



Committee Meeting Agenda: System of Care Committee

Date/Time: Friday, July 24, 2015, 9:30 a.m. **Location:** Gov't Center Room GC-302

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:** 7/24/15 Agenda and 5/22/15 Meeting Minutes
3. **MEETING ACTIVITIES/NEW BUSINESS**

Goal/Work Plan Objective #:	Accomplishments
Community Forum (Handouts A1-A3)	ACTION ITEM: Discuss the Community Forum, including dates, time, location, and purpose.
Funding Sources Along the Care Continuum (WP Item 1.4 & 2.3) (Handouts B1-B3)	ACTION ITEM: Review the list of available services in the Broward County community and how they relate to each stage of the HIV Care Continuum. Identify points of contact for more information about services.
Linkage/Road Map (Handout C)	ACTION ITEM: Discuss creating a linkage or road map of services for Broward County, and what should be included.

4. **GRANTEE REPORT**
5. **PUBLIC COMMENT**

6. AGENDA ITEMS/TASKS FOR NEXT MEETING: August 28, 2015 **VENUE:** Room GC-302

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.
Funding Sources Along the Care Continuum (WP Item 1.4 & 2.3)	ACTION ITEM: Review the list of available services in the Broward County community and how they relate to the retention in care stage of the HIV Care Continuum. Identify services for further research.

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



Committee Meeting Minutes: System of Care (SOC) Committee
Date/Time: Friday, May 22, 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., <i>Chair</i>	X		Bermudez, E.
2	Sabatino, D., <i>Vice Chair</i>		A	Burgess, D.
3	Creary, K.	X		Buttimer, B.
4	Eserman, C.		A	Lewis, L.
5	Kress, G.		A	Nolte, S.
6	Katz, H.B.	X		Tarver, Y.
7	Markman, N.	X		
8	Rodriguez, J.	X		Grantee Staff
9	Runkle, D.	X		Copa, R.
				Vargas, J.
				Jones, L.
				Green, W.
				HIVPC Staff
				Sandler, C.
				Bente, A.
	Quorum = 6	6		

1. CALL TO ORDER

The Vice Chair called the meeting to order at 9:37 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: Runkle, D.

Seconded by: Katz, H.B.

Action: Passed Unanimously

Motion #2: To approve the 4/24/15 meeting minutes.

Proposed by: Creary, K.

Seconded by: Katz, H.B.

Action: Passed Unanimously

2. UNFINISHED BUSINESS

None.

3. MEETING ACTIVITIES/NEW BUSINESS

a) SOC Data Request (WP Item 1.3)

HIVPC staff explained the data request made at the prior meeting is not yet completed but should be ready for the next meeting. The Chair thanked the Grantee to fund the data request.

b) Food Services Coordination Meeting

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HIVPC staff explained the history and goals of the ad-Hoc Food Services Eligibility Committee. Staff explained that this EMA funds a Food Bank/Food Voucher program and this committee was tasked with developing a long-term sustainable eligibility model. The Executive Committee decided to have a coordination meeting with the ad-Hoc Food Services Eligibility Committee, PSRA and SOC Chairs. The SOC Chair and members were asked to participate in the meeting. There was committee discussion regarding the coordination meeting. Two SOC members volunteered to be present at the coordination meeting. Grantee staff explained challenges, including non-sustainability of service category. He explained that 10% of the total grant award was spend on the food services category, which is not sustainable. A member stated that some of the community food banks have not been reviewed. A member who sits on the ad-Hoc Food Services Eligibility Committee stated that she reviewed all food banks and many have closed or changed their eligibility. A member asked for the FPL eligibility. Grantee staff stated that current eligibility is at 250% FPL but many clients who utilize the service are under 125% FPL.

There was committee discussion regarding the National HIV/AIDS Strategy (NHAS) update. HIVPC staff explained the NHAS and stated the federal government is currently taking suggestions for the NHAS update.

c) Funding Sources & Service Category Recommendations (WP Item 1.4 & 2.3) (Handouts A-1-A-2)

HIVPC staff explained that one of the committees work plan items is to review the funding of other funders in Broward County. The Grantee explained the committee should review this data from a global perspective of all the services provided in Broward County. He suggested the committee devise a plan to review service gaps in the community. A member suggested comparing the services provided to the HIV care continuum to evaluate service gaps. There was discussion regarding where the data comes from. A member explained that care continuum data comes from the Medical Monitoring Project (MMP).

