

FY 2015 How to Best Meet the Need Justification for Each Service Category (revised 04-17-14)

Service Category	<p>Is this a core service? If no, how does the service support access to core services & support clients achieving improved outcomes?</p>	<p>How does this service assist individuals <i>not in care</i>* to access primary care? <i>*EIIHA: Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status- unaware and link them into care <i>*Unmet Need:</i> Individuals diagnosed with HIV but with no evidence of care for 12 months <i>*Continuum of Care:</i> The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade.</p>	<p>Documentation of Need (Sources of Data include: 2014 Needs Assessment, 2012-2014 Comp Plan, 2013 Outcome Measures, 2013 Chart Reviews, Special Studies and surveys, etc.)</p>	<p>Identify non-Ryan White/ non-State Services Funding Sources (i.e., Alternative Funding Sources)</p>	<p>Justify the use of Ryan White Part A, Part B and State Services funds for this service. Is this a duplicative service or activity?</p>	<p>Service Efficiency Can we make this service more efficient? For: a) Providers b) Clients Can we bundle this service? Has a recent capacity issue been identified?</p>	<p>Recommendation(s)</p>
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Part 1: Services offered by Ryan White Part A, Part B, and State Services in the Houston EMA/HSDA as of 03-14-14

Ambulatory/Outpatient Primary Medical Care (incl. Vision):

<p>Part A, including LPAP, MCM & Svc Linkage - CBO, Adult - Public Clinic - Rural, Adult</p> <p>Pediatric – Part A, including MCM & Svc Linkage</p> <p>Workgroup 1 Motion #1: (Collins-Nelson/James) Votes: Y=9; N=0; Abstentions= Cauley, Collins-Nelson, Miertschin, Russey, Teeple, Vasquez</p>	<p><input checked="" type="checkbox"/> Yes ___ No</p>	<p><u>EIIHA:</u> Identifying the status-<i>unaware</i> and facilitating their entry into Primary Care is the purpose of the HRSA EIIHA initiative. The current estimate of status-<i>unaware</i> people in the EMA is 5,045 (2012). In 2011, 1,334 were newly diagnosed, and 77% were linked to HIV care ≤ 3 months of diagnosis. Of all RW clients in 2013, 2,805 (or 24%) were "new" to care that year. Linking and retaining individuals in Primary Care also fulfills national, state, and local goals.</p> <p><u>Unmet Need:</u> Facilitating entry into/return of the out-of-care into Primary Care is the purpose of reducing unmet need. The current estimate of unmet need in</p>	<p><u>Need (2014):</u> Current # of living HIV/AIDS cases in EMA: 22,830 Rank w/in 10 Core Services: <i>Primary Care: #1</i> <i>LPAP: #4</i> <i>Case Management: #2</i></p> <p><u>Service Utilization (2013):</u> # clients served: <i>Primary Care: 7,570</i> <i>(7.5% increase v. 2012)</i> <i>LPAP: 3,811</i> <i>(11.4% increase v. 2012)</i> <i>Medical Case Mgmt: 4,366</i> <i>(15.4% increase v. 2012)</i> <i>Non-Medical Case Mgmt, or Service Linkage: 6,709</i> <i>(7.5% decrease v. 2012)</i></p>	<p><u>Primary Care:</u> Medicaid, Medicare, RW Part D, and private providers, including federal health insurance marketplace participants</p> <p><u>LPAP:</u> ADAP, State Pharmacy Assistance Program, Medicaid, Medicare Part D, RW Health Insurance Assistance, the public clinic's pharmacy program, private sector Patient Assistance Programs, and private pharmacy benefit programs , including federal health insurance marketplace participants</p>	<p><u>Justify the use of funds:</u> This service category: - Is a HRSA-defined Core Medical Service - Is ranked as the #1 service need by PLWHA; and use has increased - Adheres to a medical home model and is bundled with LPAP, Medical Case Management, and Service Linkage - Results in desirable health outcomes for clients who access the service - Referring and linking the status-unaware to Primary Care is the goal of the national and local EIIHA initiative - Referring and linking the</p>	<p>Can we make this service more efficient? No</p> <p>Can we bundle this service? Currently bundled with: LPAP, Medical Case Management, and Service Linkage</p> <p>Has a recent capacity issue been identified? No</p>	<p>Motion 1: Update the justification chart for each of the four service category definitions with current data.</p> <p>Motion 2: Accept the four service category definitions as presented: Adult CBO, Public Clinic, Adult Rural and Pediatric, and keep the financial eligibility the same: PriCare=300%, LPAP=300%+500%, MCM/SLW=none.</p>
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<p>Workgroup 1 Motion #2: (Collins-Nelson/Johnson) Votes: Y=9; N=0; Abstentions= Cauley, Collins-Nelson, Miertschin, Russey, Teeple, Vasquez</p>		<p>the EMA is 5,864 (or 27% of all living HIV/AIDS cases) (2011), an 18% decrease from the prior year. Moreover, LPAP cannot be accessed until the client is enrolled in Primary Care, and evidence of an ART prescription is a criterion for met need. In addition, facilitating LPAP services via Primary Care fulfills national, state, and local goals.</p> <p><u>Continuum of Care:</u> Primary Care, MCM, and LPAP support maintenance/retention in care and viral suppression for PLWHA.</p>	<p><u>Outcomes (FY2013):</u> <i>Primary Care/LPAP:</i> 69% of Primary Care clients had undetectable viral load; 74% of LPAP clients had undetectable viral load <i>Medical Case Mgmt:</i> 49% of clients were in continuous HIV care following MCM; 61% of clients who received MCM had undetectable viral load <i>Non-Medical Case Mgmt, or Service Linkage:</i> 44% of clients were in continuous HIV care following Service Linkage</p> <p><u>National/State/Local Plan Alignment:</u> National HIV/AIDS Strategy EIIHA Treatment Cascade Texas HIV Plan Comprehensive HIV Plan: <i>Strategy #3 (Activity #6-7)</i> <i>Special Populations (Pedi)</i></p>	<p><u>Medical Case Management:</u> RW Part C and D</p> <p><u>Service Linkage:</u> RW Part C and D, HOPWA, and a grant from a private foundation</p>	<p>out-of-care to Primary Care is the goal of reducing unmet need</p> <ul style="list-style-type: none"> - Facilitates national, state, and local goals related to continuous HIV care, reducing unmet need, and viral load suppression - Addresses specific activities from Strategy #3 of the Comprehensive Plan and addresses certain Special Populations named in the Plan <p>Is this a duplicative service or activity? This service is funded locally by other public and private sources for (1) specific Special Populations (e.g., WICY), (2) those meeting income, disability, and/or age-related eligibility criteria, and (3) those with private sector health insurance.</p>		

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<p>Vision – Part A</p> <p>Workgroup 1</p> <p>Motion #1: (James/Harris) Votes: Y=9; N=0; Abstentions= Cauley, Russey</p>	<p><input checked="" type="checkbox"/> Yes ___No</p>	<p><u>EIHA:</u> <i>Not applicable</i> as the client population for this service is unlikely to be status-<i>unaware</i>.</p> <p><u>Unmet Need:</u> <i>Not applicable</i> as this service is not a criterion for met need and it is unlikely that a client accessing this service is <i>not</i> in primary HIV care.</p> <p><u>Continuum of Care:</u> Vision services support maintenance/retention in HIV care by increasing access to care and treatment for HIV-related and general ocular diagnoses. Untreated ocular diagnoses may act as logistical or financial barriers to HIV care.</p>	<p><u>Need (2014):</u> Current # of living HIV/AIDS cases in EMA: 22,830</p> <p><u>Service Utilization (2013):</u> # clients served: 1,984 (12.6% increase v. 2012)</p> <p><u>Outcomes (FY2013):</u> 8 diagnoses were reported for HIV-related ocular disorders</p> <p><u>National/State/Local Plan Alignment:</u> N/a</p>	<p>No known alternative funding sources exist for this service</p>	<p>Justify the use of funds: This service category:</p> <ul style="list-style-type: none"> - Is a HRSA-defined Core Medical Service; and use has increased - Is bundled with primary care for increased efficiency and adherence to a medical home model - Has limited or no alternative funding source <p>Is this a duplicative service or activity? No, there is no known alternative funding for this service</p>	<p>Can we make this service more efficient? No</p> <p>Can we bundle this service? Currently bundled with Primary Care</p> <p>Has a recent capacity issue been identified? No</p>	<p>Motion 1: Accept the service category definition as presented, and keep the financial eligibility at 300%.</p>

