Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

**Committee Meeting Agenda:** System of Care Committee
**Date/Time:** Friday, May 22, 2015, 9:30 a.m. **Location:** Gov't Center Annex Room A-337
**Chair:** Dr. Mark Schweizer **Vice Chair:** Donna Sabatino

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

2. **APPROVALS:** 5/22/15 Agenda and 4/24/15 Meeting Minutes

3. **MEETING ACTIVITIES/NEW BUSINESS**

| *Goal/Work Plan Objective #:* | *Accomplishments* |
|---|---|
| **SOC Data Request** (WP Item 1.3) | ACTION ITEM: Review the data request for clients virally suppressed versus clients not virally suppressed and make recommendations for further actions. |
| **Food Services Coordination Meeting** | ACTION ITEM: Discuss having a member of SOC participate in a coordination meeting regarding the ad-Hoc Food Services Committee. |
| **Funding Sources & Service Category Recommendations** (WP Item 1.4 & 2.3) (Handouts A-1-A-2) | ACTION ITEM: Analyze available funding in Broward County and identify services that are needed but not currently funded, or underfunded. Make recommendations to PSRA about services to be funded based on review of data and research. |
| **How Best to Meet the Need** (Handout B) | ACTION ITEM: Review the Draft language for How Best to Meet the Need. |
| **Linkage/Road Map** (Handout C) | ACTION ITEM: Discuss creating a linkage or road map of services for Broward County, and what should be included. |
| **Community Forum** | ACTION ITEM: Discuss an alternate date for Community Forum. |

4. **GRANTEE REPORT**

5. **PUBLIC COMMENT**

6. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** June 26, 2015 **VENUE:** Room GC-302

| *Goal/Work Plan Objective #:* | *Accomplishments* |
|---|---|
| **Eligibility Changes** (WP Item 2.2) | ACTION ITEM: Make recommendations to PSRA about service eligibility based on review of data and research. |
| **Outcomes Research** (WP Item 2.5) | ACTION ITEM: Make recommendations for outcomes for further research, and request any additional data needs. |

7. **ANNOUNCEMENTS**

8. **ADJOURNMENT**

**PLEASE COMPLETE YOUR MEETING EVALUATIONS**

**THREE GUIDING PRINCIPLES OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL**

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

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

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

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**Committee Meeting Minutes:** System of Care (SOC) Committee
**Date/Time:** Friday, April 24, 2015, 9:30 a.m. **Location:** Gov't Center Room A337
**Chair:** Dr. Mark Schweizer **Vice Chair**: Donna Sabatino

| ATTENDANCE | | | | | |
|---|---|---|---|---|---|
| # | **Members** | **Present** | **Absent** | | **Guests** |
| **1** | Schweizer, M., *Chair* | **X** | | | Burgess, D. |
| **2** | Sabatino, D., *Vice Chair* | **X** | | | Myers-Culpepper, K. |
| **3** | Creary, K. | **X** | | | Shamer, D. |
| **4** | Eserman, C. | **X** | | | Nolte, S. |
| **5** | Kress, G. | **X** | | | |
| **6** | Katz, H.B. | **X** | | | **Grantee Staff** |
| **7** | Markman, N. | **X** | | | Degraffenreidt, S. |
| **8** | Rodriguez, J. | | **A** | | Vargas, J. |
| **9** | Runkle, D. | **X** | | | Jones, L. |
| | | | | | Green, W. |
| | | | | | |
| | | | | | **HIVPC Staff** |
| | | | | | Sandler, C. |
| | **Quorum = 6** | **8** | | | Johnson, B. |

## 1. CALL TO ORDER

The Vice Chair called the meeting to order at 9:30 a.m. and 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. Chair, guest, Grantee staff and HIV Planning Council (HIVPC) staff self-introductions were made. The following motions were made:

**Motion #1:** To approve today's meeting agenda.
**Proposed by:** Creary, K.
**Seconded by:** Runkle, D.
**Action:** Passed Unanimously

**Motion #2:** To approve the 3/27/15 meeting minutes.
**Proposed by:** Runkle, D.
**Seconded by:** Katz, H.B.
**Action:** Passed Unanimously

## 2. UNFINISHED BUSINESS

None.

