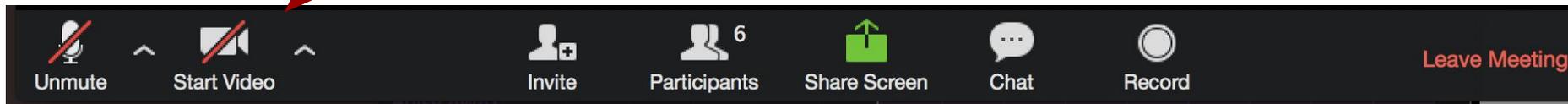


This meeting is being recorded and will be shared online.

Click “Mute” and “Stop Video” to protect privacy



Click “Participants” and find your name to “Rename” with your preferred name and pronouns

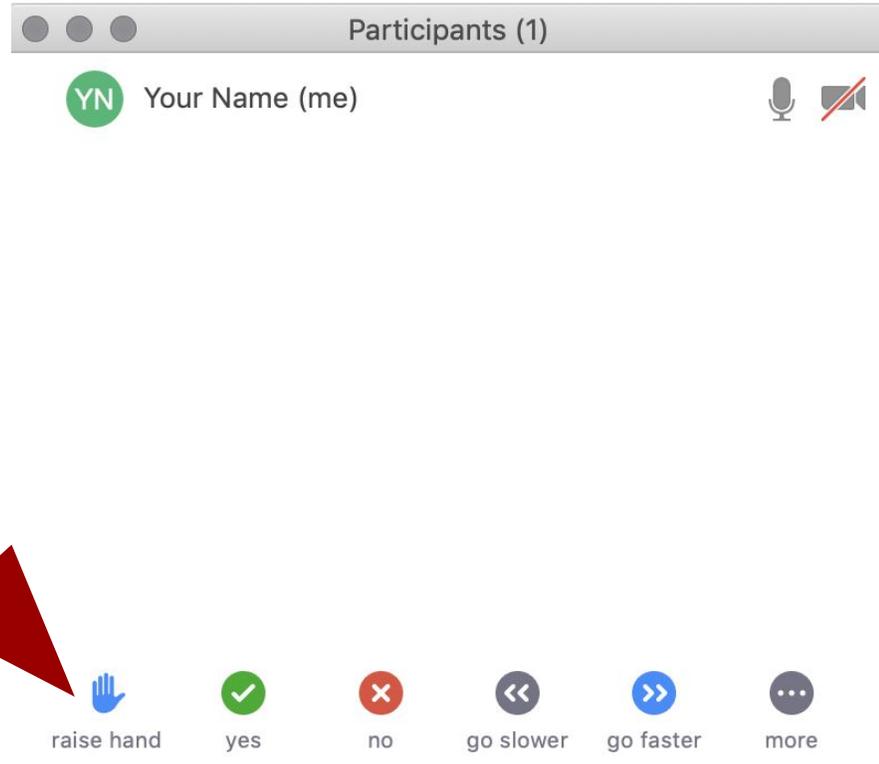
Use chat box to ask and answer questions.

How to raise your hand

- Use the participants menu tool

--or--

- Type * in chat



Overview of Ryan White Service Categories

May 2020

Office of HIV Planning

Ryan White is payer of last resort

Ryan White program is designed to serve the needs of the uninsured, uninsurable and the underinsured.

- All other private, state, local, and federal funds must be utilized before RW funds.
- If a service is covered by insurance or another type of funding, then those funds must be used to pay for the service.
- Ryan White is not insurance.



Ryan White Service Categories

- Determined by federal legislation and defined by HRSA
- The Recipient (AACO) and the Planning Council work together to determine the needs of the community and implement appropriate services with the resources available
- Not all eligible service categories are funded in the EMA - service provision and allocations are decided based on documented need, other resources available, and current policies.
- The definitions provided here are summarized from the official definitions in [HAB Policy Clarification 16-02](#)

RW Consumer Survey 2017

- 409 respondents from all over EMA
- Online and paper copies were mailed and handed out
- Most PWH were engaged in HIV care and on treatment
- Almost all were satisfied with the HIV medical care and medical case management that they received
- The most common barriers reported were not enough money for basic needs, insecure housing, lack of reliable transportation, and co-morbidities (including depression and anxiety).

