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FY 2015 Houston EMA/HSDA Service Categories Definitions  
Ryan White Part A and B and State Services (SS)  
(as of 06-06-14)

<u>Service Definition</u>	<b>Approved FY14 Financial Eligibility</b> Based on Federal Poverty Guidelines	<b>Recommended FY15 Financial Eligibility</b> Based on Federal Poverty Guidelines	<u>Page #</u>
Ambulatory/Outpatient Medical Care (includes Medical Case Management, Service Linkage, Local Pharmacy Assistance) CBO, Public Clinic, Rural & Pediatric – Part A	<b>300%, (None, None, 300% non-HIV, 500% HIV meds)</b>	<b>300%, (None, None, 300% non-HIV, 500% HIV meds)</b>	<b>1 17 34 50</b>
Case Management (Clinical) - Part A	<b>No Financial Cap</b>	<b>No Financial Cap</b>	<b>62</b>
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Early Intervention Services (Incarcerated) - State Services	<b>No Financial Cap</b>	<b>No Financial Cap</b>	<b>75</b>
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Mental Health (Professional Counseling) – SS	<b>300%</b>	<b>300%</b>	<b>96</b>
Oral Health Untargeted – Part B Rural (North) – Part A	<b>300%</b>	<b>300%</b>	<b>100 102</b>
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FY 2015 Houston EMA Ryan White Part A/MAI Service Definition <b>Comprehensive Outpatient Primary Medical Care including Medical Case Management,            Service Linkage and Local Pharmacy Assistance Program (LPAP) Services</b> (Revision Date: 03/03/14)	
HRSA Service Category Title: <b>RWGA Only</b>	1. Outpatient/Ambulatory Medical Care 2. Medical Case Management 3. AIDS Pharmaceutical Assistance (local) 4. Case Management (non-Medical)
Local Service Category Title:	Adult Comprehensive Primary Medical Care - CBO <ol style="list-style-type: none"> <li>i. Community-based Targeted to African American</li> <li>ii. Community-based Targeted to Hispanic</li> <li>iii. Community-based Targeted to White/MSM</li> </ol>
Amount Available:  <b>RWGA Only</b>	Total estimated available funding: <u>\$0.00</u> (to be determined) <ol style="list-style-type: none"> <li>1. Primary Medical Care: <u>\$0.00</u> (including MAI)               <ol style="list-style-type: none"> <li>i. Targeted to African American: <u>\$0.00</u> (incl. MAI)</li> <li>ii. Targeted to Hispanic: <u>\$0.00</u> (incl. MAI)</li> <li>iii. Targeted to White: <u>\$0.00</u></li> </ol> </li> <li>2. LPAP <u>\$0.00</u></li> <li>3. Medical Case Management: <u>\$0.00</u> <ol style="list-style-type: none"> <li>i. Targeted to African American <u>\$0.00</u></li> <li>ii. Targeted to Hispanic <u>\$0.00</u></li> <li>iii. Targeted to White <u>\$0.00</u></li> </ol> </li> <li>4. Service Linkage: <u>\$0.00</u></li> </ol> <p>Note: The Houston Ryan White Planning Council (RWPC) determines overall annual Part A and MAI service category allocations &amp; reallocations. RWGA has sole authority over contract award amounts.</p>
Target Population:	Comprehensive Primary Medical Care – Community Based <ol style="list-style-type: none"> <li>i. Targeted to African American: African American ages 13 or older</li> <li>ii. Targeted to Hispanic: Hispanic ages 13 or older</li> <li>iii. Targeted to White: White (non-Hispanic) ages 13 or older</li> </ol>
Client Eligibility:  Age, Gender, Race, Ethnicity, Residence,	PLWHA residing in the Houston EMA (prior approval required for non-EMA clients). Contractor must adhere to Targeting requirements and Budget limitations as applicable.

etc.	
Financial Eligibility:	<i>See FY 2015 Approved Financial Eligibility for Houston EMA/HSDA</i>
Budget Type: <b>RWGA Only</b>	Hybrid Fee for Service
Budget Requirement or Restrictions: <b>RWGA Only</b>	<p><b>Primary Medical Care:</b></p> <p>No less than 75% of clients served in a Targeted subcategory must be members of the targeted population with the following exceptions:</p> <p>100% of clients served with MAI funds must be members of the targeted population.</p> <p>10% of funds designated to primary medical care must be reserved for invoicing diagnostic procedures at actual cost.</p> <p>Contractors may not exceed the allocation for each individual service component (Primary Medical Care, Medical Case Management, Local Pharmacy Assistance Program and Service Linkage) without prior approval from RWGA.</p> <p><b>Local Pharmacy Assistance Program (LPAP):</b></p> <p>Houston RWPC guidelines for Local Pharmacy Assistance Program (LPAP) services: Contractor shall offer HIV medications from an approved formulary for a total not to exceed \$18,000 per contract year per client. Contractor shall offer HIV-related medications for a total not to exceed \$3,000 per contract year per client. These guidelines are determined by the RWPC. The RWPC determines the subcategories that shall include Ryan White LPAP funding.</p> <p>Medications must be provided in accordance with Houston EMA guidelines, HRSA/HAB rules and regulations and applicable Office of Pharmacy Affairs 340B guidelines.</p> <p>At least 75% of the total amount of the budget for LPAP services must be solely allocated to the actual cost of medications and may not include any storage, administrative, processing or other costs associated with managing the medication inventory or distribution.</p>
Service Unit	<ul style="list-style-type: none"> <li>Outpatient/Ambulatory Medical Care: One (1) unit of</li> </ul>

<p>Definition/s:</p> <p><b>RWGA Only</b></p>	<p>service = One (1) primary care office/clinic visit which includes the following:</p> <ul style="list-style-type: none"> <li>• Primary care physician/nurse practitioner, physician's assistant or clinical nurse specialist examination of the patient, and</li> <li>• Medication/treatment education</li> <li>• Medication access/linkage</li> <li>• OB/GYN specialty procedures (as clinically indicated)</li> <li>• Nutritional assessment (as clinically indicated)</li> <li>• Laboratory (as clinically indicated, not including specialized tests)</li> <li>• Radiology (as clinically indicated, not including CAT scan or MRI)</li> <li>• Eligibility verification/screening (as necessary)</li> <li>• Follow-up visits wherein the patient is not seen by the MD/NP/PA are considered to be a component of the original primary care visit.</li> <li>• Outpatient Psychiatric Services: 1 unit of service = A single (1) office/clinic visit wherein the patient is seen by a State licensed and board-eligible Psychiatrist or qualified Psychiatric Nurse Practitioner. This visit may or may not occur on the same date as a primary care office visit.</li> <li>• Nutritional Assessment and Plan: 1 unit of service = A single comprehensive nutritional assessment and treatment plan performed by a Licensed, Registered Dietician initiated upon a physician's order. Does not include the provision of Supplements or other products (clients may be referred to the Ryan White funded Medical Nutritional Therapy provider for provision of medically necessary supplements). The nutritional assessment visit may or may not occur on the same date as a medical office visit.</li> <li>• AIDS Pharmaceutical Assistance (local): A unit of service = a transaction involving the filling of a prescription or any other allowable medication need ordered by a qualified medical practitioner. The transaction will involve at least one item being provided for the client, but can be any multiple. The cost of medications provided to the client must be invoiced at actual cost.</li> <li>• Medical Case Management: 1 unit of service = 15 minutes of direct medical case management services to an eligible</li> </ul>
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	<p>PLWHA performed by a qualified medical case manager.</p> <ul style="list-style-type: none"> <li>• Service Linkage (non-Medical Case Management): 1 unit of service = 15 minutes of direct service linkage services to an eligible PLWHA performed by a qualified service linkage worker.</li> </ul>
<p>HRSA Service Category Definition:  <b>RWGA Only</b></p>	<ul style="list-style-type: none"> <li>• <b>Outpatient/Ambulatory medical care</b> is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes 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 medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.</li> <li>• <b>AIDS Pharmaceutical Assistance (local)</b> includes local pharmacy assistance programs implemented by Part A or Part B Grantees to provide HIV/AIDS medications to clients. This assistance can be funded with Part A grant funds and/or Part B base award funds. Local pharmacy assistance programs are not funded with ADAP earmark funding.</li> <li>• <b>Medical Case Management</b> services (including treatment adherence) are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and</li> </ul>

	<p>continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.</p> <ul style="list-style-type: none"> <li>• <b>Case Management (non-Medical)</b> includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.</li> </ul>
Standards of Care:	Contractors must adhere to the most current published Part A/B Standards of Care for the Houston EMA/HSDA. <b>Services must meet or exceed applicable United States Department of Health and Human Services (DHHS) guidelines for the Treatment of HIV/AIDS.</b>
Local Service Category Definition/Services to be Provided:	<p><b>Outpatient/Ambulatory Primary Medical Care:</b> Services include on-site physician, physician extender, nursing, phlebotomy, radiographic, laboratory, pharmacy, intravenous therapy, home health care referral, licensed dietician, patient medication education, and patient care coordination. The Contractor must provide continuity of care with inpatient services and subspecialty services (either on-site or through specific referral to appropriate medical provider upon primary care Physician's order).</p> <p>Services provided to women shall further include OB/GYN physician &amp; physician extender services on-site or by referral, OB/GYN services, colposcopy, nursing, phlebotomy, radiographic, laboratory, pharmacy, intravenous therapy, home health care referral, licensed dietician, patient medication/women's health education, patient care</p>

coordination, and social services. The Contractor must provide continuity of care with inpatient services and subspecialty services (either on-site or through specific referral protocols to appropriate agencies upon primary care Physician's order).

**Outpatient/Ambulatory Primary Medical Care must provide:**

- Continuity of care for all stages of adult HIV infection;
- Laboratory and pharmacy services including intravenous medications (either on-site or through established referral systems);
- Outpatient psychiatric care, including lab work necessary for the prescribing of psychiatric medications when appropriate (either on-site or through established referral systems);
- Access to the Texas ADAP program (either on-site or through established referral systems);
- Access to compassionate use HIV medication programs (either directly or through established referral systems);
- Access to HIV related research protocols (either directly or through established referral systems);
- Must at a minimum, comply with Houston EMA/HSDA Part A/B Standards for HIV Primary Medical Care. The Contractor must demonstrate on an ongoing basis the ability to provide state-of-the-art HIV-related primary care medicine in accordance with the most recent DHHS HIV treatment guidelines. Rapid advances in HIV treatment protocols require that the Contractor provide services that to the greatest extent possible maximize a patient's opportunity for long-term survival and maintenance of the highest quality of life possible.
- On-site Outpatient Psychiatry services.
- On-site Medical Case Management services.
- On-site Medication Education.
- Physical therapy services (either on-site or via referral).
- Specialty Clinic Referrals (either on-site or via referral).
- On-site pelvic exams as needed for female patients with appropriate follow-up treatment and referral.
- On site Nutritional Counseling by a Licensed Dietitian.

**Services for women must also provide:**

- Well woman care, including but not limited to: PAP, pelvic exam, breast examination, mammography, hormone replacement and education, pregnancy testing, contraceptive services excluding birth control medications.
- Obstetric Care: ante-partum through post-partum services, child birth/delivery services. Perinatal preventative education

and treatment.

- On-site or by referral Colposcopy exams as needed, performed by an OB/GYN physician, or physician extender with a colposcopy provider qualification.
- Social services, including but not limited to, providing women access to child care, transportation vouchers, food vouchers and support groups at the clinic site;

**Nutritional Assessment:** Services include provision of information about therapeutic nutritional/supplemental foods that are beneficial to the wellness and increased health conditions of clients by a Licensed Dietitian. Services may be provided either through educational or counseling sessions. Clients who receive these services may utilize the Ryan White Part A-funded nutritional supplement provider to obtain recommended nutritional supplements in accordance with program rules. Clients are limited to one (1) nutritional assessment per calendar year without prior approval of RWGA.

Patient Medication Education Services must adhere to the following requirements:

- Medication Educators must be State Licensed Medical Doctor (MD), Nurse Practitioner (NP), Physician Assistant (PA), Nurse (RN, LVN) or Pharmacist. Prior approval must be obtained prior to utilizing any other health care professional not listed above to provide medication education.
- Clients who will be prescribed ongoing medical regimens (i.e. ART) must be assessed for adherence to treatment at every clinical encounter using the EMA's approved adherence assessment tool. Clients with adherence issues related to lack of understanding must receive more education regarding their medical regimen. Clients with adherence issues that are behavioral or involve mental health issues must be provided counseling by the Medical Case Manager, Physician or Physician Extender and/or licensed nursing staff and, if clinically indicated, assessment and treatment by a qualified Psychiatrist or Psychiatric Nurse Practitioner.

**Outpatient Psychiatric Services:**

The program must provide:

- Diagnostic Assessments: comprehensive evaluation for identification of psychiatric disorders, mental status evaluation, differential diagnosis which may involve use of

other clinical and laboratory tests, case formulation, and treatment plans or disposition.

- Emergency Psychiatric Services: rapid evaluation, differential diagnosis, acute treatment, crisis intervention, and referral. Must be available on a 24 hour basis including emergency room referral.
- Brief Psychotherapy: individual, supportive, group, couple, family, hypnosis, biofeedback, and other psychophysiological treatments and behavior modification.
- Psychopharmacotherapy: evaluation and medication treatment of psychiatric disorders, including, but not limited to, anxiety disorders, major depression, pain syndromes, habit control problems, psychosis and organic mental disorders.
- Rehabilitation Services: Physical, psychosocial, behavioral, and/or cognitive training.

Screening for Eye Disorders: Contractor must ensure that patients receive appropriate screening and treatment for CMV, glaucoma, cataracts, and other related problems.

**Local Medication Assistance Program (LPAP):** LPAP provides pharmaceuticals to patients otherwise ineligible for medications through private insurance, Medicaid/Medicare, State ADAP, SPAP or other sources. Allowable medications are only those on the Houston EMA Ryan White Part A Formulary. Eligible clients may be provided Fuzeon™ on a case-by-case basis with prior approval of Ryan White Grant Administration (RWGA). The cost of Fuzeon™ does not count against a client's annual maximum. HIV-related medication services are the provision of physician or physician-extender prescribed HIV-related medications to prevent serious deterioration of health. Does not include drugs available to the patient from other programs or payers or free of charge (such as birth control and TB medications) or medications available over the counter (OTC) without prescription.

Contractor must offer all medications on the Texas ADAP formulary, for a total not to exceed \$18,000.00 per contract year per client. Contractor must provide allowable HIV-related medications (i.e. non-HIV medications) for a total not to exceed \$3,000 per contract year per client. Contractor may be reimbursed ADAP dispensing fees (e.g. \$5/Rx) in accordance with RWGA business rules for those ADAP clients who are unable to pay the ADAP dispensing fee.

**Medical Case Management Services:** Services include screening all primary medical care patients to determine each patient's level of

need for Medical Case Management services, performing a comprehensive assessment, including an assessment of the patient's health literacy, and developing a medical service plan for each client that demonstrates a documented need for such services, monitoring medical service plan to ensure its implementation, and educating client regarding wellness, medication and health care appointment adherence. The Medical Case Manager serves as an advocate for the client and as a liaison with medical providers on behalf of the client. The Medical Case Manager ensures linkage to mental health, substance abuse and other client services as indicated by the medical service plan.

**Service Linkage:** The purpose of Service Linkage is to assist clients with the procurement of needed services so that the problems associated with living with HIV are mitigated. Service Linkage is a working agreement between a client and a Service Linkage Worker for an indeterminate period, based on client need, during which information, referrals and service linkage are provided on an as-needed basis. Service Linkage assists clients who do not require the intensity of Medical Case Management per RWGA Quality Management guidelines. Service Linkage is both office-based and field based. Service Linkage Workers are expected to coordinate activities with referral sources where newly-diagnosed or not-in-care PLWHA may be identified, including 1:1 case conferences with testing site personnel to ensure the successful transition of referrals into Primary Care Services. Such incoming referral coordination includes meeting prospective clients at the referring Provider location in order to develop rapport with individuals prior to the individual's initial Primary Care appointment and ensuring such new intakes to Primary Care services have sufficient support to make the often difficult transition into ongoing primary medical care. Service Linkage also includes follow-up to re-engage lost-to-care patients. Lost-to-care patients are those patients who have not returned for scheduled appointments with Provider nor have provided Provider with updated information about their current Primary Medical Care provider (in the situation where patient may have obtained alternate service from another medical provider). Contractor must document efforts to re-engage lost-to-care patients prior to closing patients in the CPCDMS. Service Linkage extends the capability of existing programs by providing "hands-on" outreach and linkage to care services to those PLWHA who are not currently accessing primary medical care services. Service Linkage includes the issuance of bus

	<p>pass vouchers and gas cards per published RWGA guidelines. Service Linkage complements and extends the service delivery capability of Medical Case Management services.</p>
Agency Requirements:	<p><b>Providers and system must be Medicaid/Medicare certified.</b></p> <p><b>Eligibility and Benefits Coordination:</b> Contractor must implement consumer-friendly, culturally and linguistically appropriate new and ongoing patient eligibility verification and benefit coordination processes that ensure accountability with Ryan White Payer of Last Resort requirements while achieving maximum utilization of eligible benefits. Eligibility processes should provide clients with a meaningful understanding of their benefits, expected out-of-pocket expenses and other information needed to ensure full and continued participation in care.</p> <p><b>LPAP Services:</b> Contractor must:</p> <p>Provide pharmacy services on-site or through an established contractual relationship that meets all requirements. Alternate (off-site) approaches must be approved prior to implementation by RWGA.</p> <p>Either directly, or via subcontract with an eligible 340B Pharmacy program entity, must:</p> <p>Ensure a comprehensive financial intake application to determine client eligibility for this program to insure that these funds are used as a last resort for purchase of medications.</p> <p>Ensure the documented capability of interfacing with the Texas HIV Medication Program operated by the Texas Department of State Health Services. This capability must be fully documented and is subject to independent verification by RWGA.</p> <p>Ensure medication assistance provided to clients does not duplicate services already being provided in the Houston area. The process for accomplishing this must be fully documented and is subject to independent verification by RWGA.</p> <p>Ensure, either directly or via a 340B Pharmacy Program Provider, at least 2 years of continuous documented experience in providing HIV/AIDS medication programs utilizing Ryan White Program or similar public sector funding. This experience must be documented and is subject to independent verification by RWGA.</p>

	<p>Ensure all medications are purchased via a qualified participant in the federal 340B Drug Pricing Program and Prime Vendor Program, administered by the HRSA Office of Pharmacy Affairs. Note: failure to maintain 340B or Prime Vendor drug pricing may result in a negative audit finding, cost disallowance or termination of contract awarded. Contractor must maintain 340B Program participation throughout the contract term. All eligible medications must be purchased in accordance with Program 340B guidelines and program requirements.</p> <p>Ensure Houston area HIV/AIDS service providers are informed of this program and how the client referral and enrollment processes functions. Contractor must maintain documentation of such marketing efforts.</p> <p>Implement a consistent process to enroll eligible patients in available pharmaceutical company Patient Assistance Programs prior to using Ryan White Part A funded LPAP resources.</p> <p>Ensure information regarding the program is provided to PLWHA, including historically under-served and unserved populations (e.g., African American, Hispanic/Latino, Asian, Native American, Pacific Islander) and women not currently obtaining prescribed HIV and HIV-related medications.</p> <p>Offer, at no charge to the client, delivery options for medication refills, including but not limited to courier, USPS or other package delivery service.</p> <p><b>Case Management Operations and Supervision:</b> The Service Linkage Workers (SLW) and Medical Case Managers (MCM) must function within the clinical infrastructure of Contractor and receive ongoing supervision that meets or exceeds published Standards of Care. An MCM may supervise SLWs.</p>
Staff Requirements:	<p>Contractor is responsible for ensuring that services are provided by State licensed internal medicine and OB/GYN physicians, specialty care physicians, psychiatrists, registered nurses, nurse practitioners, vocational nurses, pharmacists, physician assistants, clinical nurse specialists, physician extenders with a colposcopy provider qualification, x-ray technologists, State licensed dieticians, licensed social worker and ancillary health care providers in accordance with appropriate State licensing and/or certification requirements and with knowledge and experience of HIV disease. In addition, Contractor</p>

must ensure the following staff requirements are met:

**Outpatient Psychiatric Services:** Director of the Program must be a Board Certified Psychiatrist. Licensed and/or Certified allied health professionals (Licensed Psychologists, Physicians, Psychiatric Nurse Practitioners, Licensed Master Social Workers, Licensed Professional Counselors, Licensed Marriage and Family Therapists, Certified Alcohol and Drug Abuse Counselors, etc.) must be used in all treatment modalities. Documentation of the Director's credentials, licensures and certifications must be included in the proposal. Documentation of the Allied Health professional licensures and certifications must be included in the proposal appendices.

**Medication and Adherence Education:** The program must utilize an RN, LVN, PA, NP, pharmacist or MD licensed by the State of Texas, who has at least two (2) years paid experience in the preceding five (5) years in HIV/AIDS care, to provide the educational services. Licensed social workers who have at least two (2) years paid experience in the preceding five (5) years in HIV/AIDS care may also provide adherence education and counseling.

**Nutritional Assessment (primary care):** Services must be provided by a licensed registered dietician. Dieticians must have a minimum of two (2) years of experience providing nutritional assessment and counseling to PLWHA.

**Medical Case Management:** The program must utilize a state licensed Social Worker to provide Medical Case Management Services. The Contractor must maintain the assigned number of Medical Case Management FTEs throughout the contract term.