HIVPC staff explained that data from the Part A grant should be reviewed to assess service gaps. Staff explained the coordination of services and funding in the EMA. Funding sources include, Ryan White Parts A-F, Centers for Disease Control and Prevention (CDC), Substance Abuse and Mental Health Services Administration (SAMHSA), and Housing Opportunities for Persons with AIDS (HOPWA). A guest stated the linkage to care component is a great process, but the other components of the care continuum are lacking. Grantee staff explained that while some clients fall out of care, other gaps include a non-coordination of services within the system. A guest proposed a data system that records client's visits to a variety of providers. Grantee staff explained that a data system is in the works that would address this concern. The Chair explained that Part F providers now receive a face sheet with client information that better facilitates care. The Chair stated the retention in care stage needs to be addressed as many clients fall out of care. The Chair asked that staff review services that address retention in care efforts.

A guest stated that many Veteran's Administration (VA) clients are not aware of many services available in the community. Grantee staff stated that social case managers may be necessary to link VA clients to other community services. There was committee discussion regarding the method in which VA clients can access Part A services. There was discussion regarding the community forum and having the VA present.

The Chair asked HIVPC staff about agenda items for the next meeting. HIVPC staff explained the committee must work on a plan to address gaps in care. She explained that a survey asking providers asking information about services provided, funding amounts, and clients served would address gaps in care. The Chair asked that a list be provided of agencies that provide services in the HIV community.

d) How Best To Meet The Need (W.P. 2.1) (Handout B)

This item was tabled.

e) Linkage/Road Map (Handout C)

This item was tabled.

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f) Community Forum

The Chair stated the June 4th community forum has been canceled, to allow more time for event organization. The Chair explained the event was turning into the same type of forum with the same providers and clients. He explained that this type of forum can allow for clients voicing their opinions. The Grantee stated this event should be a client feedback forum. A member stated that a coordination meeting between the two committees hosting the event should happen. Grantee staff stated that each event should have clear goals and each event should be efficiently evaluated. A guest suggested that a community figure be present to attract attendees. A member suggested that having the event with an already planned event to attract more. The Chair asked for a list of Broward County events to hold the forum. The Chair would like a coordination meeting with each committee to discuss the forum.

Actions Items:

- List of HIV providers
- List of community events

4. **GRANTEE REPORT**

The Grantees office is now on Twitter and Facebook. The final grant award has still not been received.

5. **PUBLIC COMMENT**

6. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** Friday, June 26, 2015, 9:30 a.m. **VENUE:** Gov't Center Annex Room A337

<i>Goal/Work Plan Objective #:</i>	<i>Accomplishments</i>
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**

The following motions were made to appoint new members to the committee:

Motion #3: To appoint Lamont Lewis, Yvette Tarver, Brandi Buttimer, and Evelyn Bermudez to the SOC Committee.
Proposed by: Creary, K.
Seconded by: Katz, H.B.
Action: Passed Unanimously

The previous motion was then rescinded and the following motion was made:

Motion #4: To appoint Lamont Lewis and Yvette Tarver to the SOC Committee.
Proposed by: Creary, K.
Seconded by: Runkle, D.
Action: Passed Unanimously

8. **ADJOURNMENT**

The meeting adjourned at 11:34 a.m.



System of Care Attendance - CY2015

Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Atten. Letters
		Meeting Date:	23	27	27	24	22								
			C	C											
2	1	Cook, R.	NQA	NQA	Z - 3/9										W-3/3
0	2	Creary, K.	N - 3/26		X	X	X								
1	3	Eserman, C.	NQX	NQX	X	X	A								
0	4	Katz, H.B.	NQX	NQX	X	X	X								
1	5	Kress, G.	NQX	NQX	X	X	A								
0	6	Markman, N.	NQX	NQX	X	X	X								
0	7	Runkle, D.	N - 3/26		X	X	X								
3	8	Rodriguez, J.	NQA	NQA	X	A	X								W-3/3
3	9	Sabatino, D., Vice Chair	NQA	NQA	X	X	A								W-3/3
0	10	Schweizer, M., Chair	NQX	NQX	X	X	X								
2		Ullah, E.	NQA	NQA	Z - 3/3										W-1/27, R-3/3
		Quorum = 6	5	5	9	8	6								

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COMMUNITY EVENT

TBD

6:00 – 8:00 p.m.

*Urban League of Broward County
560 NW 27th Ave
Fort Lauderdale, FL 33311*

FOOD AND DOOR PRIZES WILL BE PROVIDED!

- Join us to learn about health and supportive services offered through the Ryan White Provider Networks
- Learn how to get involved and let your voice be heard
- Participate in fun and exciting wellness activities

For more information/to RSVP contact
Brithney Johnson or Adam Bente (954) 561-9681

Stay Connected!



