	1	**10**	Schweizer, M.	X	X	X	A										
0	0	**2**	**11**	Siclari, R.	X	A	A	X										W - 2/21
				Quorum = 7	10	6	10	8	0	0	0	0	0	0	0	0	0	

Legend:

X - present	**N - newly appointed**
A - absent	**Z - resigned**
E - excused	**C - cancelled**
NQA - no quorum absent	**W - warning letter**
NQX - no quorum present	**Z - resigned**
	R - removal letter

Priority Setting & Resource Allocation Process Presentation

4/18/2019

Overview

- **HRSA Requirements:** Planning Council's are required by HRSA to "set priorities and allocate resources for service categories, and provide guidance (directives) to the Part A Recipient on how best to meet these priorities."
  - The Priority Setting & Resource Allocation (PSRA) Committee shall **recommend priorities** and **resource allocations** to the Broward County HIV Health Services Planning Council (HIVPC) for the **disbursement of Ryan White Part A funds** in Broward County.
  - Priority Setting and Resource Allocation to service categories **involves all members of the HIVPC**.

What is PSRA?:

Priority setting:

- **Deciding** which HIV/AIDS services are the most important **according to the criteria your EMA/TGA has established.**

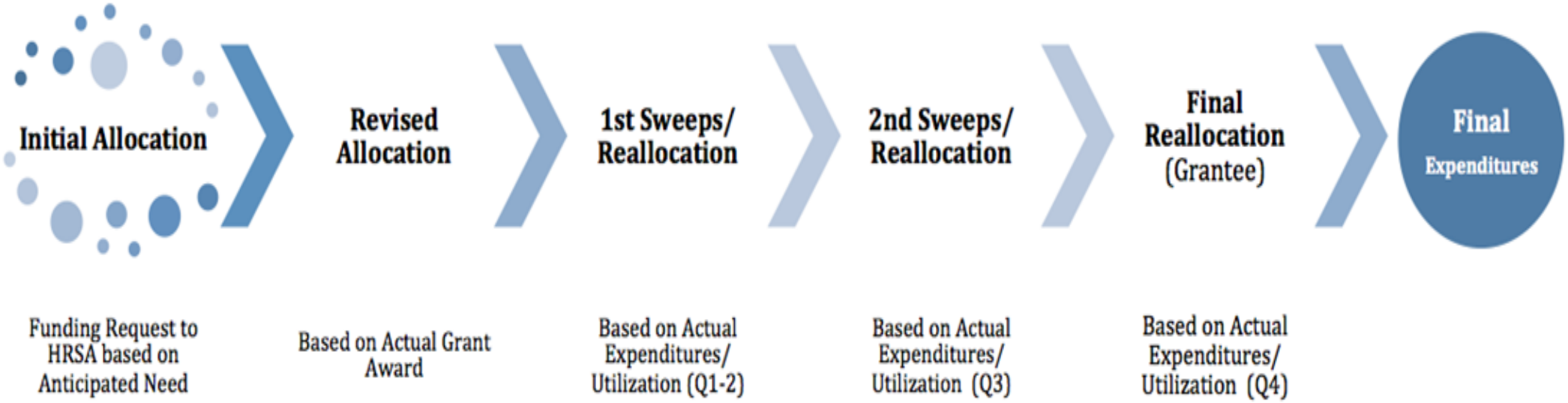
Resource allocation:

- **Distributing available Ryan White Part A program funds** for your EMA/TGA across the prioritized service categories.
- **Instructing the Part A Recipient on how to distribute the funds** in contracting for different types of services.

Reallocation:

- **Moving program funds across service categories** after the initial allocations are made.
  - **Post grant award –** if the award is higher or lower than the amount requested in the application
  - **During the program year** - when funds are underspent in some service categories and additional needs exist in other service categories.

Fort Lauderdale/Broward County Annual Resource Allocation/Reallocation Cycle



What is PSRA?: The PSRA Process

- Develop PSRA Principles and Criteria
- Clarify Committee, Consumer & Staff Roles and Responsibilities
- Develop PSRA Timeline

- Review HRSA Mandates and Part A PSRA Grant Guidance
- Identify HRSA Identified and Additional Data Sources
- Create User Friendly Data Sets

- Committee and Community Data Presentations
- Develop Language On How Best To Meet The Need
- Committee Reviews Data/Factors to Consider & Sets Priorities
- Committee Reviews Data/Factors to Consider & Allocates Resources

PSRA Goals and Guiding Principles

- Provide access to high quality HIV services for PLWHA in Broward County
- Optimize the HIV Care Continuum's impact
- Develop an integrated PSRA process using data with input from stakeholders and consumer forums
- Maintain a commitment to ending health disparities
- Provide client centered and coordinated services
- Integrate Prevention and Care
- Maintain and require collaborative partnerships among service providers
- Encourage early and meaningful involvement from PLWHA in the development, implementation, and evaluation of service delivery
- Engage continuous training, capacity building, and leadership development
- Provide culturally and linguistically appropriate services