**Contractor must provide to RWGA the names of each Medical Case Manager and the individual assigned to supervise those Medical Case Managers by 03/30/15, and thereafter within 15 days after hire.**

**Service Linkage:** The program must utilize Service Linkage Workers who have at a minimum a Bachelor's degree from an accredited college or university with a major in social or behavioral sciences. Documented paid work experience in providing client services to PLWHA may be substituted for the Bachelor's degree requirement on a 1:1 basis (1 year of documented paid experience may be substituted for 1 year of college). All Service Linkage Workers must have a minimum of one (1) year paid work experience with PLWHA. Contractor must maintain the assigned number of Service Linkage

	<p>FTEs throughout the contract term. <b>Contractor must provide to RWGA the names of each Service Linkage Worker and the individual assigned to supervise those Service Linkage Workers by 03/30/15, and thereafter within 15 days after hire.</b></p> <p><b>Supervision of Case Managers:</b> The Service Linkage Workers and Medical Case Managers must function within the clinical infrastructure of Contractor and receive ongoing supervision that meets or exceeds Houston EMA/HSDA Part A/B Standards of Care for Service Linkage and Medical Case Management as applicable. An MCM may supervise SLWs.</p>
Special Requirements:	<p><b>All primary medical care services must meet or exceed current United States DHHS Treatment Guidelines for the treatment and management of HIV disease.</b></p> <p>Contractor must provide all required program components - Primary Medical Care, Medical Case Management, Service Linkage (non-medical Case Management) and Local Pharmacy Assistance Program (LPAP) services.</p> <p><b>Primary Medical Care Services:</b> Services funded under this grant cannot be used to supplant insurance or Medicare/Medicaid reimbursements for such services. Clients eligible for such reimbursement may not be billed to this contract. Medicare and private insurance co-payments may be eligible for reimbursement under Ryan White Health Insurance Assistance (HINS) program guidelines. Patients needing such assistance should be referred to the local Ryan White-funded HINS provider for assistance. Under no circumstances may the Contractor bill the County for the difference between the reimbursement from Medicaid, Medicare or Third Party insurance and the fee schedule under the contract. Furthermore, potential clients who are Medicaid/Medicare eligible or have other Third Party payers may not be denied services or referred elsewhere by the Contractor based on their reimbursement status (i.e. Medicaid/Medicare eligible clients may not be referred elsewhere in order that non-Medicaid/Medicare eligible clients may be added to the contract). Failure to serve Medicaid/Medicare eligible clients based on their reimbursement status will be grounds for the immediate termination of contract.</p> <p><b>For primary medical care services targeted to the Latino community at least 50% of the clinical care team must be fluent</b></p>

**in Spanish.**

**Diagnostic Procedures:** A single Diagnostic Procedure limited to procedures on the approved list of diagnostic procedures (see below) without prior County approval. Approved diagnostic procedures will be reimbursed at invoice cost. Part A and Part A/MAI-funded programs must refer to the RWGA website for the most current list of approved diagnostic procedures and corresponding codes: [www.hcphes.org/rwga](http://www.hcphes.org/rwga). **Diagnostic procedures not listed on the website must have prior approval by RWGA.**

**Outpatient Psychiatric Services:** Client must not be eligible for services from other programs/providers or any other reimbursement source (i.e. Medicaid, Medicare, private insurance) unless the client is in crisis and cannot be provided immediate services from the other programs/providers. In this case, clients may be provided services, as long as the client applies for the other programs/providers, until the other programs/providers can take over services. Program must be supervised by a Psychiatrist and include diagnostic assessments, emergency evaluations and psycho-pharmacotherapy.

**Maintaining Referral Relationships (Point of Entry Agreements):** Contractor must maintain appropriate relationships with entities that constitute key points of access to the health care system for individuals with HIV disease, including but not limited to, Harris Health System and other Houston EMA-located emergency rooms, Harris County Jail, Texas Department of Criminal Justice incarceration facilities, Immigration detention centers, substance abuse treatment and detoxification programs, adult and juvenile detention facilities, Sexually Transmitted Disease clinics, federally qualified health centers (FQHC), HIV disease counseling and testing sites, mental health programs and homeless shelters. These referral relationships must be documented with written collaborative agreements, contracts or memoranda of understanding between Contractor and appropriate point of entry entities and are subject to audit by RWGA. Contractor and POE entity staff must regularly (e.g. weekly, bi-weekly depending on volume of referrals) meet 1:1 to discuss new referrals to primary medical care services. Such case conferences must be documented in the client record and properly entered into the CPCDMS.

**Use of CPCDMS Data System:** Contractor must comply with CPCDMS business rules and procedures. Contractor must enter into

the CPCDMS all required clinical data, including but not limited to, HAART treatment including all changes in medication regimens, Opportunistic Infections, screening and treatment for STDs and Hepatitis A, B, C and other clinical screening and treatment data required by HRSA, TDSHS and the County. Contractor must perform Registration updates in accordance with RWGA CPCDMS business rules for all clients wherein Contractor is client's CPCDMS record-owning agency. Contractor must utilize an electronic verification system to verify insurance/3rd party payer status monthly or per visit (whichever is less frequent).

**Bus Pass Distribution:** The County will provide Contractor with METRO bus pass vouchers. Bus Pass vouchers must be distributed in accordance with RWGA policies and procedures, standards of care and financial eligibility guidelines. Contractor may only issue METRO bus pass vouchers to clients wherein the Contractor is the CPCDMS record owning Contractor. METRO bus pass vouchers shall be distributed as follows:

**Expiration of Current Bus Pass:** In those situation wherein the bus pass expiration date does not coincide with the CPCDMS registration update the Contractor must distribute METRO bus pass vouchers to eligible clients upon the expiration of the current bus pass or when a Value-based bus card has been expended on eligible transportation needs. Contractor may issue METRO bus passes to eligible clients living outside the METRO service area in those situations where the Contractor has documented in the client record that the client will utilize the METRO system to access needed HIV-related health care services located in the METRO service area.

**Gas Cards:** Primary Medical Care Contractors must distribute gasoline vouchers to eligible clients residing in the rural service area in accordance with RWGA policies and procedures, standards of care and financial eligibility guidelines. Gas Cards are only available to Rural primary medical care Contractors without prior approval by RWGA.

***FY 2015 RWPC “How to Best Meet the Need” Decision Process***

<b>Step in Process: Council</b>		Date: <b>06/12/2014</b>
Recommendations:	Approved: Y: _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: Steering Committee</b>		Date: <b>06/05/2014</b>
Recommendations:	Approved: Y: <u>X</u> No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: Quality Assurance Committee</b>		Date: <b>05/14/2014</b>
Recommendations:	Approved: Y: <u>X</u> No: _____ Approved With Changes: _____	If approved with changes list changes below:
1. Accept workgroup recommendations.		
2.		
3.		
<b>Step in Process: HTBMTN Workgroup</b>		Date: <b>04/07/2014</b>
Recommendations:	Financial Eligibility: PriCare=300%, LPAP=300%+500%, MCM/SLW=none	
2. Accept the service category definition as presented and keep the financial eligibility the same.		
2.		
3.		



FY 2015 Houston EMA Ryan White Part A/MAI Service Definition <b>Comprehensive Outpatient Primary Medical Care including Medical Case Management,            Service Linkage and Local Pharmacy Assistance Program (LPAP) Services</b> (Revision Date: 03/03/14)	
HRSA Service Category Title: <b>RWGA Only</b>	1. Outpatient/Ambulatory Medical Care 2. Medical Case Management 3. AIDS Pharmaceutical Assistance (local) 4. Case Management (non-Medical)
Local Service Category Title:	Adult Comprehensive Primary Medical Care i. Targeted to Public Clinic ii. Targeted to Women at Public Clinic
Amount Available:  <b>RWGA Only</b>	Total estimated available funding: <u>\$0.00</u> (to be determined)  1. Primary Medical Care: <u>\$0.00</u> (including MAI) i. Targeted to Public Clinic: <u>\$0.00</u> ii. Targeted to Women at Public Clinic: <u>\$0.00</u>  2. LPAP <u>\$0.00</u>  3. Medical Case Management: <u>\$0.00</u> i. Targeted to Public Clinic: <u>\$0.00</u> ii. Targeted to Women at Public Clinic: <u>\$0.00</u>  4. Service Linkage: <u>\$0.00</u>  Note: The Houston Ryan White Planning Council (RWPC) determines annual Part A and MAI service category allocations & reallocations. RWGA has sole authority over contract award amounts.
Target Population:	Comprehensive Primary Medical Care – Community Based i. Targeted to Public Clinic ii. Targeted to Women at Public Clinic
Client Eligibility:  Age, Gender, Race, Ethnicity, Residence, etc.	PLWHA residing in the Houston EMA (prior approval required for non-EMA clients). Contractor must adhere to Targeting requirements and Budget limitations as applicable.
Financial Eligibility:	<i>See FY 2015 Approved Financial Eligibility for Houston EMA/HSDA</i>
Budget Type:	Hybrid Fee for Service

<b>RWGA Only</b>	
<p>Budget Requirement or Restrictions:</p> <p><b>RWGA Only</b></p>	<p><b>Primary Medical Care:</b></p> <p>100% of clients served under the <i>Targeted to Women at Public Clinic</i> subcategory must be female</p> <p>10% of funds designated to primary medical care must be reserved for invoicing diagnostic procedures at actual cost.</p> <p>Contractors may not exceed the allocation for each individual service component (Primary Medical Care, Medical Case Management, Local Pharmacy Assistance Program and Service Linkage) without prior approval from RWGA.</p> <p><b>Local Pharmacy Assistance Program (LPAP):</b></p> <p>Houston RWPC guidelines for Local Pharmacy Assistance Program (LPAP) services: Contractor shall offer HIV medications from an approved formulary for a total not to exceed \$18,000 per contract year per client. Contractor shall offer HIV-related medications for a total not to exceed \$3,000 per contract year per client. These guidelines are determined by the RWPC. The RWPC determines the subcategories that shall include Ryan White LPAP funding.</p> <p>Medications must be provided in accordance with Houston EMA guidelines, HRSA/HAB rules and regulations and applicable Office of Pharmacy Affairs 340B guidelines.</p> <p>At least 75% of the total amount of the budget for LPAP services must be solely allocated to the actual cost of medications and may not include any storage, administrative, processing or other costs associated with managing the medication inventory or distribution.</p>
<p>Service Unit Definition/s:</p> <p><b>RWGA Only</b></p>	<ul style="list-style-type: none"> <li>• Outpatient/Ambulatory Medical Care: One (1) unit of service = One (1) primary care office/clinic visit which includes the following:</li> <li>• Primary care physician/nurse practitioner, physician's assistant or clinical nurse specialist examination of the patient, and</li> <li>• Medication/treatment education</li> <li>• Medication access/linkage</li> <li>• OB/GYN specialty procedures (as clinically indicated)</li> </ul>

- Nutritional assessment (as clinically indicated)
- Laboratory (as clinically indicated, not including specialized tests)
- Radiology (as clinically indicated, not including CAT scan or MRI)
- Eligibility verification/screening (as necessary)
- Follow-up visits wherein the patient is not seen by the MD/NP/PA are considered to be a component of the original primary care visit.
- Outpatient Psychiatric Services: 1 unit of service = A single (1) office/clinic visit wherein the patient is seen by a State licensed and board-eligible Psychiatrist or qualified Psychiatric Nurse Practitioner. This visit may or may not occur on the same date as a primary care office visit.
- Medication Education: 1 unit of service = A single pharmacy visit wherein a Ryan White eligible client is provided medication education services by a qualified pharmacist. This visit may or may not occur on the same date as a primary care office visit. Maximum reimbursement allowable for a medication education visit may not exceed \$50.00 per visit. The visit must include at least one prescription medication being provided to clients. A maximum of one (1) Medication Education Visit may be provided to an individual client per day, regardless of the number of prescription medications provided.
- Nutritional Assessment and Plan: 1 unit of service = A single comprehensive nutritional assessment and treatment plan performed by a Licensed, Registered Dietician initiated upon a physician's order. Does not include the provision of Supplements or other products (clients may be referred to the Ryan White funded Medical Nutritional Therapy provider for provision of medically necessary supplements). The nutritional assessment visit may or may not occur on the same date as a medical office visit.
- AIDS Pharmaceutical Assistance (local): A unit of service = a transaction involving the filling of a prescription or any other allowable medication need ordered by a qualified medical practitioner. The transaction will involve at least one item being provided for the client, but can be any multiple. The cost of medications provided to the client must be invoiced at actual cost.

	<ul style="list-style-type: none"> <li>• <b>Medical Case Management:</b> 1 unit of service = 15 minutes of direct medical case management services to an eligible PLWHA performed by a qualified medical case manager.</li> <li>• <b>Service Linkage (non-Medical Case Management):</b> 1 unit of service = 15 minutes of direct service linkage services to an eligible PLWHA performed by a qualified service linkage worker.</li> </ul>
<p>HRSA Service Category Definition:</p> <p><b>RWGA Only</b></p>	<ul style="list-style-type: none"> <li>• <b>Outpatient/Ambulatory medical care</b> is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes 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 medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.</li> <li>• <b>AIDS Pharmaceutical Assistance (local)</b> includes local pharmacy assistance programs implemented by Part A or Part B Grantees to provide HIV/AIDS medications to clients. This assistance can be funded with Part A grant funds and/or Part B base award funds. Local pharmacy assistance programs are not funded with ADAP earmark funding.</li> <li>• <b>Medical Case Management</b> services (including treatment adherence) are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services</li> </ul>

	<p>ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.</p> <ul style="list-style-type: none"> <li>• <b>Case Management (non-Medical)</b> includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.</li> </ul>
Standards of Care:	Contractors must adhere to the most current published Part A/B Standards of Care for the Houston EMA/HSDA. <b>Services must meet or exceed applicable United States Department of Health and Human Services (DHHS) guidelines for the Treatment of HIV/AIDS.</b>

<p>Local Service Category Definition/Services to be Provided:</p>	<p><b>Outpatient/Ambulatory Primary Medical Care:</b> Services include on-site physician, physician extender, nursing, phlebotomy, radiographic, laboratory, pharmacy, intravenous therapy, home health care referral, licensed dietician, patient medication education, and patient care coordination. The Contractor must provide continuity of care with inpatient services and subspecialty services (either on-site or through specific referral to appropriate medical provider upon primary care Physician's order).</p> <p>Services provided to women shall further include OB/GYN physician &amp; physician extender services on-site or by referral, OB/GYN services, colposcopy, nursing, phlebotomy, radiographic, laboratory, pharmacy, intravenous therapy, home health care referral, licensed dietician, patient medication/women's health education, patient care coordination, and social services. The Contractor must provide continuity of care with inpatient services and subspecialty services (either on-site or through specific referral protocols to appropriate agencies upon primary care Physician's order).</p> <p><b>Outpatient/Ambulatory Primary Medical Care must provide:</b></p> <ul style="list-style-type: none"> <li>• Continuity of care for all stages of adult HIV infection;</li> <li>• Laboratory and pharmacy services including intravenous medications (either on-site or through established referral systems);</li> <li>• Outpatient psychiatric care, including lab work necessary for the prescribing of psychiatric medications when appropriate (either on-site or through established referral systems);</li> <li>• Access to the Texas ADAP program (either on-site or through established referral systems);</li> <li>• Access to compassionate use HIV medication programs (either directly or through established referral systems);</li> <li>• Access to HIV related research protocols (either directly or through established referral systems);</li> <li>• Must at a minimum, comply with Houston EMA/HSDA Part A/B Standards for HIV Primary Medical Care. The Contractor must demonstrate on an ongoing basis the ability to provide state-of-the-art HIV-related primary care medicine in accordance with the most recent DHHS HIV treatment guidelines. Rapid advances in HIV treatment protocols require that the Contractor provide services that to the greatest extent possible maximize a patient's opportunity for long-term survival and maintenance of the highest quality of life possible.</li> <li>• On-site Outpatient Psychiatry services.</li> <li>• On-site Medical Case Management services.</li> </ul>
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- On-site Medication Education.
- Physical therapy services (either on-site or via referral).
- Specialty Clinic Referrals (either on-site or via referral).
- On-site pelvic exams as needed for female patients with appropriate follow-up treatment and referral.
- On site Nutritional Counseling by a Licensed Dietitian.

**Women’s Services must also provide:**

- Well woman care, including but not limited to: PAP, pelvic exam, breast examination, mammography, hormone replacement and education, pregnancy testing, contraceptive services excluding birth control medications.
- Obstetric Care: ante-partum through post-partum services, child birth/delivery services. Perinatal preventative education and treatment.
- On-site or by referral Colposcopy exams as needed, performed by an OB/GYN physician, or physician extender with a colposcopy provider qualification.
- Social services, including but not limited to, providing women access to child care, transportation vouchers, food vouchers and support groups at the clinic site;

**Nutritional Assessment:** Services include provision of information about therapeutic nutritional/supplemental foods that are beneficial to the wellness and increased health conditions of clients by a Licensed Dietitian. Services may be provided either through educational or counseling sessions. Clients who receive these services may utilize the Ryan White Part A-funded nutritional supplement provider to obtain recommended nutritional supplements in accordance with program rules. Clients are limited to one (1) nutritional assessment per calendar year without prior approval of RWGA.

Patient Medication Education Services must adhere to the following requirements:

- Medication Educators must be State Licensed Medical Doctor (MD), Nurse Practitioner (NP), Physician Assistant (PA), Nurse (RN, LVN) or Pharmacist. Prior approval must be obtained prior to utilizing any other health care professional not listed above to provide medication education.
- Clients who will be prescribed ongoing medical regimens (i.e. ART) must be assessed for adherence to treatment at every clinical encounter using the EMA’s approved adherence assessment tool. Clients with adherence issues related to lack

of understanding must receive more education regarding their medical regimen. Clients with adherence issues that are behavioral or involve mental health issues must be provided counseling by the Medical Case Manager, Physician or Physician Extender and/or licensed nursing staff and, if clinically indicated, assessment and treatment by a qualified Psychiatrist or Psychiatric Nurse Practitioner.

### **Outpatient Psychiatric Services:**

The program must provide:

- **Diagnostic Assessments:** comprehensive evaluation for identification of psychiatric disorders, mental status evaluation, differential diagnosis which may involve use of other clinical and laboratory tests, case formulation, and treatment plans or disposition.
- **Emergency Psychiatric Services:** rapid evaluation, differential diagnosis, acute treatment, crisis intervention, and referral. Must be available on a 24 hour basis including emergency room referral.
- **Brief Psychotherapy:** individual, supportive, group, couple, family, hypnosis, biofeedback, and other psychophysiological treatments and behavior modification.
- **Psychopharmacotherapy:** evaluation and medication treatment of psychiatric disorders, including, but not limited to, anxiety disorders, major depression, pain syndromes, habit control problems, psychosis and organic mental disorders.
- **Rehabilitation Services:** Physical, psychosocial, behavioral, and/or cognitive training.

**Screening for Eye Disorders:** Contractor must ensure that patients receive appropriate screening and treatment for CMV, glaucoma, cataracts, and other related problems.

**Local Medication Assistance Program (LPAP):** LPAP provides pharmaceuticals to patients otherwise ineligible for medications through private insurance, Medicaid/Medicare, State ADAP, SPAP or other sources. Allowable medications are only those on the Houston EMA Ryan White Part A Formulary. Eligible clients may be provided Fuzeon™ on a case-by-case basis with prior approval of Ryan White Grant Administration (RWGA). The cost of Fuzeon™ does not count against a client's annual maximum. HIV-related medication services are the provision of physician or physician-extender prescribed HIV-related medications to prevent serious deterioration of health. Does not include drugs available to the

patient from other programs or payers or free of charge (such as birth control and TB medications) or medications available over the counter (OTC) without prescription.

Contractor must offer all medications on the Texas ADAP formulary, for a total not to exceed \$18,000.00 per contract year per client.

Contractor must provide allowable HIV-related medications (i.e. non-HIV medications) for a total not to exceed \$3,000 per contract year per client. Contractor may be reimbursed ADAP dispensing fees (e.g. \$5/Rx) in accordance with RWGA business rules for those ADAP clients who are unable to pay the ADAP dispensing fee.

**Medical Case Management Services:** Services include screening all primary medical care patients to determine each patient's level of need for Medical Case Management services, performing a comprehensive assessment, including an assessment of the patient's health literacy, and developing a medical service plan for each client that demonstrates a documented need for such services, monitoring medical service plan to ensure its implementation, and educating client regarding wellness, medication and health care appointment adherence. The Medical Case Manager serves as an advocate for the client and as a liaison with medical providers on behalf of the client. The Medical Case Manager ensures linkage to mental health, substance abuse and other client services as indicated by the medical service plan.

**Service Linkage:** The purpose of Service Linkage is to assist clients with the procurement of needed services so that the problems associated with living with HIV are mitigated. Service Linkage is a working agreement between a client and a Service Linkage Worker for an indeterminate period, based on client need, during which information, referrals and service linkage are provided on an as-needed basis. Service Linkage assists clients who do not require the intensity of Medical Case Management per RWGA Quality Management guidelines. Service Linkage is both office-based and field based. Service Linkage Workers are expected to coordinate activities with referral sources where newly-diagnosed or not-in-care PLWHA may be identified, including 1:1 case conferences with testing site personnel to ensure the successful transition of referrals into Primary Care Services. Such incoming referral coordination includes meeting prospective clients at the referring Provider location in order to develop rapport with individuals prior to the individual's initial Primary Care appointment and ensuring such new intakes to

	<p>Primary Care services have sufficient support to make the often difficult transition into ongoing primary medical care. Service Linkage also includes follow-up to re-engage lost-to-care patients. Lost-to-care patients are those patients who have not returned for scheduled appointments with Provider nor have provided Provider with updated information about their current Primary Medical Care provider (in the situation where patient may have obtained alternate service from another medical provider). Contractor must document efforts to re-engage lost-to-care patients prior to closing patients in the CPCDMS. Service Linkage extends the capability of existing programs by providing “hands-on” outreach and linkage to care services to those PLWHA who are not currently accessing primary medical care services. Service Linkage includes the issuance of bus pass vouchers and gas cards per published RWGA guidelines. Service Linkage complements and extends the service delivery capability of Medical Case Management services.</p>
<p>Agency Requirements:</p>	<p><b>Providers and system must be Medicaid/Medicare certified.</b></p> <p><b>Eligibility and Benefits Coordination:</b> Contractor must implement consumer-friendly, culturally and linguistically appropriate new and ongoing patient eligibility verification and benefit coordination processes that ensure accountability with Ryan White Payer of Last Resort requirements while achieving maximum utilization of eligible benefits. Eligibility processes should provide clients with a meaningful understanding of their benefits, expected out-of-pocket expenses and other information needed to ensure full and continued participation in care.</p> <p><b>LPAP Services:</b> Contractor must:</p> <p>Provide pharmacy services on-site or through an established contractual relationship that meets all requirements. Alternate (off-site) approaches must be approved prior to implementation by RWGA.</p> <p>Either directly, or via subcontract with an eligible 340B Pharmacy program entity, must:</p> <p>Ensure a comprehensive financial intake application to determine client eligibility for this program to insure that these funds are used as a last resort for purchase of medications.</p> <p>Ensure the documented capability of interfacing with the Texas HIV Medication Program operated by the Texas Department of State</p>

Health Services. This capability must be fully documented and is subject to independent verification by RWGA.

Ensure medication assistance provided to clients does not duplicate services already being provided in the Houston area. The process for accomplishing this must be fully documented and is subject to independent verification by RWGA.

Ensure, either directly or via a 340B Pharmacy Program Provider, at least 2 years of continuous documented experience in providing HIV/AIDS medication programs utilizing Ryan White Program or similar public sector funding. This experience must be documented and is subject to independent verification by RWGA.

Ensure all medications are purchased via a qualified participant in the federal 340B Drug Pricing Program and Prime Vendor Program, administered by the HRSA Office of Pharmacy Affairs. Note: failure to maintain 340B or Prime Vendor drug pricing may result in a negative audit finding, cost disallowance or termination of contract awarded. Contractor must maintain 340B Program participation throughout the contract term. All eligible medications must be purchased in accordance with Program 340B guidelines and program requirements.

Ensure Houston area HIV/AIDS service providers are informed of this program and how the client referral and enrollment processes functions. Contractor must maintain documentation of such marketing efforts.

Implement a consistent process to enroll eligible patients in available pharmaceutical company Patient Assistance Programs prior to using Ryan White Part A funded LPAP resources.

Ensure information regarding the program is provided to PLWHA, including historically under-served and unserved populations (e.g., African American, Hispanic/Latino, Asian, Native American, Pacific Islander) and women not currently obtaining prescribed HIV and HIV-related medications.

Offer, at no charge to the client, delivery options for medication refills, including but not limited to courier, USPS or other package delivery service.