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<p>Clinical Case Management - Part A</p> <p>Workgroup 1 Motion #1: <i>(James/Vargas)</i> <i>Votes: Y=8; N=0;</i> <i>Abstentions= Cauley, David, Russey</i></p>	<p>✓ Yes ___ No</p>	<p><u>EIIHA:</u> <i>Not applicable</i> as the client population for this service is unlikely to be status-unaware. However, through the diagnosis and initial linkage process, the need for CCM may be identified in response to the presence of a substance abuse or mental health concern.</p> <p><u>Unmet Need:</u> Among PLWHA with a history of unmet need, substance use is the #1 reason cited for falling out-of-care. Therefore, CCM is a strategy for preventing unmet need. CCM also addresses local priorities related to mental health and substance abuse co-morbidities</p> <p><u>Continuum of Care:</u> CCM supports maintenance/retention in care and viral suppression for PLWHA.</p>	<p><u>Need (2014):</u> Current # of living HIV/AIDS cases in EMA: 22,830 Rank w/in 10 Core Services: #2</p> <p><u>Service Utilization (2013):</u> # clients served: 1,275 <i>(7.9% increase v. 2012)</i></p> <p><u>Outcomes (FY2013):</u> 39% of clients were in continuous care following receipt of CCM</p> <p><u>National/State/Local Plan Alignment:</u> National HIV/AIDS Strategy Treatment Cascade Texas HIV Plan Comprehensive HIV Plan: <i>Objective #8</i> <i>Special Populations (IDU)</i></p>	<p>RW Part C</p>	<p>Justify the use of funds: This service category: - Is a HRSA-defined Core Medical Service - Is ranked as the #3 service need by PLWHA; and use has increased - Results in desirable health outcomes for clients who access the service - Prevents unmet need by addressing co-morbidities related to substance abuse and mental health - Facilitates national, state, and local goals related to continuous HIV care and reducing unmet need - Addresses a system-level objective (#8) from the Comprehensive Plan and addresses certain Special Populations named in the Plan</p>	<p>Can we make this service more efficient? No</p> <p>Can we bundle this service? No</p> <p>Has a recent capacity issue been identified? No</p>	<p>Motion 1: Accept the service category definition as presented, and keep the financial eligibility at none.</p>

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					<p>Is this a duplicative service or activity? - This service is funded locally by other RW Parts for specific Special Populations and for clients served by specific funded agencies/programs only</p>		
<p>Case Management – Non-Medical - Part A (Service Linkage at testing sites) Workgroup 1 Motion #1: (James/Vargas) Votes: Y=8; N=0; Abstentions= Cauley, David, Russey</p>	<p>___Yes ___No Service Linkage at HIV testing sites provides active system navigation for newly diagnosed PLWHA with an emphasis on hard-to-reach populations such as youth. Locating Service Linkage at public HIV testing sites ensures that linkage to</p>	<p><u>EIIHA:</u> The EMA's EIIHA Strategy identifies Service Linkage as a local strategy for attaining Goals #3-4 of the national EIIHA initiative. Additionally, linking the newly diagnosed into HIV care via strategies such as Service Linkage fulfills the national, state, and local goal of linkage to HIV medical care ≤ 3 months of diagnosis. In 2011, 22% of the newly diagnosed in the EMA</p>	<p><u>Need (2014):</u> Current # of living HIV/AIDS cases in EMA: 22,830 Rank w/in 5 Support Services: #1 <u>Service Utilization (2013):</u> # clients served: 164 (2.4% decrease v. 2012) <u>Outcomes (FY2013):</u> Following Service Linkage, 44% of clients were in</p>	<p>RW Part C and D, HOPWA, and a grant from a private foundation</p>	<p>Justify the use of funds: This service category: - Is a HRSA-defined Support Service - Results in desirable health outcomes for clients who access the service - Is a strategy for attaining national EIIHA goals locally - Prevents the newly diagnosed from having unmet need - Facilitates national, state,</p>	<p>Can we make this service more efficient? No Can we bundle this service? No Has a recent capacity issue been identified? No</p>	<p>Motion 1: Accept the service category definition as presented, and keep the financial eligibility at none.</p>

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	<p>primary care (and to other Core Medical Services) occurs immediately upon diagnosis, consistent with Test and Treat best practice.</p>	<p>were <i>not</i> linked within this timeframe. <u>Unmet Need:</u> Service Linkage at HIV testing sites is specifically designed to prevent newly diagnosed PLWHA from falling out-of-care by facilitating entry into HIV primary care immediately upon diagnosis. In 2011, 19% of the newly diagnosed had unmet need by the end of that year. <u>Continuum of Care:</u> Service Linkage supports linkage to care, maintenance/retention in care and viral suppression for PLWHA.</p>	<p>continuous HIV care, and 2% accessed HIV primary care for the first time <u>National/State/Local Plan Alignment:</u> National HIV/AIDS Strategy EIIHA Treatment Cascade Texas HIV Plan Comprehensive HIV Plan</p>		<p>and local goals related to linkage to care Is this a duplicative service or activity? - This service is funded locally by other RW Parts for specific Special Populations and for clients served by specific funded agencies/programs only</p>		

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<p>Early Intervention Services (EIS)[‡] (Incarcerated) (Harris County Jail)</p> <p>Workgroup 2</p> <p>Motion #1: (James/Vargas)</p> <p>Votes: Y=8; N=0; Abstentions= None</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>EIIHA:</u> Local jail policy mandates HIV testing within 14 days of incarceration, thereby identifying status-unaware members of this population. In 2011, 65 new HIV cases were identified at Harris County Jail. During incarceration, 100% are linked to HIV care. EIS ensures that the newly diagnosed identified in jail maintain their HIV care post-release by bridging HIV infected offenders into community-based primary care. This is accomplished through care coordination by EIS staff in partnership with community-based providers/MOUs.</p> <p><u>Unmet Need:</u> HIV infected offenders are at risk of lapsing their HIV care upon release from incarceration. EIS helps to prevent unmet need among this population by bridging HIV</p>	<p><u>Need (2014):</u> # of new HIV/AIDS diagnoses in Harris County Jail: 65 (2017) Rank w/in 10 Core Services: #10</p> <p><u>Service Utilization (2013):</u> # clients served: 930 (0.9% increase v. 2012)</p> <p><u>Outcomes (2012):</u> 46% of recently released respondents in a Special Study reported receiving EIS; 31% received a referral to a community-based primary care provider. Also, ≤3 months of release from incarceration: 87% reported seeing a community-based HIV care provider; 59% reported meeting with a case manager; and 53% reported completing</p>	<p>RW Part C provides non-targeted EIS</p>	<p>Justify the use of funds: This service category:</p> <ul style="list-style-type: none"> - Is a HRSA-defined Core Medical Service - Results in desirable outcomes for clients who access the service - Links those newly diagnosed in a local EMA jail to community-based HIV primary care upon release, thereby maintaining linkage to care for and preventing unmet need in this Special Population - Addresses specific activities from Strategy #3 of the Comprehensive Plan and addresses certain Special Populations named in the Plan <p>Is this a duplicative service or activity?</p> <ul style="list-style-type: none"> - No, there is no known 	<p>Can we make this service more efficient? No</p> <p>Can we bundle this service? No</p> <p>Has a recent capacity issue been identified? No</p>	<p>Motion 1: Accept the service category definition as presented, and keep the financial eligibility at none.</p>