Required Part A Grant PSRA Documentation

Each year, the **Part A Grant Application requires documentation regarding the PSRA process**, including **how the process was conducted** and specifically addressing **how the needs of those not in care and those from historically underserved populations were considered in this process**. Additional documentation of the process includes:

- How **PLWHA were involved in the PSRA process** and how their priorities are considered in the process
- How **data were used in the PSRA processes to increase access** to core medical services and to **reduce disparities in access** to the continuum of HIV/AIDS care
- How **changes and trends in HIV/AIDS epidemiology data** were used in the PSRA process
- How **cost data were used** by the Planning Council in making funding allocation decisions
- How **unmet need data** were used by the Planning Council in making **priority and allocation decisions**
- How the Planning Council's process will prospectively **address any funding increases or decreases** in the Part A award

PSRA Data Sources

Priorities and allocations are data based. **Decisions are based on the data**, not on personal preferences. The PSRA Committee will have access to information to enhance their efforts in the decision making process.

The data collected includes:

- Epidemiological Data
- Fiscal and Service Utilization Data
- Needs Assessment Data
- Others Funder's Data/Presentation

PSRA Data Sources (cont'd)

Priorities and allocations are data based. **Decisions are based on the data**, not on personal preferences. The PSRA Committee will have access to information to enhance their efforts in the decision making process.

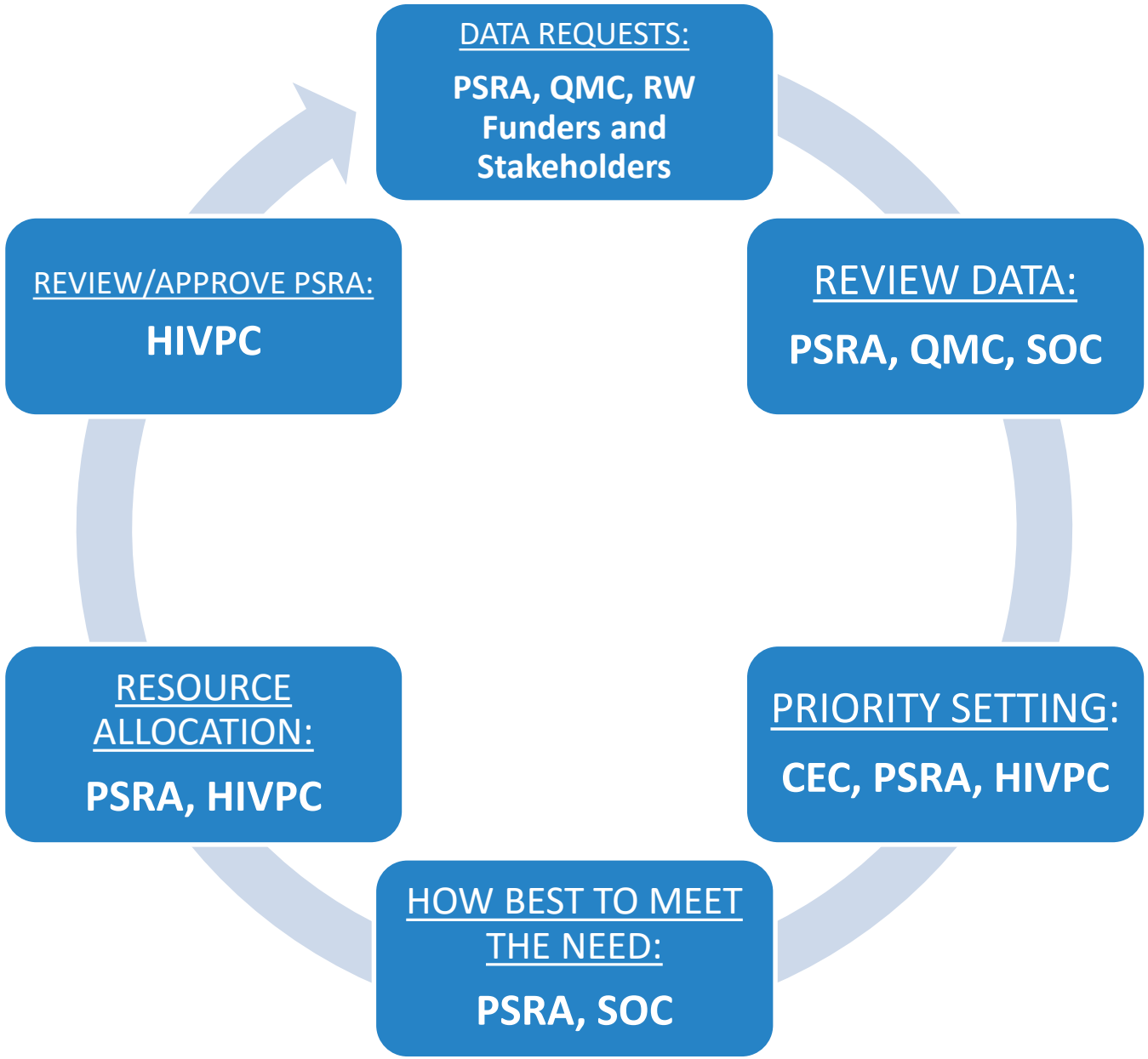
Other factors to consider are:

- Funding from other sources such as Medicaid and Medicare
- Developing capacity for HIV services in historically underserved communities
- Priorities of Ryan White Consumers
- Changes in legislative requirements
- National HIV/AIDS Strategy
- Affordable Care Act

Other Resources

- PSRA Policies and Procedures
- FDOH HIV/AIDS Partnership 10 Epidemiological Profile, 2017
- FY2018 Other Funders Table
- FY2018 Part A Scorecards, Expenditures Spreadsheet, and Projections Table
- Needs Assessment Activities Report
- FY2020 CEC Rankings Table
- FY2020 Part A Allocations Table

Who's Involved?



PLWHA Involvement in the PSRA Process

Community Feedback Through Needs Assessment Activities:

2017-2018 Needs Assessment

2017 Consumer Health Experience Report

2017-2018 Black Women's Study & Focus Groups

PLWHA Serve as Committee Members:

CEC

- Data Collection (focus groups/feedback forums) & Presentation
- Rank Core & Support Service Priorities

PSRA

- Priority Setting & Resource Allocation

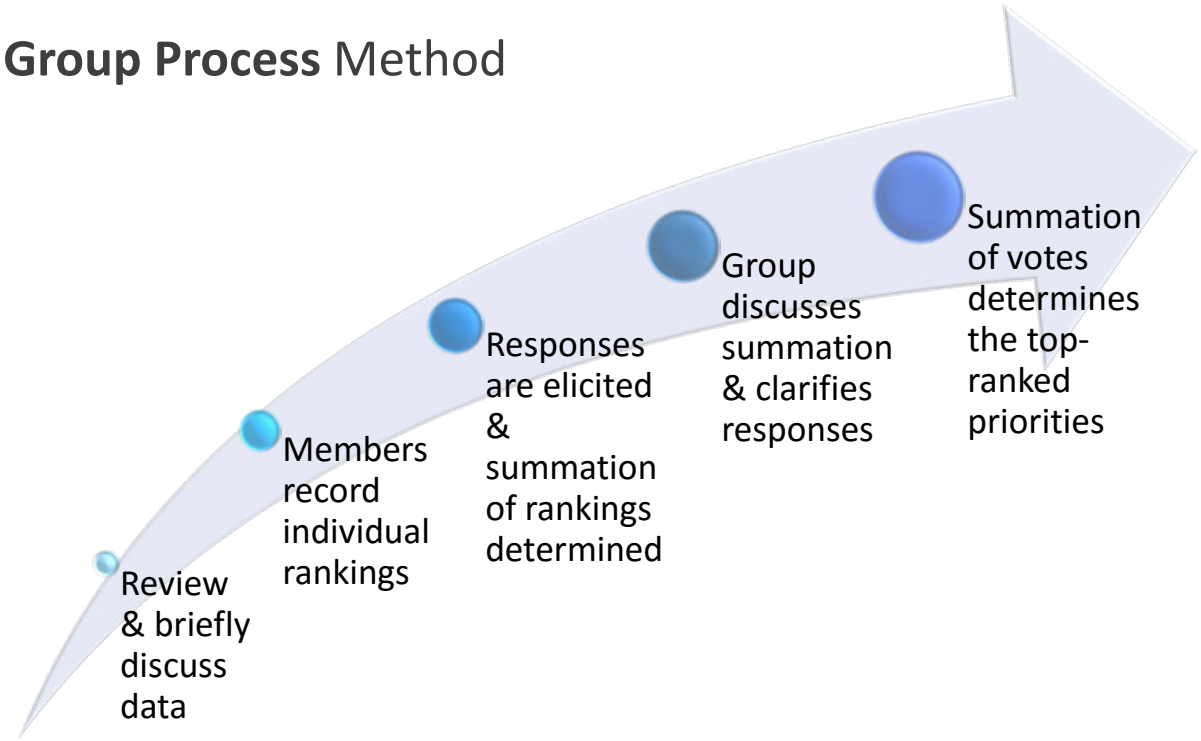
HIVPC

- Approves All PSRA Decisions

PSRA Process: Step-By-Step

Priority Setting

- **Prioritize** all service categories included in Legislation
- Utilize **CEC priority rankings, consumer feedback, and other PLWHA data** provided
- Utilize **Nominal Group Process** Method



Priority Setting: Core 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

Priority Setting: 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

How Best to Meet the Need (HBTMTN)

Directives to the Part A Recipient on how best to meet the service priorities identified include:

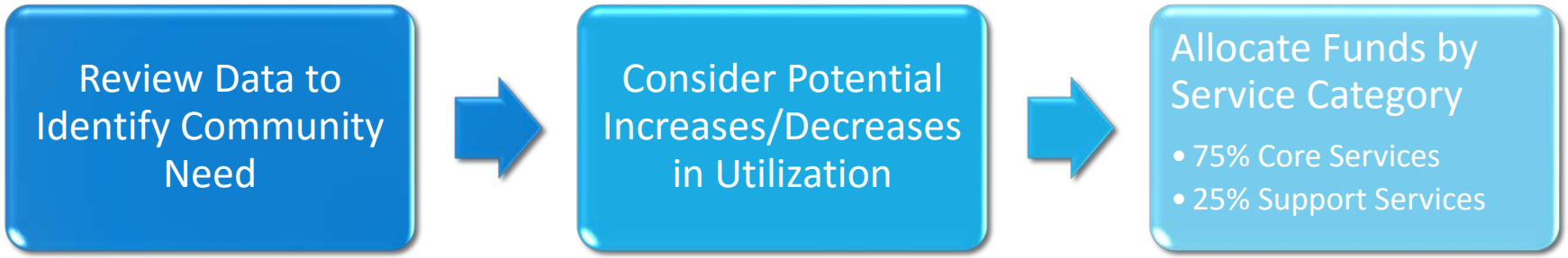
- Where geographically to fund services
- Specific models to use
- Identify target populations for which to implement new/improved services or interventions

Priorities and HBTMTN Language should be based on:

- Documented need
- Cost and Outcome Effectiveness
- Priorities of PLWHA
- Availability of other resources

Resource Allocations

- Decide how much funding will be used for each service category



Resource Allocations & Reallocations (Sweeps)

Through resource allocation, the PSRA committee determines how much funding will be used per service category based on factors such as community need, potential increases/decreases in service utilization, and expenditure trends.

The PSRA Committee shall review, at least quarterly, any deviations in planned expenditures exceeding 10% in any given funding category for possible reallocation and/or reprioritization. Unexpended amounts less than 10% in any given funding category may be reallocated by the Administrative entity of the Recipient.

Periodic Reallocation: The Part A Recipient will present the Committee with estimates of funding deviations with an explanation as to possible causes of the deviation. The funding should be maintained within the service category if possible.

Final Reallocation: In order to fully expend funds at the end of the fiscal year, the PSRA Committee authorizes the Part A Recipient to move funds between categories within a service provider's contract. This authority is given with the understanding that the reallocation process has occurred prior to this shifting of funds, that the amount of dollars involved would be less that 10% of the funding award and that there are less than 120 days left in the fiscal year.

PSRA Approval & 2020 PSRA Process

PSRA Approval

- The PSRA Committee forwards all recommendations to the HIV Planning Council for approval.
- The Grant Administrator (Part A Recipient) submits the Planning Council's PSRA recommendations to the Board of County Commissioners' designated Division Director, who in turn forwards them to the Broward County Board of County Commissioners for its approval.

2020 PSRA Process

- The Planning Council support staff will provide you with the essential materials needed for all activities. **All Committee members will be given a PSRA resource book, guided by HRSA PSRA standards, that will provide background and support to all presentations as it pertains to an informed decision making process.**
- **An immense amount of information will be distributed and presented within a short period of time:** Since a tremendous amount of information needs to be considered in order for members to prioritize services and allocate funds, each member is obligated to familiarize him- or herself with how to read the data being presented and to use the information to make informed decisions.

Ground Rules

- Every member will treat every other member with the **courtesy and respect** resulting from his or her legitimate right to be part of discussions and decision making. All members/participants in meetings will have the opportunity to speak and be listened to without interruptions.
- There will be **no personal attacks and disagreements** will **focus on issues, not upon individuals**.
- Once decisions are made, **every member of the Committee will support the decision**, regardless of his or her personal position.
- A member will behave in a manner that reflects recognition of his or her responsibility to present and consider the concerns of specific communities, or population groups, while **considering the overall needs of PLWHA,** and act on their behalf, not to benefit him- or herself.
- Members should not name service providers and/or persons during any discussion unless the service provider or person is identified in the subject of the motion or agenda item. **Specific concerns regarding service providers should be directed towards the Recipient outside of the meeting.**
- Every member will take responsibility not only for abiding by these rules of conduct personally, but also for speaking out to assure that **all members abide by them**.

Questions?

Discussion

Disease Case Management (Medical) Services

Disease Case Management refers to a system of coordinated health care interventions to help clients self-manage their HIV infection and prevent complications from other chronic health conditions through health coaching and disease-specific educational materials and care coordination. Providers of this service must also apply to provide Integrated Primary Care and Behavioral Health Services.

Responsibilities of Disease Case Management:

Disease Case Management emphasizes prevention of increased severity and complications of HIV/AIDS utilizing evidence-based, standardized clinical guidelines and patient empowerment strategies, that have been proven to be highly effective by a licensed health care professional (e.g. licensed practical nurse, registered nurse or advance registered nurse practitioner) who is qualified by training and has demonstrated HIV/AIDS experience and knowledge with complex medical clients, infectious disease processes, HIV/AIDS patients, and antibiotics.