## 3. MEETING ACTIVITIES/NEW BUSINESS

a) Community Forum (Handout A)

The Chair recounted a discussion regarding the need for community outreach from this month's Executive Committee meeting. He identified that although many individuals are actively participating in and providing community events, there is still a need for developing new and innovative ways to reach newer clients in the community. The next steps for providing community events is to partner with the Community Empowerment Committee (CEC) in their efforts to reach the community. The Chair identified two types of events that the CEC will be hosting in the upcoming months, the first event is scheduled for June 4th. The first event would

be a health fair with booths providing resources per service category. Resources will include information and promotional items for services; not specific to providers or agencies. A member suggested utilizing the access to care schedule provided monthly by the grantee. She suggested this information be distributed to the forum attendees. A member, also a member of the CEC, gave an overview of the direction of the "Positive Living" event. This forum would be a relaxing evening including meditation and discussion on getting into care, barriers, and services for a specific subpopulations.

HIVPC Staff reminded the committee that part of the PSRA process is to go out in the community and inform consumers on the services provided by Ryan White Part A and receive information from the community. They determined that CEC is the face of the HIVPC; educating individuals on what services are provided, the purpose of the Planning Council, and the benefits of involvement. The purpose of the SOC committee's involvement is to further explain what services are provided, get feedback on services that are needed and make decisions based on what is shared at the community forum. A member suggested that one of the focus points is to provide a "road map" of services, in which specific services can be suggested based on individual needs. Staff informed the committee that this would be further discussed later on in the agenda. The Part A Grantee provided a brief overview of the intake process and how this information is conveyed to clients. Members requested an educational component for the committee regarding the differences in the different Ryan White Parts in order to effectively direct their clients to the appropriate services in the community. A member suggested utilizing the HIV 101 component for the "Positive Living" forums, which will educate and empower these clients.

The Grantee reminded members to focus on the purview of the committee and identified that education and health literacy are the responsibility of the QM committee, individuals who are providing services, etc. The committee should focus on what to prepare for regarding the evolution of the overall system of care. The Chair stated that this committee would gather information from consumers and data, determining where gaps are, and to empower others in the community based on the information provided. The Community Partnerships Division (CPD) Director mentioned that if the common theme of a system issue is that clients are not bringing labs to appointments, there should be an automatic process in which providers can easily access labs though the shared Part A MIS system, preventing missing labs from being a barrier. Providers should be engaged in helping to access this data across the system. The Grantee suggested to review historical data including data from the needs assessments to determine trends and how to focus efforts to alleviate issues that are occurring system wide. A member inquired how the committee would look at the gaps between the public and private insurances would be addressed. The Grantee stated that this committee would have to utilize the data and the process that is currently available. He mentioned that currently, the link between private insurances and eligibility for Ryan White services is the intake process. Once a client completes intake, communication regarding clients' ancillary services will be available. The CPD Director mentioned the development of an online portal that would allow for communication amongst providers and insurance outside of Ryan White. The Grantee directed the committee to review previous needs assessment data to identify needs of clients and other gaps in services. Once all information and data has been gathered, the committee will make proper information to the Needs Assessment Committee.

b) <u>Client Health Outcomes (WP Item 1.3) (Handout B)</u>

HIVPC Staff gave an overview of the National HIV/AIDS Strategy (NHAS) which includes viral load suppression for all clients and zero new infections for those who are not infected. She explained the HIV Care Continuum, including a graph outlining the stages of clients who are diagnosed, linked, retained, prescribed ART, and those who are virally suppressed. She identified limitations such as the data presented regarding prescribed ART and viral load suppression. This data is taken from the Centers of Disease Control (CDC) Medical Monitoring Project (MMP) which is an estimate (sample) of clients who are prescribed ART and virally suppressed. She further explained the data for clients who are diagnosed and linked, which is displayed as actual numbers for Part A clients. She identified that the biggest drop-off for clients is between the linked

and retained in care of the care continuum. A member inquired whether this information is also reported from private insurances. The Grantee informed the committee that while not all components are reported, viral load is required data that must be reported to the state. A member requested information on the status of clients' retention if they went from Ryan White to private insurance. A guest inquired about the difference in percentage of linked to care and prescribed ART. HIVPC Staff informed him that ART is a step that occurs once a client is retained in care. In some cases, clients are linked, but they may not be retained in care in order to be prescribed ART.