Some numbers for context

- Approximately 17,730 clients received a Part A funded service in 2019
- 19,607 clients received Parts A, B, C, and D, General Funds, and any unfunded services (as entered in CareWare) in 2019
- 26,793 People Living with HIV in the EMA in 2017



Ambulatory Outpatient Care

- Outpatient/Ambulatory Health Services are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting.
- **Allowable activities include:**
 - Diagnostic testing, including laboratory testing
 - Preventive care and screening
 - Prescription & management of medication therapy
 - Treatment adherence
 - Education and counseling on health & prevention issues
- Consumer survey-
 - 7% needed HIV care in the previous 12 months and didn't receive it
 - co-morbidities and chronic health conditions are common among PLWH, especially older people
 - Incarceration is common and impacts engagement and retention in HIV care
 - Prevention services not offered by HIV providers to majority of respondents
- 63% of EMA PLWH were enrolled in Medicare and/or Medicaid in 2017
- 18% of EMA PLWH are without any insurance at any time in 2017
- Significant barriers to accessing and remaining in care exist for minority youth and transgender individuals – reflected in disparities in retention in care and viral load suppression compared to other subpopulations.

Medical Case Management

Medical Case Management is the provision of a range of **client-centered activities focused on improving health outcomes in support of the HIV care continuum**

- Development of a care plan
 - Timely and coordinated access health and support services and continuity of care
 - Treatment adherence counseling
 - Client-specific advocacy and/or review of utilization of services
- Studies have shown that clients enrolled in Medical Case Management tend to be more adherent to HIV Medical Care.
 - In 2017, 90% of new MCM clients were linked to medical care, and 80% of clients who attended a medical visit in the first half of the year then returned for a follow-up visit in the second half.

Dental Care

- Oral Health Care services provide outpatient diagnostic, preventive, and therapeutic services by dental health care professionals
- Dental is in the top three of reported services needed
- Consumer survey –
 - 11% reported needing but not receiving dental services.
 - 30% did not have dental insurance
-



Local Pharmaceutical Assistance

- Local Pharmaceutical Assistance Program (LPAP) is operated by a RWHAP Part A as a supplemental means of providing medication assistance **when an ADAP has a restricted formulary, waiting list and/or restricted financial eligibility criteria.**
- 14 day supply
- **Utilization has been decreasing because of access to ADAP and insurance**
- Consumer survey
 - SPBP/ADDP 28%
 - Medicare Part D 34%
 - Patient Assistance 7%
 - Other insurance 7%
 - Pay myself 5%

Mental Health

- Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services
- Provided by a licensed mental health professional, psychiatrists, psychologists, and licensed clinical social workers.
- Consumer survey –
 - 63.5% respondents reported having ever being diagnosed with at least one mental health disorder
 - 31% reported using mental health services
 - 10% reported needing but not receiving
- Approximately 13,108 people with HIV/AIDS in the EMA may have a mental health disorder.

Medical Nutrition Therapy

Based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional

- Nutrition assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider's recommendation
- Nutrition education and/or counseling
- These services can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.

Medical nutrition therapy can help manage chronic health conditions like diabetes, heart disease, high blood pressure, etc.

Consumer survey-

- 10% reported needing but not receiving
- High blood pressure 48%
- High cholesterol 30%
- Diabetes 19%

Substance Abuse Treatment Outpatient

- Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders.
 - Harm reduction
 - Behavioral health counseling associated with substance use disorder
 - Outpatient drug-free treatment and counseling
 - Medication assisted therapy
 - Neuro-psychiatric pharmaceuticals
 - Relapse prevention
- **Syringe access services are allowable**, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific guidance.
- Consumer survey –
 - 9% needed but didn't get treatment
 - 13% used SA services in last 12 months
 - 10% reported ever being diagnosed with substance use disorder
- Philadelphia has an increase of diagnoses in PWID – 94% over the previous 12 months
- 2015 MMP, 2.0% of PLWH surveyed injected drugs in the last 12 months
- HCV prevalence is high at 81% among HIV positive PWID (NHBS)
- 2013 MMP showed that 14.2% of PLWH who were accessing care binge drank.
- 24.2% of MMP participants used illicit substances in the previous 12 months.
- 10.7% of PLWH reported currently using substances during their PDPH's Client Services Unit intake.