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		<p>infected offenders into community-based primary care post-release. This is accomplished through care coordination by EIS staff in partnership with community-based providers/MOUs.</p> <p><u>Continuum of Care:</u> EIS supports linkage to care, maintenance/retention in care and viral suppression for PLWHA.</p>	<p><i>RW and ADAP eligibility.</i></p> <p><u>National/State/Local Plan Alignment:</u> Comprehensive HIV Plan: <i>Strategy #3 (Activity #6-7)</i> <i>Special Populations (IRR)</i> <i>Focus of Special Study</i></p>		<p>alternative funding for this service as designed</p>		
<p>Food Pantry[‡] (Rural)</p> <p>Workgroup 2 Motion #1: (James/Johnson) Votes: Y=9; N=0; Abstentions= None</p>	<p>___Yes ___No <input checked="" type="checkbox"/> No</p> <p>Food Pantry fulfills basic needs of PLWHA in the rural counties of the EMA, where alternatives for subsidized food are limited and without which they may be unable to address HIV-related health</p>	<p><u>EIIHA:</u> <i>Not applicable</i> as the client population for this service is unlikely to be status-unaware. Moreover, in order to access Food Pantry services, clients must demonstrate engagement in HIV primary care.</p> <p><u>Unmet Need:</u> <i>Not applicable</i> as this service is not a criterion for met need. Moreover, in order to access Food Pantry services,</p>	<p><u>Need (2014):</u> Current # of living HIV/AIDS cases in EMA:22,830 <i>Current # of living HIV/AIDS cases in rural EMA: 1,893</i> Rank w/in 5 Support Services: #4 <i>45% of Needs Assessment respondents identified food bank as an "other need"</i></p> <p><u>Service Utilization (2013):</u></p>	<p>Non-RW funded food pantries are available in the urban counties of the Houston EMA/HSDA. However, there are limited alternatives for subsidized food services in rural counties.</p> <p>See list of food pantries in the EMA/HSDA compiled by the United Way, April 8, 2013.</p>	<p>Justify the use of funds: This service category: - Is a HRSA-defined Support Service - Is ranked as the #1 service need among funded Support Services by PLWHA - Has limited or no alternative funding source as designed/targeted - Necessitates documented</p>	<p>Can we make this service more efficient? No</p> <p>Can we bundle this service? No</p> <p>Has a recent capacity issue been identified? No</p>	<p>Motion 1: Update the justification chart with current data, accept the service category definition as presented and keep the financial eligibility at 125%.</p>

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	concerns, including accessing Core Medical Services. Moreover, in order to access Food Pantry services, clients must demonstrate engagement in HIV primary care.	clients must demonstrate engagement in HIV primary care. <u>Continuum of Care:</u> Food Pantry facilitates maintenance/retention in care for PLWHA by fulfilling a basic need for food, without which PLWHA may be unable to address their HIV-related health concerns.	# clients served: 60 <i>(17.8% decrease v. 2012)</i> <u>National/State/Local Plan Alignment:</u> N/a		engagement in HIV primary care in order to be accessed, thereby supporting care retention Is this a duplicative service or activity? - No, there is no known alternative funding for this service as designed		
Health Insurance Premium & Co-Pay Assistance[‡] Workgroup 1 Motion #1: <i>(Vargas/Ross)</i> <i>Votes: Y=15; N=0;</i> <i>Abstentions= Russey</i> Motion #2: <i>(Collins-Nelson/Ross)</i> <i>Votes: Y=13; N=0;</i> <i>Abstentions= Russey</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>EIIHA:</u> Although the client population for this service is unlikely to be status- <i>unaware</i> , they may be newly linked to HIV primary care, eligible for public or private health insurance, and in need of cost-sharing assistance. Therefore, this service category can help eliminate financial barriers to linkage and referral to HIV care for the newly diagnosed. <u>Unmet Need:</u> Reductions in unmet need can be aided by <i>preventing</i> PLWHA from lapsing	<u>Need (2014):</u> Current # of living HIV/AIDS cases in EMA: 22,380 Rank w/in 10 Core Services: #7 <i>% of RW clients with health insurance: 35% (3,910)</i> <i>% of RW clients enrolled in Medicaid: 17%</i> <u>Service Utilization (2012):</u> # clients served: 975 <i>(14.9% increase v. 2012)</i> <u>National/State/Local Plan</u>	No known alternative funding sources exist for this service	Justify the use of funds: This service category: - Is a HRSA-defined Core Medical Service - Has limited or no alternative funding source - Removes potential barriers to entry/retention in HIV care, thereby contributing to EIIHA goals and preventing unmet need - Facilitates national, state, and local goals related to retention in care and reducing unmet need	Can we make this service more efficient? No Can we bundle this service? No Has a recent capacity issue been identified? No	Motion 1: Ask the Office of Support to gather info that will help the Council consider the idea of sponsoring an Insurance Purchasing Pilot Project. Motion 2: Update the justification chart with current data. Motion 3: Accept the service category definition as discussed. Motion 4: Keep the

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FY 2015 How to Best Meet the Need Justification for Each Service Category (revised 04-17-14)

Service Category	<p>Is this a core service? If no, how does the service support access to core services & support clients achieving improved outcomes?</p>	<p>How does this service assist individuals <i>not in care</i>* to access primary care? <i>*EIIHA: Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status- unaware and link them into care <i>*Unmet Need:</i> Individuals diagnosed with HIV but with no evidence of care for 12 months <i>*Continuum of Care:</i> The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade.</p>	<p>Documentation of Need (Sources of Data include: 2014 Needs Assessment, 2012-2014 Comp Plan, 2013 Outcome Measures, 2013 Chart Reviews, Special Studies and surveys, etc.)</p>	<p>Identify non-Ryan White/ non-State Services Funding Sources (i.e., Alternative Funding Sources)</p>	<p>Justify the use of Ryan White Part A, Part B and State Services funds for this service. Is this a duplicative service or activity?</p>	<p>Service Efficiency Can we make this service more efficient? For: a) Providers b) Clients Can we bundle this service? Has a recent capacity issue been identified?</p>	<p>Recommendation(s)</p>
<p>Motion #3: (Vargas/Johnson) Votes: Y=15; N=0; Abstentions= Russey</p> <p>Motion #4: (James/Harris) Votes: Y=15; N=0; Abstentions= Russey</p>		<p>their HIV care. This service category can directly prevent unmet need by removing financial barriers to HIV care for those who are eligible for public or private health insurance. Currently, 35% of RW clients have some form of health insurance, and 17% are in Medicaid. This service will assist those clients to remain in HIV care via all insurance resources; This will also be utilized to assist federal health insurance marketplace participants.</p> <p><u>Continuum of Care:</u> Health Insurance Assistance facilitates maintenance/retention in care and viral suppression by increasing access to non-RW private and public medical and pharmaceutical coverage. The savings yielded by securing non-RW healthcare coverage for PLWHA increases the amount of</p>	<p><u>Alignment:</u> National HIV/AIDS Strategy Treatment Cascade Texas HIV Plan Comprehensive HIV Plan</p>		<p>- Supports federal health insurance marketplace participants Is this a duplicative service or activity? - No, there is no known alternative funding for this service as designed</p>		<p>financial eligibility at 500%.</p>

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FY 2015 How to Best Meet the Need Justification for Each Service Category (revised 04-17-14)

Service Category	<p>Is this a core service? If no, how does the service support access to core services & support clients achieving improved outcomes?</p>	<p>How does this service assist individuals <i>not in care</i>* to access primary care? <i>*EIIHA: Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status- unaware and link them into care <i>*Unmet Need:</i> Individuals diagnosed with HIV but with no evidence of care for 12 months <i>*Continuum of Care:</i> The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade.</p>	<p>Documentation of Need (Sources of Data include: 2014 Needs Assessment, 2012-2014 Comp Plan, 2013 Outcome Measures, 2013 Chart Reviews, Special Studies and surveys, etc.)</p>	<p>Identify non-Ryan White/ non-State Services Funding Sources (i.e., Alternative Funding Sources)</p>	<p>Justify the use of Ryan White Part A, Part B and State Services funds for this service. Is this a duplicative service or activity?</p>	<p>Service Efficiency Can we make this service more efficient? For: a) Providers b) Clients Can we bundle this service? Has a recent capacity issue been identified?</p>	<p>Recommendation(s)</p>
		<p>funding available to provide other needed services throughout the Continuum of Care.</p>					
<p>Home and Community-Based Services[‡] (Facility-based) (Adult Day Treatment) Workgroup 2 Motion #1: (Russey/Harris) Votes: Y=8; N=0; Abstentions= James</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>EIIHA:</u> <i>Not applicable</i> as the client population for this service is unlikely to be status-<i>unaware</i>. <u>Unmet Need:</u> Facilitating entry into/return of the out-of-care into primary care is the intent of reducing unmet need. Adult Day Treatment contributes to this goal by providing a community-based alternative to in-patient care facilities for those with advanced</p>	<p><u>Need (2014):</u> Current # of living HIV/AIDS cases in EMA: 22,830 Rank w/in 10 Core Services: #8 <u>Service Utilization (2013):</u> # clients served: 60 (25% increase v. 2012) <u>Chart Review (FY2013):</u> 95% of client charts reviewed</p>	<p>Medicaid</p>	<p>Justify the use of funds: This service category: - Is a HRSA-defined Core Medical Service; and use has increased - Results in desirable health outcomes for clients who access the service - Helps prevent unmet need for those with advanced HIV-related health</p>	<p>Can we make this service more efficient? No Can we bundle this service? No Has a recent capacity issue been identified? No</p>	<p>Look at additional avenues for clients to enter the program other than requiring referral from a doctor. Motion 1: Update the justification chart with current data, accept the service category definition as presented and keep the</p>