Disease Case Management shall assist clients with:

- Adherence to prescribed medical protocols
- Retention in medical care
- Achieving viral suppression

Disease Case Management refers to activities and interventions that attempt to reduce fragmentation and improve the quality of referrals and transitions. Disease Case Management shall coordinate referrals by:

1. Providing reason for referral and relevant clinical information
2. Tracking referral status
3. Following up to obtain specialist's report
4. Documenting agreements with specialists for co-management
5. Providing electronic exchange of patient information

Elements of Disease Case Management:

Components of Disease Case Management include:

1. Reduce intensity and frequency of HIV-related symptoms and co-morbidities
2. Conduct client self-management education to increase awareness about transmission of HIV and manage the treatment of HIV disease
3. Improve coordination of client care across health conditions, providers, settings, and time in order to achieve care that is safe, timely, effective, efficient, equitable, and patient-centered

Requirements:

Disease Care Management shall incorporate the unique medical and psychosocial impact of HIV disease, support systems, and treatment protocols regarding other comorbid conditions. Disease Case Management shall also conduct care coordination for Integrated Primary Care and Behavioral Health Services. Providers of Disease Case Management must be able to:

- Monitor the delivery of care
- Document care through development of shared treatment plans and health outcomes
- Review the shared care plan with clients in conjunction with the direct care providers
- Interact with other involved care and support providers to ensure the scheduling and completion of tests, procedures, and consults and track and support clients when they obtain services

Oral Health Care Services

Oral Health Care services will encompass dental screenings, prophylaxes, fillings, simple extractions as well as periodontal and other specialty treatments. Clinical interventions should be based on treatment guidelines and recognized clinical protocols established legal and ethical standards. HIV patients must maintain oral health to reduce the risk of serious infections of the mouth, the teeth, and the entire body. Routine dental care visits facilitate the early identification of serious conditions and infections. Additionally, as a preventative measure, routine dental care reduces the incidence of common oral health problems developing into dental caries, periodontal disease, as well as other oral health problems directly related to HIV infection.

As such, Oral Health Care shall be provided based on the following priorities:

- Prevention of oral and/or systemic disease where the oral cavity serves as an entry point.
- Elimination of presenting symptoms, and
- Elimination of infection, preservation of dentition and restoration of functioning.

Responsibilities of Oral Health Care:

Oral Health Care services shall include:

- a completed assessment;
- prioritized treatment plan which is tailored to the client's needs;
- dental treatment history; and
- an assessment of medical conditions that are appropriately monitored and updated as needed. The treatment plan shall demonstrate an itemized breakdown of fees and appropriate payer for services to be rendered along with the diagnosis and treatment options to be stored in the client chart. The treatment plan will also include an appropriate recall schedule at least once every six months.

All clients shall receive a comprehensive examination that includes:

- Comprehensive head and neck exam;
- Complete intraoral exam, including evaluation for HIV associated lesions
- Full medical status information from medical provider, including medication and stage of illness, as needed; and
- Dental risk assessment and prevention strategy, including home care and other self-exam instructions.

New Patient Visits: New clients shall receive a dental screening within 10 days of the initial referral to a dental provider. If appointment cannot be scheduled, client must be provided with the option of a referral to another Ryan White Provider within the service category who can see the new patient within 10 (ten) business days. Client's initial non-emergency visits should include an oral evaluation with radiographs and treatment plan.

Elements of Oral Health Care:

Oral Health Care services funding is separated into two components: Routine Maintenance Care and Specialty Care. Funding for Routine Maintenance and Specialty Care are awarded separately.

An agency may provide both Routine Maintenance Care and Specialty Care service components. An agency providing only the Routine Maintenance Care component must have formal linkage agreements and provide documentation of referrals for specialty care needs to agencies with resources and

expertise to perform the treatments as outlined in the treatment plan. Providers of Oral Health Care services must provide care coordination.

Requirements:

Oral Health Care includes services provided by general dental practitioners, dental specialists, dental hygienists and other trained primary care providers. The provision of Oral Health Care services is limited to a benefit cap of $3,000 per Client, per calendar year.

Services provided under University-based dental programs that are delivered by unlicensed Dental Interns and/or Dental students shall be reimbursed at a lower rate. Dental students or Interns performing services must be required to complete at least thirteen (13) weeks in the rotation or assignment that includes a standardized number of pre-scheduled daily and weekly hours per student or intern as defined by the related University institution.

Case Management (Non-Medical) Services

Case Management helps to identify a range of client-centered services that link clients with legal, psychosocial, and other social supportive services including benefits/ entitlement, counseling and referral activities assisting them to access other public and private programs. Case Management has a central role in facilitating social service needs of persons with HIV. It is a collaborative process of assessment, planning, facilitation, and evaluation of service options for addressing an individual's comprehensive social needs.