Early Intervention Services

- EIS is the combination of such services rather than a stand-alone service.
 - Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be HIV- infected
 - Referral services to improve HIV care and treatment services at key points of entry
 - Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care
 - Outreach Services and Health Education/Risk Reduction related to HIV diagnosis
- Concurrent rates of HIV/AIDS diagnoses are considerably higher in the PA counties (35%) than in NJ (17%) and Philadelphia (18%) – mostly in people over 40
- 22% of those newly diagnosed in 2017 were 13-24 years old (EMA)
- Philadelphia has an increase in diagnoses among PWID – 58% increase compared to the previous 12 months
- PDPH estimates that 10.7% of HIV-positive MSM are not aware of their status.

Home Health Care

Home Health Care is the provision of services in the home that are appropriate to a client's needs and are performed by licensed professionals

- Administration of prescribed therapeutics
 - Preventive and specialty care
 - Routine diagnostics testing administered in the home
 - Other medical therapies
- Consumer survey-
 - 11% reported using the service in the last 12 months
 - 11% reported needing but not receiving in the last 12 months
 - Over 50% of EMA's PLWH are over 50 – these services help people age at home
 - The prevalence of other health conditions, particularly in PLWH over 55, may create a need for this service over time

Home & Community-Based Health Services

Home and Community-Based Health Services are provided in an integrated setting appropriate to a client's needs

- Appropriate mental health, developmental, and rehabilitation services
- Day treatment or other partial hospitalization services
- Durable medical equipment
- Home health aide services and personal care services in the home
- Consumer survey-
 - 11% reported using this service in last 12 months
 - 12% reported needing this service in the last 12 months
- Over 50% of EMA's PLWH are 50+
- The prevalence of other physical and mental health conditions, particularly in PLWH over 55, may create a need for this service over time

Hospice Services

Hospice Services are end-of-life care services provided to clients in the terminal stage of an HIV-related illness.

May be a service with increased need as the population of PLWH ages, considering that over half of the EMA's PLWH are over 50



Emergency Financial Assistance

Emergency Financial Assistance provides **limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential utilities, housing, food, transportation, and medication.**

- Consumer survey –
 - 11% had emergency financial assistance in last 12 months
 - 17% needed financial assistance in last 12 months but didn't get it
- Housing costs and insecurity are a burden for PLWH with low/no income
- 71% of EMA PLWH are at or below 138% of Federal Poverty Line (\$17,236 for an individual)

Medical Transportation

Medical Transportation is the provision of non-emergency transportation services that enables an eligible client to access or be retained in **core medical and support services**.

- Consumer survey-
 - 25% of consumer survey respondents missed an apt in the previous 12 months because of transportation problems
 - 25% used medical transportation
 - 11% needed medical transportation but didn't receive it
 - The uninsured, people with Marketplace plans, and people covered by Medicaid and Medicare were significantly more likely to have transportation challenges that prevented them from attending medical appointments in the previous 12 months.

Housing Assistance

- Housing services provide **limited short-term assistance to support emergency, temporary, or transitional housing** to enable a client or family to gain or maintain outpatient/ambulatory health services. Housing-related referral services include **assessment, search, placement, advocacy, and the fees associated with these services.**
- Assistance cannot be provided on a permanent basis
- Cannot be used for mortgage payments.
- In the EMA - Housing services fund emergency short-term rental assistance (EFA), supportive services, group housing, and legal assistance.
- Consumer survey - Housing costs and insecurity are a burden for PLWH with low/no income
 - 14.5% were staying with friends or family,
 - 2.1% lived in a shelter,
 - 1.1% said they were in transitional housing (halfway houses or drug treatment program),
 - 0.8% lived on the street.
- 10.6% (1,779 individuals) of PLWH receiving Ryan White services have unstable or temporary housing.
- PDPH estimates that there are 2,675 PLWH experiencing homelessness in 2015.
- 71% of EMA PLWH are at or below 138% of Federal Poverty Line (\$17,236 for an individual)

Food Bank/Home Delivered Meals

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food.

This also includes essential non-food items:

- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where issues of water safety exist

- Consumer survey-
 - 30% reported using food banks or home delivered meals in last 12 months
 - 10% reported needing but not receiving food bank/home-delivered meals in last 12 months
- 71% of EMA PLWH are at or below 138% of Federal Poverty Line (\$17,236 for an individual)

Legal/Other Professional Services

- Legal services involving legal matters related to or arising from their HIV disease, including:
 - Assistance with public benefits
 - Interventions necessary to ensure access to eligible benefits
 - Preparation of:
 - Healthcare power of attorney
 - Durable powers of attorney
 - Living wills
 - Custody
- Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits
- Access to benefits, particularly SSDI is essential support for many of the EMA's PLWH
- Consumer survey
 - 12% reported needing but not receiving legal services in the last 12 months