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FY 2015 How to Best Meet the Need Justification for Each Service Category (revised 04-17-14)

Service Category	<p>Is this a core service? If no, how does the service support access to core services & support clients achieving improved outcomes?</p>	<p>How does this service assist individuals <i>not in care</i>* to access primary care? <i>*EIIHA: Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status- unaware and link them into care <i>*Unmet Need:</i> Individuals diagnosed with HIV but with no evidence of care for 12 months <i>*Continuum of Care:</i> The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade.</p>	<p>Documentation of Need (Sources of Data include: 2014 Needs Assessment, 2012-2014 Comp Plan, 2013 Outcome Measures, 2013 Chart Reviews, Special Studies and surveys, etc.)</p>	<p>Identify non-Ryan White/ non-State Services Funding Sources (i.e., Alternative Funding Sources)</p>	<p>Justify the use of Ryan White Part A, Part B and State Services funds for this service. Is this a duplicative service or activity?</p>	<p>Service Efficiency Can we make this service more efficient? For: a) Providers b) Clients Can we bundle this service? Has a recent capacity issue been identified?</p>	<p>Recommendation(s)</p>
		<p>HIV-related health concerns. This, in turn, may prevent those with advanced stage illness or complex HIV-related health concerns from becoming out-of-care. In 2011, 19% of people with an AIDS diagnosis were out-of-care in the EMA. In addition, the goal of Adult Day Treatment is to return clients to self-sufficient daily functioning, which includes maintenance in HIV care.</p> <p><u>Continuum of Care:</u> Adult Day Treatment facilitates re-linkage and retention in care for PLWHA by providing a community-based alternative to in-patient care facilities for those with advanced HIV-related health concerns, and may prevent those with advanced HIV-related health concerns from falling out-of-care.</p>	<p>showed undetectable viral load</p> <p><u>National/State/Local Plan Alignment:</u> National HIV/AIDS Strategy Treatment Cascade Texas HIV Plan Comprehensive HIV Plan</p>		<p>concerns</p> <ul style="list-style-type: none"> - Facilitates national, state, and local goals related to retention in care, reducing unmet need, and viral load suppression <p>Is this a duplicative service or activity?</p> <ul style="list-style-type: none"> - This service is funded locally by one other public source for those meeting income or disability-related eligibility criteria 		<p>financial eligibility at 300%.</p>

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Service Category	<p>Is this a core service? If no, how does the service support access to core services & support clients achieving improved outcomes?</p>	<p>How does this service assist individuals <i>not in care</i>* to access primary care? <i>*EIIHA: Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status- unaware and link them into care <i>*Unmet Need:</i> Individuals diagnosed with HIV but with no evidence of care for 12 months <i>*Continuum of Care:</i> The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade.</p>	<p>Documentation of Need (Sources of Data include: 2014 Needs Assessment, 2012-2014 Comp Plan, 2013 Outcome Measures, 2013 Chart Reviews, Special Studies and surveys, etc.)</p>	<p>Identify non-Ryan White/ non-State Services Funding Sources (i.e., Alternative Funding Sources)</p>	<p>Justify the use of Ryan White Part A, Part B and State Services funds for this service. Is this a duplicative service or activity?</p>	<p>Service Efficiency Can we make this service more efficient? For: a) Providers b) Clients Can we bundle this service? Has a recent capacity issue been identified?</p>	<p>Recommendation(s)</p>
<p>Hospice † Workgroup 2 Motion #1: (Russey/ Harris) Votes: Y=9; N=0; Abstentions= James</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>EIIHA: Not applicable</i> as the client population for this service is unlikely to be status-<i>unaware</i>. <u>Unmet Need:</u> Facilitating entry into/return of the out-of-care into primary care is the intent of reducing unmet need. Hospice contributes to this goal by providing facility-based skilled nursing and palliative care for those with a terminal AIDS diagnosis. This, in turn, may prevent PWA from becoming out-of-care. In 2011, 19% of people with an AIDS diagnosis were out-of-care in the EMA. For FY2013, the administrative agent conducted a review of 20 client charts yielded that <i>10% were charts belonging to homeless clients, 25% were charts belonging to clients with active substance abuse, and 35% were charts belonging</i></p>	<p><u>Need (2014):</u> Current # of living HIV/AIDS cases in EMA: 22,830 <u>Service Utilization (2013):</u> # clients served: 49 (3.9% decrease v. 2012) <u>Chart Review (FY2013):</u> Of 42% of client charts reviewed: <i>% of homeless clients: 10%</i> <i>% of clients with active substance abuse: 25%</i> <i>% of clients with an active psychiatric health concerns: 35%</i> <u>National/State/Local Plan Alignment:</u> National HIV/AIDS Strategy Treatment Cascade Texas HIV Plan Comprehensive HIV Plan</p>	<p>Medicaid, Medicare</p>	<p>Justify the use of funds: This service category: - Is a HRSA-defined Core Medical Service - Prevents unmet need among PWA and those with co-occurring conditions - Facilitates national, state, and local goals related to retention in care and reducing unmet need - Addresses a system-level objective (#8) from the Comprehensive Plan and addresses certain Special Populations named in the Plan Is this a duplicative service or activity? - This service is funded locally by other public sources for those meeting income, disability, and/or age-related eligibility</p>	<p>Can we make this service more efficient? No Can we bundle this service? No Has a recent capacity issue been identified? No</p>	<p>Ask the Comprehensive HIV Planning Committee to consider a special study on Hospice. Motion 1: Update the justification chart with current data, accept the service category definition as presented and keep the financial eligibility at 300%.</p>

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<p>Service Category</p>	<p>Is this a core service? If no, how does the service support access to core services & support clients achieving improved outcomes?</p>	<p>How does this service assist individuals <i>not in care</i>* to access primary care? <i>*EIIHA: Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status- unaware and link them into care <i>*Unmet Need:</i> Individuals diagnosed with HIV but with no evidence of care for 12 months <i>*Continuum of Care:</i> The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade.</p>	<p>Documentation of Need (Sources of Data include: 2014 Needs Assessment, 2012-2014 Comp Plan, 2013 Outcome Measures, 2013 Chart Reviews, Special Studies and surveys, etc.)</p>	<p>Identify non-Ryan White/ non-State Services Funding Sources (i.e., Alternative Funding Sources)</p>	<p>Justify the use of Ryan White Part A, Part B and State Services funds for this service. Is this a duplicative service or activity?</p>	<p>Service Efficiency Can we make this service more efficient? For: a) Providers b) Clients Can we bundle this service? Has a recent capacity issue been identified?</p>	<p>Recommendation(s)</p>
		<p><i>clients with an active psychiatric health concerns.</i> Hospice ensures clients with co-morbidities remain in HIV care. As a result, this service also addresses local priorities related to mental health and substance abuse co-morbidities. <u>Continuum of Care:</u> Hospice services support re-linkage and maintenance/retention in care for PLWHA by providing facility-based skilled nursing and palliative care for those with a terminal AIDS diagnosis, preventing individuals with a terminal AIDS diagnosis from falling out-of care.</p>	<p><i>Objective #8 Special Populations (Homeless, IDU)</i></p>		<p>criteria</p>		