@GetCareBroward



Community Event with System of Care and Community Empowerment Committee

DRAFT FORUM AGENDA:

Opening/Welcome- CEC Member (member will be designated as the forum facilitator)

- Introduction/Overview of forum and provider participants
- Information on the mission/purpose of the CEC and HIVPC

Moment of Silence

Yoga Gangsters Activity- *YGs empower youth/communities by addressing the symptoms of trauma and poverty such as limited education, addiction, violence, incarceration, teen pregnancy, homelessness and more using the practice of yoga, delivering messages of empowerment around self-respect, self-control, and self-awareness.*

Service Category Overview- CEC member will introduce each service category by giving a testimonial regarding their experience with that service and how it has helped improve their HIV care, etc. Providers will briefly give an overview of the services and how they can be contacted. They will refer them to the booths to further discuss accessing these services.

Data Presentation- HIVPC Staff will provide a brief presentation regarding testing/counseling statistics informing the community on the impact of HIV.

Community Forum- Participants will discuss their experiences in the Ryan White Part A system, barriers to care, and ideas for improved services to the community (i.e. front desk staff experience)

Q&A- Staff and providers will address issues pertaining to Ryan White services, HIVPC involvement, etc.

Conclusion/Giveaways- Participants will be directed to visit booths for additional information. Dinner will be served (participants who have visited each service category booth will be given first preference for dinner)

Broward County Annual Calendar of Events

January	February	March	April
MLK Festival (Dillard High School)	National Black HIV/AIDS Awareness Day	Florida AIDS Walk (Ft Lauderdale Beach)	
	Sistrunk Street Festival (NW 6 th St)	National Women & Girls HIV/AIDS Awareness Day	
May	June	July	August
Transgender Symposium (Embassy Suites-Ft Lauderdale)	Stonewall Pride (Wilton Manors)	Back to School Health & Wellness Fair (Atlantic Technical College)	Back to School Health Fair (Lauderdale Resource Center)
SOS Shower2Empower (FDOH)	National HIV Testing Day (LA Lee YMCA)	FLBPOA Teen Summit (Stranahan High School)	Collier City Family Fun Day (McNair Park, Pompano Beach)
		Keeping it Real With Our Youth (Mid-Town Conference Center)	
		South Florida Men's Health & Wellness Conference (Sheraton-Dania Beach)	
September	October	November	December
Dania Beach Founders Day Celebration (Dania Beach City Center)	Pride South Florida (Holiday Park)	Transgender Day of Remembrance (Fusion)	World AIDS Day (Various Locations)
Southern Comfort Conference (Bonaventure Resort)	Miami Broward Junior Carnival (Central Broward Regional Park)	Ft Lauderdale International Film Festival (Cinema Paradiso)	Light Up Sistrunk (NW 6 th St)
Reach My Hand (Toma Mi Mano) Health Fair (Western Hills Community Center)	Ft Lauderdale Gay & Lesbian Film Festival (Gateway Theater)		

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.