Responsibilities of Case Management (Non-Medical):

The Case Manager helps identify appropriate providers and facilities throughout the continuum of services, while ensuring that available resources are being used in a timely and cost-effective manner in order to obtain optimum value for both the client and the reimbursement source. Other objectives for Case Management Services include but are not limited to:

- Assess the client's physical, psychosocial, environmental, and financial needs
- Facilitate the client's access to, maintenance of and adherence to primary health care, support services, and HIV prevention and risk reduction services
- Identify gaps in the service delivery system and consider different approaches to address the client's needs when necessary
- Evaluate clients' background, education, and training, to help them develop realistic vocational goals and/or refer clients to community services that will assist the client with job placement competencies, such as interviewing, organizational and time management skills, and networking
- Develop a formalized social service plan that is coordinated with the client and other service providers.

Elements of Case Management (Non-Medical):

Case Management services are to include a distinct and more hands-on role for Peer Education Counseling services, allowing for a complete review of Clients' needs from both a professional and social perspective. Peer Education Counselors serve as a vital role model to others who are learning to cope with the daily challenges of living with HIV. Peer Education Counselors shall support HIV-positive individuals as they enter and stay in care, adhere to treatment protocols, and improve their quality of life.

Requirements:

Case Management services must ensure coordination among providers to meet clients' needs based on the accurate assessment of those needs. Establishing formal linkages among agencies facilitate the information flow and referral process among providers. Case Managers must work with both Ryan White and non-Ryan White providers to ensure verification is obtained regarding the Client's access to the referred service(s).

FY 2017-2018 Scorecard: Part A Overall

Year	Total Clients	% Change	# New	% New
2017	8,485	**4.21%**		
2016	8,142			

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	5	0

Proposed Eligibility ≤200% FPL

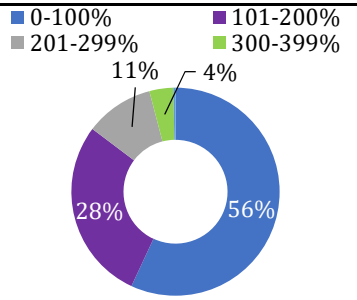
Clients	AVG $/Client	Savings
1222	$1,506.58	$1,841,040.76

FPL*	#	%
0-100%	4,734	55.8%
101-200%	2,356	27.8%
201-299%	886	10.4%
300-399%	336	4.0%
400% & over	0	0.0%

Proposed Eligibility ≤300% FPL

Clients	AVG $/Client	Savings
336	$1,506.58	$506,210.88

FPL



FY 2017-2018 Scorecard: Benefits Support Services

ELIGIBILITY: ≤300%

Year	Total Clients	% Change	# New	% New
2017	719			

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	1	0

Proposed Eligibility ≤200% FPL

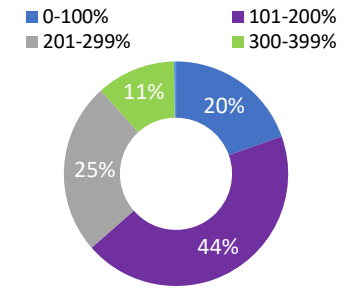
Clients	AVG $/Client	Savings
262	$110.02	$28,825.24

FPL*	#	%
0-100%	141	19.6%
101-200%	316	43.9%
201-299%	178	24.8%
300-399%	84	11.7%
400% & over	0	0.0%

Proposed Eligibility <300% FPL

Clients	AVG $/Client	Savings
84	$110.02	$9,241.68

FPL



FY 2017-2018 Scorecard: CIED

ELIGIBILITY:HIV+, Resident, ≤ 400%

Year	Total Clients	% Change	# New	% New
2017	8,347	**3.39%**	1,089	**13.0%**
2016	8,073		1,279	15.8%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	1	1

Proposed Eligibility ≤200% FPL

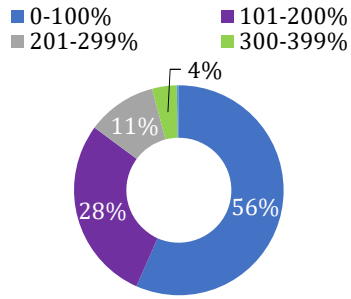
Clients	AVG $/Client	Savings
1216	$67.15	$81,654.40

FPL*	#	%
0-100%	4,641	55.6%
101-200%	2,340	28.0%
201-299%	881	10.6%
300-399%	335	3.7%
400% & over	0	0.3%

Proposed Eligibility ≤300% FPL

Clients	AVG $/Client	Savings
335	$67.15	$22,495.25

FPL



FY 2017-2018 Scorecard: Case Management

ELIGIBILITY≤ 400%

Year	Total Clients	% Change	# New	% New
2017	2,229	**-12.69%**	546	**24.5%**
2016	2,553		549	21.5%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	7	0

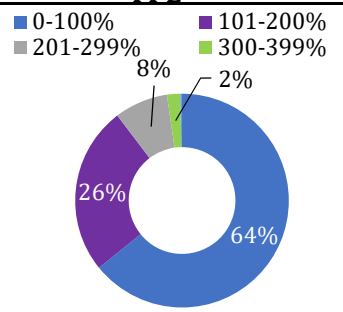
FPL*	#	%
0-100%	1,425	63.9%
101-200%	567	25.4%
201-299%	180	8.1%
300-399%	50	2.2%
400% & over	0	0.0%

