

Houston Area HIV Services Ryan White Planning Council

FY 2021 How to Best Meet the Need Workgroup Meeting
A Subcommittee of the Quality Improvement Committee

Important Initiatives to be Considered During the 2020 Planning Process

Agenda

10:00 am, Monday, April 13, 2020

Meeting Location: Online or via phone

Zoom Meeting ID: 382 959 596

To join via phone: (346) 248-7799

-
- | | | |
|------|--|--|
| I. | Call to Order (10 min.) | Pete Rodriguez and Marcelly Macias,
Workgroup Co-Chairs |
| | A. Moment of Reflection | |
| | B. Welcome | |
| | C. Review Workgroup Purpose, Packet & Guidelines
(<i>Workgroup Guidelines</i> are on the back) | Tori Williams, Director
Office of Support |
| | D. Roll call for name, agency and conflict – yes or no | |
| | E. Role of the staff representatives | |
| | a. Office of Support | |
| | b. Ryan White Grant Administration | |
| | c. The Resource Group | |
| II. | Determine the number of participants eligible to vote | Tori Williams |
| III. | Ending the HIV Epidemic Initiative (EtE) (20 min.) | Carin Martin, Manager |
| | A. Support/compliment EtE funded activities for year 2 clients? | Ryan White Grant Administration |
| IV. | Tentative: Update on HOPWA Funding (20 min.) | Melody Barr |
| | A. General update | Deputy Assistant Director |
| | B. New funds from the Stimulus Bill | Public Services |
| V. | Emergency Financial Assistance (20 min.) | Carin Martin |
| | A. Review current service definition | |
| | B. Review the HRSA service definition | Tori Williams |
| | C. Consider expanding the service to create an emergency fund | |
| VI. | Next Steps | |
| VII. | Adjournment | |

Houston Area FY 2021 How to Best Meet the Need Process

Workgroup Guidelines

- 1. This meeting is using Zoom software, which means that participants are being audio and video taped. The tape is for use in capturing the motions made throughout the meeting. The videotape is public record. If you state your name or HIV status it will be on public record.**
- 2. All workgroup participants must familiarize themselves with the Ryan White Planning Council's Conflict of Interest Policy. (This will be reviewed at the beginning of each workgroup meeting.)**
- 3. All workgroup participants are required to state their name, agency name (if they work for an agency) and if they are conflicted.**
- 4. Workgroups will use Robert's Rules of Order as a guideline for conducting business. Therefore, if there are enough participants eligible to vote, workgroup co-chairs will ask for motions, a second to a motion and a vote on all workgroup recommendations. The staff from the Office of Support will record all recommendations.**
- 5. According to the bylaws of the Ryan White Planning Council, *"Only one voting member per agency will be permitted to vote."* Therefore, agencies sending more than one representative to a particular workgroup must declare at the beginning of the meeting which participant will be casting the vote throughout the meeting.**
- 6. The participant selected to represent the agency can vote on any recommendation unless the individual has a conflict of interest with the recommendation. (See the Ryan White Planning Council's Conflict of Interest Policy for further clarification.)**
- 7. All recommendations made by the "How to Best Meet the Need" Workgroups are sent to the Quality Improvement Committee for review, possible revision and possible approval. Recommendations that are not approved by the Quality Improvement Committee are not forwarded to the Steering Committee or full Council.**

FY 2020 Part A Funded Service Categories

** = HRSA-defined core service

Part A Funded Service Categories:

- **Ambulatory/Outpatient Medical Care (includes Rural, Pediatrics, OB/GYN and Vision care)
- **Case Management – Medical (including treatment adherence services)
 - Case Management – Non-medical (community based)
- **Emergency Financial Assistance - Pharmacy Assistance
- **Health Insurance Assistance
- **Local Pharmacy Assistance Program
- **Medical Nutrition Therapy (including supplements)
- **Oral Health (Rural)
 - Outreach Services
 - Program Support (Project LEAP, Case Management Training and Blue Book)
 - Planning Council Support
- **Substance Abuse Treatment (Outpatient)
 - Transportation (Van-based and bus passes)

HRSA Services NOT Funded by Part A:

- Child Care Services (in home reimbursement and at primary care sites)
- **Early Medical Intervention (HE/RR)
 - Food Bank/Home Delivered Meals
- **Home and Community-based Health Services – Facility Based
- **Home and Community-based Health Services – In Home
- **Hospice Services
 - Housing Assistance (Emergency rental assistance)
 - Housing Related Services (Housing coordination)
 - Legal Services
- **Mental Health Services
 - Minority Capacity Building
 - Linguistic Services
 - Psychosocial Support Services (Counseling/Peer)
 - Rehabilitation Services
 - Volunteerism/Buddy Companion Services