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Service Category	<p>Is this a core service? If no, how does the service support access to core services & support clients achieving improved outcomes?</p>	<p>How does this service assist individuals <i>not in care</i>* to access primary care? <i>*EIIHA: Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status- unaware and link them into care <i>*Unmet Need:</i> Individuals diagnosed with HIV but with no evidence of care for 12 months <i>*Continuum of Care:</i> The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade.</p>	<p>Documentation of Need (Sources of Data include: 2014 Needs Assessment, 2012-2014 Comp Plan, 2013 Outcome Measures, 2013 Chart Reviews, Special Studies and surveys, etc.)</p>	<p>Identify non-Ryan White/ non-State Services Funding Sources (i.e., Alternative Funding Sources)</p>	<p>Justify the use of Ryan White Part A, Part B and State Services funds for this service. Is this a duplicative service or activity?</p>	<p>Service Efficiency Can we make this service more efficient? For: a) Providers b) Clients Can we bundle this service? Has a recent capacity issue been identified?</p>	<p>Recommendation(s)</p>
<p>Legal Assistance Part A Workgroup 2 Motion #1: (James/ Russey) Votes: Y=10; N=0; Abstentions= none</p>	<p>___ Yes <input checked="" type="checkbox"/> No Legal Assistance supports access to HIV care by helping PLWHA to obtain or maintain non-RW public benefits, including those that provide HIV Core Medical Services (e.g., Medicaid, Medicare)</p>	<p><u>EIIHA:</u> Although the client population for this service is unlikely to be status-<i>unaware</i>, they may be newly linked to HIV care, eligible for public benefits (including public health insurance), and in need of legal assistance to apply for or maintain benefits coverage. Therefore, this service category can eliminate barriers to linkage and referral to HIV care for the newly diagnosed. <u>Unmet Need:</u> Reductions in unmet need can be aided by <i>preventing</i> PLWHA from lapsing their HIV care. This service category can directly prevent unmet need by removing barriers to HIV care for those who are eligible for public benefits (including public health insurance).</p>	<p><u>Need (2014):</u> Current # of living HIV/AIDS cases in EMA: 22,830 Rank w/in 5 Support Services: #5 <u>Service Utilization (2013):</u> # clients served: 310 (2.5% decrease v. 2012) <u>Outcomes (FY2013):</u> 40% of all completed public benefits cases resulted in access (or continued access) to benefits upon completion <u>National/State/Local Plan Alignment:</u> National HIV/AIDS Strategy Treatment Cascade Texas HIV Plan Comprehensive HIV Plan</p>	<p>Other non-HIV-specific legal aid services are available in the Houston EMA/HSDA</p>	<p>Justify the use of funds: This service category: - Is a HRSA-defined Support Service - Removes potential barriers to entry/retention in HIV care, thereby contributing to EIIHA goals and preventing unmet need - Facilitates national, state, and local goals related to retention in care and reducing unmet need Is this a duplicative service or activity? - No, there is no known alternative funding for this service as designed</p>	<p>Can we make this service more efficient? No Can we bundle this service? No Has a recent capacity issue been identified? No</p>	<p>Motion 1: Update the justification chart with current data, accept the service category definition as presented and keep the financial eligibility at 300%.</p>

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Service Category	<p>Is this a core service? If no, how does the service support access to core services & support clients achieving improved outcomes?</p>	<p>How does this service assist individuals <i>not in care</i>* to access primary care? <i>*EIIHA: Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status- unaware and link them into care <i>*Unmet Need:</i> Individuals diagnosed with HIV but with no evidence of care for 12 months <i>*Continuum of Care:</i> The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade.</p>	<p>Documentation of Need (Sources of Data include: 2014 Needs Assessment, 2012-2014 Comp Plan, 2013 Outcome Measures, 2013 Chart Reviews, Special Studies and surveys, etc.)</p>	<p>Identify non-Ryan White/ non-State Services Funding Sources (i.e., Alternative Funding Sources)</p>	<p>Justify the use of Ryan White Part A, Part B and State Services funds for this service. Is this a duplicative service or activity?</p>	<p>Service Efficiency Can we make this service more efficient? For: a) Providers b) Clients Can we bundle this service? Has a recent capacity issue been identified?</p>	<p>Recommendation(s)</p>
		<p><u>Continuum of Care:</u> Legal Assistance facilitates maintenance/retention in care and viral suppression by removing barriers to HIV care for those who are eligible for public benefits (including public health insurance), thereby preventing lapses in care.</p>					
<p>Linguistic Services[‡] Workgroup 2 Motion #1: (Johnson/ Harris) Votes: Y=9; N=0; Abstentions= Russey</p>	<p>___ Yes <input checked="" type="checkbox"/> No Linguistic Services eliminates language barriers in the HIV care setting, thereby supporting PLWHA to access these services and adhere to an HIV care plan</p>	<p>EIIHA: Although the client population for this service is unlikely to be status-<i>unaware</i>, they may be newly linked to HIV care and monolingual in a language other than Spanish. This service eliminates language barriers for the newly diagnosed to be effectively referred and linked to RW-funded HIV care. <u>Unmet Need:</u> Facilitating entry into/return of the out-of-care into primary care is the intent of</p>	<p><u>Need (2014):</u> Current # of living HIV/AIDS cases in EMA: 22,803 <u>Service Utilization (2013):</u> # clients served: 46 (15.2% decrease v. 2012) <u>National/State/Local Plan Alignment:</u> National HIV/AIDS Strategy Treatment Cascade Texas HIV Plan Comprehensive HIV Plan</p>	<p>RW providers must have the capacity to serve monolingual Spanish-speakers; Medicaid may provide language translation for <i>non-Spanish</i> monolingual clients</p>	<p>Justify the use of funds: This service category: - Is a HRSA-defined Support Service - Has limited or no alternative funding source - Removes potential barriers to entry/retention in HIV care for monolingual PLWHA, thereby contributing to EIIHA goals and preventing unmet need - Facilitates national, state,</p>	<p>Can we make this service more efficient? No Can we bundle this service? No Has a recent capacity issue been identified? There is no waiting list at this time; however, the need for this service has the potential to exceed capacity due to new</p>	<p>Motion 1: Update the justification chart with current data, accept the service category definition as presented and keep the financial eligibility at 300%.</p>

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Service Category	<p>Is this a core service? If no, how does the service support access to core services & support clients achieving improved outcomes?</p>	<p>How does this service assist individuals <i>not in care</i>* to access primary care? <i>*EIIHA: Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status- unaware and link them into care <i>*Unmet Need:</i> Individuals diagnosed with HIV but with no evidence of care for 12 months <i>*Continuum of Care:</i> The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade.</p>	<p>Documentation of Need (Sources of Data include: 2014 Needs Assessment, 2012-2014 Comp Plan, 2013 Outcome Measures, 2013 Chart Reviews, Special Studies and surveys, etc.)</p>	<p>Identify non-Ryan White/ non-State Services Funding Sources (i.e., Alternative Funding Sources)</p>	<p>Justify the use of Ryan White Part A, Part B and State Services funds for this service. Is this a duplicative service or activity?</p>	<p>Service Efficiency Can we make this service more efficient? For: a) Providers b) Clients Can we bundle this service? Has a recent capacity issue been identified?</p>	<p>Recommendation(s)</p>
		<p>reducing unmet need. By eliminating language barriers in RW-funded HIV care, this service facilitates entry into care and helps prevent lapses in care for monolingual PLWHA.</p> <p><u>Continuum of Care:</u> Linguistic Services support linkage to care, maintenance/retention in care, and viral suppression by eliminating language barriers and facilitating effective communication for non-Spanish monolingual PLWHA.</p>			<p>and local goals related to retention in care and reducing unmet need</p> <ul style="list-style-type: none"> - Linguistic and cultural competence is a Guiding Principle of the Comprehensive HIV Plan <p>Is this a duplicative service or activity?</p> <ul style="list-style-type: none"> - No, there is no known alternative funding for this service as designed 	<p>cohorts of languages spoken in the EMA/HSDA</p>	

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FY 2015 How to Best Meet the Need Justification for Each Service Category (revised 04-17-14)