**Case Management Operations and Supervision:** The Service Linkage Workers (SLW) and Medical Case Managers (MCM) must

	function within the clinical infrastructure of Contractor and receive ongoing supervision that meets or exceeds published Standards of Care. An MCM may supervise SLWs.
Staff Requirements:	<p>Contractor is responsible for ensuring that services are provided by State licensed internal medicine and OB/GYN physicians, specialty care physicians, psychiatrists, registered nurses, nurse practitioners, vocational nurses, pharmacists, physician assistants, clinical nurse specialists, physician extenders with a colposcopy provider qualification, x-ray technologists, State licensed dieticians, licensed social worker and ancillary health care providers in accordance with appropriate State licensing and/or certification requirements and with knowledge and experience of HIV disease. In addition, Contractor must ensure the following staff requirements are met:</p> <p><b>Outpatient Psychiatric Services:</b> Director of the Program must be a Board Certified Psychiatrist. Licensed and/or Certified allied health professionals (Licensed Psychologists, Physicians, Psychiatric Nurse Practitioners, Licensed Master Social Workers, Licensed Professional Counselors, Licensed Marriage and Family Therapists, Certified Alcohol and Drug Abuse Counselors, etc.) must be used in all treatment modalities. Documentation of the Director’s credentials, licensures and certifications must be included in the proposal. Documentation of the Allied Health professional licensures and certifications must be included in the proposal appendices.</p> <p><b>Medication and Adherence Education:</b> The program must utilize an RN, LVN, PA, NP, pharmacist or MD licensed by the State of Texas, who has at least two (2) years paid experience in the preceding five (5) years in HIV/AIDS care, to provide the educational services. Licensed social workers who have at least two (2) years paid experience in the preceding five (5) years in HIV/AIDS care may also provide adherence education and counseling.</p> <p><b>Nutritional Assessment (primary care):</b> Services must be provided by a licensed registered dietician. Dieticians must have a minimum of two (2) years of experience providing nutritional assessment and counseling to PLWHA.</p> <p><b>Medical Case Management:</b> The program must utilize a state licensed Social Worker to provide Medical Case Management Services. The Contractor must maintain the assigned number of Medical Case Management FTEs throughout the contract term.</p> <p><b>Contractor must provide to RWGA the names of each Medical</b></p>

**Case Manager and the individual assigned to supervise those Medical Case Managers by 03/30/15, and thereafter within 15 days after hire.**

**Service Linkage:** The program must utilize Service Linkage Workers who have at a minimum a Bachelor's degree from an accredited college or university with a major in social or behavioral sciences. Documented paid work experience in providing client services to PLWHA may be substituted for the Bachelor's degree requirement on a 1:1 basis (1 year of documented paid experience may be substituted for 1 year of college). All Service Linkage Workers must have a minimum of one (1) year paid work experience with PLWHA. Contractor must maintain the assigned number of Service Linkage FTEs throughout the contract term. **Contractor must provide to RWGA the names of each Service Linkage Worker and the individual assigned to supervise those Service Linkage Workers by 03/30/15, and thereafter within 15 days after hire.**

**Supervision of Case Managers:** The Service Linkage Workers and Medical Case Managers must function within the clinical infrastructure of Contractor and receive ongoing supervision that meets or exceeds Houston EMA/HSDA Part A/B Standards of Care for Service Linkage and Medical Case Management as applicable. An MCM may supervise SLWs.

<p>Special Requirements:</p> <p><b>RWGA Only</b></p>	<p><b>All primary medical care services must meet or exceed current United States DHHS Treatment Guidelines for the treatment and management of HIV disease.</b></p> <p>Contractor must provide all required program components - Primary Medical Care, Medical Case Management, Service Linkage (non-medical Case Management) and Local Pharmacy Assistance Program (LPAP) services.</p> <p><b>Primary Medical Care Services:</b> Services funded under this grant cannot be used to supplant insurance or Medicare/Medicaid reimbursements for such services. Clients eligible for such reimbursement may not be billed to this contract. Medicare and private insurance co-payments may be eligible for reimbursement under Ryan White Health Insurance Assistance (HINS) program guidelines. Patients needing such assistance should be referred to the local Ryan White-funded HINS provider for assistance. Under no circumstances may the Contractor bill the County for the difference between the reimbursement from Medicaid, Medicare or Third Party insurance and the fee schedule under the contract. Furthermore, potential clients who are Medicaid/Medicare eligible or have other Third Party payers may not be denied services or referred elsewhere by the Contractor based on their reimbursement status (i.e. Medicaid/Medicare eligible clients may not be referred elsewhere in order that non-Medicaid/Medicare eligible clients may be added to the contract). Failure to serve Medicaid/Medicare eligible clients based on their reimbursement status will be grounds for the immediate termination of contract.</p> <p><b>Diagnostic Procedures:</b> A single Diagnostic Procedure limited to procedures on the approved list of diagnostic procedures (see below) without prior County approval. Approved diagnostic procedures will be reimbursed at invoice cost. Part A and Part A/MAI-funded programs must refer to the RWGA website for the most current list of approved diagnostic procedures and corresponding codes: <a href="http://www.hcphes.org/rwga">www.hcphes.org/rwga</a>. <b>Diagnostic procedures not listed on the website must have prior approval by RWGA.</b></p> <p><b>Outpatient Psychiatric Services:</b> Client must not be eligible for services from other programs/providers or any other reimbursement source (i.e. Medicaid, Medicare, private insurance) unless the client is in crisis and cannot be provided immediate services from the other programs/providers. In this case, clients may be provided services, as</p>
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long as the client applies for the other programs/providers, until the other programs/providers can take over services. Program must be supervised by a Psychiatrist and include diagnostic assessments, emergency evaluations and psycho-pharmacotherapy.

**Maintaining Referral Relationships (Point of Entry Agreements):**

Contractor must maintain appropriate relationships with entities that constitute key points of access to the health care system for individuals with HIV disease, including but not limited to, Harris Health System and other Houston EMA-located emergency rooms, Harris County Jail, Texas Department of Criminal Justice incarceration facilities, Immigration detention centers, substance abuse treatment and detoxification programs, adult and juvenile detention facilities, Sexually Transmitted Disease clinics, federally qualified health centers (FQHC), HIV disease counseling and testing sites, mental health programs and homeless shelters. These referral relationships must be documented with written collaborative agreements, contracts or memoranda of understanding between Contractor and appropriate point of entry entities and are subject to audit by RWGA. Contractor and POE entity staff must regularly (e.g. weekly, bi-weekly depending on volume of referrals) meet 1:1 to discuss new referrals to primary medical care services. Such case conferences must be documented in the client record and properly entered into the CPCDMS.

Use of CPCDMS Data System: Contractor must comply with CPCDMS business rules and procedures. Contractor must enter into the CPCDMS all required clinical data, including but not limited to, HAART treatment including all changes in medication regimens, Opportunistic Infections, screening and treatment for STDs and Hepatitis A, B, C and other clinical screening and treatment data required by HRSA, TDSHS and the County. Contractor must perform Registration updates in accordance with RWGA CPCDMS business rules for all clients wherein Contractor is client's CPCDMS record-owning agency. Contractor must utilize an electronic verification system to verify insurance/3rd party payer status monthly or per visit (whichever is less frequent).

**Bus Pass Distribution:** The County will provide Contractor with METRO bus pass vouchers. Bus Pass vouchers must be distributed in accordance with RWGA policies and procedures, standards of care and financial eligibility guidelines. Contractor may only issue

METRO bus pass vouchers to clients wherein the Contractor is the CPCDMS record owning Contractor. METRO bus pass vouchers shall be distributed as follows:

**Expiration of Current Bus Pass:** In those situation wherein the bus pass expiration date does not coincide with the CPCDMS registration update the Contractor must distribute METRO bus pass vouchers to eligible clients upon the expiration of the current bus pass or when a Value-based bus card has been expended on eligible transportation needs. Contractor may issue METRO bus passes to eligible clients living outside the METRO service area in those situations where the Contractor has documented in the client record that the client will utilize the METRO system to access needed HIV-related health care services located in the METRO service area.

**Gas Cards:** Primary Medical Care Contractors must distribute gasoline vouchers to eligible clients residing in the rural service area in accordance with RWGA policies and procedures, standards of care and financial eligibility guidelines. Gas Cards are only available to Rural primary medical care Contractors without prior approval by RWGA.

***FY 2015 RWPC “How to Best Meet the Need” Decision Process***

<b>Step in Process: Council</b>		Date: <b>06/12/2014</b>
Recommendations:	Approved: Y: _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: Steering Committee</b>		Date: <b>06/05/2014</b>
Recommendations:	Approved: Y <u>X</u> No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: Quality Assurance Committee</b>		Date: <b>05/14/2014</b>
Recommendations:	Approved: Y: <u>X</u> No: _____ Approved With Changes: _____	If approved with changes list changes below:
1. Accept workgroup recommendations.		
2.		
3.		
<b>Step in Process: HTBMTN Workgroup</b>		Date: <b>04/07/2014</b>
Recommendations:	<b>Financial Eligibility:</b> PriCare=300%, LPAP=300%+500%, MCM/SLW=none	
1. Accept the service category definition as presented and keep the financial eligibility the same.		
2.		
3.		

FY 2015 Houston EMA Ryan White Part A/MAI Service Definition <b>Comprehensive Outpatient Primary Medical Care including Medical Case Management,            Service Linkage and Local Pharmacy Assistance Program (LPAP) Services - Rural</b> (Revision Date: 03/03/14)	
HRSA Service Category Title: <b>RWGA Only</b>	1. Outpatient/Ambulatory Medical Care 2. Medical Case Management 3. AIDS Pharmaceutical Assistance (local) 4. Case Management (non-Medical)
Local Service Category Title:	Adult Comprehensive Primary Medical Care - Targeted to Rural
Amount Available:  <b>RWGA Only</b>	Total estimated available funding: <u>\$0.00</u> (to be determined)  1. Primary Medical Care: <u>\$0.00</u> 2. LPAP <u>\$0.00</u> 3. Medical Case Management: <u>\$0.00</u> 4. Service Linkage: <u>\$0.00</u>  Note: The Houston Ryan White Planning Council (RWPC) determines overall annual Part A and MAI service category allocations & reallocations. RWGA has sole authority over contract award amounts.
Target Population:	Comprehensive Primary Medical Care – Targeted to Rural
Client Eligibility:  Age, Gender, Race, Ethnicity, Residence, etc.	PLWHA residing in the Houston EMA/HSDA counties <b>other than Harris County</b> (prior approval required for non-EMA clients). Contractor must adhere to Targeting requirements and Budget limitations as applicable.
Financial Eligibility:	<i>See FY 2015 Approved Financial Eligibility for Houston EMA/HSDA</i>
Budget Type:  <b>RWGA Only</b>	Hybrid Fee for Service
Budget Requirement or Restrictions:  <b>RWGA Only</b>	<b>Primary Medical Care:</b>  No less than 75% of clients served in a Targeted subcategory must be members of the targeted population with the following exceptions:  10% of funds designated to primary medical care must be

	<p>reserved for invoicing diagnostic procedures at actual cost.</p> <p>Contractors may not exceed the allocation for each individual service component (Primary Medical Care, Medical Case Management, Local Pharmacy Assistance Program and Service Linkage) without prior approval from RWGA.</p> <p><b>Local Pharmacy Assistance Program (LPAP):</b></p> <p>Houston RWPC guidelines for Local Pharmacy Assistance Program (LPAP) services: Contractor shall offer HIV medications from an approved formulary for a total not to exceed \$18,000 per contract year per client. Contractor shall offer HIV-related medications for a total not to exceed \$3,000 per contract year per client. These guidelines are determined by the RWPC. The RWPC determines the subcategories that shall include Ryan White LPAP funding.</p> <p>Medications must be provided in accordance with Houston EMA guidelines, HRSA/HAB rules and regulations and applicable Office of Pharmacy Affairs 340B guidelines.</p> <p>At least 75% of the total amount of the budget for LPAP services must be solely allocated to the actual cost of medications and may not include any storage, administrative, processing or other costs associated with managing the medication inventory or distribution.</p>
<p>Service Unit Definition/s:</p>	<ul style="list-style-type: none"> <li>• Outpatient/Ambulatory Medical Care: One (1) unit of service = One (1) primary care office/clinic visit which includes the following:</li> <li>• Primary care physician/nurse practitioner, physician’s assistant or clinical nurse specialist examination of the patient, and</li> <li>• Medication/treatment education</li> <li>• Medication access/linkage</li> <li>• OB/GYN specialty procedures (as clinically indicated)</li> <li>• Nutritional assessment (as clinically indicated)</li> <li>• Laboratory (as clinically indicated, not including specialized tests)</li> <li>• Radiology (as clinically indicated, not including CAT scan or MRI)</li> <li>• Eligibility verification/screening (as necessary)</li> <li>• Follow-up visits wherein the patient is not seen by the</li> </ul>

	<p>MD/NP/PA are considered to be a component of the original primary care visit.</p> <ul style="list-style-type: none"> <li>• Outpatient Psychiatric Services: 1 unit of service = A single (1) office/clinic visit wherein the patient is seen by a State licensed and board-eligible Psychiatrist or qualified Psychiatric Nurse Practitioner. This visit may or may not occur on the same date as a primary care office visit.</li> <li>• Nutritional Assessment and Plan: 1 unit of service = A single comprehensive nutritional assessment and treatment plan performed by a Licensed, Registered Dietician initiated upon a physician's order. Does not include the provision of Supplements or other products (clients may be referred to the Ryan White funded Medical Nutritional Therapy provider for provision of medically necessary supplements). The nutritional assessment visit may or may not occur on the same date as a medical office visit.</li> <li>• AIDS Pharmaceutical Assistance (local): A unit of service = a transaction involving the filling of a prescription or any other allowable medication need ordered by a qualified medical practitioner. The transaction will involve at least one item being provided for the client, but can be any multiple. The cost of medications provided to the client must be invoiced at actual cost.</li> <li>• Medical Case Management: 1 unit of service = 15 minutes of direct medical case management services to an eligible PLWHA performed by a qualified medical case manager.</li> <li>• Service Linkage (non-Medical Case Management): 1 unit of service = 15 minutes of direct service linkage services to an eligible PLWHA performed by a qualified service linkage worker.</li> </ul>
<p>HRSA Service Category Definition:</p> <p><b>RWGA Only</b></p>	<ul style="list-style-type: none"> <li>• <b>Outpatient/Ambulatory medical care</b> is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and</li> </ul>

	<p>treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.</p> <ul style="list-style-type: none"><li>• <b>AIDS Pharmaceutical Assistance (local)</b> includes local pharmacy assistance programs implemented by Part A or Part B Grantees to provide HIV/AIDS medications to clients. This assistance can be funded with Part A grant funds and/or Part B base award funds. Local pharmacy assistance programs are not funded with ADAP earmark funding.</li><li>• <b>Medical Case Management</b> services (including treatment adherence) are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.</li></ul>
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	<ul style="list-style-type: none"> <li>• <b>Case Management (non-Medical)</b> includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.</li> </ul>
Standards of Care:	Contractors must adhere to the most current published Part A/B Standards of Care for the Houston EMA/HSDA. <b>Services must meet or exceed applicable United States Department of Health and Human Services (DHHS) guidelines for the Treatment of HIV/AIDS.</b>
Local Service Category Definition/Services to be Provided:	<p><b>Outpatient/Ambulatory Primary Medical Care:</b> Services include on-site physician, physician extender, nursing, phlebotomy, radiographic, laboratory, pharmacy, intravenous therapy, home health care referral, licensed dietician, patient medication education, and patient care coordination. The Contractor must provide continuity of care with inpatient services and subspecialty services (either on-site or through specific referral to appropriate medical provider upon primary care Physician’s order).</p> <p>Services provided to women shall further include OB/GYN physician &amp; physician extender services on-site or by referral, OB/GYN services, colposcopy, nursing, phlebotomy, radiographic, laboratory, pharmacy, intravenous therapy, home health care referral, licensed dietician, patient medication/women’s health education, patient care coordination, and social services. The Contractor must provide continuity of care with inpatient services and subspecialty services (either on-site or through specific referral protocols to appropriate agencies upon primary care Physician’s order).</p> <p><b>Outpatient/Ambulatory Primary Medical Care must provide:</b></p> <ul style="list-style-type: none"> <li>• Continuity of care for all stages of adult HIV infection;</li> <li>• Laboratory and pharmacy services including intravenous medications (either on-site or through established referral systems);</li> <li>• Outpatient psychiatric care, including lab work necessary for the prescribing of psychiatric medications when appropriate (either on-site or through established referral systems);</li> <li>• Access to the Texas ADAP program (either on-site or through established referral systems);</li> <li>• Access to compassionate use HIV medication programs (either directly or through established referral systems);</li> </ul>

- Access to HIV related research protocols (either directly or through established referral systems);
- Must at a minimum, comply with Houston EMA/HSDA Part A/B Standards for HIV Primary Medical Care. The Contractor must demonstrate on an ongoing basis the ability to provide state-of-the-art HIV-related primary care medicine in accordance with the most recent DHHS HIV treatment guidelines. Rapid advances in HIV treatment protocols require that the Contractor provide services that to the greatest extent possible maximize a patient's opportunity for long-term survival and maintenance of the highest quality of life possible.
- On-site Outpatient Psychiatry services.
- On-site Medical Case Management services.
- On-site Medication Education.
- Physical therapy services (either on-site or via referral).
- Specialty Clinic Referrals (either on-site or via referral).
- On-site pelvic exams as needed for female patients with appropriate follow-up treatment and referral.
- On site Nutritional Counseling by a Licensed Dietitian.

**Services for women must also provide:**

- Well woman care, including but not limited to: PAP, pelvic exam, breast examination, mammography, hormone replacement and education, pregnancy testing, contraceptive services excluding birth control medications.
- Obstetric Care: ante-partum through post-partum services, child birth/delivery services. Perinatal preventative education and treatment.
- On-site or by referral Colposcopy exams as needed, performed by an OB/GYN physician, or physician extender with a colposcopy provider qualification.
- Social services, including but not limited to, providing women access to child care, transportation vouchers, food vouchers and support groups at the clinic site;

**Nutritional Assessment:** Services include provision of information about therapeutic nutritional/supplemental foods that are beneficial to the wellness and increased health conditions of clients by a Licensed Dietitian. Services may be provided either through educational or counseling sessions. Clients who receive these services may utilize the Ryan White Part A-funded nutritional supplement provider to obtain recommended nutritional supplements in accordance with program rules. Clients are limited to one (1) nutritional assessment

per calendar year without prior approval of RWGA.

Patient Medication Education Services must adhere to the following requirements:

- Medication Educators must be State Licensed Medical Doctor (MD), Nurse Practitioner (NP), Physician Assistant (PA), Nurse (RN, LVN) or Pharmacist. Prior approval must be obtained prior to utilizing any other health care professional not listed above to provide medication education.
- Clients who will be prescribed ongoing medical regimens (i.e. ART) must be assessed for adherence to treatment at every clinical encounter using the EMA's approved adherence assessment tool. Clients with adherence issues related to lack of understanding must receive more education regarding their medical regimen. Clients with adherence issues that are behavioral or involve mental health issues must be provided counseling by the Medical Case Manager, Physician or Physician Extender and/or licensed nursing staff and, if clinically indicated, assessment and treatment by a qualified Psychiatrist or Psychiatric Nurse Practitioner.

#### **Outpatient Psychiatric Services:**

The program must provide:

- Diagnostic Assessments: comprehensive evaluation for identification of psychiatric disorders, mental status evaluation, differential diagnosis which may involve use of other clinical and laboratory tests, case formulation, and treatment plans or disposition.
- Emergency Psychiatric Services: rapid evaluation, differential diagnosis, acute treatment, crisis intervention, and referral. Must be available on a 24 hour basis including emergency room referral.
- Brief Psychotherapy: individual, supportive, group, couple, family, hypnosis, biofeedback, and other psychophysiological treatments and behavior modification.
- Psychopharmacotherapy: evaluation and medication treatment of psychiatric disorders, including, but not limited to, anxiety disorders, major depression, pain syndromes, habit control problems, psychosis and organic mental disorders.
- Rehabilitation Services: Physical, psychosocial, behavioral, and/or cognitive training.

Screening for Eye Disorders: Contractor must ensure that patients receive appropriate screening and treatment for CMV, glaucoma,

cataracts, and other related problems.

**Local Medication Assistance Program (LPAP):** LPAP provides pharmaceuticals to patients otherwise ineligible for medications through private insurance, Medicaid/Medicare, State ADAP, SPAP or other sources. Allowable medications are only those on the Houston EMA Ryan White Part A Formulary. Eligible clients may be provided Fuzeon™ on a case-by-case basis with prior approval of Ryan White Grant Administration (RWGA). The cost of Fuzeon™ does not count against a client's annual maximum. HIV-related medication services are the provision of physician or physician-extender prescribed HIV-related medications to prevent serious deterioration of health. Does not include drugs available to the patient from other programs or payers or free of charge (such as birth control and TB medications) or medications available over the counter (OTC) without prescription.

Contractor must offer all medications on the Texas ADAP formulary, for a total not to exceed \$18,000.00 per contract year per client. Contractor must provide allowable HIV-related medications (i.e. non-HIV medications) for a total not to exceed \$3,000 per contract year per client. Contractor may be reimbursed ADAP dispensing fees (e.g. \$5/Rx) in accordance with RWGA business rules for those ADAP clients who are unable to pay the ADAP dispensing fee.

**Medical Case Management Services:** Services include screening all primary medical care patients to determine each patient's level of need for Medical Case Management services, performing a comprehensive assessment, including an assessment of the patient's health literacy, and developing a medical service plan for each client that demonstrates a documented need for such services, monitoring medical service plan to ensure its implementation, and educating client regarding wellness, medication and health care appointment adherence. The Medical Case Manager serves as an advocate for the client and as a liaison with medical providers on behalf of the client. The Medical Case Manager ensures linkage to mental health, substance abuse and other client services as indicated by the medical service plan.

**Service Linkage:** The purpose of Service Linkage is to assist clients with the procurement of needed services so that the problems associated with living with HIV are mitigated. Service Linkage is a working agreement between a client and a Service Linkage Worker

	<p>for an indeterminate period, based on client need, during which information, referrals and service linkage are provided on an as-needed basis. Service Linkage assists clients who do not require the intensity of Medical Case Management per RWGA Quality Management guidelines. Service Linkage is both office-based and field based. Service Linkage Workers are expected to coordinate activities with referral sources where newly-diagnosed or not-in-care PLWHA may be identified, including 1:1 case conferences with testing site personnel to ensure the successful transition of referrals into Primary Care Services. Such incoming referral coordination includes meeting prospective clients at the referring Provider location in order to develop rapport with individuals prior to the individual's initial Primary Care appointment and ensuring such new intakes to Primary Care services have sufficient support to make the often difficult transition into ongoing primary medical care. Service Linkage also includes follow-up to re-engage lost-to-care patients. Lost-to-care patients are those patients who have not returned for scheduled appointments with Provider nor have provided Provider with updated information about their current Primary Medical Care provider (in the situation where patient may have obtained alternate service from another medical provider). Contractor must document efforts to re-engage lost-to-care patients prior to closing patients in the CPCDMS. Service Linkage extends the capability of existing programs by providing "hands-on" outreach and linkage to care services to those PLWHA who are not currently accessing primary medical care services. Service Linkage includes the issuance of bus pass vouchers and gas cards per published RWGA guidelines. Service Linkage complements and extends the service delivery capability of Medical Case Management services.</p>
Agency Requirements:	<p><b>Providers and system must be Medicaid/Medicare certified.</b></p> <p><b>Eligibility and Benefits Coordination:</b> Contractor must implement consumer-friendly, culturally and linguistically appropriate new and ongoing patient eligibility verification and benefit coordination processes that ensure accountability with Ryan White Payer of Last Resort requirements while achieving maximum utilization of eligible benefits. Eligibility processes should provide clients with a meaningful understanding of their benefits, expected out-of-pocket expenses and other information needed to ensure full and continued participation in care.</p> <p><b>LPAP Services:</b> Contractor must:</p>

Provide pharmacy services on-site or through an established contractual relationship that meets all requirements. Alternate (off-site) approaches must be approved prior to implementation by RWGA.