<<< Over for Part B/State Services >>>

FY 2020 Part B/State Services Funded Service Categories

** = HRSA-defined core service

Part B Funded Service Categories:

- **Health Insurance Assistance
- **Home and Community based Health Services – Facility Based
- **Oral Health Care (untargeted and prosthodontics)
 - Referral for Health Care and Support Services (ADAP workers)

State Services Funded Service Categories:

- Case Management – Non-Medical, Targeting Substance Use Disorders
- **Early Medical Intervention (Incarcerated)
- **Health Insurance Assistance
- **Hospice Services
 - Linguistics Services
- **Mental Health Services

HRSA Services NOT Funded by Part B/State Services:

- **Ambulatory/Outpatient Medical Care (Rural)
- **Case Management – Medical (Rural)
 - Child Care Services (in home reimbursement and at primary care sites)
- **Early Medical Intervention (HE/RR)
 - Emergency Financial Assistance - Pharmacy Assistance
 - Food Bank/Home Delivered Meals
- **Home and Community-based Health Services – In Home
 - Housing Assistance (Emergency rental assistance)
 - Housing Related Services (Housing coordination)
 - Legal Assistance
- **Local Medication Program
- **Medical Nutrition Therapy (Nutritional Counseling and Nutritional Supplements)
 - Minority Capacity Building
 - Outreach Services
 - Psychosocial Support Services (Counseling/Peer)
 - Rehabilitation Services
- **Substance Abuse Services
 - Transportation (Rural)
 - Volunteerism/Buddy Companion Services

FY 2020 Houston EMA/HSDA Service Category Financial Eligibility

Ryan White Part A, Part B and State Services

<u>Service Definition</u>	Approved FY19 Financial Eligibility Based on federal poverty guidelines	Approved FY20 Financial Eligibility Based on federal poverty guidelines
Ambulatory/Outpatient Medical Care (includes Medical Case Management, Service Linkage, Local Pharmacy Assistance) CBO, Public Clinic, Rural & Pediatric – Part A	300%, (None, None, 300% non-HIV, 500% HIV meds)	300%, (None, None, 400% non-HIV meds, 500% HIV meds)
Case Management (Clinical) - Part A	No Financial Cap	No Financial Cap
Case Management (Non-Medical, Service Linkage at Testing Sites) - Part A	No Financial Cap	No Financial Cap
Case Management (Non-Medical, targeting Substance Use Disorders) - State Services	No Financial Cap	No Financial Cap
Early Intervention Services (Incarcerated) - State Services	No Financial Cap	No Financial Cap
Emergency Financial Assistance Pharmacy Assistance – Part A	500%	500%
Health Insurance Premium and Cost Sharing Assistance - Part B/State Services - Part A	0 - 400% ACA plans: must have a subsidy (see Part B service definition for exception)	0 - 400% ACA plans: must have a subsidy (see Part B service definition for exception)
Home & Community-Based Health Services - Adult Day Treatment (facility-based) - Part B	300%	300%
Hospice Services - State Services	300%	300%
Linguistic Services - State Services	300%	300%
Medical Nutritional Therapy and Nutritional Supplements - Part A	300%	300%
Mental Health Services – SS	300%	400%
Oral Health - Untargeted – Part B - Rural (North) – Part A	300%	300%
Outreach Services - Primary Care Retention - Part A	No Financial Cap	No Financial Cap
Referral for Health Care and Support Services-ADAP Enrollment Workers – State Services-R	No Financial Cap	No Financial Cap
Substance Abuse Treatment - Part A	300%	300%
Transportation - Part A	400%	400%
Vision Care - Part A	300%	300%