Service Category	<p>Is this a core service?</p> <p>If no, how does the service support access to core services & support clients achieving improved outcomes?</p>	<p>How does this service assist individuals <i>not in care</i>* to access primary care?</p> <p><i>EIHA: Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status- unaware and link them into care</p> <p><i>*Unmet Need:</i> Individuals diagnosed with HIV but with no evidence of care for 12 months</p> <p><i>*Continuum of Care:</i> The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade.</p>	<p>Documentation of Need</p> <p>(Sources of Data include: 2014 Needs Assessment, 2012-2014 Comp Plan, 2013 Outcome Measures, 2013 Chart Reviews, Special Studies and surveys, etc.)</p>	<p>Identify non-Ryan White/ non-State Services Funding Sources</p> <p>(i.e., Alternative Funding Sources)</p>	<p>Justify the use of Ryan White Part A, Part B and State Services funds for this service.</p> <p>Is this a duplicative service or activity?</p>	<p>Service Efficiency</p> <p>Can we make this service more efficient? For:</p> <p>a) Providers</p> <p>b) Clients</p> <p>Can we bundle this service?</p> <p>Has a recent capacity issue been identified?</p>	<p>Recommendation(s)</p>
<p>Medical Nutritional Therapy - Part A (Including Supplements)</p> <p>Workgroup 1 Motion #1: (Collins-Nelson/Ross) Votes: Y=10; N=0; Abstentions= Russey</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>EIHA: <i>Not applicable</i> as the client population for this service is unlikely to be status-<i>unaware</i> or newly diagnosed and not in primary HIV care since use of this service necessitates a RW Primary Care clinician referral.</p> <p><u>Unmet Need:</u> The most commonly cited reason for referral to this service by a RW clinician is to mitigate side effects from HIV medication. Currently, 8% of PLWHA report that side effects prevent them from taking HIV medication. This service category eliminates potential barriers to HIV medication adherence by helping to alleviate medication side effects. In addition, evidence of an ART prescription is a criterion for met need.</p> <p><u>Continuum of Care:</u> Medical</p>	<p><u>Need (2014):</u> Current # of living HIV/AIDS cases in EMA: 21,664 Rank w/in 10 Core Services: #6</p> <p><u>Clinician Survey (2012):</u> 95% of clinicians surveyed by RWGA stated the service is "very useful" or "useful" for clients; most common referrals to the service were for weight loss, wasting syndrome, and medication side effects</p> <p><u>Service Utilization (2013):</u> # clients served: 546 (24.7% increase v. 2012)</p> <p><u>Outcomes (FY2013):</u> 87% of Medical Nutritional Therapy clients had undetectable viral load</p> <p><u>National/State/Local Plan Alignment:</u></p>	<p>No known alternative funding sources exist for this service</p>	<p>Justify the use of funds: This service category:</p> <ul style="list-style-type: none"> - Is a HRSA-defined Core Medical Service - Is ranked as the #5 service need by PLWHA - Has limited or no alternative funding source - Results in desirable health outcomes for clients who access the service - Removes barriers to HIV medication adherence, thereby facilitating national, state, and local goals related to viral load suppression <p>Is this a duplicative service or activity?</p> <ul style="list-style-type: none"> - Alternative funding for this service may be available through Medicaid. 	<p>Can we make this service more efficient? No</p> <p>Can we bundle this service? No</p> <p>Has a recent capacity issue been identified? No</p>	<p>The Admin Agent will ask the provider to market the service to increase awareness.</p> <p>Motion 1: Accept the service category definition as presented, and keep the financial eligibility at 300%.</p>

‡ Service Category for Part B/State Services only.

FY 2015 How to Best Meet the Need Justification for Each Service Category (revised 04-17-14)

Service Category	<p>Is this a core service? If no, how does the service support access to core services & support clients achieving improved outcomes?</p>	<p>How does this service assist individuals <i>not in care</i>* to access primary care? <i>*EIIHA: Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status- unaware and link them into care <i>*Unmet Need:</i> Individuals diagnosed with HIV but with no evidence of care for 12 months <i>*Continuum of Care:</i> The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade.</p>	<p>Documentation of Need (Sources of Data include: 2014 Needs Assessment, 2012-2014 Comp Plan, 2013 Outcome Measures, 2013 Chart Reviews, Special Studies and surveys, etc.)</p>	<p>Identify non-Ryan White/ non-State Services Funding Sources (i.e., Alternative Funding Sources)</p>	<p>Justify the use of Ryan White Part A, Part B and State Services funds for this service. Is this a duplicative service or activity?</p>	<p>Service Efficiency Can we make this service more efficient? For: a) Providers b) Clients Can we bundle this service? Has a recent capacity issue been identified?</p>	<p>Recommendation(s)</p>
		<p>Nutrition Therapy facilitates viral suppression by allowing PLWHA to mitigate HIV medication side effects with supplements, and increasing medication adherence.</p>	<p>Treatment Cascade Texas HIV Plan Comprehensive HIV Plan</p>				
<p>Mental Health Services[‡] (Professional Counseling)</p> <p>Workgroup 2 Motion #1: (James/Harris) Votes: Y=8; N=0; Abstentions= Russey</p>	<p><input checked="" type="checkbox"/> Yes ___ No</p>	<p><u>EIIHA:</u> <i>Not applicable</i> as the client population for this service is unlikely to be status-<i>unaware</i>. However, through the diagnosis and initial linkage process, the need for professional mental health counseling may be identified and facilitated in response to the presence of a mental health condition/concern. Of 33% of Needs Assessment survey respondents who delayed HIV care for greater than 3</p>	<p><u>Need (2014):</u> Current # of living HIV/AIDS cases in EMA: 22,830 Rank w/in 10 Core Services: #5</p> <p><u>Service Utilization (2013):</u> # clients served: 314 (6.6% increase v. 2012)</p> <p><u>Chart Reviews (FY2013):</u> Of 10% of client charts reviewed, 100% had</p>	<p>RW Part D (targets WICY), Medicaid, Medicare, private providers, and self-pay</p> <p>Some services provided by MHMRA</p>	<p>Justify the use of funds: This service category: - Is a HRSA-defined Core Medical Service - Is ranked as the #6 service need by PLWHA - Facilitates national, state, and local goals related to retention in care and preventing unmet need - Addresses a system-level objective (#8) from the Comprehensive Plan and</p>	<p>Can we make this service more efficient? No</p> <p>Can we bundle this service? No</p> <p>Has a recent capacity issue been identified? No</p>	<p>Motion 1: Update the justification chart with current data, accept the service category definition as presented and keep the financial eligibility at 300%.</p>

[‡] Service Category for Part B/State Services only.

FY 2015 How to Best Meet the Need Justification for Each Service Category (revised 04-17-14)

Service Category	<p>Is this a core service? If no, how does the service support access to core services & support clients achieving improved outcomes?</p>	<p>How does this service assist individuals <i>not in care</i>* to access primary care? <i>*EIIHA: Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status- unaware and link them into care <i>*Unmet Need:</i> Individuals diagnosed with HIV but with no evidence of care for 12 months <i>*Continuum of Care:</i> The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade.</p>	<p>Documentation of Need (Sources of Data include: 2014 Needs Assessment, 2012-2014 Comp Plan, 2013 Outcome Measures, 2013 Chart Reviews, Special Studies and surveys, etc.)</p>	<p>Identify non-Ryan White/ non-State Services Funding Sources (i.e., Alternative Funding Sources)</p>	<p>Justify the use of Ryan White Part A, Part B and State Services funds for this service. Is this a duplicative service or activity?</p>	<p>Service Efficiency Can we make this service more efficient? For: a) Providers b) Clients Can we bundle this service? Has a recent capacity issue been identified?</p>	<p>Recommendation(s)</p>
		<p>months after diagnosis, 5% reported mental health concerns as the reason for delayed entry into care. Mental Health Services addresses this co-occurring condition, thereby reducing potential barriers to <i>early</i> entry into HIV care for the newly diagnosed.</p> <p><u>Unmet Need:</u> Of 27% of Needs Assessment respondents who reported falling out of care for >12 months since first entering care, 7% reported mental health concerns caused the lapse. Mental Health Services offers professional counseling for those with a mental health condition/concern, and, as a result, may help reduce lapses in HIV care. Mental Health Services also address local priorities related to mental health co-morbidities.</p>	<p>documentation of clients receiving mental health services receiving a comprehensive assessment, a psychosocial history, and a treatment plan.</p> <p><u>National/State/Local Plan Alignment:</u> National HIV/AIDS Strategy Treatment Cascade Texas HIV Plan Comprehensive HIV Plan <i>Objective #8</i> <i>Special Populations (IRR)</i></p>		<p>(as a result of the motion) addresses certain Special Populations named in the Plan</p> <p>Is this a duplicative service or activity? - This service is funded locally by other public and private sources for (1) specific Special Populations (e.g., WICY), (2) those meeting income, disability, and/or age-related eligibility criteria, and (3) those with private sector health insurance.</p>		

‡ Service Category for Part B/State Services only.