The Chair asked for a comparison to similar EMAs. HIVPC Staff provided an example of data from another EMA similar to Broward and identified that the information contained on the care continuum are similar but in some cases, the breakdown for local level data may not be available. The Care Continuum for Part A was presented (retained, prescribed ART, and virally suppressed). It showed that currently, 84% of Part A clients are retained in care. Of those, 91% are prescribed ART and 84% of those who are retained are virally suppressed. Staff informed the committee that the client profiles are distinctive amongst service categories, and that the QM and PSRA Committees are analyzing this data to determine those who are not retained and virally suppressed. The committee was presented with data on subpopulations who are not virally suppressed. Black Non-Hispanic Females, MSMs, and younger clients (18-28 years old) were identified, amongst other groups (identified on the Handout B) as not being virally suppressed. A member asked if there was a question on the Needs Assessment that references reasons why an IDU may not be in care such as having a dual diagnosis. She further noted that this population is also a large transient group and this data may be difficult to capture because they are going back and forth. The Chair further suggested that future needs assessments target populations not achieving health outcomes and determine why this is occurring. The CPD Director talked about drilling down that data that is reported and develop a plan or approach to target the communities that are not achieving health outcomes. A member suggested a client portal. The Grantee informed the committee that this type of system is in the works throughout the county, state and other EMAs.

After a thorough discussion regarding subpopulations who are not retained in care and not virally suppressed, the committee determined that they would like to see the characteristics of the persons who ARE virally suppressed; the characteristics of the persons who are NOT virally suppressed; and the difference between those two populations.

Data points to be included are (sorted by age group):

- Age: under 20; 21-29; 30-39; 40-49; 50-59; 60-64; 65+
  - Utilization by service category
  - Income
  - Zip code
  - Housing status
  - Education
  - Mental Health/Substance Abuse comorbidities
  - Marital status
  - Insurance status
  - Gender
  - Risk Factor
  - Race/Ethnicity

c) Funding Sources (W.P. 1.4) (Handout C) – This item was tabled until the next meeting.

d) How Best To Meet The Need (W.P. 2.1) (Handout D)
HIVPC Staff explained the How Best to Meet the Need (HBTMTN) process to the committee. The Grantee further explained that the language for the HBTMT provides directives to both the Grantee and the Planning Council on how to provide services to clients in Part A. HBTMTN directives, an instrumental part of the

PSRA process, guide the grantee and the Planning council on the "who, what, and how" services are being delivered to specific subpopulations. The committee reviewed the handout which includes additions based on information from past needs assessments. Staff solicited feedback and recommendations from the committee to be forwarded to the Needs Assessment consultants. She included that the new language identified epidemiology, where services are located, past and current needs assessment data. The Community Partnerships Director and the Chair agreed that information included on the HBTMTN that is already part of the process should not be included. The Chair recommended to table this discussion after looking at all the components of the language and eliminating language already included in the process.

e) Linkage Map (Handout E) – This item was tabled until the next meeting

## 4. GRANTEE REPORT

A representative from the Grantee's office informed the committee that Ryan White Part A is now on the social media website, Twitter @getcarebroward.

## 5. PUBLIC COMMENT

The Committee held a brief discussion of the reflectiveness of the committee. HIVPC Staff noted that recruitment of consumer members, Hispanic and Black members is essential in ensuring the committee is reflective of the epidemic. The Chair also solicited members from the mental health service category as well as other public sector insurance representatives who will contribute in the reflectiveness of the committee.