Either directly, or via subcontract with an eligible 340B Pharmacy program entity, must:

Ensure a comprehensive financial intake application to determine client eligibility for this program to insure that these funds are used as a last resort for purchase of medications.

Ensure the documented capability of interfacing with the Texas HIV Medication Program operated by the Texas Department of State Health Services. This capability must be fully documented and is subject to independent verification by RWGA.

Ensure medication assistance provided to clients does not duplicate services already being provided in the Houston area. The process for accomplishing this must be fully documented and is subject to independent verification by RWGA.

Ensure, either directly or via a 340B Pharmacy Program Provider, at least 2 years of continuous documented experience in providing HIV/AIDS medication programs utilizing Ryan White Program or similar public sector funding. This experience must be documented and is subject to independent verification by RWGA.

Ensure all medications are purchased via a qualified participant in the federal 340B Drug Pricing Program and Prime Vendor Program, administered by the HRSA Office of Pharmacy Affairs. Note: failure to maintain 340B or Prime Vendor drug pricing may result in a negative audit finding, cost disallowance or termination of contract awarded. Contractor must maintain 340B Program participation throughout the contract term. All eligible medications must be purchased in accordance with Program 340B guidelines and program requirements.

Ensure Houston area HIV/AIDS service providers are informed of this program and how the client referral and enrollment processes functions. Contractor must maintain documentation of such marketing efforts.

Implement a consistent process to enroll eligible patients in available pharmaceutical company Patient Assistance Programs prior to using

	<p>Ryan White Part A funded LPAP resources.</p> <p>Ensure information regarding the program is provided to PLWHA, including historically under-served and unserved populations (e.g., African American, Hispanic/Latino, Asian, Native American, Pacific Islander) and women not currently obtaining prescribed HIV and HIV-related medications.</p> <p>Offer, at no charge to the client, delivery options for medication refills, including but not limited to courier, USPS or other package delivery service.</p> <p><b>Case Management Operations and Supervision:</b> The Service Linkage Workers (SLW) and Medical Case Managers (MCM) must function within the clinical infrastructure of Contractor and receive ongoing supervision that meets or exceeds published Standards of Care. An MCM may supervise SLWs.</p>
Staff Requirements:	<p>Contractor is responsible for ensuring that services are provided by State licensed internal medicine and OB/GYN physicians, specialty care physicians, psychiatrists, registered nurses, nurse practitioners, vocational nurses, pharmacists, physician assistants, clinical nurse specialists, physician extenders with a colposcopy provider qualification, x-ray technologists, State licensed dieticians, licensed social worker and ancillary health care providers in accordance with appropriate State licensing and/or certification requirements and with knowledge and experience of HIV disease. In addition, Contractor must ensure the following staff requirements are met:</p> <p><b>Outpatient Psychiatric Services:</b> Director of the Program must be a Board Certified Psychiatrist. Licensed and/or Certified allied health professionals (Licensed Psychologists, Physicians, Psychiatric Nurse Practitioners, Licensed Master Social Workers, Licensed Professional Counselors, Licensed Marriage and Family Therapists, Certified Alcohol and Drug Abuse Counselors, etc.) must be used in all treatment modalities. Documentation of the Director's credentials, licensures and certifications must be included in the proposal. Documentation of the Allied Health professional licensures and certifications must be included in the proposal appendices.</p> <p><b>Medication and Adherence Education:</b> The program must utilize an RN, LVN, PA, NP, pharmacist or MD licensed by the State of Texas, who has at least two (2) years paid experience in the preceding five (5) years in HIV/AIDS care, to provide the educational services.</p>

	<p>Licensed social workers who have at least two (2) years paid experience in the preceding five (5) years in HIV/AIDS care may also provide adherence education and counseling.</p> <p><b>Nutritional Assessment (primary care):</b> Services must be provided by a licensed registered dietician. Dieticians must have a minimum of two (2) years of experience providing nutritional assessment and counseling to PLWHA.</p> <p><b>Medical Case Management:</b> The program must utilize a state licensed Social Worker to provide Medical Case Management Services. The Contractor must maintain the assigned number of Medical Case Management FTEs throughout the contract term. <b>Contractor must provide to RWGA the names of each Medical Case Manager and the individual assigned to supervise those Medical Case Managers by 03/30/15, and thereafter within 15 days after hire.</b></p> <p><b>Service Linkage:</b> The program must utilize Service Linkage Workers who have at a minimum a Bachelor's degree from an accredited college or university with a major in social or behavioral sciences. Documented paid work experience in providing client services to PLWHA may be substituted for the Bachelor's degree requirement on a 1:1 basis (1 year of documented paid experience may be substituted for 1 year of college). All Service Linkage Workers must have a minimum of one (1) year paid work experience with PLWHA. Contractor must maintain the assigned number of Service Linkage FTEs throughout the contract term. <b>Contractor must provide to RWGA the names of each Service Linkage Worker and the individual assigned to supervise those Service Linkage Workers by 03/30/15, and thereafter within 15 days after hire.</b></p> <p><b>Supervision of Case Managers:</b> The Service Linkage Workers and Medical Case Managers must function within the clinical infrastructure of Contractor and receive ongoing supervision that meets or exceeds Houston EMA/HSDA Part A/B Standards of Care for Service Linkage and Medical Case Management as applicable. An MCM may supervise SLWs.</p>
<p>Special Requirements: <b>RWGA Only</b></p>	<p><b>All primary medical care services must meet or exceed current United States DHHS Treatment Guidelines for the treatment and management of HIV disease.</b></p> <p>Contractor must provide all required program components - Primary</p>

Medical Care, Medical Case Management, Service Linkage (non-medical Case Management) and Local Pharmacy Assistance Program (LPAP) services.

**Primary Medical Care Services:** Services funded under this grant cannot be used to supplant insurance or Medicare/Medicaid reimbursements for such services. Clients eligible for such reimbursement may not be billed to this contract. Medicare and private insurance co-payments may be eligible for reimbursement under Ryan White Health Insurance Assistance (HINS) program guidelines. Patients needing such assistance should be referred to the local Ryan White-funded HINS provider for assistance. Under no circumstances may the Contractor bill the County for the difference between the reimbursement from Medicaid, Medicare or Third Party insurance and the fee schedule under the contract. Furthermore, potential clients who are Medicaid/Medicare eligible or have other Third Party payers may not be denied services or referred elsewhere by the Contractor based on their reimbursement status (i.e. Medicaid/Medicare eligible clients may not be referred elsewhere in order that non-Medicaid/Medicare eligible clients may be added to the contract). Failure to serve Medicaid/Medicare eligible clients based on their reimbursement status will be grounds for the immediate termination of contract.

**For primary medical care services targeted to the Latino community at least 50% of the clinical care team must be fluent in Spanish.**

**Diagnostic Procedures:** A single Diagnostic Procedure limited to procedures on the approved list of diagnostic procedures (see below) without prior County approval. Approved diagnostic procedures will be reimbursed at invoice cost. Part A and Part A/MAI-funded programs must refer to the RWGA website for the most current list of approved diagnostic procedures and corresponding codes: [www.hcphes.org/rwga](http://www.hcphes.org/rwga). **Diagnostic procedures not listed on the website must have prior approval by RWGA.**

**Outpatient Psychiatric Services:** Client must not be eligible for services from other programs/providers or any other reimbursement source (i.e. Medicaid, Medicare, private insurance) unless the client is in crisis and cannot be provided immediate services from the other programs/providers. In this case, clients may be provided services, as long as the client applies for the other programs/providers, until the

other programs/providers can take over services. Program must be supervised by a Psychiatrist and include diagnostic assessments, emergency evaluations and psycho-pharmacotherapy.

**Maintaining Referral Relationships** (Point of Entry Agreements):

Contractor must maintain appropriate relationships with entities that constitute key points of access to the health care system for individuals with HIV disease, including but not limited to, Harris Health System and other Houston EMA-located emergency rooms, Harris County Jail, Texas Department of Criminal Justice incarceration facilities, Immigration detention centers, substance abuse treatment and detoxification programs, adult and juvenile detention facilities, Sexually Transmitted Disease clinics, federally qualified health centers (FQHC), HIV disease counseling and testing sites, mental health programs and homeless shelters. These referral relationships must be documented with written collaborative agreements, contracts or memoranda of understanding between Contractor and appropriate point of entry entities and are subject to audit by RWGA. Contractor and POE entity staff must regularly (e.g. weekly, bi-weekly depending on volume of referrals) meet 1:1 to discuss new referrals to primary medical care services. Such case conferences must be documented in the client record and properly entered into the CPCDMS.

Use of CPCDMS Data System: Contractor must comply with CPCDMS business rules and procedures. Contractor must enter into the CPCDMS all required clinical data, including but not limited to, HAART treatment including all changes in medication regimens, Opportunistic Infections, screening and treatment for STDs and Hepatitis A, B, C and other clinical screening and treatment data required by HRSA, TDSHS and the County. Contractor must perform Registration updates in accordance with RWGA CPCDMS business rules for all clients wherein Contractor is client's CPCDMS record-owning agency. Contractor must utilize an electronic verification system to verify insurance/3rd party payer status monthly or per visit (whichever is less frequent).

**Bus Pass Distribution:** The County will provide Contractor with METRO bus pass vouchers. Bus Pass vouchers must be distributed in accordance with RWGA policies and procedures, standards of care and financial eligibility guidelines. Contractor may only issue METRO bus pass vouchers to clients wherein the Contractor is the

CPCDMS record owning Contractor. METRO bus pass vouchers shall be distributed as follows:

**Expiration of Current Bus Pass:** In those situation wherein the bus pass expiration date does not coincide with the CPCDMS registration update the Contractor must distribute METRO bus pass vouchers to eligible clients upon the expiration of the current bus pass or when a Value-based bus card has been expended on eligible transportation needs. Contractor may issue METRO bus passes to eligible clients living outside the METRO service area in those situations where the Contractor has documented in the client record that the client will utilize the METRO system to access needed HIV-related health care services located in the METRO service area.

**Gas Cards:** Primary Medical Care Contractors must distribute gasoline vouchers to eligible clients residing in the rural service area in accordance with RWGA policies and procedures, standards of care and financial eligibility guidelines. Gas Cards are only available to Rural primary medical care Contractors without prior approval by RWGA.

***FY 2015 RWPC “How to Best Meet the Need” Decision Process***

<b>Step in Process: Council</b>		Date: <b>06/12/2014</b>
Recommendations:	Approved: Y: _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: Steering Committee</b>		Date: <b>06/05/2014</b>
Recommendations:	Approved: Y: <u>X</u> No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: Quality Assurance Committee</b>		Date: <b>05/14/2014</b>
Recommendations:	Approved: Y: <u>X</u> No: _____ Approved With Changes: _____	If approved with changes list changes below:
1. Accept workgroup recommendations.		
2.		
3.		
<b>Step in Process: HTBMTN Workgroup</b>		Date: <b>04/07/2014</b>
Recommendations:	<b>Financial Eligibility:</b> PriCare=300%, LPAP=300%+500%, MCM/SLW=none	
1. Accept the service category definition as presented and keep the financial eligibility the same.		
2.		
3.		

FY 2015 Houston EMA/HSDA Ryan White Part A/MAI Service Definition <b>Comprehensive Outpatient Primary Medical Care including Medical Case Management            and Service Linkage Services - Pediatric</b> (Revision Date: 03/03/14)	
HRSA Service Category Title: <b>RWGA Only</b>	1. Outpatient/Ambulatory Medical Care 2. Medical Case Management 3. Case Management (non-Medical)
Local Service Category Title:	Comprehensive Primary Medical Care Targeted to Pediatric
Target Population:	HIV-infected resident of the Houston EMA 0 – 18 years of age. Provider may continue services to previously enrolled clients until the client's 22nd birthday.
Financial Eligibility:	<i>See FY 2015 Approved Financial Eligibility for Houston EMA/HSDA</i>
Budget Type:  <b>RWGA Only</b>	Hybrid Fee for Service
Budget Requirement or Restrictions:  <b>RWGA Only</b>	<b>Primary Medical Care:</b>  10% of funds designated to primary medical care must be reserved for invoicing diagnostic procedures at actual cost.  Contractors may not exceed the allocation for each individual service component (Primary Medical Care, Medical Case Management and Service Linkage) without prior approval from RWGA.
Service Unit Definition/s:  <b>RWGA Only</b>	<ul style="list-style-type: none"> <li>• Outpatient/Ambulatory Medical Care: One (1) unit of service = One (1) primary care office/clinic visit which includes the following:</li> <li>• Primary care physician/nurse practitioner, physician's assistant or clinical nurse specialist examination of the patient, and</li> <li>• Medication/treatment education</li> <li>• Medication access/linkage</li> <li>• OB/GYN specialty procedures (as clinically indicated)</li> <li>• Nutritional assessment (as clinically indicated)</li> <li>• Laboratory (as clinically indicated, not including specialized tests)</li> <li>• Radiology (as clinically indicated, not including CAT scan or MRI)</li> </ul>

	<ul style="list-style-type: none"> <li>• Eligibility verification/screening (as necessary)</li> <li>• Follow-up visits wherein the patient is not seen by the MD/NP/PA are considered to be a component of the original primary care visit.</li> <li>• Outpatient Psychiatric Services: 1 unit of service = A single (1) office/clinic visit wherein the patient is seen by a State licensed and board-eligible Psychiatrist or qualified Psychiatric Nurse Practitioner. This visit may or may not occur on the same date as a primary care office visit.</li> <li>• Medical Case Management: 1 unit of service = 15 minutes of direct medical case management services to an eligible PLWHA performed by a qualified medical case manager.</li> <li>• Service Linkage (non-Medical Case Management): 1 unit of service = 15 minutes of direct service linkage services to an eligible PLWHA performed by a qualified service linkage worker.</li> </ul>
<p>HRSA Service Category Definition:</p> <p><b>RWGA Only</b></p>	<ul style="list-style-type: none"> <li>• <b>Outpatient/Ambulatory medical care</b> is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes 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 medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.</li> <li>• <b>Medical Case Management</b> services (including treatment adherence) are a range of client-centered services that link</li> </ul>

	<p>clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.</p> <ul style="list-style-type: none"> <li>• <b>Case Management (non-Medical)</b> includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.</li> </ul>
Standards of Care:	Contractors must adhere to the most current published Part A/B Standards of Care for the Houston EMA/HSDA. <b>Services must meet or exceed applicable United States Department of Health and Human Services (DHHS) guidelines for the Treatment of HIV/AIDS.</b>
Local Service Category Definition/Services to be Provided:	<b>Outpatient/Ambulatory Primary Medical Care:</b> Services include on-site physician, physician extender, nursing, phlebotomy, radiographic, laboratory, pharmacy, intravenous therapy, home health care referral, licensed dietician, patient medication education, and patient care coordination. The Contractor must provide continuity of care with inpatient services and subspecialty services (either on-site or through specific referral to appropriate medical provider upon primary care Physician's order).

Services provided to women shall further include OB/GYN physician & physician extender services on-site or by referral, OB/GYN services, colposcopy, nursing, phlebotomy, radiographic, laboratory, pharmacy, intravenous therapy, home health care referral, licensed dietician, patient medication/women's health education, patient care coordination, and social services. The Contractor must provide continuity of care with inpatient services and subspecialty services (either on-site or through specific referral protocols to appropriate agencies upon primary care Physician's order).

**Outpatient/Ambulatory Primary Medical Care must provide:**

- Continuity of care for all stages of adult HIV infection;
- Laboratory and pharmacy services including intravenous medications (either on-site or through established referral systems);
- Outpatient psychiatric care, including lab work necessary for the prescribing of psychiatric medications when appropriate (either on-site or through established referral systems);
- Access to the Texas ADAP program (either on-site or through established referral systems);
- Access to compassionate use HIV medication programs (either directly or through established referral systems);
- Access to HIV related research protocols (either directly or through established referral systems);
- Must at a minimum, comply with Houston EMA/HSDA Part A/B Standards for HIV Primary Medical Care. The Contractor must demonstrate on an ongoing basis the ability to provide state-of-the-art HIV-related primary care medicine in accordance with the most recent DHHS HIV treatment guidelines. Rapid advances in HIV treatment protocols require that the Contractor provide services that to the greatest extent possible maximize a patient's opportunity for long-term survival and maintenance of the highest quality of life possible.
- On-site Outpatient Psychiatry services.
- On-site Medical Case Management services.
- On-site Medication Education.
- Physical therapy services (either on-site or via referral).
- Specialty Clinic Referrals (either on-site or via referral).
- On-site pelvic exams as needed for female patients with appropriate follow-up treatment and referral.
- On site Nutritional Counseling by a Licensed Dietitian.

**Services for females of child bearing age must also provide:**

- Well woman care, including but not limited to: PAP, pelvic exam, breast examination, mammography, hormone replacement and education, pregnancy testing, contraceptive services excluding birth control medications.
- Obstetric Care: ante-partum through post-partum services, child birth/delivery services. Perinatal preventative education and treatment.
- On-site or by referral Colposcopy exams as needed, performed by an OB/GYN physician, or physician extender with a colposcopy provider qualification.
- Social services, including but not limited to, providing women access to child care, transportation vouchers, food vouchers and support groups at the clinic site;

Patient Medication Education Services must adhere to the following requirements:

- Medication Educators must be State Licensed Medical Doctor (MD), Nurse Practitioner (NP), Physician Assistant (PA), Nurse (RN, LVN) or Pharmacist. Prior approval must be obtained prior to utilizing any other health care professional not listed above to provide medication education.
- Clients who will be prescribed ongoing medical regimens (i.e. ART) must be assessed for adherence to treatment at every clinical encounter using the EMA's approved adherence assessment tool. Clients with adherence issues related to lack of understanding must receive more education regarding their medical regimen. Clients with adherence issues that are behavioral or involve mental health issues must be provided counseling by the Medical Case Manager, Physician or Physician Extender and/or licensed nursing staff and, if clinically indicated, assessment and treatment by a qualified Psychiatrist or Psychiatric Nurse Practitioner.

#### **Outpatient Psychiatric Services:**

The program must provide:

- Diagnostic Assessments: comprehensive evaluation for identification of psychiatric disorders, mental status evaluation, differential diagnosis which may involve use of other clinical and laboratory tests, case formulation, and treatment plans or disposition.
- Emergency Psychiatric Services: rapid evaluation, differential diagnosis, acute treatment, crisis intervention, and referral. Must be available on a 24 hour basis including

emergency room referral.

- Brief Psychotherapy: individual, supportive, group, couple, family, hypnosis, biofeedback, and other psychophysiological treatments and behavior modification.
- Psychopharmacotherapy: evaluation and medication treatment of psychiatric disorders, including, but not limited to, anxiety disorders, major depression, pain syndromes, habit control problems, psychosis and organic mental disorders.
- Rehabilitation Services: Physical, psychosocial, behavioral, and/or cognitive training.

Screening for Eye Disorders: Contractor must ensure that patients receive appropriate screening and treatment for CMV, glaucoma, cataracts, and other related problems.

**Medical Case Management Services:** Services include screening all primary medical care patients to determine each patient's level of need for Medical Case Management services, performing a comprehensive assessment, including an assessment of the patient's health literacy, and developing a medical service plan for each client that demonstrates a documented need for such services, monitoring medical service plan to ensure its implementation, and educating client regarding wellness, medication and health care appointment adherence. The Medical Case Manager serves as an advocate for the client and as a liaison with medical providers on behalf of the client. The Medical Case Manager ensures linkage to mental health, substance abuse and other client services as indicated by the medical service plan.

**Service Linkage:** The purpose of Service Linkage is to assist clients with the procurement of needed services so that the problems associated with living with HIV are mitigated. Service Linkage is a working agreement between a client and a Service Linkage Worker for an indeterminate period, based on client need, during which information, referrals and service linkage are provided on an as-needed basis. Service Linkage assists clients who do not require the intensity of Medical Case Management per RWGA Quality Management guidelines. Service Linkage is both office-based and field based. Service Linkage Workers are expected to coordinate activities with referral sources where newly-diagnosed or not-in-care PLWHA may be identified, including 1:1 case conferences with testing site personnel to ensure the successful transition of referrals into Primary Care Services. Such incoming referral coordination includes meeting prospective clients at the referring Provider location

	<p>in order to develop rapport with individuals prior to the individual's initial Primary Care appointment and ensuring such new intakes to Primary Care services have sufficient support to make the often difficult transition into ongoing primary medical care. Service Linkage also includes follow-up to re-engage lost-to-care patients. Lost-to-care patients are those patients who have not returned for scheduled appointments with Provider nor have provided Provider with updated information about their current Primary Medical Care provider (in the situation where patient may have obtained alternate service from another medical provider). Contractor must document efforts to re-engage lost-to-care patients prior to closing patients in the CPCDMS. Service Linkage extends the capability of existing programs by providing "hands-on" outreach and linkage to care services to those PLWHA who are not currently accessing primary medical care services. Service Linkage includes the issuance of bus pass vouchers and gas cards per published RWGA guidelines. Service Linkage complements and extends the service delivery capability of Medical Case Management services.</p>
Agency Requirements:	<p><b>Providers and system must be Medicaid/Medicare certified.</b></p> <p><b>Eligibility and Benefits Coordination:</b> Contractor must implement consumer-friendly, culturally and linguistically appropriate new and ongoing patient eligibility verification and benefit coordination processes that ensure accountability with Ryan White Payer of Last Resort requirements while achieving maximum utilization of eligible benefits. Eligibility processes should provide clients with a meaningful understanding of their benefits, expected out-of-pocket expenses and other information needed to ensure full and continued participation in care.</p> <p><b>Case Management Operations and Supervision:</b> The Service Linkage Workers (SLW) and Medical Case Managers (MCM) must function within the clinical infrastructure of Contractor and receive ongoing supervision that meets or exceeds published Standards of Care. An MCM may supervise SLWs.</p>
Staff Requirements:	<p>Contractor is responsible for ensuring that services are provided by State licensed internal medicine and OB/GYN physicians, specialty care physicians, psychiatrists, registered nurses, nurse practitioners, vocational nurses, pharmacists, physician assistants, clinical nurse specialists, physician extenders with a colposcopy provider qualification, x-ray technologists, State licensed dieticians, licensed social worker and ancillary health care providers in accordance with</p>

appropriate State licensing and/or certification requirements and with knowledge and experience of HIV disease. In addition, Contractor must ensure the following staff requirements are met:

**Outpatient Psychiatric Services:** Director of the Program must be a Board Certified Psychiatrist. Licensed and/or Certified allied health professionals (Licensed Psychologists, Physicians, Psychiatric Nurse Practitioners, Licensed Master Social Workers, Licensed Professional Counselors, Licensed Marriage and Family Therapists, Certified Alcohol and Drug Abuse Counselors, etc.) must be used in all treatment modalities. Documentation of the Director's credentials, licensures and certifications must be included in the proposal. Documentation of the Allied Health professional licensures and certifications must be included in the proposal appendices.