Proposed Eligibility ≤200% FPL

Clients	AVG $/Client	Savings
230	$511.73	$117,697.90

Proposed Eligibility ≤300% FPL

Clients	AVG $/Client	Savings
50	$511.73	$25,586.50



FY 2017-2018 Scorecard: Disease Case Management

ELIGIBILITY≤ 400%

Year	Total Clients	% Change	# New	% New
2017	1,011	**31.30%**	218	**21.6%**
2016	770		158	20.5%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	5	1

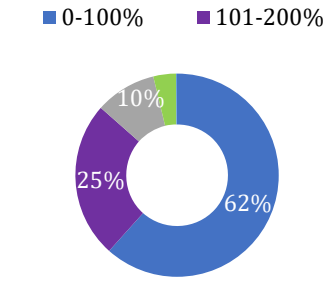
FPL*	#	%
0-100%	622	61.5%
101-200%	251	24.8%
201-299%	98	9.7%
300-399%	38	3.8%
400% & over	0	0.0%

Proposed Eligibility ≤200% FPL

Clients	AVG $/Client	Savings
136	$450.84	$61,314.24

Proposed Eligibility ≤300% FPL

Clients	AVG $/Client	Savings
38	$450.84	$17,131.92



FY 2017-2018 Scorecard: Food Bank/Voucher

ELIGIBILITY:≤300% FPL, Emergency: 251-300%

Year	Total Clients	% Change	# New	% New
2017	2,651	**5.74%**	541	**20.4%**
2016	2,507		471	18.8%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	1	0

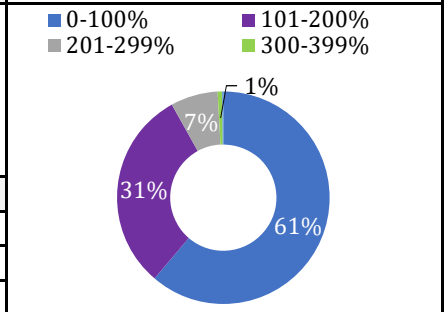
FPL*	#	%
0-100%	1,622	61.2%
101-200%	814	30.7%
201-299%	190	7.2%
300-399%	23	0.9%
400% & over	0	0.0%

Proposed Eligibility ≤200% FPL

Clients	AVG $/Client	Savings
213	$294.40	$62,707.20

Proposed Eligibility <300% FPL

Clients	AVG $/Client	Savings
23	$294.40	$6,771.20



FY 2017-2018 Scorecard: Legal Services

ELIGIBILITY:Proof of Income, ≤300% FPL

Year	Total Clients	% Change	# New	% New
2017	147	**-9.82%**	53	**36.1%**
2016	163		84	51.5%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	1	0

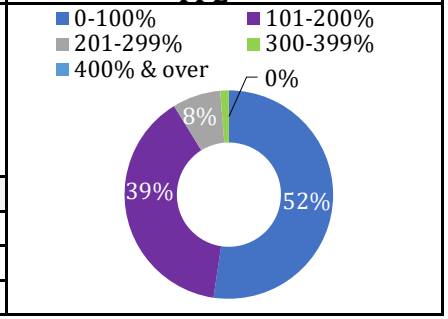
FPL*	#	%
0-100%	77	52.4%
101-200%	57	38.8%
201-299%	11	7.5%
300-399%	2	1.4%
400% & over	0	0.0%

Proposed Eligibility ≤200% FPL

Clients	AVG $/Client	Savings
13	$45.80	$595.40

Proposed Eligibility <300% FPL

Clients	AVG $/Client	Savings
2	$45.80	$91.60



FY 2017-2018 Scorecard: Mental Health — ELIGIBILITY≤300% FPL

Year	Total Clients	% Change	# New	% New
2017	334	**-2.62%**	127	**38.0%**
2016	343		90	26.2%

FPL*	#	%
0-100%	250	74.9%
101-200%	58	17.4%
201-299%	20	6.0%
300-399%	6	1.8%
400% & over	0	0.0%

Ryan White Part A & MAI Providers

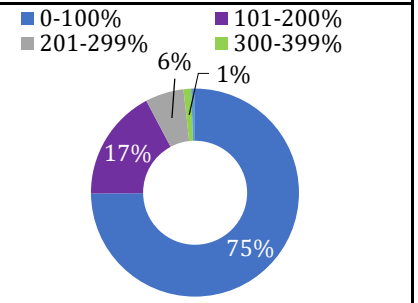
Type	Part A	MAI
Number	4	1

Proposed Eligibility ≤200% FPL

Clients	AVG $/Client	Savings
26	$1,103.10	$28,680.60

Proposed Eligibility <300% FPL

Clients	AVG $/Client	Savings
6	$1,103.10	$6,618.60



FY 2017-2018 Scorecard: Integrated Primary Care & Behavioral Health (IPCBH) — ELIGIBILITY: ≤400% FPL

Year	Total Clients	% Change	# New	% New
2017	3,603	**3.71%**	1,044	**29.0%**
2016	3,474		843	24.3%