Outreach Services

Outreach Services include the provision of the following three activities:

- Identification of people who do not know their HIV status and linkage into Outpatient/Ambulatory Health Services
- Provision of additional information and education on health care coverage options
- Reengagement of people who know their status into Outpatient/Ambulatory Health Services

Targeted to populations known, through local epidemiologic data or review of service utilization data or strategic planning processes, to be at disproportionate risk for HIV infection

- Consumer survey
 - 12% reported using services to help them get into HIV medical care or back into care after time away
 - 8% reported needing this type of help but not receiving it
- PDPH is doing targeted outreach to PWID
- Testing in PA counties is not effective considering over 30% of cases are concurrent AIDS
- Half of all PLWH under 24 do not know they are HIV-positive (Philly)

Respite care

- Respite Care is the provision of **periodic respite care in community or home-based settings that includes non-medical assistance** designed to provide care for an HIV-infected client to relieve the primary caregiver responsible for the day-to-day care of an adult or minor living with HIV.
- Consumer survey-
 - 2% reported using this service in the last 12 months
 - 11% reported needing assistance with adults/children they care for

Psychosocial Support Services

Psychosocial Support Services provide group or individual support and counseling services. These services may include:

- Bereavement counseling
 - Child abuse and neglect counseling
 - HIV support groups
 - Nutrition counseling
 - Pastoral care/counseling services
- *Funds may not be used for social/recreational activities or to pay for a client's gym membership.*
 - Consumer survey –
 - Need for social support and connection mentioned, especially for seniors
 - 30% reported attending support groups in previous 12 months
 - 9% reported needing but not attending
 - Literature shows how important social support is for health and well-being

Health Education/Risk Reduction

Health Education/Risk Reduction is the provision of **education to clients living with HIV about HIV transmission** and how to reduce the risk of HIV transmission.

- Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention
- Education on health care coverage options
- Health literacy
- Treatment adherence education

Consumer survey –

- 4.3% of sexually active participants said their HIV-negative partner was on PrEP, and 15.6% said that their HIV-negative partner was not taking PrEP.
- In their HIV medical care - Information about PrEP was offered to 16.6% of the sample and disclosure support to 13.8%.
- Even among PLWH who reported sexual and drug-using behaviors, less than half were offered any harm reduction, STD testing, or other prevention interventions in HIV medical care

AIDS Drug Assistance Program

The AIDS Drug Assistance Program (ADAP) is a state-administered program authorized under Part B of the RWHAP to provide FDA-approved medications to low-income clients with HIV disease who have no coverage or limited health care coverage.

ADAPs may also use program funds to purchase health insurance for eligible clients and for services that enhance access to, adherence to, and monitoring of antiretroviral therapy.

- Consumer survey
 - SPBP/ADDP 28%
 - Medicare Part D 34%
 - Patient Assistance 7%
 - Other insurance 7%
 - Pay myself 5%

Child care

Intermittent child care services for the children living in the household of HIV-infected clients for the purpose of enabling clients to attend medical visits, related appointments, and/or RWHAP-related meetings, groups, or training sessions.

- Consumer survey-
 - 10% said they needed child care and did not receive it in the previous year
 - 4% used child care in the previous 12 months
- Lack of child care is a significant barrier for PLWH who take care of children

Health Insurance Premium and Cost-Sharing Assistance

- RWHAP Parts A may consider providing their health insurance premiums and cost sharing resource allocation to their state ADAP
 - Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services and pharmacy benefits that provide a full range of HIV medications for eligible clients
 - Paying cost-sharing on behalf of the client
- Consumer survey-
 - 10% said they didn't get medical care in the previous 12 months because they couldn't afford a co-pay/deductible
- 71% of EMA PLWH are at or below 138% of Federal Poverty Line (\$17,236 for an individual)
- 18% of EMA PLWH were uninsured at any time in 2017
- Uninsured (47%), those with employer-based coverage (37%), the self-insured (40%), people with ACA marketplace plans (44%), Medicare-covered individuals (7%), and those covered by Medicaid (9%) were significantly more likely to have challenges related to out-of-pocket costs than PLWH covered under other types of insurance.