**Medication and Adherence Education:** The program must utilize an RN, LVN, PA, NP, pharmacist or MD licensed by the State of Texas, who has at least two (2) years paid experience in the preceding five (5) years in HIV/AIDS care, to provide the educational services. Licensed social workers who have at least two (2) years paid experience in the preceding five (5) years in HIV/AIDS care may also provide adherence education and counseling.

**Medical Case Management:** The program must utilize a state licensed Social Worker to provide Medical Case Management Services. The Contractor must maintain the assigned number of Medical Case Management FTEs throughout the contract term. **Contractor must provide to RWGA the names of each Medical Case Manager and the individual assigned to supervise those Medical Case Managers by 03/30/15, and thereafter within 15 days after hire.**

**Service Linkage:** The program must utilize Service Linkage Workers who have at a minimum a Bachelor's degree from an accredited college or university with a major in social or behavioral sciences. Documented paid work experience in providing client services to PLWHA may be substituted for the Bachelor's degree requirement on a 1:1 basis (1 year of documented paid experience may be substituted for 1 year of college). All Service Linkage Workers must have a minimum of one (1) year paid work experience with PLWHA. Contractor must maintain the assigned number of Service Linkage FTEs throughout the contract term. **Contractor must provide to RWGA the names of each Service Linkage Worker and the individual assigned to supervise those Service Linkage Workers**

	<p><b>by 03/30/15, and thereafter within 15 days after hire.</b></p> <p><b>Supervision of Case Managers:</b> The Service Linkage Workers and Medical Case Managers must function within the clinical infrastructure of Contractor and receive ongoing supervision that meets or exceeds Houston EMA/HSDA Part A/B Standards of Care for Service Linkage and Medical Case Management as applicable. An MCM may supervise SLWs.</p>
<p>Special Requirements: <b>RWGA Only</b></p>	<p><b>All primary medical care services must meet or exceed current United States DHHS Treatment Guidelines for the treatment and management of HIV disease.</b></p> <p>Contractor must provide all required program components - Primary Medical Care, Medical Case Management and Service Linkage (non-medical Case Management) services.</p> <p><b>Primary Medical Care Services:</b> Services funded under this grant cannot be used to supplant insurance or Medicare/Medicaid reimbursements for such services. Clients eligible for such reimbursement may not be billed to this contract. Medicare and private insurance co-payments may be eligible for reimbursement under Ryan White Health Insurance Assistance (HINS) program guidelines. Patients needing such assistance should be referred to the local Ryan White-funded HINS provider for assistance. Under no circumstances may the Contractor bill the County for the difference between the reimbursement from Medicaid, Medicare or Third Party insurance and the fee schedule under the contract. Furthermore, potential clients who are Medicaid/Medicare eligible or have other Third Party payers may not be denied services or referred elsewhere by the Contractor based on their reimbursement status (i.e. Medicaid/Medicare eligible clients may not be referred elsewhere in order that non-Medicaid/Medicare eligible clients may be added to the contract). Failure to serve Medicaid/Medicare eligible clients based on their reimbursement status will be grounds for the immediate termination of contract.</p> <p><b>Diagnostic Procedures:</b> A single Diagnostic Procedure limited to procedures on the approved list of diagnostic procedures (see below) without prior County approval. Approved diagnostic procedures will be reimbursed at invoice cost. Part A and Part A/MAI-funded programs must refer to the RWGA website for the most current list of approved diagnostic procedures and corresponding codes: <a href="http://www.hcphes.org/rwga">www.hcphes.org/rwga</a>. <b>Diagnostic procedures not listed on the</b></p>

**website must have prior approval by RWGA.**

**Outpatient Psychiatric Services:** Client must not be eligible for services from other programs/providers or any other reimbursement source (i.e. Medicaid, Medicare, private insurance) unless the client is in crisis and cannot be provided immediate services from the other programs/providers. In this case, clients may be provided services, as long as the client applies for the other programs/providers, until the other programs/providers can take over services. Program must be supervised by a Psychiatrist and include diagnostic assessments, emergency evaluations and psycho-pharmacotherapy.

**Maintaining Referral Relationships (Point of Entry Agreements):** Contractor must maintain appropriate relationships with entities that constitute key points of access to the health care system for individuals with HIV disease, including but not limited to, Harris Health System and other Houston EMA-located emergency rooms, Harris County Jail, Texas Department of Criminal Justice incarceration facilities, Immigration detention centers, substance abuse treatment and detoxification programs, adult and juvenile detention facilities, Sexually Transmitted Disease clinics, federally qualified health centers (FQHC), HIV disease counseling and testing sites, mental health programs and homeless shelters. These referral relationships must be documented with written collaborative agreements, contracts or memoranda of understanding between Contractor and appropriate point of entry entities and are subject to audit by RWGA. Contractor and POE entity staff must regularly (e.g. weekly, bi-weekly depending on volume of referrals) meet 1:1 to discuss new referrals to primary medical care services. Such case conferences must be documented in the client record and properly entered into the CPCDMS.

Use of CPCDMS Data System: Contractor must comply with CPCDMS business rules and procedures. Contractor must enter into the CPCDMS all required clinical data, including but not limited to, HAART treatment including all changes in medication regimens, Opportunistic Infections, screening and treatment for STDs and Hepatitis A, B, C and other clinical screening and treatment data required by HRSA, TDSHS and the County. Contractor must perform Registration updates in accordance with RWGA CPCDMS business rules for all clients wherein Contractor is client's CPCDMS record-owning agency. Contractor must utilize an electronic verification

system to verify insurance/3rd party payer status monthly or per visit (whichever is less frequent).

**Bus Pass Distribution:** The County will provide Contractor with METRO bus pass vouchers. Bus Pass vouchers must be distributed in accordance with RWGA policies and procedures, standards of care and financial eligibility guidelines. Contractor may only issue METRO bus pass vouchers to clients wherein the Contractor is the CPCDMS record owning Contractor. METRO bus pass vouchers shall be distributed as follows:

**Expiration of Current Bus Pass:** In those situation wherein the bus pass expiration date does not coincide with the CPCDMS registration update the Contractor must distribute METRO bus pass vouchers to eligible clients upon the expiration of the current bus pass or when a Value-based bus card has been expended on eligible transportation needs. Contractor may issue METRO bus passes to eligible clients living outside the METRO service area in those situations where the Contractor has documented in the client record that the client will utilize the METRO system to access needed HIV-related health care services located in the METRO service area.

***FY 2015 RWPC “How to Best Meet the Need” Decision Process***

<b>Step in Process: Council</b>		Date: <b>06/12/2014</b>
Recommendations:	Approved: Y_____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: Steering Committee</b>		Date: <b>06/05/2014</b>
Recommendations:	Approved: Y_X__ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
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<b>Step in Process: Quality Assurance Committee</b>		Date: <b>05/14/2014</b>
Recommendations:	Approved: Y_ <u>X</u> No: _____ Approved With Changes: _____	If approved with changes list changes below:
1. Accept workgroup recommendations.		
2.		
3.		
<b>Step in Process: HTBMTN Workgroup</b>		Date: <b>04/07/2014</b>
Recommendations:	Financial Eligibility: PriCare=300%, MCM/SLW=none	
1. Accept the service category definition as presented and keep the financial eligibility the same.		
2.		
3.		

FY 2015 Houston EMA/HSDA Ryan White Part A/MAI Service Definition <b>Clinical Case Management</b> (Revision Date: 03/03/14)	
HRSA Service Category Title: <b>RWGA Only</b>	<b>Medical Case Management</b>
Local Service Category Title:	<b>Clinical Case Management (CCM)</b>
Budget Type: <b>RWGA Only</b>	<b>Unit Cost</b>
Budget Requirements or Restrictions: <b>RWGA Only</b>	Not applicable.
HRSA Service Category Definition: <b>RWGA Only</b>	<p><i>Medical Case Management services (including treatment adherence)</i> are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.</p>
Local Service Category Definition:	<p><b>Clinical Case Management:</b> Identifying and screening clients who are accessing HIV-related services from a clinical delivery system that provides Mental Health treatment/counseling and/or Substance Abuse treatment services; assessing each client's medical and psychosocial history and current service needs; developing and regularly updating a clinical service plan based upon the client's needs and choices; implementing the plan in a timely manner; providing information, referrals and assistance with linkage to medical and psychosocial services as needed; monitoring the efficacy and quality of services through periodic reevaluation; advocating on behalf of clients to decrease service gaps and remove barriers to services helping clients develop and utilize independent living skills and strategies. Assist clients in obtaining needed resources, including bus pass vouchers and gas cards per published HCPHES/RWGA policies.</p>

<p>Target Population (age, gender, geographic, race, ethnicity, etc.):</p>	<p>Services will be available to eligible HIV-infected clients residing in the Houston EMA with priority given to clients most in need. All clients who receive services will be served without regard to age, gender, race, color, religion, national origin, sexual orientation, or handicap. Services will target low income individuals with HIV/AIDS who demonstrate multiple medical, mental health, substance use/abuse and psychosocial needs including, but not limited to: mental health counseling (i.e. professional counseling), substance abuse treatment, primary medical care, specialized care, alternative treatment, medications, placement in a medical facility, emotional support, basic needs for food, clothing, and shelter, transportation, legal services and vocational services. Services will also target clients who cannot function in the community due to barriers which include, but are not limited to, mental illness and psychiatric disorders, drug addiction and substance abuse, extreme lack of knowledge regarding available services, inability to maintain financial independence, inability to complete necessary forms, inability to arrange and complete entitlement and medical appointments, homelessness, deteriorating medical condition, illiteracy, language/cultural barriers and/or the absence of speech, sight, hearing, or mobility.</p> <p><i>Clinical Case Management</i> is intended to serve eligible clients, especially those underserved or unserved population groups which include: African American, Hispanic/Latino, Women and Children, Veteran, Deaf/Hard of Hearing, Substance Abusers, Homeless and Gay/Lesbian/Transsexual.</p>
<p>Services to be Provided:</p>	<p>Provision of Clinical Case Management activities performed by the Clinical Case Manager.</p> <p><i>Clinical Case Management</i> is a working agreement between a client and a Clinical Case Manager for a defined period of time based on the client's assessed needs. <i>Clinical Case Management</i> services include performing a comprehensive assessment and developing a clinical service plan for each client; monitoring plan to ensure its implementation; and educating client regarding wellness, medication and health care compliance in order to maximize benefit of mental health and/or substance abuse treatment services. The <i>Clinical Case Manager</i> serves as an advocate for the client and as a liaison with mental health, substance abuse and medical treatment providers on behalf of the client. The Clinical Case Manager ensures linkage to mental health, substance abuse, primary medical care and other client services as indicated by the clinical service plan. The Clinical Case Manager will perform <i>Mental Health</i> and <i>Substance Abuse/Use Assessments</i> in accordance with RWGA Quality Management guidelines. Service plan must reflect an ongoing discussion of mental health treatment and/or substance abuse treatment, primary medical care and medication adherence, per</p>

	<p>client need. <i>Clinical Case Management</i> is both office and community-based. Clinical Case Managers will interface with the primary medical care delivery system as necessary to ensure services are integrated with, and complimentary to, a client's medical treatment plan.</p>
<p>Service Unit Definition(s): <b>RWGA Only</b></p>	<p>One unit of service is defined as 15 minutes of direct client services and allowable charges.</p>
<p>Financial Eligibility:</p>	<p>Refer to the RWPC's approved <i>Financial Eligibility for Houston EMA Services</i>.</p>
<p>Client Eligibility:</p>	<p>HIV-infected individuals residing in the Houston EMA.</p>
<p>Agency Requirements:</p>	<p><i>Clinical Case Management</i> services will comply with the HCPHES/RWGA published Clinical Case Management Standards of Care and policies and procedures as published and/or revised, including linkage to the CPCDMS data system</p> <p><i>Clinical Case Management Services</i> must be provided by an agency with a documented history of, and current capacity for, providing mental health counseling services (categories b., c. and d. as listed under <i>Amount Available</i> above) or substance abuse treatment services to PLWH/A (category a. under <i>Amount Available</i> above) in the Houston EMA. Specifically, an applicant for this service category must clearly demonstrate it has provided mental health treatment services (e.g. professional counseling) or substance abuse treatment services (as applicable to the specific CCM category being applied for) in the previous calendar or grant year to individuals with an HIV diagnosis. Acceptable documentation for such treatment activities includes standardized reporting documentation from the County's <i>CPCDMS</i> or Texas Department of State Health Services' <i>ARIES</i> data systems, Ryan White Services Report (RSR) for 2013, SAMSHA or TDSHS/SAS program reports or other verifiable <u>published</u> data. Data submitted to meet this requirement is subject to audit by HCPHES/RWGA prior to an award being recommended. <b>Agency-generated non-verifiable data is not acceptable.</b> In addition, applicant agency must demonstrate it has the capability to continue providing mental health treatment and/or substance abuse treatment services for the duration of the contract term (3/1/14 – 2/28/15) and any subsequent one-year contract renewals. Acceptable documentation of such continuing capability includes <u>current</u> funding from Ryan White (all Parts), TDSHS HIV-related funding (Ryan White, State Services, State-funded Substance Abuse Services), SAMSHA and other ongoing federal, state and/or public or private foundation HIV-related funding for mental health treatment and/or substance abuse treatment services. Proof of such funding must be documented in the application and is subject to independent verification by HCPHES/RWGA prior to an award being recommended.</p>

	<p>Loss of funding and corresponding loss of capacity to provide mental health counseling or substance abuse treatment services as applicable may result in the termination of Clinical Case Management Services awarded under this service category. Continuing eligibility for Clinical Case Management Services funding is explicitly contingent on applicant agency maintaining verifiable capacity to provide mental health counseling or substance abuse treatment services as applicable to PLWH/A during the contract term.</p> <p><b>Applicant agency must be Medicaid and Medicare Certified.</b></p>
Staff Requirements:	<p>Clinical Case Managers must spend at least 42% (867 hours per FTE) of their time providing direct case management services. Direct case management services include any activities with a client (face-to-face or by telephone), communication with other service providers or significant others to access client services, monitoring client care, and accompanying clients to services. Indirect activities include travel to and from a client's residence or agency, staff meetings, supervision, community education, documentation, and computer input. Direct case management activities must be documented in the Centralized Patient Care Data Management System (CPCDMS) according to CPCDMS business rules.</p> <p><i>Must comply with applicable HCPHES/RWGA Houston EMA/HSDA Part A/B Ryan White Standards of Care:</i></p> <p><u>Minimum Qualifications:</u></p> <p><b>Clinical Case Managers</b> must have at a minimum a Bachelor's degree from an accredited college or university with a major in social or behavioral sciences and have a current and in good standing State of Texas license (LBSW, LSW, LMSW, LCSW, LPC, LPC-I, LMFT, LMFT-A or higher level of licensure). The Clinical Case Manager may supervise the Service Linkage Worker. CCM targeting Hispanic PLWHA must demonstrate both written and verbal fluency in Spanish.</p> <p><u>Supervision:</u></p> <p>The <b>Clinical Case Manager</b> (CCM) must function with the clinical infrastructure of the applicant agency and receive supervision in accordance with the CCM's licensure requirements. At a minimum, the CCM must receive ongoing supervision that meets or exceeds HCPHES/RWGA published Ryan White Part A/B Standards of Care for Clinical Case Management. If applicant agency also has Service Linkage Workers funded under Ryan White Part A the CCM may supervise the Service Linkage Worker(s). Supervision provided by a CCM that is <u>not</u> client specific is considered <b>indirect time</b> and is not billable.</p>
Special Requirements:	Contractor must employ full-time Clinical Case Managers. Prior

<b>RWGA Only</b>	<p>approval must be obtained from RWGA to split full-time equivalent (FTE) CCM positions among other contracts or to employ part-time staff. <b>Contractor must provide to RWGA the names of each Clinical Case Manager and the program supervisor no later than 3/30/15. Contractor must inform RWGA in writing of any changes in personnel assigned to contract within seven (7) business days of change.</b></p> <p>Contractor must comply with CPCDMS data system business rules and procedures.</p> <p>Contractor must perform CPCDMS new client registrations and registration updates for clients needing ongoing case management services as well as those clients who may only need to establish system of care eligibility. Contractor must issue bus pass vouchers in accordance with HCPHES/RWGA policies and procedures.</p>
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***FY 2015 RWPC “How to Best Meet the Need” Decision Process***

<b>Step in Process: Council</b>		Date: <b>06/12/2014</b>
Recommendations:	Approved: Y: _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
<b>Step in Process: Steering Committee</b>		Date: <b>06/05/2014</b>
Recommendations:	Approved: Y: <u>X</u> No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
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3.		
<b>Step in Process: Quality Assurance Committee</b>		Date: <b>05/14/2014</b>
Recommendations:	Approved: Y: <u>X</u> No: _____ Approved With Changes: _____	If approved with changes list changes below:
1. Accept workgroup recommendations.		
2.		
3.		
<b>Step in Process: HTBMTN Workgroup</b>		Date: <b>04/07/2014</b>
Recommendations:	Financial Eligibility: None	
1. Accept the service category definition as presented and keep the financial eligibility the same.		
2.		
3.		

FY 2015 Houston EMA/HSDA Ryan White Part A Service Definition <b>Service Linkage at Testing Sites</b> (Revision Date: 03/03/14)	
HRSA Service Category Title: <b>RWGA Only</b>	<b>Non-medical Case Management</b>
Local Service Category Title:	<p><b>A. Service Linkage targeted to Not-In-Care and Newly-Diagnosed PLWHA in the Houston EMA/HSDA</b></p> <p><b>Not-In-Care PLWHA</b> are individuals who know their HIV status but have not been actively engaged in outpatient primary medical care services for more than six (6) months.</p> <p><b>Newly-Diagnosed PLWHA</b> are individuals who have learned their HIV status within the previous six months and are not currently receiving outpatient primary medical care or case management services as documented in the CPCDMS data system.</p> <p><b>B. Youth targeted Service Linkage, Care and Prevention:</b> Service Linkage Services targeted to Youth (13 – 24 years of age), including a focus on not-in-care and newly-diagnosed Youth in the Houston EMA.</p> <p>*Not-In-Care PLWHA are Youth who know their HIV status but have not been actively engaged in outpatient primary medical care services in the previous six (6) months.</p> <p>*Newly-Diagnosed Youth are Youth who have learned their HIV status within the previous six months and are not currently receiving outpatient primary medical care or case management services as documented in the CPCDMS data system.</p>
Budget Type: <b>RWGA Only</b>	Fee-for-Service
Budget Requirements or Restrictions: <b>RWGA Only</b>	Early intervention services, including HIV testing and Comprehensive Risk Counseling Services (CRCS) must be supported via alternative funding (e.g. TDSHS, CDC) and may not be charged to this contract.
HRSA Service Category Definition: <b>RWGA Only</b>	<p><b>Case Management (non-Medical)</b> includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.</p> <p><b>Early intervention services (EIS)</b> include counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, tests to diagnose to extent of immune deficiency, tests to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and providing therapeutic measures.</p>
Local Service Category	<b>A. Service Linkage:</b> Providing allowable Ryan White Program

<p>Definition:</p>	<p>outreach and service linkage activities to newly-diagnosed and/or <i>Not-In-Care</i> PLWHA who know their status but are not currently enrolled in outpatient primary medical care with information, referrals and assistance with linkage to medical, mental health, substance abuse and psychosocial services as needed; advocating on behalf of clients to decrease service gaps and remove barriers to services helping clients develop and utilize independent living skills and strategies. Assist clients in obtaining needed resources, including bus pass vouchers and gas cards per published HCPHES/RWGA policies.</p> <p><b>B. Youth targeted Service Linkage, Care and Prevention:</b>          Providing Ryan White Program appropriate outreach and service linkage activities to newly-diagnosed and/or not-in-care HIV-positive Youth who know their status but are not currently enrolled in outpatient primary medical care with information, referrals and assistance with linkage to medical, mental health, substance abuse and psychosocial services as needed; advocating on their behalf to decrease service gaps and remove barriers to services; helping Youth develop and utilize independent living skills and strategies. Assist clients in obtaining needed resources, including bus pass vouchers and gas cards per published HCPHES/RWGA policies. Provide comprehensive medical case management to HIV-positive youth identified through outreach and in-reach activities.</p>
<p>Target Population (age, gender, geographic, race, ethnicity, etc.):</p>	<p><b>A. Service Linkage:</b> Services will be available to eligible HIV-infected clients residing in the Houston EMA/HSDA with priority given to clients most in need. All clients who receive services will be served without regard to age, gender, race, color, religion, national origin, sexual orientation, or handicap. Services will target low income individuals with HIV/AIDS who demonstrate multiple medical, mental health, substance use/abuse and psychosocial needs including, but not limited to: mental health counseling, substance abuse treatment, primary medical care, specialized care, alternative treatment, medications, placement in a medical facility, emotional support, basic needs for food, clothing, and shelter, transportation, legal services and vocational services. Services will also target clients who cannot function in the community due to barriers which include, but are not limited to, mental illness and psychiatric disorders, drug addiction and substance abuse, extreme lack of knowledge regarding available services, inability to maintain financial independence, inability to complete necessary forms, inability to arrange and complete entitlement and medical appointments, homelessness, deteriorating medical condition, illiteracy, language/cultural barriers and/or the absence of speech, sight, hearing, or mobility.</p> <p><b>Service Linkage</b> is intended to serve eligible clients in the Houston EMA/HSDA, especially those underserved or unserved population groups which include: African American, Hispanic/Latino, Women</p>