Service Category	Is this a core service? If no, how does the service support access to core services & support clients achieving improved outcomes?	How does this service assist individuals <i>not in care</i> * to access primary care? <i>*EIIHA: Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status-unaware and link them into care <i>*Unmet Need:</i> Individuals diagnosed with HIV but with no evidence of care for 12 months <i>*Continuum of Care:</i> The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade.	Documentation of Need (Sources of Data include: 2020 Needs Assessment, 2017-2021 Comp Plan, 2016 Ending the HIV Epidemic Plan, 2018 Outcome Measures, 2018 Chart Reviews, Special Studies and surveys, etc.) Which populations experience disproportionate need for and/or barriers to accessing this service?	Identify non-Ryan White Part A, Part B/ non-State Services, or Ending the HIV Epidemic initiative funding sources to identify if there is duplicate funding or the need to fill in a gap. (i.e., Alternative Funding Sources) Is this service typically covered under a Qualified Health Plan (QHP)?	Justify the use of Ryan White Part A, Part B and State Services funds for this service. Is this a duplicative service or activity?	Service Efficiency Can we make this service more efficient? For: a) Clients b) Providers Can we bundle this service? Has a recent capacity issue been identified?	Recommendation(s)
AIDS Pharmaceutical Assistance	☒ Yes ☐ No	☐ EIIHA ☐ Unmet Need ☐ Continuum of Care		Covered under QHP? ☐ Yes ☒ No			
Emergency Financial Assistance	☐ Yes ☒ No	☒ EIIHA ☒ Unmet Need ☒ Continuum of Care		Covered under QHP? ☒ Yes ☐ No			

‡ Service Category for Part B/State Services only.

Service Category	Is this a core service? If no, how does the service support access to core services & support clients achieving improved outcomes?	How does this service assist individuals <i>not in care*</i> to access primary care? <i>*EIIHA: Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status-unaware and link them into care <i>*Unmet Need:</i> Individuals diagnosed with HIV but with no evidence of care for 12 months <i>*Continuum of Care:</i> The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade.	Documentation of Need (Sources of Data include: 2020 Needs Assessment, 2017-2021 Comp Plan, 2016 Ending the HIV Epidemic Plan, 2018 Outcome Measures, 2018 Chart Reviews, Special Studies and surveys, etc.) Which populations experience disproportionate need for and/or barriers to accessing this service?	Identify non-Ryan White Part A, Part B/ non-State Services, or Ending the HIV Epidemic initiative funding sources to identify if there is duplicate funding or the need to fill in a gap. (i.e., Alternative Funding Sources) Is this service typically covered under a Qualified Health Plan (QHP)?	Justify the use of Ryan White Part A, Part B and State Services funds for this service. Is this a duplicative service or activity?	Service Efficiency Can we make this service more efficient? For: a) Clients b) Providers Can we bundle this service? Has a recent capacity issue been identified?	Recommendation(s)
Housing Assistance/ Housing Related Services	___Yes ☒ No	☐ EIIHA ☐ Unmet Need ☐ Continuum of Care		Covered under QHP? ___Yes ☒ No			
Legal Assistance	___Yes ☒ No	☐ EIIHA ☐ Unmet Need ☐ Continuum of Care		Covered under QHP? ___Yes ☒ No			

‡ Service Category for Part B/State Services only.

Service Category	Justification for Discontinuing the Service
Part 2: Services <i>allowed</i> by HRSA but not offered by Part A, Part B or State Services funding in the Houston EMA/HSDA as of 03-01-20 <i>(In order for any of the services listed below to be considered for funding, a New Idea Form must be submitted to the Office of Support for the Ryan White Planning Council no later than <u>5 p.m. on May 4, 2020.</u> This form is available by calling the Office of Support: 832 927-7926)</i>	
Buddy Companion/Volunteerism	Low use, need and gap according to the 2002 Needs Assessment (NA).
Childcare Services (In Home Reimbursement; at Primary Care sites)	Primary care sites have alternative funding to provide this service so clients will continue to receive the service through alternative sources.
Emergency Financial Assistance	According to the HOPWA representative, they provide significant funding for emergency rent and utility assistance. (See City Council approved allocations.)
Food Pantry (Urban)	Service available from alternative sources.
HE/RR	In order to eliminate duplication, eliminate this service but strengthen the patient education component of primary care.
Home and Community-based Health Services (In-home services)	Category unfunded due to difficulty securing vendor.
Housing Assistance (Emergency rental assistance) Housing Related Services (Housing Coordination)	According to the HOPWA representative, they provide significant funding for emergency rent and utility assistance. (See City Council approved allocations.) But, HOPWA does not give emergency shelter vouchers because they feel there are shelters for this purpose and because it is more prudent to use limited resources to provide long-term housing.
Legal Assistance	Contractor returned funds because they did not need them to provide the service. No other organization bid on the service.
Minority Capacity Building Program	The Capacity Building program targeted to minority substance abuse providers was a one-year program in FY2004.
Outreach Services	Significant alternative funding.
Psychosocial Support Services (Counseling/Peer)	Duplicates patient education program in primary care and case management. The boundary between peer and client gets confusing and difficult to supervise. Not cost effective, costs almost as much per client as medical services.
Rehabilitation	Service available from alternative sources.

‡ Service Category for Part B/State Services only.