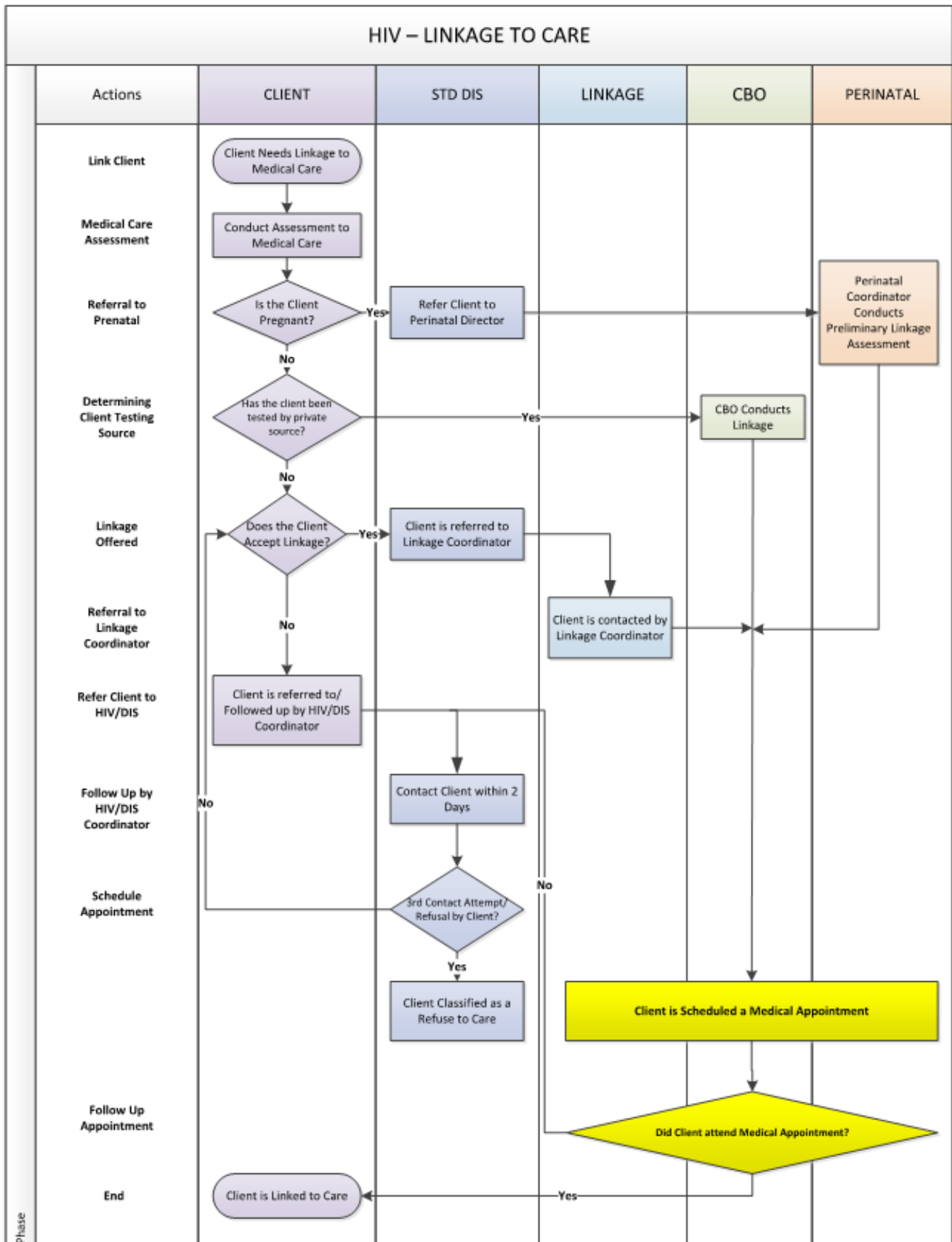
HANDOUT B-3: HIV Care Continuum Crosswalk

The purpose of the crosswalk is to highlight those services that most directly support improved outcomes that support the care continuum.

		HIV Diagnosis	Linked to Medical Care	Retained in Medical Care	Prescribed ART	Viral Suppression
Core Medical Services						
Funding Source	Ryan White HIV/AIDS Program Service					
Part B	AIDS Drug Assistance Program (ADAP) Treatments		X	X	X	X
Part A	AIDS Pharmaceutical Assistance				X	X
	Early Intervention Services (EIS)	X	X			
Part B, Medicaid PAC Waiver	Home and Community-Based Health Services			X		
Medicaid PAC Waiver	Home Health Care			X	X	X
Part A, Part C, Part D	Medical Case Management		X	X	X	X
Part A, Part C, Part D	Outpatient/Ambulatory Health Services	X	X	X	X	X
Part A	Substance Abuse Outpatient Services		X	X	X	X
Part A, Part F	Oral Health Care			X		X
Part A, Part B	Health Insurance Premium & Cost-Sharing Assistance		X	X	X	X
	Hospice Services					
Part A, Part C, Part D	Mental Health Services		X	X	X	X
	Medical Nutrition Therapy				X	X
Support Services						
Funding Source	Ryan White HIV/AIDS Program Service					
Part A, Part B	Case Management Services (Non-Medical)		X	X	X	X
	Health Education/ Risk Reduction		X	X		
Part B	Medical Transportation		X	X		
	Outreach Services	X	X	X		
Part C, Part D	Treatment Adherence Counseling				X	X
	Child Care Services			X		
	Emergency Financial Assistance			X	X	X
Part A, Part B	Food Bank/Home-delivered Meals		X	X		X
HOPWA	Housing Services			X	X	X
Part A, HOPWA	Legal Services			X		
	Linguistic Services			X	X	X

HANDOUT B-3: HIV Care Continuum Crosswalk

Part D	Psychosocial support services		X	X		X
Part C	Referral for health care/supportive services		X			
	Rehabilitation services			X		X
	Respite Care			X		X
Part B	Substance Abuse Residential Services		X	X	X	X



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.