## 6. AGENDA ITEMS/TASKS FOR NEXT MEETING: Friday, May 22, 2015, 9:30 a.m. VENUE: Gov't Center Annex Room A337

| *Goal/Work Plan Objective #:* | *Accomplishments* |
|---|---|
| **Client Health Outcomes** (WP Item 1.3) | ACTION ITEM: Review client health outcomes by payer, EMA/TGA, and along the HIV Care Continuum. |
| **Funding Sources** (WP Item 1.4) | ACTION ITEM: Analyze available funding in Broward County and identify services that are needed but not currently funded, or underfunded. |
| **How Best to Meet the Need** (WP Item 2.1) | ACTION ITEM: Develop language for How Best to Meet the Need (HBTMTN). |
| **Linkage Map** | ACTION ITEM: Discuss creating a linkage map of services for Broward County, and what should be included. |

## 7. ANNOUNCEMENTS

## 8. ADJOURNMENT

The meeting adjourned at 11:34 a.m.

**System of Care Attendance - CY2015**

| Count | Meeting Month: | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Atten. Letters |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Meeting Date: | 23 | 27 | 27 | 24 | | | | | | | | | |
| | | C | C | | | | | | | | | | | |
| 1 | Cook, R. | NQA | NQA | R - 3/9 | | | | | | | | | | W-3/3 |
| 2 | Creary, K. | | | X | X | | | | | | | | | |
| 3 | Eserman, C. | NQX | NQX | X | X | | | | | | | | | |
| 4 | Katz, H.B. | NQX | NQX | X | X | | | | | | | | | |
| 5 | Kress, G. | NQX | NQX | X | X | | | | | | | | | |
| 6 | Markman, N. | NQX | NQX | X | X | | | | | | | | | |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7 | Runkle, D. | | | X | X | | | | | | | | | |
| 8 | Rodriguez, J. | NQA | NQA | X | A | | | | | | | | | W-3/3 |
| 9 | Sabatino, D., *Vice Chair* | NQA | NQA | X | X | | | | | | | | | W-3/3 |
| 10 | Schweizer, M., Chair | NQX | NQX | X | X | | | | | | | | | |
| 11 | Ullah, E. | NQA | NQA | R - 3/3 | | | | | | | | | | W-1/27 |
| | **Quorum = 6** | 5 | 5 | 9 | 8 | | | | | | | | | |

## FY 2014 Total Expenditures By Funder

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

# Part A & Part B Service Categories

## Core Medical-related Services [Listed in Legislation]

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

## Supportive Services [Approved by Secretary of HHS]

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

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

**Updated April 2014**

## Core Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Non-allowable services include:

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

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

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

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

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

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

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

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

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

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

## Supportive Services

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

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

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

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

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

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

    ***Note:*** Direct cash payments to clients are not permitted.

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

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

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

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

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

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

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

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

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

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

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

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

Funds may not be used for:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HANDOUT B

# FY 2016-2017 DRAFT LANGUAGE HOW BEST TO MEET THE NEED

Blue = new language

## ALL SERVICES

- Ensure all providers have HIV specific Clinical Quality Management (CQM) plans and CQM provider efforts are regularly reported through Quality Improvement (QI) Networks.
- Ensure all providers have HIV-specific cultural competency plans based on the National Standards for Culturally and Linguistically Appropriate Services (CLAS standards)
- Ensure high client satisfaction with services through consistent feedback opportunities such as surveys or focus groups, and provide follow up as needed
- Ensure services are located throughout the county, especially the southern and southwestern parts of the county, and agencies are on public transit routes
- Enhance the emphasis on adherence and retention in medical care inclusive of sub-populations not achieving viral load suppression, including but not limited to:
    - Black heterosexual men and women
    - Black men who have sex with men (MSM)
    - Non-permanently housed
    - Transgender
    - 18-38 years of age
- Increase follow up efforts with clients who have missed appointments to determine if clients are really not in care or have moved to a different payer source

## PART A CORE SERVICES

### Outpatient Ambulatory Health Services (OAMC)

- Continue to ensure access to nutritional counseling/therapy services
- Ensure communication between primary care providers, nutrition counselors, and other service providers about client nutritional outcomes that may impact outcomes in other services
- Conduct basic Mental Health /Substance Abuse (MH/SA) assessments within the SDM
    - Consider role of culture/stigma related to accessing MH/SA
- Refer to appropriate services/follow-up.
- Ensure services are available to People Living With HIV/AIDS (PLWHAs) in all Broward geographic areas through selection of providers located in areas where prevalence is highest, particularly the southern and southwestern parts of the County