	<p>and Children, Veteran, Deaf/Hard of Hearing, Substance Abusers, Homeless and Gay/Lesbian/Transsexual.</p> <p><b>B. Youth targeted Service Linkage, Care and Prevention:</b> Services will be available to eligible HIV-infected Youth (ages 13 – 24) residing in the Houston EMA/HSDA with priority given to clients most in need. All Youth who receive services will be served without regard to age (i.e. limited to those who are between 13- 24 years of age), gender, race, color, religion, national origin, sexual orientation, or handicap. Services will target low income Youth living with HIV/AIDS who demonstrate multiple medical, mental health, substance use/abuse and psychosocial needs including, but not limited to: mental health counseling, substance abuse treatment, primary medical care, specialized care, alternative treatment, medications, placement in a medical facility, emotional support, basic needs for food, clothing, and shelter, transportation, legal services and vocational services. Services will also target Youth who cannot function in the community due to barriers which include, but are not limited to, mental illness and psychiatric disorders, drug addiction and substance abuse, extreme lack of knowledge regarding available services, inability to maintain financial independence, inability to complete necessary forms, inability to arrange and complete entitlement and medical appointments, homelessness, deteriorating medical condition, illiteracy, language/cultural barriers and/or the absence of speech, sight, hearing, or mobility.</p> <p><b>Youth Targeted Service Linkage, Care and Prevention</b> is intended to serve eligible youth in the Houston EMA/HSDA, especially those underserved or unserved population groups which include: African American, Hispanic/Latino, Substance Abusers, Homeless and Gay/Lesbian/Transsexual.</p>
Services to be Provided:	<p><b>Goal (A): Service Linkage:</b> The expectation is that a single Service Linkage Worker Full Time Equivalent (FTE) targeting Not-In-Care and/or newly-diagnosed PLWHA can serve approximately 80 <u>newly-diagnosed or not-in-care</u> PLWH/A per year.</p> <p>The purpose of <b>Service Linkage</b> is to assist clients with the procurement of needed services so that the problems associated with living with HIV are mitigated. <b>Service Linkage</b> is a working agreement between a client and a Service Linkage Worker (SLW) for an indeterminate period, based on client need, during which information, referrals and service linkage are provided on an as-needed basis. The purpose of <b>Service Linkage</b> is to assist clients who do not require the intensity of <i>Clinical or Medical Case Management</i>, as determined by RWGA Quality Management guidelines. <b>Service Linkage</b> is both <u>office- and field-based</u> and <b>may include the issuance of bus pass vouchers and gas cards per</b></p>

	<p><b>published guidelines.</b> Service Linkage targeted to Not-In-Care and/or Newly-Diagnosed PLWHA extends the capability of existing programs with a documented track record of identifying Not-In-Care and/or newly-diagnosed PLWHA by providing “hands-on” outreach and linkage to care services to those PLWHA who are not currently accessing primary medical care services.</p> <p>In order to ensure linkage to an ongoing support system, eligible clients identified funded under this contract, including clients who may obtain their medical services through non-Ryan White-funded programs, must be transferred to a Ryan White-funded Primary Medical Care, Clinical Case Management or Service Linkage program within 90 days of initiation of services as documented in both ECLIPS and CPCDMS data systems. Those clients who choose to access primary medical care from a non-Ryan White source, including private physicians, <u>may receive ongoing service linkage services from provider</u> or must be transferred to a Clinical (CCM) or Primary Care/Medical Case Management site per client need and the preference of the client.</p> <p><b>GOAL (B):</b> This effort will continue a program of <i>Service Linkage, Care and Prevention to Engage HIV Seropositive Youth</i> targeting youth (ages 13-24) with a focus on Youth of color. This service is designed to reach HIV seropositive youth of color not engaged in clinical care and to link them to appropriate clinical, supportive, and preventive services. The specific objectives are to: (1) conduct outreach (service linkage) to assist seropositive Youth learn their HIV status, (2) link HIV-infected Youth with primary care services, and (3) prevent transmission of HIV infection from targeted clients.</p>
Service Unit Definition(s): <b>RWGA Only</b>	One unit of service is defined as 15 minutes of direct client services and allowable charges.
Financial Eligibility:	Refer to the RWPC’s approved <i>FY 2015 Financial Eligibility for Houston EMA Services</i> .
Client Eligibility:	Not-In-Care and/or newly-diagnosed HIV-infected individuals residing in the Houston EMA.
Agency Requirements:	<p><b>Service Linkage</b> services will comply with the HCPHES/RWGA published <b>Service Linkage</b> Standards of Care and policies and procedures as published and/or revised, including linkage to the CPCDMS data system.</p> <p><u>Agency must comply with all applicable City of Houston DHHS ECLIPS and RWGA/HCPHES CPCDMS business rules and policies &amp; procedures.</u></p> <p><b>Service Linkage</b> targeted to Not-In-Care and/or newly diagnosed PLWHA must be planned and delivered in coordination with local HIV prevention/outreach programs to avoid duplication of services</p>

	<p>and be designed with quantified program reporting that will accommodate local effectiveness evaluation. Contractor must document established linkages with agencies that serve HIV-infected clients or serve individuals who are members of high-risk population groups (e.g., men who have sex with men, injection drug users, sex-industry workers, youth who are sentenced under the juvenile justice system, inmates of state and local jails and prisons). Contractor must have formal collaborative, referral or Point of Entry (POE) agreements with Ryan White funded HIV/AIDS primary care providers.</p>
<p>Staff Requirements:</p>	<p>Service Linkage Workers must spend at least 42% (867 hours per FTE) of their time providing direct client services. Direct service linkage and case management services include any activities with a client (face-to-face or by telephone), communication with other service providers or significant others to access client services, monitoring client care, and accompanying clients to services. Indirect activities include travel to and from a client's residence or agency, staff meetings, supervision, community education, documentation, and computer input. Direct case management activities must be documented in the CPCDMS according to system business rules.</p> <p><i>Must comply with applicable HCPHES/RWGA published Ryan White Part A/B Standards of Care:</i></p> <p><u>Minimum Qualifications:</u>  <b>Service Linkage Workers</b> must have at a minimum a Bachelor's degree from an accredited college or university with a major in social or behavioral sciences. Documented paid work experience in providing client services to PLWH/A may be substituted for the Bachelor's degree requirement on a 1:1 basis (1 year of documented paid experience may be substituted for 1 year of college). All Service Linkage Workers must have a minimum of one (1) year paid work experience with PLWHA.</p> <p><u>Supervision:</u>  The Service Linkage Worker must function within the clinical infrastructure of the applicant agency and receive ongoing supervision that meets or exceeds HCPHES/RWGA published Ryan White Part A/B Standards of Care for Service Linkage.</p>
<p>Special Requirements:  <b>RWGA Only</b></p>	<p>Contractor must be have the capability to provide Public Health Follow-Up by qualified Disease Intervention Specialists (DIS) to locate, identify, inform and refer newly-diagnosed and not-in-care PLWHA to outpatient primary medical care services.</p> <p>Contractor must perform CPCDMS new client registrations and, for those newly-diagnosed or out-of-care clients referred to non-Ryan White primary care providers, registration updates per RWGA business rules for those needing ongoing service linkage services as well as those clients who may only need to establish system of care</p>

	<p>eligibility. This service category does not routinely distribute Bus Passes. However, if so directed by RWGA, Contractor must issue bus pass vouchers in accordance with HCPHES/RWGA policies and procedures.</p>
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***FY 2015 RWPC “How to Best Meet the Need” Decision Process***

<b>Step in Process: Council</b>		Date: <b>06/12/2014</b>
Recommendations:	Approved: Y: _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: Steering Committee</b>		Date: <b>06/05/2014</b>
Recommendations:	Approved: Y: <u>X</u> No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: Quality Assurance Committee</b>		Date: <b>05/14/2014</b>
Recommendations:	Approved: Y: <u>X</u> No: _____ Approved With Changes: _____	If approved with changes list changes below:
1. Accept workgroup recommendations.		
2.		
3.		
<b>Step in Process: HTBMTN Workgroup</b>		Date: <b>04/07/2014</b>
Recommendations:	Financial Eligibility: None	
1. Accept the service category definition as presented and keep the financial eligibility the same.		
2.		
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Local Service Category:	<b>Early Intervention Services – Incarcerated</b>
Amount Available:	<b>To be determined</b>
Unit Cost	
Budget Requirements or Restrictions ( <b>TRG Only</b> ):	Maximum 10% of budget for Administrative Cost. No direct medical costs may be billed to this grant.
Local Service Category Definition:	This service includes the connection of incarcerated in the Harris County Jail into medical care, the coordination of their medical care while incarcerated, and the transition of their care from Harris County Jail to the community. Services must include: assessment of the client, provision of client education regarding disease and treatment, education and skills building to increase client's health literacy, establishment of THMP/ADAP post-release eligibility (as applicable), care coordination with medical resources within the jail, care coordination with service providers outside the jail, and discharge planning.
Target Population (age, gender, geographic, race, ethnicity, etc.):	Services are for all HIV/AIDS infected individuals incarcerated in The Harris County Jail.
Services to be Provided:	Services include but are not limited to CPCDMS registration/update, assessment, provision of client education, coordination of medical care services provided while incarcerated, medication regimen transition, multidisciplinary team review, discharge planning, and referral to community resources.
Service Unit Definition(s) ( <b>TRG Only</b> ):	One unit of service is defined as 15 minutes of direct client services or coordination of care on behalf of client.
Financial Eligibility:	Due to incarceration, no income or residency documentation is required.
Client Eligibility:	HIV-positive incarcerated resident of the Harris County Jail.
Agency Requirements ( <b>TRG Only</b> ):	Agency must execute Memoranda of Understanding with Ryan White funded Outpatient Ambulatory Medical Care providers. The Administrative Agency must be notified in writing if any OAMC providers refuse to execute an MOU.
Staff Requirements:	Not Applicable.
Special Requirements ( <b>TRG Only</b> ):	Must comply with the Houston EMA/HSDA Standards of Care.

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<b>Step in Process: HTBMTN Workgroup</b>		Date: <b>04/07/2014</b>
Recommendations:	Financial Eligibility: None	
2. Accept the service category definition as presented and keep the financial eligibility the same.		
2.		
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Local Service Category:	<b>Food Bank – Rural</b>
Amount Available	<b>To be determined</b>
Unit Cost	
Budget Requirements or Restrictions <b>(TRG Only)</b> :	<b>Maximum 10% of budget for Administrative Cost.</b>
Local Service Category Definition:	The provision of food and related grocery items through a vouchering program. Items may include personal hygiene, paper products, cleaning supplies and diapers. This service does not provide food to affected persons and individuals who are caregivers for HIV/AIDS infected persons in the household. Tobacco, liquor and pet food or pet products may not be purchased with funds.
Target Population (age, gender, geographic, race, ethnicity, etc.):	HIV/AIDS infected persons residing in the defined rural areas (i.e. outside of Harris County) of the Houston HIV Service Delivery Area (HSDA).
Services to be Provided:	Distribution and tracking of food vouchers to eligible clients. This service does not provide food to affected persons and individuals who are caregivers for HIV/AIDS infected persons in the household. Tobacco, liquor and pet food or pet products may not be purchased with funds.
Service Unit Definition(s) <b>(TRG Only)</b> :	1 unit of service = one food voucher.
Financial Eligibility:	Income at or below 125% poverty guidelines.
Client Eligibility:	HIV positive, rural resident of Houston HSDA outside of Harris County, annual certification of medical necessity from a medical provider.
Agency Requirements <b>(TRG Only)</b> :	Agencies planning to use this option must provide a copy of written guidelines for the issuance, recording and safeguarding of food vouchers and receive approval of these guidelines prior to issuing food vouchers.  Agency must evidence the use of previous vouchers prior to issuance of additional vouchers to a client.
Staff Requirements:	
Special Requirements <b>(TRG Only)</b> :	Agency must demonstrate how it will provide services to qualified rural clients (defined as residing outside of Harris County).  Must comply with the Houston EMA/HSDA Standards of Care.

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<b>Step in Process: Steering Committee</b>		Date: <b>06/05/2014</b>
Recommendations:	Approved: Y <u>X</u> No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: Quality Assurance Committee</b>		Date: <b>05/14/2014</b>
Recommendations:	Approved: Y: <u>X</u> No: _____ Approved With Changes: _____	If approved with changes list changes below:
1. Accept workgroup recommendations.		
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<b>Step in Process: HTBMTN Workgroup</b>		Date: <b>04/08/2014</b>
Recommendations:	Financial Eligibility: 125%	
1. Accept the service category definition as presented and keep the financial eligibility the same.		
2.		
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Local Service Category:	<b>Health Insurance Premium and Cost Sharing Assistance</b>
Amount Available:	<b>To be determined</b>
Budget Requirements or Restrictions ( <b>TRG Only</b> ):	Contractor must spend no more than 20% of funds on disbursement transactions. The remaining 80% of funds must be expended on the actual cost of the payment(s) disbursed. ADAP dispensing fees are not allowable under this service category.
Local Service Category Definition:	<p><b>Health Insurance Premium and Cost Sharing Assistance:</b> The Health Insurance Premium and Cost Sharing Assistance service category is intended to help HIV positive individuals continue medical care without gaps in health insurance coverage or discretion of treatment. A program of financial assistance for the payment of health insurance premiums and co-pays, co-insurance and deductibles to enable eligible individuals with HIV disease to utilize their existing third party or public assistance (e.g. Medicare) medical insurance. Agency may provide help with client co-payments, co-insurance, deductibles, and Medicare Part D premiums in amounts up to \$650.00 per month.</p> <p><u>Co-Payment:</u> A cost-sharing requirement that requires the insured to pay a specific dollar amount for each unit of service.</p> <p><u>Co-Insurance:</u> A cost-sharing requirement that requires the insured to pay a percentage of costs for covered services/prescription</p> <p><u>Deductible:</u> A cost-sharing requirement that requires the insured pay a certain amount for health care or prescription, before the prescription drug plan or other insurance begins to pay.</p> <p><u>Premium:</u> The amount paid by the insured to an insurance company to obtain or maintain an insurance policy.</p>
Target Population (age, gender, geographic, race, ethnicity, etc.):	All Ryan White eligible clients with 3 <sup>rd</sup> party insurance coverage (COBRA, private policies, Qualified Health Plans, CHIP, Medicaid, and Medicare) within the Houston HSDA.
Services to be Provided:	<p>Contractor may provide assistance with:</p> <ul style="list-style-type: none"> <li>• Insurance premiums up to the DSHS annual cap (HIV/STD Policy 260.002),</li> <li>• And deductibles, co-insurance and/or co-payments up to \$650.00 per month.</li> </ul>
Service Unit Definition ( <b>TRG Only</b> ):	A unit of service will consist of payment of health insurance premiums, co-payments, co-insurance, deductible, or a combination.
Financial Eligibility:	At or below 500% of federal poverty guidelines.
Client Eligibility:	HIV positive resident of HSDA, and have insurance or be eligible to purchase a Qualified Health Plan through the Marketplace.
Agency Requirements ( <b>TRG Only</b> ):	<p>Agency must:</p> <ul style="list-style-type: none"> <li>• Provide a comprehensive financial intake/application to determine</li> </ul>

	<p>client eligibility for this program to insure that these funds are used as a last resort in order for the client to utilize his/her existing insurance or be eligible to purchase a qualified health plan through the Marketplace.</p> <ul style="list-style-type: none"> <li>• Must comply with DSHS policy 206.002 including tracking of annual caps. This policy states that, for Premium Assistance, an individual cannot receive assistance greater than the annualized Texas Health Insurance Risk Pool Monthly premium total. Please refer to the table at <a href="http://www.txhealthpool.org/rates.html">http://www.txhealthpool.org/rates.html</a> .</li> <li>• Clients will not be put on wait lists nor will Health Insurance Premium and Cost Sharing Assistance services be postponed or denied due to funding without notifying the Administrative Agency.</li> <li>• Conduct marketing in-services with Houston area HIV/AIDS service providers to inform them of this program and how the client referral and enrollment processes function.</li> <li>• Establish formal written agreements with all Houston HSDA Ryan White-funded (Part A, B, C, D) primary care, mental health and substance abuse provider agencies to enable clients of these agencies to enroll in Health Insurance assistance at his/her primary care, mental health or substance abuse provider site. (i.e. No need for client to physically present to Health Insurance provider.)</li> <li>• Utilizes the RW Planning Council-approved prioritization of cost sharing assistance when limited funds warrant it. <ul style="list-style-type: none"> <li>○ <b>Priority Ranking of Requests (in descending order):</b> <ul style="list-style-type: none"> <li>▪ HIV medication co-pays and deductibles (medications on the Texas ADAP formulary)</li> <li>▪ Non-HIV medication co-pays and deductibles</li> <li>▪ Co-payments for provider visits (eg. physician visit and/or lab copayments)</li> <li>▪ Medicare Part D (Rx) premiums</li> </ul> </li> </ul> </li> <li>• Utilizes the RW Planning council –approved consumer out-of-pocket methodology.</li> </ul>
<p>Special Requirements <b>(TRG Only):</b></p>	<p>Must comply with the Houston EMA/HSDA Standards of Care and, pending the most current DSHS guidance, client must:</p> <ul style="list-style-type: none"> <li>• Purchase Silver Level Plan with formulary equivalency</li> <li>• Take advance premium credit</li> <li>• No assistance for Out of Network Out of Pocket expenses without prior approval of the Administrative Agent.</li> </ul>

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<b>Step in Process: Quality Assurance Committee</b>		Date: <b>05/14/2014</b>
Recommendations:	Approved: Y: <u>X</u> No: _____ Approved With Changes: _____	If approved with changes list changes below:
1. Accept workgroup recommendations.		
2.		
3.		
<b>Step in Process: HTBMTN Workgroup</b>		Date: <b>04/07/2014</b>
Recommendations:	Financial Eligibility: 500%	
1. Ask the Office of Support to gather info that will help the Council consider the idea of sponsoring an Insurance Purchasing Pilot Project.		
2. Accept the service category definition as discussed.		
3. Keep the financial eligibility the same.		

Local Service Category:	<b>Home Community Based Health Services (Facility-Based)</b>
Amount Available:	<b>To be determined</b>
Unit Cost	
Budget Requirements or Restrictions:	Maximum of 10% of budget for Administrative Cost
Local Service Category Definition:	<i>Home and Community-based Health Services (facility-based)</i> is defined as a day treatment program that includes Physician ordered therapeutic nursing, supportive and/or compensatory health services based on a written plan of care established by an interdisciplinary care team that includes appropriate healthcare professionals and paraprofessionals. Services include skilled nursing, nutritional counseling, evaluations and education, and additional therapeutic services and activities. Inpatient hospitals services, nursing home and other long-term care facilities are <b>NOT</b> included.
Target Population (age, gender, geographic, race, ethnicity, etc.):	Eligible recipients for home and community based health services are HIV/AIDS infected persons residing within the Houston HIV Service Delivery Area (HSDA) who are at least 18 years of age.
Services to be Provided:	Community-Based Health Services are designed to support the increased functioning and the return to self-sufficiency of clients through the provision of treatment and activities of daily living. Services must include: <b>Skilled Nursing:</b> Services to include medication administration, medication supervision, medication ordering, filling pill box, wound dressing changes, straight catheter insertion, education of family/significant others in patient care techniques, ongoing monitoring of patients' physical condition and communication with attending physicians (s), personal care, and diagnostics testing. <b>Other Therapeutic Services:</b> Services to include recreational activities (fine/gross motor skills and cognitive development), replacement of durable medical equipment, information referral, peer support, and transportation. <b>Nutrition:</b> Services to include evaluation and counseling, supplemental nutrition, and daily nutritious meals. <b>Education:</b> Services to include instructional workshops of HIV related topics and life skills. Services will be provided at least Monday through Friday for a minimum of 10 hours/day.
Service Unit Definition(s):	A unit of service is defined as one (1) visit/day of care for one (1) client for a minimum of four hours. Services consist of medical health care and social services at a licensed adult day.
Financial Eligibility:	Income at or below 300% of Federal Poverty Guidelines
Client Eligibility:	HIV positive individuals at least 18 years of age residing within the Houston HSDA.
Agency Requirements:	Must be licensed by the Texas Department of Aging and Disability Services (DADS) as an Adult Day Care provider.
Staff Requirements:	<b>Skilled Nursing Services</b> must be provided by a Licensed Vocational or Registered Nurse. <b>Other Therapeutic Services</b> are provided by paraprofessionals, such as an activities coordinator, and counselors (LPC, LMSW, and LMFTA). <b>Nutritional Services</b> are provided by a Registered Dietician and food managers. <b>Education Services</b> are provided by a health educator.
Special Requirements:	Must comply with the Houston EMA/HSDA Standards of Care.

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<b>Step in Process: HTBMTN Workgroup</b>		Date: <b>04/08/2014</b>
Recommendations:	Financial Eligibility: 300%	
1. Look at additional avenues for clients to enter the program other than requiring referral from a doctor.		
2. Accept the service category definition as presented and keep the financial eligibility the same.		
3.		

Local Service Category:	<b>Hospice Services</b>
Amount Available:	<b>To be determined</b>
Unit Cost	
Budget Requirements or Restrictions:	Maximum 10% of budget for Administrative Cost
Local Service Category Definition:	<p>Hospice services encompass palliative care for terminally ill clients and support services for clients and their families. Services are provided by a licensed nurse and/or physical therapist. Additionally, unlicensed personnel may deliver services under the delegation of a licensed nurse or physical therapist, to a client or a client's family as part of a coordinated program. A physician must certify that a patient is terminal, defined under Medicaid hospice regulations as having a life expectancy of 6 months or less.</p> <p>Counseling services provided in the context of hospice care must be consistent with the definition of mental health counseling. Palliative therapies must be consistent with those covered under respective State Medicaid Programs.</p>
Target Population (age, gender, geographic, race, ethnicity, etc.):	Individuals with AIDS residing in the Houston HIV Service Delivery (HSDA).
Services to be Provided:	<p>Services must include but are not limited to medical and nursing care, palliative care, psychosocial support and spiritual guidance for the patient, as well as a mechanism for bereavement referral for surviving family members. Counseling services provided in the context of hospice care must be consistent with the (Ryan White) definition of mental health counseling. Palliative therapies must be consistent with those covered under respective State Medicaid Program.</p> <p>Services NOT allowed under this category:</p> <ol style="list-style-type: none"> <li>HIV medications under hospice care unless paid for by the client.</li> <li>Medical care for acute conditions or acute exacerbations of chronic conditions other than HIV for potentially Medicaid eligible residents.</li> </ol>
Service Unit Definition(s):	A unit of service is defined as one (1) twenty-four (24) hour day of hospice services that includes a full range of physical and psychological support to HIV patients in the final stages of AIDS.
Financial Eligibility:	Income at or below 300% Federal Poverty Guidelines.
Client Eligibility:	Individuals with an AIDS diagnosis and certified by a physician as having a life expectancy of 6 months or less.
Agency Requirements:	<p>Provider must be licensed by the Texas Department of State Health Services as a hospital, special hospital, special care facility or Home and Community Support Services Agency with Hospice Designation.</p> <p>Provider must inform Administrative Agency regarding issue of long term care facilities denying admission for HIV positive clients based on inability to provide appropriate level of skilled nursing care.</p>
Staff Requirements:	<ol style="list-style-type: none"> <li>Services must be provided by a medically directed interdisciplinary team, qualified in treating individual requiring hospice services.</li> <li>Staff will document an attempt has been made to place Medicaid/Medicare eligible clients in another facility prior to</li> </ol>

	<p>admission.</p> <p>c) Staff will refer Medicaid/Medicare eligible clients to a Hospice Provider for medical, support, and palliative care.</p>
Special Requirements:	<p>These services must be:</p> <p>a) Available 24 hours a day, seven days a week, during the last stages of illness, during death, and during bereavement;</p> <p>b) Provided by a medically directed interdisciplinary team;</p> <p>c) Provided in nursing home, residential unit, or inpatient unit according to need. These services do not include inpatient care normally provided in a licensed hospital to a terminally ill person who has not elected to be a hospice client.</p> <p>d) Residents seeking care for hospice at Agency must first seek care from other facilities and denial must be documented in the resident's chart.</p> <p>Must comply with the Houston EMA/HSDA Standards of Care.</p>

***FY 2015 RWPC “How to Best Meet the Need” Decision Process***

<b>Step in Process: Council</b>		Date: <b>06/12/2014</b>
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: Steering Committee</b>		Date: <b>06/05/2014</b>
Recommendations:	Approved: Y <u>X</u> No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: Quality Assurance Committee</b>		Date: <b>05/14/2014</b>
Recommendations:	Approved: Y: <u>X</u> No: _____ Approved With Changes: _____	If approved with changes list changes below:
1. Accept workgroup recommendations.		
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<b>Step in Process: HTBMTN Workgroup</b>		Date: <b>04/07/2014</b>
Recommendations:	Financial Eligibility: 300%	
1. Ask the Comprehensive HIV Planning Committee to consider a special study on Hospice.		
2. Accept the service category definition as presented and keep the financial eligibility the same.		
3.		