FPL*	#	%
0-100%	2,377	66.0%
101-200%	774	21.5%
201-299%	307	8.5%
300-399%	107	3.0%
400% & over	0	0.0%

Ryan White Part A & MAI Providers

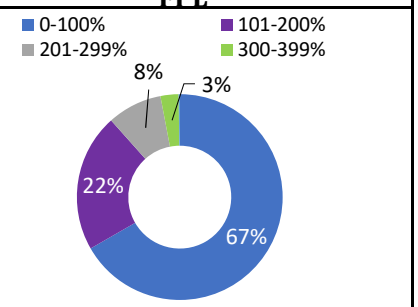
Type	Part A	MAI
Number	5	1

Proposed Eligibility ≤200% FPL

Clients	AVG $/Client	Savings
414	$1,486.27	$615,315.78

Proposed Eligibility ≤300% FPL

Clients	AVG $/Client	Savings
107	$1,486.27	$159,030.89



FY 2017-2018 Scorecard: Oral Health Care — ELIGIBILITY≤400% FPL

Year	Total Clients	% Change	# New	% New
2017	2,961	**5.79%**	801	**27.1%**
2016	2,799		558	19.9%

FPL*	#	%
0-100%	1,503	50.8%
101-200%	962	32.5%
201-299%	373	12.6%
300-399%	123	3.9%
400% & over	0	0.3%

Ryan White Part A & MAI Providers

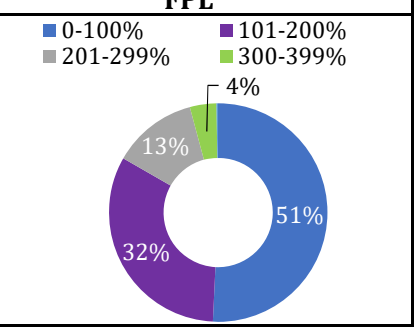
Type	Part A	MAI
Number	5	0

Proposed Eligibility ≤200% FPL

Clients	AVG $/Client	Savings
291	$789.21	$229,660.11

Proposed Eligibility ≤300% FPL

Clients	AVG $/Client	Savings
123	$789.21	$97,072.83



FY 2017-2018 Scorecard: Pharmacy — ELIGIBILITY≤400%

Year	Total Clients	% Change	# New	% New
2017	2,707	**-3.67%**	687	**25.4%**
2016	2,810		659	23.5%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	3	0

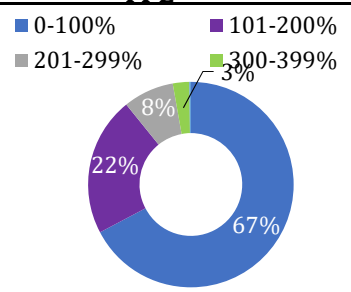
FPL*	#	%
0-100%	1,810	66.9%
101-200%	589	21.8%
201-299%	215	7.9%
300-399%	76	2.8%
400% & over	0	0.0%

Proposed Eligibility ≤200% FPL

Clients	AVG $/Client	Savings
291	$242.08	$70,445.28

Proposed Eligibility ≤300% FPL

Clients	AVG $/Client	Savings
76	$242.08	$18,398.08



FY 2017-2018 Scorecard: Substance Abuse — ELIGIBILITY≤300% FPL

Year	Total Clients	% Change	# New	% New
2017	103	**-8.85%**	35	**34.0%**
2016	113		46	40.7%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	1	1

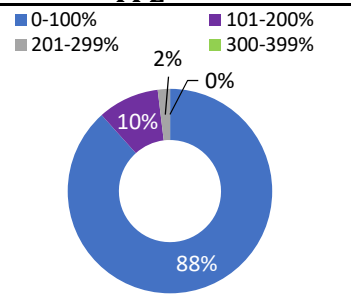
FPL*	#	%
0-100%	91	88.3%
101-200%	10	9.7%
201-299%	2	1.9%
300-399%	0	0.0%
400% & over	0	0.0%

Proposed Eligibility ≤200% FPL

Clients	AVG $/Client	Savings
2	$2,315.62	$4,631.24

Proposed Eligibility <300% FPL

Clients	AVG $/Client	Savings
0	$2,315.62	$0.00



FY 2017-2018 Scorecard: HICP					ELIGIBILITY:Proof of Income ≤400% FPL			
Year	Total Clients	% Change	# New	% New	FPL*	#	%	FPL
2017	612	**20.71%**	16	**2.6%**	0-100%	139	22.7%	
2016	507		34		101-200%	226	36.9%	
Ryan White Part A & MAI Providers					201-299%	161	26.3%	
Type	Part A		MAI		300-399%	86	14.1%	
Number	1		0		400% & over	0	0.0%	
Proposed Eligibility ≤200% FPL					Proposed Eligibility ≤300% FPL			
	Clients	AVG $/Client	Savings		Clients	AVG $/Client	Savings	
	247	$1,241.83	$306,732.01		86	$1,241.83	$106,797.38