Linguistic services

- Linguistic Services provide interpretation and translation services, both oral and written, to eligible clients.
- Consumer survey-
 - 4% reported not receiving medical care/services in the previous 12 months because of language barriers
- The EMA has a number of non-English-speaking populations
- Most HIV-related health information and service information is only in English, occasionally Spanish

Non-medical case management

Non-Medical Case Management Services provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services.

- *Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services*

Rehabilitation Services

- Rehabilitation Services are provided by a licensed or authorized professional to improve or maintain a client's quality of life and optimal capacity for self-care.
- *Examples: physical and occupational therapy.*
- Consumer survey
 - 11% reported using rehabilitation services in the previous 12 months
 - 11% reported needing but not receiving rehabilitation services

Substance Abuse Services (residential)

Substance Abuse Services (residential) is the provision of services for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder.

- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Detoxification, if offered in a separate licensed residential setting

- Consumer survey –
 - 9% needed but didn't get treatment in last 12 months
 - 10% reported ever being diagnosed with substance use disorder
- Philadelphia has an increase of diagnoses in PWID – 58% over the previous 12 months
- 2015 MMP (Philadelphia), 2.0% of PLWH surveyed injected drugs in the last 12 months
- HCV prevalence is high at 81% among HIV positive PWID (NHBS)
- Philadelphia County had the second highest overdose death rate in the country in 2017
- There were approximately 55,000 heroin users and approximately 55,000 persons who misused/abuse prescription opioids in 2016 in Philadelphia.
- Approximately 14,000 persons in treatment for opioid dependence in publicly funded facilities in 2016

Referral for Health Care and Supportive Services

- Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication.
- Currently funds - Health information line at Client Services Unit



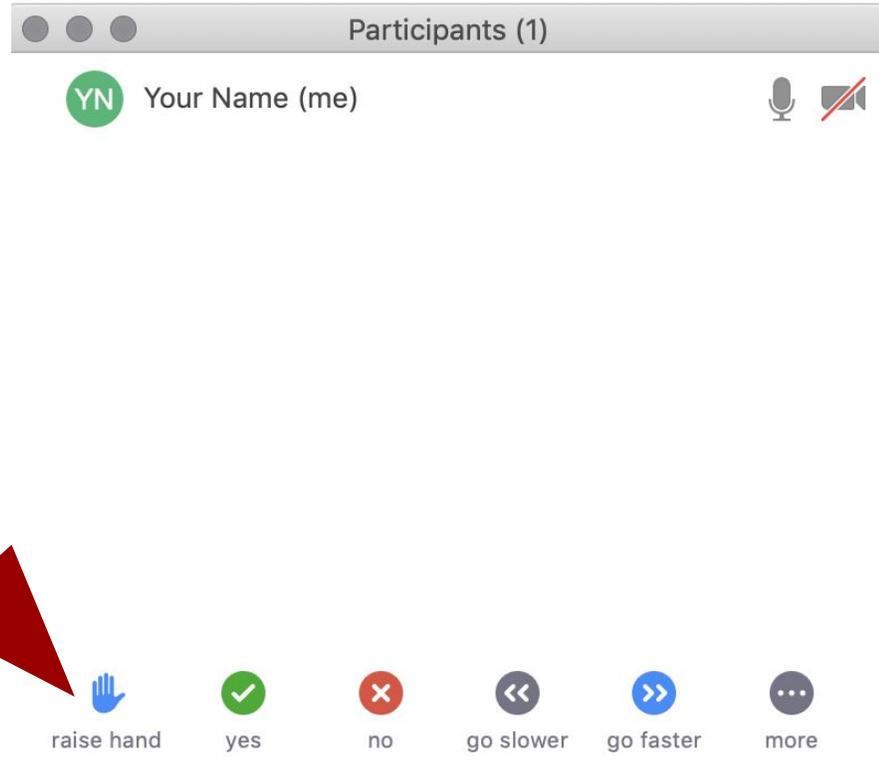
Service Category (Part A)	Unduplicated Clients
AIDS Pharmaceutical Assistance (LPAP)	264
Medical Case Management (Incl. Treatment Adherence)	4,837
Medical Nutrition Therapy	347
Mental Health Services	2,068
Oral Health Care	1,735
Outpatient/ Ambulatory Health Services	11,397
Substance Abuse Outpatient Care	272
Emergency Financial Assistance	450
Food Bank/ Home Delivered Meals	2,677
Housing	542
Medical Transportation	2,545
Other Professional Services	1,103
Referral For Health Care Supportive Services	2,147

How to raise your hand

- Use the participants menu tool

--or--

- Type * in chat



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