FY 2015 Houston EMA/HSDA Ryan White Part A/MAI Service Definition <b>Legal Services</b> Revision Date: 03/03/14	
HRSA Service Category Title: <b>RWGA Only</b>	<b>Legal Services</b> <b>Permanency Planning</b>
Local Service Category Title:	<b>Legal Assistance</b>
Budget Type: <b>RWGA Only</b>	<b>Fee for Service</b>
Budget Requirements or Restrictions: <b>RWGA Only</b>	<p>Only time spent by the Attorney working on a client's case may be billed under this contract. Travel time to and from a client's residence is not billable. Criminal matters are not eligible for reimbursement. The clients' legal representative and/or affected significant other is no longer eligible for Ryan White-funded legal assistance services if the HIV-infected individual is deceased (i.e. eligibility for Ryan White-funded legal services ceases upon death of the HIV-positive client).</p> <p>\$50,000 is designated to provide Legal Assistance Services to eligible PLWHA who reside in the Houston EMA/HSDA outside of Harris County (i.e. in the rural area).</p>
HRSA Service Category Definition: <b>RWGA Only</b>	<p><b>1. <i>Legal services</i></b> are the provision of services to individuals with respect to powers of attorney and interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the Ryan White Program. It does <b>not</b> include any legal services that arrange for guardianship or adoption of children after the death of their normal caregiver.</p> <p><b>2. <i>Permanency planning</i></b> is the provision of services to help clients or families make decisions about placement and care of minor children after the parents/caregivers are deceased or are no longer able to care for them.</p>
Local Service Category Definition:	Ryan White allowable legal and permanency planning services provided to HIV-infected individuals and/or their legal representatives by an Attorney licensed to practice in Texas.
Target Population (age, gender, geographic, race, ethnicity, etc.):	HIV-infected persons living within the Houston Eligible Metropolitan Area (EMA) and/or their legal representatives.
Services to be Provided:	Comprehensive legal assistance must include but is not limited to estate planning, permanency planning, discrimination, entitlement, and insurance disputes.
Service Unit Definition(s): <b>RWGA Only</b>	A unit of service is defined as one (1) hour of service provided by an Attorney licensed to practice in Texas.
Financial Eligibility:	Refer to the RWPC's approved <i>FY 2015 Financial Eligibility for Houston EMA Services</i> .
Client Eligibility:	HIV-infected residents of the Houston EMA/HSDA.

Agency Requirements:	Not applicable.
Staff Requirements:	Staff attorney must be licensed by the State of Texas and have a minimum educational level of a doctorate in Jurisprudence.
Special Requirements: <b>RWGA Only</b>	None.

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<b>Step in Process: Steering Committee</b>		Date: <b>06/05/2014</b>
Recommendations:	Approved: Y <u>X</u> No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: Quality Assurance Committee</b>		Date: <b>05/14/2014</b>
Recommendations:	Approved: Y: <u>X</u> No: _____ Approved With Changes: _____	If approved with changes list changes below:
1. Accept workgroup recommendations.		
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<b>Step in Process: HTBMTN Workgroup</b>		Date: <b>04/08/2014</b>
Recommendations:	Financial Eligibility: 300%	
1. Accept the service category definition as presented and keep the financial eligibility the same.		
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Local Service Category:	<b>Linguistics Services</b>
Amount Available:	<b>To be determined</b>
Unit Cost:	
Budget Requirements or Restrictions ( <b>TRG Only</b> ):	Maximum of 10% of budget for Administrative Cost.
Local Service Category Definition:	To provide one hour of interpreter services including, but not limited to, sign language for deaf and /or hard of hearing and native language interpretation for monolingual HIV positive clients.
Target Population (age, gender, geographic, race, ethnicity, etc.):	HIV/AIDS-infected individuals living within the Houston HIV Service Delivery Area (HSDA).
Services to be Provided:	Services include language translation and signing for deaf and/or hearing impaired HIV+ persons. Services exclude Spanish Translation Services.
Service Unit Definition(s) ( <b>TRG Only</b> ):	A unit of service is defined as one hour of interpreter services to an eligible client.
Financial Eligibility:	Income at or below 300% Federal Poverty Guidelines.
Client Eligibility:	HIV positive resident of Houston HSDA
Agency Requirements ( <b>TRG Only</b> ):	Any qualified and interested agency may apply and subcontract actual interpretation services out to various other qualifying agencies.
Staff Requirements:	ASL interpreters must be certified. Language interpreters must have completed a forty (40) hour community interpreter training course approved by the DSHS.
Special Requirements ( <b>TRG Only</b> ):	Must comply with the Houston EMA/HSDA Standards of Care.

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<b>Step in Process: Steering Committee</b>		Date: <b>06/05/2014</b>
Recommendations:	Approved: Y <u>X</u> No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: Quality Assurance Committee</b>		Date: <b>05/14/2014</b>
Recommendations:	Approved: Y: <u>X</u> No: _____ Approved With Changes: _____	If approved with changes list changes below:
1. Accept workgroup recommendations.		
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<b>Step in Process: HTBMTN Workgroup</b>		Date: <b>04/08/2014</b>
Recommendations:	Financial Eligibility: 300%	
2. Accept the service category definition as presented and keep the financial eligibility the same.		
2.		
3.		

FY 2015 Houston EMA/HSDA Ryan White Part A Service Definition <b>Medical Nutritional Therapy</b> (Revision Date: 03/03/14)	
HRSA Service Category Title: <b>RWGA Only</b>	<b>Medical Nutritional Therapy</b>
Local Service Category Title:	<b>Medical Nutritional Therapy and Nutritional Supplements</b>
Budget Type: <b>RWGA Only</b>	<b>Hybrid</b>
Budget Requirements or Restrictions: <b>RWGA Only</b>	<p><b>Supplements:</b> An individual client may not exceed \$1,000.00 in supplements annually without <b>prior</b> approval by RWGA.</p> <p><b>Nutritional Therapy:</b> An individual nutritional education/counseling session lasting a minimum of 45 minutes. Provision of professional (licensed registered dietician) education/counseling concerning the therapeutic importance of foods and nutritional supplements that are beneficial to the wellness and improved health conditions of clients. Medically, it is expected that symptomatic or mildly symptomatic clients will be seen once every 12 weeks while clients with higher acuity will be seen once every 6 weeks.</p>
HRSA Service Category Definition: <b>RWGA Only</b>	<b>Medical nutrition therapy</b> is provided by a licensed registered dietitian outside of a primary care visit <b>and may include the provision of nutritional supplements.</b>
Local Service Category Definition:	<p><b>Supplements:</b> Up to a 90-day supply at any given time, per client, of approved nutritional supplements that are listed on the Houston EMA/HSDA Nutritional Supplement Formulary. Nutritional counseling must be provided for each disbursement of nutritional supplements.</p> <p><b>Nutritional Therapy:</b> An individual nutritional education/counseling session lasting a minimum of 45 minutes. Provision of professional (licensed registered dietician) education/counseling concerning the therapeutic importance of foods and nutritional supplements that are beneficial to the wellness and improved health conditions of clients. Medically, it is expected that symptomatic or mildly symptomatic clients will be seen once every 12 weeks while clients with higher acuity will be seen once every 6 weeks. Services must be provided under written order from a state licensed medical provider (MD, DO or PA) with prescribing privileges and must be based on a written nutrition plan developed by a licensed registered dietician.</p>
Target Population (age, gender, geographic, race, ethnicity, etc.):	HIV/AIDS infected persons living within the Houston Eligible Metropolitan Area (EMA) or HIV Service Delivery Area (HSDA).
Services to be Provided:	<p><b>Supplements:</b> The provision of nutritional supplements to eligible clients with a written referral from a licensed physician or PA that specifies frequency, duration and amount and includes a written nutritional plan prepared by a licensed, registered dietician.</p> <p><i>Nutritional Supplement Disbursement Counseling</i> is a component of</p>

	<p><i>Medical Nutritional Therapy. Nutritional Supplement Disbursement Counseling</i> is a component of the disbursement transaction and is defined as the provision of information by a licensed registered dietitian about therapeutic nutritional and/or supplemental foods that are beneficial to the wellness and increased health condition of clients provided in conjunction with the disbursement of supplements. Services may be provided either through educational or counseling sessions. Also included in this service are follow up sessions with clients' Primary Care provider regarding the effectiveness of the supplements. The number of sessions for each client shall be determined by a written assessment conducted by the Licensed Dietitian but may not exceed twelve (12) sessions per client per contract year.</p> <p><b>Medical Nutritional Therapy:</b> Service must be provided under written order of a state licensed medical provider (MD, DO, PA) with prescribing privileges and must include a written plan developed by state licensed registered dietitian. Client must receive a full range of medical nutritional therapy services including, but not limited to, diet history and recall; estimation of nutrition intake; assessment of weight change; calculation of nutritional requirements related to specific medication regimens and disease status, meal preparation and selection suggestions; calorie counts; evaluation of clinically appropriate laboratory results; assessment of medication-nutrient interactions; and bio-impedance assessment. If patient evaluation indicates the need for interventions such as nutritional supplements, appetite stimulants, or treatment of underlying pathogens, the dietitian must share such findings with the patient's primary medical provider (MD, DO or PE) and provide recommendations. Clients needing additional nutritional resources will be referred to case management services as appropriate and/or local food banks.</p> <p>Provider must furnish information on this service category to at least the health care providers funded by Ryan White Parts A, B, C and D and TDSHS State Services.</p>
<p>Service Unit Definition(s): <b>RWGA Only</b></p>	<p><b>Supplements:</b> One (1) unit of service = a single visit wherein an eligible client receives allowable nutritional supplements (up to a 90 day supply) and nutritional counseling by a licensed dietitian as clinically indicated. A visit wherein the client receives counseling but no supplements is <u>not</u> a billable <u>disbursement transaction</u>.</p> <p><b>Medical Nutritional Therapy:</b> An individual nutritional counseling session lasting a minimum of 45 minutes.</p>
<p>Financial Eligibility:</p>	<p>Refer to the RWPC's approved <i>FY 2015 Financial Eligibility for Houston EMA Services</i>.</p>
<p>Client Eligibility:</p>	<p><b>Nutritional Supplements:</b> HIV-infected and documentation that the client is actively enrolled in primary medical care.</p>

	<b><i>Medical Nutritional Therapy:</i></b> HIV-infected resident and documentation that the client is actively enrolled in primary medical care.
Agency Requirements:	None.
Staff Requirements:	The nutritional counseling services under this category must be provided by a licensed registered dietician. Dieticians must have a minimum of two (2) years experience providing nutritional assessment and counseling to PLWHA.
Special Requirements: <b>RWGA Only</b>	<p>Must comply with Houston EMA/HSDA Part A/B Standards of Care, HHS treatment guidelines and applicable HRSA/HAB HIV Clinical Performance Measures.</p> <p>Must comply with the Houston EMA/HSDA approved Medical Nutritional Therapy Formulary.</p>

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<b>Step in Process: Quality Assurance Committee</b>		Date: <b>05/14/2014</b>
Recommendations:	Approved: Y: <u>X</u> No: _____ Approved With Changes: _____	If approved with changes list changes below:
1. Accept workgroup recommendations.		
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<b>Step in Process: HTBMTN Workgroup</b>		Date: <b>04/07/2014</b>
Recommendations:	Financial Eligibility: 300%	
1. The Admin Agent will ask the provider to market the service to increase awareness.		
2. Accept the service category definition as presented and keep the financial eligibility the same.		
3.		

Local Service Category:	<b>Mental Health Services</b>
Amount Available:	<b>To be determined</b>
Unit Cost	
Budget Requirements or Restrictions ( <b>TRG Only</b> ):	Maximum of 10% of budget for Administrative Cost.
Local Service Category Definition:	<p><b>Individual Therapy/counseling</b> is defined as 1:1 or family-based crisis intervention and/or mental health therapy provided by a licensed mental health practitioner to an eligible HIV positive or HIV/AIDS affected individual.</p> <p><b>Support Groups</b> are defined as professionally led (licensed therapists or counselor) groups that comprise HIV positive individuals, family members, or significant others for the purpose of providing emotional support directly related to the stress of caring for an HIV positive person.</p>
Target Population (age, gender, geographic, race, ethnicity, etc.):	HIV/AIDS infected and affected individuals living within the Houston HIV Service Delivery Area (HSDA).
Services to be Provided:	Agencies are encouraged to have available to clients all modes of counseling services, i.e., crisis, individual, family, and group. Sessions may be conducted in-home. Agency must provide professional support group sessions led by a licensed counselor.
Service Unit Definition(s) ( <b>TRG Only</b> ):	<p><b>Individual and Family Crisis Intervention and Therapy:</b> A unit of service is defined as an individual counseling session lasting a minimum of 45 minutes.</p> <p><b>Group Therapy:</b> A unit of service is defined as one (1) eligible client attending 90 minutes of group therapy. The minimum time allowable for a single group session is 90 minutes and maximum time allowable for a single group session is 120 minutes. No more than one unit may be billed per session for an individual or group session.</p> <p>A minimum of three (3) clients must attend a group session in order for the group session to eligible for reimbursement.</p> <p><b>Consultation:</b> One unit of service is defined as 15 minutes of communication with a medical or other appropriate provider to ensure case coordination.</p>
Financial Eligibility:	Income at or below 300% Federal Poverty Guidelines.
Client Eligibility:	<p>For individual therapy session, HIV positive or the affected significant other of an HIV positive person, resident of Houston HSDA.</p> <p>HIV positive client must have a DSM-IV Axis I diagnosis eligible for reimbursement under the State Medicaid Plan.</p> <p>Client must not be eligible for services from other programs or providers (i.e. MHMRA of Harris County) or any other reimbursement source (i.e. Medicaid, Medicare, Private Insurance) unless the client is in crisis and cannot be provided immediate services from the other</p>

	<p>programs/providers. In this case, clients may be provided services, as long as the client applies for the other programs /providers, until the other programs/providers can take over services.</p> <p>Medicaid/Medicare, Third Party Payer and Private Pay status of clients receiving services under this grant must be verified by the provider prior to requesting reimbursement under this grant. For support group sessions, client must be either an HIV positive person or the significant other of an HIV positive person.</p> <p>Affected significant other is eligible for services only related to the stress of caring for an HIV positive significant other.</p>
<p>Agency Requirements <b>(TRG Only):</b></p>	<p>Agency must provide assurance that the mental health practitioner shall be supervised by a licensed therapist qualified by the State to provide clinical supervision. This supervision should be documented through supervision notes.</p> <p>Keep attendance records for group sessions.</p> <p>Must provide 24-hour access to a licensed counselor for current clients with emotional emergencies.</p> <p>Clients eligible for Medicaid or 3rd party payer reimbursement may not be billed to grant funds. Medicare Co-payments may be billed to the contract as ½ unit of service.</p> <p>Documentation of at least one therapist certified by Medicaid/Medicare on the staff of the agency must be provided in the proposal. All funded agencies must maintain the capability to serve and seek reimbursement from Medicaid/Medicare throughout the term of their contract. Potential clients who are Medicaid/ Medicare eligible may not be denied services by a funded agency based on their reimbursement status (Medicaid/Medicare eligible clients may not be referred elsewhere in order that non-Medicaid/Medicare eligible clients may be added to this grant). Failure to serve Medicaid/Medicare eligible clients based on their reimbursement status will be grounds for the immediate termination of the provider's contract.</p> <p>Must comply with the State Services Standards of Care.</p> <p>Must provide a plan for establishing criteria for prioritizing participation in group sessions and for termination from group participation.</p> <p>Providers and system must be Medicaid/Medicare certified to ensure that Ryan White funds are the payer of last resort.</p>
<p>Staff Requirements:</p>	<p>It is required that counselors have the following qualifications: Licensed Mental Health Practitioner by the State of Texas (LCSW, LMSW, LPC PhD, Psychologist, or LMFT).</p> <p>At least two years experience working with HIV disease or two years work experience with chronic care of a catastrophic illness.</p> <p>Counselors providing family sessions must have at least two years</p>

	<p>experience in family therapy.</p> <p>Counselors must be covered by professional liability insurance with limits of at least \$300,000 per occurrence.</p>
<p>Special Requirements <b>(TRG Only):</b></p>	<p>Medicare and private insurance co-payments are eligible for reimbursement under this grant (in this situation the agency will be reimbursed the client's co-payment only, not the cost of the session which must be billed to Medicare and/or the Third party payer). Extensions will be addressed on an individual basis when meeting the criteria of counseling directly related to HIV illness. Under no circumstances will the agency be reimbursed more than two (2) units of individual therapy per client in any single 24-hour period.</p> <p>Agency should develop services that focus on the Special Populations identified in the <i>2012 Houston Area Comprehensive Plan for HIV Prevention and Care Services</i> including Adolescents, Homeless, Incarcerated &amp; Recently Released (IRR), Injection Drug Users (IDU), Men who Have Sex with Men (MSM), and Transgender populations. Additionally, services should focus on increasing access for individuals living in rural counties.</p> <p>Must comply with the Houston EMA/HSDA Standards of Care.</p>

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<b>Step in Process: Quality Assurance Committee</b>		Date: <b>05/14/2014</b>
Recommendations:	Approved: Y: <u>X</u> No: _____ Approved With Changes: _____	If approved with changes list changes below:
1. Accept workgroup recommendations.		
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<b>Step in Process: HTBMTN Workgroup</b>		Date: <b>04/08/2014</b>
Recommendations:	Financial Eligibility: 300%	
1. Accept the service category definition as presented and keep the financial eligibility the same.		
2.		
3.		

Step in Process: <b>HTBMTN Workgroup</b>		Date: <b>04/08/14</b>
Recommendations:	Financial Eligibility: 300%	
2. Accept the service category definition as presented and keep the financial eligibility the same.		
2.		
3.		

Local Service Category:	<b>Oral Health Care</b>
Amount Available:	<b>To be determined</b>
Unit Cost:	
Budget Requirements or Restrictions (TRG Only):	Maximum of 10% of budget for Administrative Costs
Local Service Category Definition:	Restorative dental services, oral surgery, root canal therapy, fixed and removable prosthodontics; periodontal services includes subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Oral medication (including pain control) for HIV patients 15 years old or older must be based on a comprehensive individual treatment plan. Prosthodontics services to HIV infected individuals including but not limited to examinations and diagnosis of need for dentures, crowns, bridgework and implants, diagnostic measurements, laboratory services, tooth extraction, relines and denture repairs.
Target Population (age, gender, geographic, race, ethnicity, etc.):	HIV/AIDS infected individuals residing within the Houston HIV Service Delivery Area (HSDA).
Services to be Provided:	Services must include, but are not limited to: individual comprehensive treatment plan; diagnosis and treatment of HIV-related oral pathology, including oral Kaposi's Sarcoma, CMV ulceration, hairy leukoplakia, xerostomia, lichen planus, aphthous ulcers and herpetic lesions; diffuse infiltrative lymphocytosis; standard preventive procedures, including oral hygiene instruction, diet counseling and home care program; oral prophylaxis; restorative care; oral surgery including dental implants; root canal therapy; fixed and removable prosthodontics including crowns and bridges; periodontal services, including subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Proposer must have mechanism in place to provide oral pain medication as prescribed for clients by the dentist.
Service Unit Definition(s) (TRG Only):	General Dentistry: A unit of service is defined as one (1) dental visit which includes restorative dental services, oral surgery, root canal therapy, fixed and removable prosthodontics; periodontal services includes subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Oral medication (including pain control) for HIV patients 15 years old or older must be based on a comprehensive individual treatment plan.  Prosthodontics: A unit of services is defined as one (1) Prosthodontics visit.
Financial Eligibility:	Income at or below 300% Federal Poverty Guidelines.
Client Eligibility:	HIV positive; Adult resident of Houston HSDA
Agency Requirements (TRG Only):	<b>To ensure that Ryan White is payer of last resort, Agency and/or dental providers (clinicians) must be Medicaid certified and enrolled in all Dental Plans offered to Texas STAR+PLUS eligible clients in the Houston EMA/HSDA.</b> Agency/providers must ensure Medicaid certification and billing capability for STAR+PLUS eligible patients remains current throughout the contract term.  Agency must document that the primary patient care dentist has 2 years prior experience treating HIV disease and/or on-going HIV educational programs that are documented in personnel files and updated regularly. Dental facility and appropriate dental staff must maintain Texas licensure/certification and follow all applicable OSHA requirements for patient management and laboratory protocol.
Staff Requirements:	State of Texas dental license; licensed dental hygienist and state radiology certification for dental assistants.
Special Requirements (TRG Only):	Must comply with the Houston EMA/HSDA Standards of Care.