### AIDS Pharmaceuticals (Local)

- Ensure only locally available AIDS Drug Assistance Program (ADAP) approved antiretroviral drugs (ARVs) are added to formulary
- Ensure payer of last resort through application/enrollment in ADAP, AIDS Insurance Continuation Program (AICP), medication co-pay, Health Insurance Continuation Program (HICP), Medicaid, Medicare, private health insurance, and the use of medications with Patient Assistance Programs (PAPs) when appropriate

### Oral Health Care (OHC)

- Maintain specialty oral health care service definition provide care beyond extractions and restoration to include, but not be limited to, full or partial dentures and surgical procedures, periodontal work, and root canals

### Health Insurance Continuation Program (HICP)

- Purchase health insurance marketplace plans that are from the approved list developed by Part A and ADAP; plans will provide comprehensive primary care and pharmacy benefits that provide a full range of HIV medications
- Ensure a mechanism for including coverage for medical and pharmaceutical co-payments

Mental Health Services

- Ensure services to stabilize mental health and facilitate treatment adherence
- Ensure services are provided in a manner that addresses the dual diagnosis/co-occurrence of HIV and mental health issues and substance use, when appropriate
- Ensure communication between mental health and substance abuse providers if client is receiving both services
- Ensure communication between mental health providers and other service provider about mental health client outcomes that may impact outcomes in other services
- Implement mental health services that target the socio-sexual-cultural needs of populations not achieving health outcomes, including clients not retained in care, not virally suppressed, and not meeting specific plan of care goals

Disease (Medical) Case Management

- Ensure client education to increase self-sufficiency, including how to read and understand labs, medication adherence, and navigating the continuum of services in Broward County
- Assess barriers and implement strategies to address adherence including referrals for further counseling
- Provide health education and reinforce strategies for risk behavior reduction
- Ensure a standardized MH/SA screening mechanism as part of the SDM
    - Consider role of culture/stigma related to accessing MH/SA
    - Refer to appropriate services/follow-up.

Substance Abuse Services - Outpatient

- Ensure services are provided in a manner that addresses the dual diagnosis/co-occurrence of HIV and substance abuse issues as well as any mental health issues, when appropriate
- Ensure communication between mental health and substance abuse providers if client is receiving both services
- Ensure communication between substance abuse providers and other service provider about substance abuse client outcomes that may impact outcomes in other services
- Implement substance abuse services that target the socio-sexual-cultural needs of populations not achieving health outcomes, including clients not retained in care, not virally suppressed, and not meeting specific plan of care goals

## PART A SUPPORT SERVICES

Centralized Intake and Eligibility Determination (CIED)

- Support outreach, benefits counseling and enrollment activities for all 3rd party funded programs
- Ensure rapid linkage of newly diagnosed and individuals out of care, by ensuring an adequate number of appointments in geographic areas with large populations of newly diagnosed
- Ensure linkages to ambulatory medical and other service systems
- Ensure coordination with key points of entry including Prevention, Counseling and Testing (CTS), other Ryan White (RW) Parts, hospitals, correctional facilities and substance abuse programs
- Ensure providers have active, focused Memorandum of Understanding (MOUs), with key points of entry
- Increase awareness of other programs in Broward County that will be of benefit to clients, especially programs that will help with barriers to care

(Non-Medical) Case Management

- Ensure client education about transitioning to insurance plans, including medication pick up, co-payments, staying in network, etc.
- Ensure client education to increase self-sufficiency, including how to read and understand labs, medication adherence, and navigating the continuum of services in Broward County, especially ACA Marketplace insurance plans
- Provider demonstrates an understanding of client barriers to care and service needs and the means to address them
- Improve client understanding of services and assist in their ability to self-navigate the system of care
- Support benefits counseling and enrollment activities of RW clients into private health insurance plans through