FY 2015 How to Best Meet the Need Justification for Each Service Category (revised 04-17-14)

Service Category	<p>Is this a core service? If no, how does the service support access to core services & support clients achieving improved outcomes?</p>	<p>How does this service assist individuals <i>not in care</i>* to access primary care? <i>*EIIHA: Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status- unaware and link them into care <i>*Unmet Need:</i> Individuals diagnosed with HIV but with no evidence of care for 12 months <i>*Continuum of Care:</i> The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade.</p>	<p>Documentation of Need (Sources of Data include: 2014 Needs Assessment, 2012-2014 Comp Plan, 2013 Outcome Measures, 2013 Chart Reviews, Special Studies and surveys, etc.)</p>	<p>Identify non-Ryan White/ non-State Services Funding Sources (i.e., Alternative Funding Sources)</p>	<p>Justify the use of Ryan White Part A, Part B and State Services funds for this service. Is this a duplicative service or activity?</p>	<p>Service Efficiency Can we make this service more efficient? For: a) Providers b) Clients Can we bundle this service? Has a recent capacity issue been identified?</p>	<p>Recommendation(s)</p>
		<p><u>Continuum of Care:</u> Mental Health Services facilitate linkage, maintenance/retention in care, and viral suppression by helping PLWHA manage mental and emotional health concerns that may act as barriers to HIV care.</p>					
<p>Oral Health Untargeted[‡] Rural (North) – Part A Workgroup 2 Motion #1: (<i>Russey/Johnson</i>) Votes: Y=7; N=0; Abstentions= <i>Finley, James</i></p>	<p><input checked="" type="checkbox"/> Yes ___ No</p>	<p><u>EIIHA:</u> <i>Not applicable</i> as the client population for this service is unlikely to be status-<i>unaware</i>. <u>Unmet Need:</u> <i>Not applicable</i> as this service is not a criterion for met need and it is unlikely that a client accessing this service is <i>not</i> in primary care. <u>Continuum of Care:</u> Oral Health services support maintenance in HIV care by increasing access to</p>	<p><u>Need (2014):</u> Current # of living HIV/AIDS cases in EMA: 22,830 Rank w/in 10 Core Services: #3 <u>Service Utilization (2013):</u> # clients served: 3,298 (14.6% increase v. 2012) <u>Outcomes (FY2013):</u> 38 diagnoses of HIV-related and general oral pathologies</p>	<p>In FY12, Medicaid Managed Care expanded benefits to include oral health services</p>	<p>Justify the use of funds: This service category: - Is a HRSA-defined Core Medical Service - Is ranked as the #3 service need by PLWHA; and use has increased. Is this a duplicative service or activity? - This service is funded locally by one other public sources for its Managed Care clients only</p>	<p>Can we make this service more efficient? No Can we bundle this service? No Has a recent capacity issue been identified? Yes, clients report waiting lists for this service</p>	<p>Motion 1: Update the justification chart with current data, accept the service category definition as presented and keep the financial eligibility at 300%.</p>

[‡] Service Category for Part B/State Services only.

FY 2015 How to Best Meet the Need Justification for Each Service Category (revised 04-17-14)

Service Category	<p>Is this a core service? If no, how does the service support access to core services & support clients achieving improved outcomes?</p>	<p>How does this service assist individuals <i>not in care</i>* to access primary care? <i>*EIIHA: Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status- unaware and link them into care <i>*Unmet Need:</i> Individuals diagnosed with HIV but with no evidence of care for 12 months <i>*Continuum of Care:</i> The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade.</p>	<p>Documentation of Need (Sources of Data include: 2014 Needs Assessment, 2012-2014 Comp Plan, 2013 Outcome Measures, 2013 Chart Reviews, Special Studies and surveys, etc.)</p>	<p>Identify non-Ryan White/ non-State Services Funding Sources (i.e., Alternative Funding Sources)</p>	<p>Justify the use of Ryan White Part A, Part B and State Services funds for this service. Is this a duplicative service or activity?</p>	<p>Service Efficiency Can we make this service more efficient? For: a) Providers b) Clients Can we bundle this service? Has a recent capacity issue been identified?</p>	<p>Recommendation(s)</p>
		<p>care and treatment for HIV-related and general oral health diagnoses. Untreated oral health diagnoses can create poor health outcomes and may act as a financial barrier to HIV care.</p>	<p>were reported. Of cases with follow-up, 80% were resolved.</p>				
Program Support: (WITHIN THE ADMINISTRATIVE BUDGET)							
Planning Council Support	___ Yes <input checked="" type="checkbox"/> No						
Project LEAP	___ Yes <input checked="" type="checkbox"/> No						
Blue Book	___ Yes <input checked="" type="checkbox"/> No						

‡ Service Category for Part B/State Services only.

FY 2015 How to Best Meet the Need Justification for Each Service Category (revised 04-17-14)

Service Category	<p>Is this a core service?</p> <p>If no, how does the service support access to core services & support clients achieving improved outcomes?</p>	<p>How does this service assist individuals <i>not in care</i>* to access primary care?</p> <p><i>*EIIHA: Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status- unaware and link them into care</p> <p><i>*Unmet Need:</i> Individuals diagnosed with HIV but with no evidence of care for 12 months</p> <p><i>*Continuum of Care:</i> The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade.</p>	<p>Documentation of Need</p> <p>(Sources of Data include: 2014 Needs Assessment, 2012-2014 Comp Plan, 2013 Outcome Measures, 2013 Chart Reviews, Special Studies and surveys, etc.)</p>	<p>Identify non-Ryan White/ non-State Services Funding Sources</p> <p>(i.e., Alternative Funding Sources)</p>	<p>Justify the use of Ryan White Part A, Part B and State Services funds for this service.</p> <p>Is this a duplicative service or activity?</p>	<p>Service Efficiency</p> <p>Can we make this service more efficient? For:</p> <p>a) Providers b) Clients</p> <p>Can we bundle this service?</p> <p>Has a recent capacity issue been identified?</p>	<p>Recommendation(s)</p>
<p>Substance Abuse Treatment – Part A</p> <p>Workgroup 2 Motion #1: (James/Richardson) Votes: Y=9; N=0; Abstentions= Russey</p>	<p><input checked="" type="checkbox"/> Yes ___ No</p>	<p><u>EIIHA:</u> <i>Not applicable</i> as the client population for this service is unlikely to be status-<i>unaware</i>. However, through the diagnosis and linkage process, the need for Substance Abuse Treatment may be identified in response to the presence of active substance abuse. 40% of Needs Assessment participants reported using alcohol, 24% reported using nicotine, and 33% reported using an illicit drug of some kind, including those obtained legally but used differently than intended. Substance Abuse Treatment services addresses this co-occurring condition, thereby reducing potential barriers to HIV care for the newly diagnosed.</p> <p><u>Unmet Need:</u> Among PLWHA with a history of unmet need, substance use is the #2 reason cited for falling out-of-care.</p>	<p><u>Need (2014):</u> Current # of living HIV/AIDS cases in EMA: 22,830 Rank w/in 10 Core Services: #9</p> <p><u>Service Utilization (2013):</u> # clients served: 16 (25% increase v. 2012)</p> <p><u>Outcomes (FY2013):</u> 88% of clients accessed primary care at least once after receiving Substance Abuse Treatment services</p> <p><u>National/State/Local Plan Alignment:</u> National HIV/AIDS Strategy Treatment Cascade Texas HIV Plan Comprehensive HIV Plan: <i>Objective #8</i> <i>Special Populations (IDU)</i></p>	<p>RW Part C, Medicaid, Medicare, private providers, and self-pay</p> <p>Some services provided by SAMHSA</p>	<p>Justify the use of funds: This service category:</p> <ul style="list-style-type: none"> - Is a HRSA-defined Core Medical Service - Removes potential barriers to early entry into HIV care, thereby contributing to EIIHA goals - Prevents unmet need by addressing the #1 cause cited by PLWHA for lapses in HIV care - Facilitates national, state, and local goals related to continuous HIV care and reducing unmet need - Addresses a system-level objective (#8) from the Comprehensive Plan and addresses certain Special Populations named in the Plan <p>Is this a duplicative service or activity?</p> <ul style="list-style-type: none"> - This service is funded 	<p>Can we make this service more efficient? No</p> <p>Can we bundle this service? No</p> <p>Has a recent capacity issue been identified? No</p>	<p>Motion 1: Update the justification chart with current data, accept the service category definition as presented and keep the financial eligibility at 300%.</p>

‡ Service Category for Part B/State Services only.