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1. Accept workgroup recommendations.		
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<b>Step in Process: HTBMTN Workgroup</b>		Date: <b>04/08/2014</b>
Recommendations:	Financial Eligibility: 300%	
1. Accept the service category definition as presented and keep the financial eligibility the same.		
2.		
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FY 2015 Houston EMA/HSDA Ryan White Part A/MAI Service Definition <b>Oral Health/Rural</b> (Revision Date: 03/03/14)	
HRSA Service Category Title: <b>RWGA Only</b>	<b>Oral Health</b>
Local Service Category Title:	<b>Oral Health – <u>Rural (North)</u></b>
Budget Type: <b>RWGA Only</b>	<b>Unit Cost</b>
Budget Requirements or Restrictions: <b>RWGA Only</b>	Not Applicable
HRSA Service Category Definition: <b>RWGA Only</b>	<b>Oral health care</b> includes diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers.
Local Service Category Definition:	Restorative dental services, oral surgery, root canal therapy, fixed and removable prosthodontics; periodontal services includes subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Oral medication (including pain control) for HIV patients 15 years old or older must be based on a comprehensive individual treatment plan. Prosthodontics services to HIV-infected individuals including, but not limited to examinations and diagnosis of need for dentures, diagnostic measurements, laboratory services, tooth extractions, relines and denture repairs.
Target Population (age, gender, geographic, race, ethnicity, etc.):	HIV/AIDS infected individuals residing in Houston Eligible Metropolitan Area (EMA) or Health Service Delivery Area (HSDA) counties other than Harris County. Comprehensive Oral Health services targeted to individuals residing in the northern counties of the EMA/HSDA, including Waller, Walker, Montgomery, Austin, Chambers and Liberty Counties.
Services to be Provided:	Services must include, but are not limited to: individual comprehensive treatment plan; diagnosis and treatment of HIV-related oral pathology, including oral Kaposi's Sarcoma, CMV ulceration, hairy leukoplakia, xerostomia, lichen planus, aphthous ulcers and herpetic lesions; diffuse infiltrative lymphocytosis; standard preventive procedures, including oral hygiene instruction, diet counseling and home care program; oral prophylaxis; restorative care; oral surgery including dental implants; root canal therapy; fixed and removable prosthodontics including crowns, bridges and implants; periodontal services, including subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Proposer must have mechanism in place to provide oral pain medication as prescribed for clients by the dentist.
Service Unit Definition(s): <b>RWGA Only</b>	General Dentistry: A unit of service is defined as one (1) dental visit which includes restorative dental services, oral surgery, root

	<p>canal therapy, fixed and removable prosthodontics; periodontal services includes subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Oral medication (including pain control) for HIV patients 15 years old or older must be based on a comprehensive individual treatment plan.</p> <p>Prosthodontics: A unit of services is defined as one (1) Prosthodontics visit.</p>
Financial Eligibility:	Refer to the RWPC's approved <i>Financial Eligibility for Houston EMA/HSDA Services</i> .
Client Eligibility:	HIV-infected adults residing in the rural area of Houston EMA/HSDA meeting financial eligibility criteria.
Agency Requirements:	<p>Agency must document that the primary patient care dentist has 2 years prior experience treating HIV disease and/or on-going HIV educational programs that are documented in personnel files and updated regularly.</p> <p>Service delivery site must be located in one of the northern counties of the EMA/HSDA area: Waller, Walker, Montgomery, Austin, Chambers or Liberty Counties</p>
Staff Requirements:	State of Texas dental license; licensed dental hygienist and state radiology certification for dental assistants.
Special Requirements: <b>RWGA Only</b>	<p><u>Agency and/or dental providers (clinicians) must be Medicaid certified and enrolled in all Dental Plans offered to Texas STAR+PLUS eligible clients in the Houston EMA/HSDA.</u></p> <p><u>Agency/providers must ensure Medicaid certification and billing capability for STAR+PLUS eligible patients remains current throughout the contract term.</u></p> <p>Must comply with the joint Part A/B standards of care where applicable.</p>

***FY 2015 RWPC “How to Best Meet the Need” Decision Process***

<b>Step in Process: Council</b>		Date: <b>06/12/2014</b>
Recommendations:	Approved: Y: _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
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<b>Step in Process: Steering Committee</b>		Date: <b>06/05/2014</b>
Recommendations:	Approved: Y: <u>X</u> No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
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<b>Step in Process: Quality Assurance Committee</b>		Date: <b>05/14/2014</b>
Recommendations:	Approved: Y: <u>X</u> No: _____ Approved With Changes: _____	If approved with changes list changes below:
1. Accept workgroup recommendations.		
2.		
3.		
<b>Step in Process: HTBMTN Workgroup</b>		Date: <b>04/08/2014</b>
Recommendations:	Financial Eligibility: 300%	
1. Accept the service category definition as presented and keep the financial eligibility the same.		
2.		
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FY 2015 Houston EMA/HSDA Ryan White Part A Service Definition <b>Substance Abuse Services - Outpatient</b> (Revision Date: 03/03/14)	
HRSA Service Category Title: <b>RWGA Only</b>	Substance Abuse Services Outpatient
Local Service Category Title:	Substance Abuse Treatment/Counseling
Budget Type: <b>RWGA Only</b>	Fee-for-Service
Budget Requirements or Restrictions: <b>RWGA Only</b>	Minimum group session length is 2 hours
HRSA Service Category Definition: <b>RWGA Only</b>	<b><i>Substance abuse services outpatient</i></b> is the provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting, rendered by a physician or under the supervision of a physician, or by other qualified personnel.
Local Service Category Definition:	Treatment and/or counseling HIV-infected individuals with substance abuse disorders delivered in accordance with State licensing guidelines.
Target Population (age, gender, geographic, race, ethnicity, etc.):	HIV-infected individuals with substance abuse disorders, residing in the Houston Eligible Metropolitan Area (EMA/HSDA).
Services to be Provided:	Services for all eligible HIV/AIDS patients with substance abuse disorders. Services provided must be integrated with HIV-related issues that trigger relapse. All services must be provided in accordance with the Texas Department of Health Services/Substance Abuse Services (TDSHS/SAS) Chemical Dependency Treatment Facility Licensure Standards. Service provision must comply with the applicable treatment standards.
Service Unit Definition(s): <b>RWGA Only</b>	<b>Individual Counseling:</b> One unit of service = one individual counseling session of at least 45 minutes in length with one (1) eligible client. <b>A single session lasting longer than 45 minutes qualifies as only a single unit</b> – no fractional units are allowed. Two (2) units are allowed for initial assessment/orientation session. <b>Group Counseling:</b> One unit of service = one session of group treatment for one eligible client. A single session must last a minimum of 2 hours. A maximum of one unit may be billed per person per group session. Support Groups are defined as professionally led groups that are comprised of HIV-positive individuals, family members, or significant others for the purpose of providing Substance Abuse therapy.
Financial Eligibility:	Refer to the RWPC's approved <i>FY 2015 Financial Eligibility for Houston EMA/HSDA Services</i> .
Client Eligibility:	HIV-infected individuals with substance abuse co-morbidities/disorders.
Agency Requirements:	Agency must be appropriately licensed by the State. All services must be provided in accordance with applicable Texas Department of State

	<p>Health Services/Substance Abuse Services (TDSHS/SAS) Chemical Dependency Treatment Facility Licensure Standards. Client must not be eligible for services from other programs or providers (i.e. MHMRA of Harris County) or any other reimbursement source (i.e. Medicaid, Medicare, Private Insurance) unless the client is in crisis and cannot be provided immediate services from the other programs/providers. In this case, clients may be provided services, as long as the client applies for the other programs/providers, until the other programs/providers can take over services. All services must be provided in accordance with the TDSHS/SAS Chemical Dependency Treatment Facility Licensure Standards. Specifically, regarding service provision, services must comply with the most current version of the applicable Rules for Licensed Chemical Dependency Treatment. Services provided must be integrated with HIV-related issues that trigger relapse.</p> <p>Provider must provide a written plan no later than 3/30/13 documenting coordination with local TDSHS/SAS HIV Early Intervention funded programs if such programs are currently funded in the Houston EMA.</p>
Staff Requirements:	Must meet all applicable State licensing requirements and Houston EMA/HSDA Part A/B Standards of Care.
Special Requirements: <b>RWGA Only</b>	Not Applicable.

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Recommendations:	Approved: Y: _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: Steering Committee</b>		Date: <b>06/05/2014</b>
Recommendations:	Approved: Y: <u>X</u> No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: Quality Assurance Committee</b>		Date: <b>05/14/2014</b>
Recommendations:	Approved: Y: <u>X</u> No: _____ Approved With Changes: _____	If approved with changes list changes below:
1. Accept workgroup recommendations.		
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<b>Step in Process: HTBMTN Workgroup</b>		Date: <b>04/08/2014</b>
Recommendations:	Financial Eligibility: 300%	
1. Accept the service category definition as presented and keep the financial eligibility the same.		
2.		
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FY 2015 Houston EMA/HSDA Ryan White Part A Service Definition <b>Medical Transportation (Van Based)</b> (Revision Date: 03/03/14)	
HRSA Service Category Title: <b>RWGA Only</b>	<b>Medical Transportation</b>
Local Service Category Title:	<b>a. Transportation targeted to Urban b. Transportation targeted to Rural</b>
Budget Type: <b>RWGA Only</b>	<b>Hybrid Fee for Service</b>
Budget Requirements or Restrictions: <b>RWGA Only</b>	<ul style="list-style-type: none"> <li>• Units assigned to Urban Transportation must only be used to transport clients whose residence is in Harris County.</li> <li>• Units assigned to Rural Transportation may only be used to transport clients who reside in Houston EMA/HSDA counties <u>other than</u> Harris County.</li> <li>• Mileage reimbursed for transportation is based on the documented distance in miles from a client's Trip Origin to Trip Destination <b>as documented by a standard Internet-based mapping program (i.e. Google Maps, Map Quest, Yahoo Maps) approved by RWGA.</b> Agency must print out and file in the client record a trip plan from the appropriate Internet-based mapping program that clearly delineates the mileage between Point of Origin and Destination (and reverse for round trips). This requirement is subject to audit by the County.</li> <li>• Transportation to employment, employment training, school, or other activities not directly related to a client's treatment of HIV disease is <u>not</u> allowable. Clients may not be transported to entertainment or social events under this contract.</li> <li>• Taxi vouchers must be made available for documented emergency purposes and to transport a client to a disability hearing, emergency shelter or for a documented medical emergency.</li> <li>• Contractor must reserve 7% of the total budget for Taxi Vouchers.</li> <li>• Maximum monthly utilization of taxi vouchers cannot exceed 14% of the total amount of funding reserved for Taxi Vouchers.</li> <li>• Emergencies warranting the use of Taxi Vouchers include: van service is unavailable due to breakdown, scheduling conflicts or inclement weather or other unanticipated event. A spreadsheet listing client's 11-digit code, age, date of service, number of trips, and reason for emergency should be kept on-site and available for review during Site Visits.</li> <li>• <b>Contractor must provide RWGA a copy of the agreement between Contractor and a licensed taxi vendor by March 30, 2015.</b></li> <li>• All taxi voucher receipts must have the taxi company's name, the driver's name and/or identification number, number of miles driven, destination (to and from), and exact cost of trip. The Contractor will add the client's 11-digit code to the receipt and include all receipts with the monthly Contractor Expense Report</li> </ul>

	<p>(CER).</p> <ul style="list-style-type: none"> <li>• A copy of the taxi company’s statement (on company letterhead) must be included with the monthly CER. Supporting documentation of disbursement payments may be requested with the CER.</li> </ul>
<p>HRSA Service Category Definition: <b>RWGA Only</b></p>	<p><b>Medical transportation services</b> include conveyance services provided, directly or through voucher, to a client so that he or she may access health care services.</p>
<p>Local Service Category Definition:</p>	<p>a. Urban Transportation: Contractor will develop and implement a medical transportation program that provides essential transportation services to <b>HRSA-defined Core Services</b> through the use of individual employee or contract drivers with vehicles/vans to Ryan White Program-eligible individuals residing in Harris County. Clients residing outside of Harris County are ineligible for Urban transportation services. Exceptions to this requirement require <u>prior</u> written approval from RWGA.</p> <p>b. Rural Transportation: Contractor will develop and implement a medical transportation program that provides essential transportation services to <b>HRSA-defined Core Services</b> through the use of individual employee or contract drivers with vehicles/vans to Ryan White Program-eligible individuals residing in Houston EMA/HSDA counties other than Harris County. Clients residing in Harris County are ineligible for this transportation program. Exceptions to this requirement require <u>prior</u> written approval from RWGA.</p> <p>Essential transportation is defined as transportation to public and private outpatient medical care and physician services, substance abuse and mental health services, pharmacies and other services where eligible clients receive Ryan White-defined Core Services and/or medical and health-related care services, including clinical trials, essential to their well-being.</p> <p>The Contractor shall ensure that the transportation program provides taxi vouchers to eligible clients only in the following cases:</p> <ul style="list-style-type: none"> <li>• To access emergency shelter vouchers or to attend social security disability hearings;</li> <li>• Van service is unavailable due to breakdown or inclement weather;</li> <li>• Client’s medical need requires immediate transport;</li> <li>• Scheduling Conflicts.</li> </ul> <p><b>Contractor must provide clear and specific justification (reason) for the use of taxi vouchers and include the documentation in the client’s file for <u>each</u> incident. RWGA must approve supporting documentation for taxi voucher reimbursements.</b></p> <p>For clients living in the METRO service area, written certification</p>

	<p>from the client's principal medical provider (e.g. medical case manager or physician) is required to access van-based transportation, to be renewed every 180 days. <b>Medical Certifications should be maintained on-site by the provider in a single file (listed alphabetically by 11-digit code) and will be monitored at least annually during a Site Visit.</b> It is the Contractor's responsibility to determine whether a client resides within the METRO service area. Clients who live outside the METRO service area but within Harris County (e.g. Baytown) are not required to provide a written medical certification to access van-based transportation. All clients living in the Metro service area may receive a maximum of 4 non-certified round trips per year (including taxi vouchers). Non-certified trips will be reviewed during the annual Site Visit. Provider must maintain an up-to-date spreadsheet documenting such trips.</p> <p>The Contractor must implement the general transportation program in accordance with the Transportation Standards of Care that include entering all transportation services into the Centralized Patient Care Data Management System (CPCDMS) and providing eligible children with transportation services to Core Services appointments. Only actual mileage (documented per the selected Internet mapping program) transporting eligible clients from Origin to Destination will be reimbursed under this contract. The Contractor must make reasonable effort to ensure that routes are designed in the most efficient manner possible to minimize actual client time in vehicles.</p>
Target Population (age, gender, geographic, race, ethnicity, etc.):	<p>a. Urban Transportation: HIV/AIDS-infected and Ryan White Part A/B eligible affected individuals residing in Harris County.</p> <p>b. Rural Transportation: HIV/AIDS-infected and Ryan White Part A/B eligible affected individuals residing in Fort Bend, Waller, Walker, Montgomery, Austin, Colorado, Liberty, Chambers and Wharton Counties.</p>
Services to be Provided:	<p>To provide Medical Transportation services to access Ryan White Program defined <b>Core Services</b> for eligible individuals. Transportation will include round trips to single destinations and round trips to multiple destinations. Taxi vouchers will be provided to eligible clients only for identified emergency situations. Caregiver must be allowed to accompany the HIV-infected rider. <b>Eligibility for Transportation Services is determined by the client's County of residence as documented in the CPCDMS.</b></p>
Service Unit Definition(s): <b>RWGA Only</b>	<p>One (1) unit of service = one (1) mile driven with an eligible client as passenger. Client cancellations and/or no-shows are <u>not</u> reimbursable.</p>
Financial Eligibility:	<p>Refer to the RWPC's approved <i>FY 2015 Financial Eligibility for Houston EMA Services.</i></p>
Client Eligibility:	<p>a. Urban Transportation: Only individuals diagnosed with HIV/AIDS and Ryan White Program eligible HIV-affected individuals residing inside Harris County will be eligible for services.</p>

	<p>b. Rural Transportation: Only individuals diagnosed with HIV/AIDS and Ryan White Program eligible HIV-affected individuals residing in Houston EMA/HSDA Counties other than Harris County are eligible for Rural Transportation services.</p> <p>Documentation of the client's eligibility in accordance with approved Transportation Standards of Care must be obtained by the Contractor prior to providing services. The Contractor must ensure that eligible clients have a signed consent for transportation services, client rights and responsibilities prior to the commencement of services.</p> <p>Affected significant others may accompany an HIV-infected person as medically necessary (minor children may accompany their caregiver as necessary). Ryan White Part A/B eligible affected individuals may utilize the services under this contract for travel to Core Services when the aforementioned criteria are met and the use of the service is directly related to a person with HIV infection. An example of an eligible transportation encounter by an affected individual is transportation to a Professional Counseling appointment.</p>
Agency Requirements	<p>Proposer must be a Certified Medicaid Transportation Provider. Contractor must furnish such documentation to Harris County upon request from Ryan White Grant Administration prior to March 1<sup>st</sup> annually. Contractor must maintain such certification throughout the term of the contract. Failure to maintain certification as a Medicaid Transportation provider may result in termination of contract.</p> <p>Contractor must provide each client with a written explanation of contractor's scheduling procedures upon initiation of their first transportation service, and annually thereafter. Contractor must provide RWGA with a copy of their scheduling procedures by March 30, 2014, and thereafter within 5 business days of any revisions.</p> <p><b>Contractor must also have the following equipment dedicated to the general transportation program:</b></p> <ul style="list-style-type: none"> <li>• A separate phone line from their main number so that clients can access transportation services during the hours of 7:00 a.m. to 10:00 p.m. directly at no cost to the clients. <b>The telephone line must be managed by a live person between the hours of 8:00 a.m. – 5:00 p.m.</b> Telephone calls to an answering machine utilized after 5:00 p.m. must be returned by 9:00 a.m. the following business day.</li> <li>• A fax machine with a dedicated line.</li> <li>• All equipment identified in the Transportation Standards of Care necessary to transport children in vehicles.</li> <li>• Contractor must assure clients eligible for Medicaid transportation are billed to Medicaid. This is subject to audit by the County.</li> </ul> <p>The Contractor is responsible for maintaining documentation to evidence that drivers providing services have a valid Texas Driver's License and</p>

	<p>have completed a State approved “Safe Driving” course. Contractor must maintain documentation of the automobile liability insurance of each vehicle utilized by the program as required by state law. All vehicles must have a current Texas State Inspection. The minimum acceptable limit of automobile liability insurance is \$300,000.00 combined single limit. Agency must maintain detailed records of mileage driven and names of individuals provided with transportation, as well as origin and destination of trips. <b><i>It is the Contractor’s responsibility to verify the County in which clients reside in.</i></b></p>
Staff Requirements	<p>A picture identification of each driver must be posted in the vehicle utilized to transport clients. Criminal background checks must be performed on all direct service transportation personnel prior to transporting any clients. Drivers must have annual proof of a safe driving record, which shall include history of tickets, DWI/DUI, or other traffic violations. Conviction on more than three (3) moving violations within the past year will disqualify the driver. Conviction of one (1) DWI/DUI within the past three (3) years will disqualify the driver.</p>
Special Requirements: <b>RWGA Only</b>	<p>Individuals who qualify for transportation services through Medicaid are not eligible for these transportation services.</p> <p><b>Contractor must ensure the following criteria are met for all clients transported by Contractor’s transportation program:</b></p> <p>Transportation Provider must ensure that clients use transportation services for an appropriate purpose through one of the following three methods:</p> <ol style="list-style-type: none"> <li>1. Follow-up hard copy verification between transportation provider and Destination Agency (DA) program confirming use of eligible service(s), or</li> <li>2. Client provides receipt documenting use of eligible services at Destination Agency on the date of transportation, or</li> <li>3. Scheduling of transportation services was made by receiving agency’s case manager or transportation coordinator.</li> </ol> <p>The verification/receipt form must at a minimum include all elements listed below:</p> <ul style="list-style-type: none"> <li>• Be on Destination Agency letterhead</li> <li>• Date/Time</li> <li>• CPCDMS client code</li> <li>• Name and signature of Destination Agency staff member who attended to client (e.g. case manager, clinician, physician, nurse)</li> <li>• Destination Agency date stamp to ensure DA issued form.</li> </ul>

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<b>Step in Process: Steering Committee</b>		Date: <b>06/05/2014</b>
Recommendations:	Approved: Y <u>X</u> No: _____ Approved With Changes: _____	If approved with changes list changes below:
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<b>Step in Process: Quality Assurance Committee</b>		Date: <b>05/14/2014</b>
Recommendations:	Approved: Y: <u>X</u> No: _____ Approved With Changes: _____	If approved with changes list changes below:
1. Accept workgroup recommendations.		
2.		
3.		
<b>Step in Process: HTBMTN Workgroup</b>		Date: <b>04/08/2014</b>
Recommendations:	Financial Eligibility: 300%	
1. Accept the service category definition as presented and keep the financial eligibility the same.		
2.		
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FY 2015 Houston EMA/HSDA Ryan White Part A/MAI Service Definition <b>Vision Care</b> (Revision Date: 03/03/14)	
HRSA Service Category Title: <b>RWGA Only</b>	<b>Ambulatory/Outpatient Medical Care</b>
Local Service Category Title:	<b>Vision Care</b>
Budget Type: <b>RWGA Only</b>	<b>Fee for Service</b>
Budget Requirements or Restrictions: <b>RWGA Only</b>	Corrective lenses are not allowable under this category. Corrective lenses may be provided under Health Insurance Assistance and/or Emergency Financial Assistance as applicable/available.
HRSA Service Category Definition: <b>RWGA Only</b>	<p><i>Outpatient/Ambulatory medical care</i> is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes 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 medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). <i>Primary medical care</i> for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.</p> <p>HRSA policy notice 10-02 states funds awarded under Part A or Part B of the Ryan White CARE Act (Program) may be used for optometric or ophthalmic services under Primary Medical Care. Funds may also be used to purchase corrective lenses for conditions related to HIV infection, through either the Health Insurance Premium Assistance or Emergency Financial Assistance service categories as applicable.</p>
Local Service Category Definition:	<p><b>Primary Care Office/Clinic Vision Care</b> is defined as a comprehensive examination by a qualified Optometrist or Ophthalmologist, including Eligibility Screening as necessary. A visit with a credentialed Ophthalmic Medical Assistant for any of the following is an allowable visit:</p> <ul style="list-style-type: none"> <li>• Routine and preliminary tests including Cover tests, Ishihara Color Test, NPC (Near Point of Conversion), Vision Acuity Testing, Lensometry.</li> <li>• Visual field testing</li> <li>• Glasses dispensing including fittings of glasses, visual</li> </ul>

	<p>acuity testing, measurement, segment height.</p> <ul style="list-style-type: none"> <li>Fitting of contact lenses is not an allowable follow-up visit.</li> </ul>
Target Population (age, gender, geographic, race, ethnicity, etc.):	HIV-infected individuals residing in the Houston EMA/HSDA.
Services to be Provided:	Services must be provided at an eye care clinic or Optometrist's office. Services must include but are not limited to external/internal eye health evaluations; refractions; dilation of the pupils; glaucoma and cataract evaluations; CMV screenings; prescriptions for eyeglasses and over the counter medications; provision of eyeglasses (contact lenses are not allowable); and referrals to other service providers (i.e. Primary Care Physicians, Ophthalmologists, etc.) for treatment of CMV, glaucoma, cataracts, etc. Agency must provide a written plan for ensuring that collaboration occurs with other providers (Primary Care Physicians, Ophthalmologists, etc.) to ensure that patients receive appropriate treatment for CMV, glaucoma, cataracts, etc.
Service Unit Definition(s): <b>RWGA Only</b>	One (1) unit of service = One (1) patient visit to the Optometrist, Ophthalmologist or Ophthalmic Assistant.
Financial Eligibility:	Refer to the RWPC's approved <i>FY 2014 Financial Eligibility for Houston EMA Services</i> .
Client Eligibility:	HIV-infected resident of the Houston EMA/HSDA.
Agency Requirements:	Providers and system must be Medicaid/Medicare certified to ensure that Ryan White Program funds are the payer of last resort to the extent examinations and eyewear are covered by the State Medicaid program.
Staff Requirements:	Vendor must have on staff a Doctorate of Optometry licensed by the Texas Optometry Board as a Therapeutic Optometrist.
Special Requirements: <b>RWGA Only</b>	Vision care services must meet or exceed current U.S. Dept. of Health and Human Services (HHS) guidelines for the treatment and management of HIV disease as applicable to vision care

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1. Accept workgroup recommendations.		
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<b>Step in Process: HTBMTN Workgroup</b>		Date: <b>04/07/2014</b>
Recommendations:	Financial Eligibility: 300%	
1. Accept the service category definition as presented and keep the financial eligibility the same.		
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