the Health Insurance Marketplace and/or Medicaid

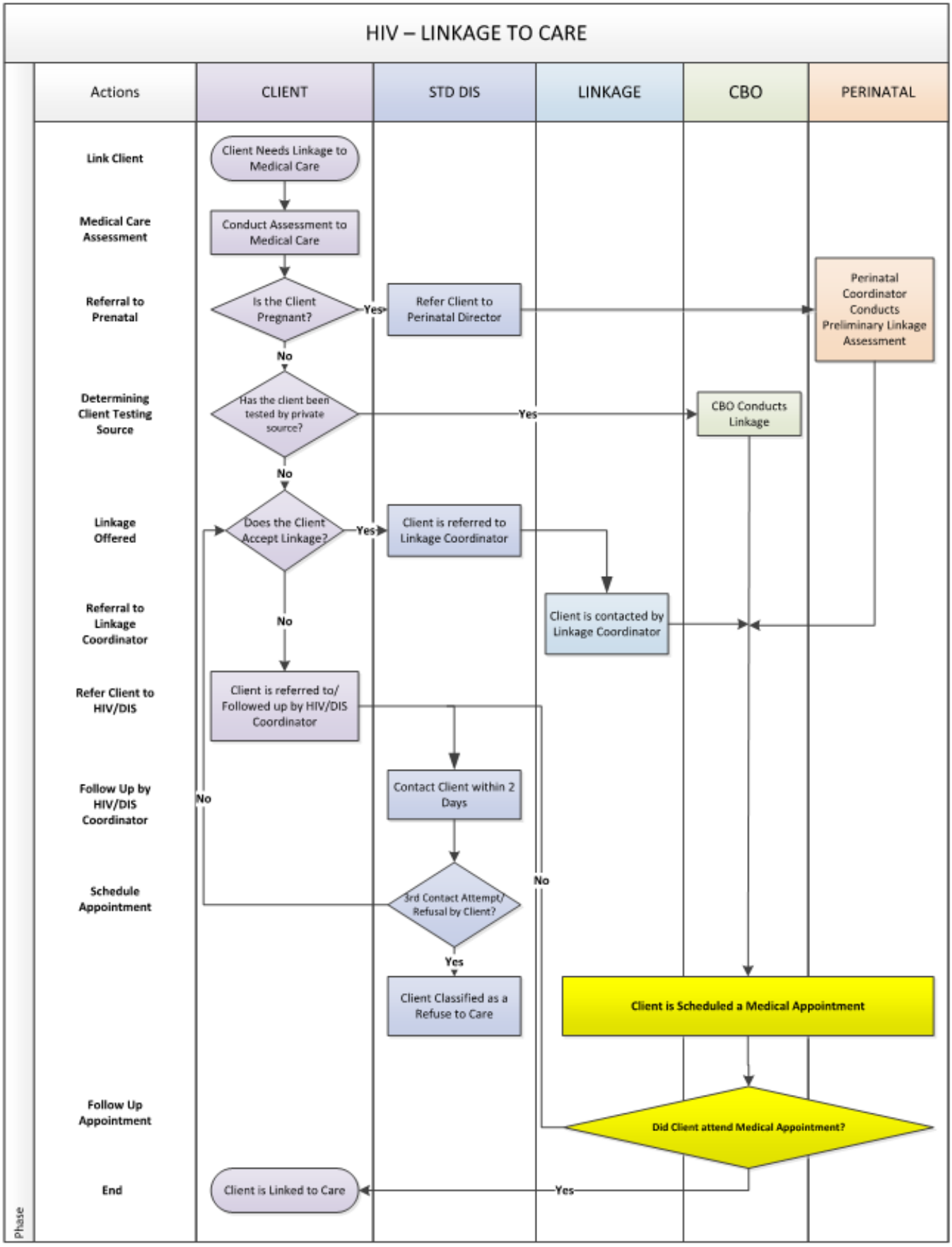
Food Services

- Increase communication with client primary care physicians and nutrition counselors to ensure client nutritional needs are being met

Legal Services

## MAI SERVICES

- Focus MAI efforts on subpopulations not achieving health outcomes:
  - Black heterosexual men and women
  - Black MSM
  - Transgender
- Focus MAI efforts on services with the highest percentages of MAI clients not achieving health outcomes, especially:
  - CIED
  - (Non-medical) Case Management
  - OAMC
  - Mental Health
  - Substance Abuse




This handout shows the linkage map for the Broward County Prevention system, and does not include Part A linkage efforts. It is intended to be used as an example only.