FY 2015 How to Best Meet the Need Justification for Each Service Category (revised 04-17-14)

<p>Service Category</p>	<p>Is this a core service? If no, how does the service support access to core services & support clients achieving improved outcomes?</p>	<p>How does this service assist individuals <i>not in care</i>* to access primary care? <i>*EIIHA: Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status- unaware and link them into care <i>*Unmet Need:</i> Individuals diagnosed with HIV but with no evidence of care for 12 months <i>*Continuum of Care:</i> The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade.</p>	<p>Documentation of Need (Sources of Data include: 2014 Needs Assessment, 2012-2014 Comp Plan, 2013 Outcome Measures, 2013 Chart Reviews, Special Studies and surveys, etc.)</p>	<p>Identify non-Ryan White/ non-State Services Funding Sources (i.e., Alternative Funding Sources)</p>	<p>Justify the use of Ryan White Part A, Part B and State Services funds for this service. Is this a duplicative service or activity?</p>	<p>Service Efficiency Can we make this service more efficient? For: a) Providers b) Clients Can we bundle this service? Has a recent capacity issue been identified?</p>	<p>Recommendation(s)</p>
		<p>Therefore, Substance Abuse Treatment services can directly prevent or reduce unmet need. Substance Abuse Treatment also addresses local priorities related to substance abuse co-morbidities.</p> <p><u>Continuum of Care:</u> Substance Abuse Treatment facilitates linkage, maintenance/retention in care, and viral suppression by helping PLWHA manage substance abuse that may act as barriers to HIV care.</p>			<p>locally by other public and private sources for (1) those meeting income, disability, and/or age-related eligibility criteria, and (2) those with private sector health insurance.</p>		

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FY 2015 How to Best Meet the Need Justification for Each Service Category (revised 04-17-14)

Service Category	<p>Is this a core service?</p> <p>If no, how does the service support access to core services & support clients achieving improved outcomes?</p>	<p>How does this service assist individuals <i>not in care</i>* to access primary care?</p> <p><i>*EIIHA: Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status- unaware and link them into care</p> <p><i>*Unmet Need:</i> Individuals diagnosed with HIV but with no evidence of care for 12 months</p> <p><i>*Continuum of Care:</i> The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade.</p>	<p>Documentation of Need</p> <p>(Sources of Data include: 2014 Needs Assessment, 2012-2014 Comp Plan, 2013 Outcome Measures, 2013 Chart Reviews, Special Studies and surveys, etc.)</p>	<p>Identify non-Ryan White/ non-State Services Funding Sources</p> <p>(i.e., Alternative Funding Sources)</p>	<p>Justify the use of Ryan White Part A, Part B and State Services funds for this service.</p> <p>Is this a duplicative service or activity?</p>	<p>Service Efficiency</p> <p>Can we make this service more efficient? For:</p> <p>a) Providers b) Clients</p> <p>Can we bundle this service?</p> <p>Has a recent capacity issue been identified?</p>	<p>Recommendation(s)</p>
<p>Transportation – Pt A (Van-based, bus passes & gas vouchers)</p> <p>Workgroup 2 Motion #1: (James/Johnson) Votes: Y=9; N=0; Abstentions= Finley</p>	<p>___ Yes <input checked="" type="checkbox"/> No</p> <p>The Houston Area is the most densely populated major metropolitan area in the U.S. at 600 square miles. Transportation services eliminate barriers to accessing HIV Core Medical Service providers in the EMA/HSDA. This service can only be used to travel to/from HIV medical services.</p>	<p>EIIHA: <i>Not applicable</i> as the client population for this service is unlikely to be status-<i>unaware</i>. However, lack of transportation is the <i>fifth</i> most commonly-cited barrier among PLWHA to accessing HIV core medical services. Transportation services eliminate this barrier to care for the newly diagnosed who are linked to HIV primary care.</p> <p><u>Unmet Need:</u> Lack of transportation is the <i>fifth</i> most commonly-cited barrier among PLWHA to accessing HIV core medical services. Transportation services eliminate this barrier to care, thereby supporting PLWHA in continuous HIV care.</p> <p><u>Continuum of Care:</u> Transportation supports linkage, maintenance/retention in care, and viral suppression by helping</p>	<p><u>Need (2014):</u> Current # of living HIV/AIDS cases in EMA: 22,830 Rank w/in 5 Support Services: #2</p> <p><u>Service Utilization (2013):</u> # clients served: <i>Van-based: 478 (32.6% increase v. 2012)</i> <i>Bus pass: 2,628 (13.9% increase v. 2012)</i></p> <p><u>Outcomes (FY2013):</u> 58% of clients accessed primary care at least once after using van transportation; and 80% accessed a Ryan White service of some kind after using bus pass services</p> <p><u>National/State/Local Plan Alignment:</u> National HIV/AIDS Strategy Treatment Cascade Texas HIV Plan</p>	<p>Medicaid, RW Part D (small amount of funds for parking and other transportation needs), and by other public sources for (1) specific Special Populations (e.g., WICY), and (2) those meeting income, disability, and/or age-related eligibility criteria.</p>	<p>Justify the use of funds: This service category:</p> <ul style="list-style-type: none"> - Is a HRSA-defined Support Service - Is ranked as the #2 need among Support Services by PLWHA - Results in clients accessing HIV primary care - Removes potential barriers to entry/retention in HIV care, thereby contributing to EIIHA goals and preventing unmet need - Facilitates national, state, and local goals related to continuous HIV care and reducing unmet need <p>Is this a duplicative service or activity?</p> <ul style="list-style-type: none"> - This service is funded locally by other public sources for (1) specific Special Populations (e.g., 	<p>Can we make this service more efficient? No</p> <p>Can we bundle this service? No</p> <p>Has a recent capacity issue been identified? No</p>	<p>Motion 1: Update the justification chart with current data, accept the service category definition as presented and keep the financial eligibility at 300%.</p>

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FY 2015 How to Best Meet the Need Justification for Each Service Category (revised 04-17-14)

<p>Service Category</p>	<p>Is this a core service? If no, how does the service support access to core services & support clients achieving improved outcomes?</p>	<p>How does this service assist individuals <i>not in care</i>* to access primary care? <i>*EIIHA: Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status- unaware and link them into care <i>*Unmet Need:</i> Individuals diagnosed with HIV but with no evidence of care for 12 months <i>*Continuum of Care:</i> The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade.</p>	<p>Documentation of Need (Sources of Data include: 2014 Needs Assessment, 2012-2014 Comp Plan, 2013 Outcome Measures, 2013 Chart Reviews, Special Studies and surveys, etc.)</p>	<p>Identify non-Ryan White/ non-State Services Funding Sources (i.e., Alternative Funding Sources)</p>	<p>Justify the use of Ryan White Part A, Part B and State Services funds for this service. Is this a duplicative service or activity?</p>	<p>Service Efficiency Can we make this service more efficient? For: a) Providers b) Clients Can we bundle this service? Has a recent capacity issue been identified?</p>	<p>Recommendation(s)</p>
		<p>PLWHA attend HIV primary care visits, and other vital services.</p>	<p>Comprehensive HIV Plan:</p>		<p>WICY), and (2) those meeting income, disability, and/or age-related eligibility criteria.</p>		

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FY 2015 How to Best Meet the Need Justification for Each Service Category (revised 04-17-14)

Service Category	Justification for Discontinuing the Service
<p>Part 2: Services allowed by HRSA but not offered by Part A, Part B or State Services funding in the Houston EMA/HSDA as of 03-01-14 <i>(In order for any of the services listed below to be considered for funding, a New Idea Form must be submitted to the Office of Support for the Ryan White Planning Council no later than 5 p.m. on June 6, 2014. This form is available by calling the Office of Support: 713 572-3724)</i></p>	
Buddy Companion/Volunteerism	Low use, need and gap according to the 2002 Needs Assessment (NA).
Childcare Services (In Home Reimbursement; at Primary Care sites)	Primary care sites have alternative funding to provide this service so clients will continue to receive the service through alternative sources.
Emergency Financial Assistance	According to the HOPWA representative, they provide significant funding for emergency rent and utility assistance. (See City Council approved allocations.)
Food Pantry (Urban)	Service available from alternative sources.
HE/RR	In order to eliminate duplication, eliminate this service but strengthen the patient education component of primary care.
Home and Community-based Health Services (In-home services)	Category unfunded due to difficulty securing vendor.
Housing Assistance (Emergency rental assistance) Housing Related Services (Housing Coordination)	According to the HOPWA representative, they provide significant funding for emergency rent and utility assistance. (See City Council approved allocations.) But, HOPWA does not give emergency shelter vouchers because they feel there are shelters for this purpose and because it is more prudent to use limited resources to provide long-term housing.
Minority Capacity Building Program	The Capacity Building program targeted to minority substance abuse providers was a one-year program in FY2004.
Outreach Services	Significant alternative funding.
Psychosocial Support Services (Counseling/Peer)	Duplicates patient education program in primary care and case management. The boundary between peer and client gets confusing and difficult to supervise. Not cost effective, costs almost as much per client as medical services.
Rehabilitation	Service available from alternative sources.

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