

Philadelphia HIV Integrated Planning Council Allocation Materials

July, 2017

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Outpatient/Ambulatory Health Services

HRSA Service Definition

Outpatient/Ambulatory Health Services

Description:

Outpatient/Ambulatory Health Services are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight. Emergency room or urgent care services are not considered outpatient settings.

Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing, including laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription, and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis

Program Guidance:

Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category whereas Treatment Adherence Services provided during a Medical Case Management visit should be reported in the Medical Case Management service category.

*As part of Outpatient and Ambulatory Medical Care, provision of **laboratory tests** integral to the treatment of HIV infection and related complications*

Number of Clients Served, Units Provided, Expenditures, Cost per Client and 3 Year averaged Cost per Client (based on actual expenditures)

Year	2014**	2015**	2016**	2017 Projected*	2018 Projected	2019 Projected	3 yr avg. act. Client cost
Medical Care Clients	10,644	11,201	11,011	11,649	11,995	12,340	
Medical Care Units (Dr. visit)	40,384	39,965	38,850	45,841	46,637	47,433	
Medical Care Dollars	7,405,142	7,476,559	7,227,633	7,873,405	8,170,553	8,467,701	
Allocated Dollars	7,210,891	7,101,939	7,152,427				
Client Cost Medical Care	\$695.71	\$667.49	\$656.40	\$675.89	\$681.16	\$686.20	\$672.96

*Projections are based on the history of a service. Projections do not take into consideration federal policy changes, funding shifts, etc. that may occur in the future.

**Includes MAI

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds	Total Part D Funds (State & Local)	Total Part F Funds
Last Year Allocation	6,500,392	\$656,981	\$755,225	\$823,866	\$5,700,059	\$7,113,037	
Current Allocation	6,497,840	\$644,407		\$805,650			

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Ambulatory Health Services	242	93.8%	6.2%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2014 MMP Percent with a Need	2016 Client Services Unit Need at Intake
Ambulatory Health Services	-	23.9%

Grantee Service Considerations

Ambulatory Health Services

Part A funds 27 HIV medical care programs in the EMA. These outpatient/ambulatory care providers are located in hospitals, comprehensive services agencies, federally qualified health centers, and in the City of Philadelphia health centers.

190 (1.7%) fewer clients accessed Part A HIV medical series, and the number of Part A medical visits decreased by 1,115 (2.8%) in comparison to 2015. There was a decrease in expenditures across this category in 2016.

Viral load suppression in the EMA increased from 82% to 83% between 2015 and 2016. Viral load suppression in the Ryan White system now exceeds the National HIV/AIDS Strategy (NHAS) goal of 80% viral load suppression. Medical providers are currently doing threshold-based quality improvement projects (QIPs) on the implementation of new Hepatitis C Virus (HCV) measures, viral load suppression, and either cervical cancer screenings or, for men who have sex with men, gonorrhea screenings.

Medical Case Management, including Treatment Adherence

HRSA Service Definition

Medical Case Management, including Treatment Adherence Services

Description:

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. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).

Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented services above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

Program Guidance:

*Medical Case Management services have as their objective **improving health care outcomes** whereas Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services. Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence Services provided during a Medical Case Management visit should be reported in the Medical Case Management service category whereas Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.*

Number of Clients Served, Units Provided, Expenditures, Cost per Client and 3 Year averaged Cost per Client (based on actual expenditures)

Year	2014**	2015**	2016**	2017 Projected*	2018 Projected	2019 Projected	3 yr avg. act. Client cost
Case Management Clients	6,363	6,081	5,999	6,240	6,158	6,077	
Case Management Units (15 min)	484,062	494,260	480,812	506,971	521,705	536,438	
Case Management Dollars	7,424,845	7,059,257	7,097,626	7,364,221	7,605,886	7,847,551	
Allocated Dollars	7,596,431	7,647,520	7,280,986				
Client Cost Case Management	\$1,166	\$1,161	\$1,183	\$1,180	\$1,219	\$1,291	\$1,170

*Projections are based on the history of a service. Projections do not take into consideration federal policy changes, funding shifts, etc. that may occur in the future.

**Includes MAI

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation	\$6,117,032	\$1,163,954	\$400,475	\$1,172,513			
Current Allocation	\$5,853,439	\$1,150,336	\$440,694	\$1,151,771			

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Medical Case Management	210	89.0%	11.0%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2014 MMP Percent with a Need	2016 Client Services Unit Need at Intake
Medical Case Management	13.1	-

Grantee Service Considerations

Medical Case Management

82 (1.3%) fewer clients received medical case management (MCM) services this year, and documented service units decreased by 13,448 units (2.7%). The largest decline in service utilization (13,549 units) occurred at one program, which experienced significant MCM staff turnover.

Studies have shown that clients enrolled in medical case management tend to be more adherent to HIV medical care. In 2016, 91% 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.

15 clients are currently on the waiting list for MCM services. This number is lower than in previous years due to intensive outreach efforts.

Documentation of service care plans improved by 3%, as a result of quality improvement activities throughout the EMA.

Oral Health Care (Dental)

HRSA Service Definition

Oral Health Care

Description:

Oral Health Care services provide outpatient diagnostic, preventive, and therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

Program Guidance:

None at this time.

Number of Clients Served, Units Provided, Expenditures, Cost per Client and 3 Year averaged Cost per Client (based on actual expenditures)

Year	2014	2015	2016	2017 Projected*	2018 Projected	2019 Projected	3 yr avg. act. Client cost
Oral Health Clients	1,682	1,597	1,674	1,772	1,768	1,765	
Oral Health Units (visit)	6,793	6,017	6,682	7,552	7,614	7,677	
Oral Health Dollars	802,375	831,804	818,021	804,696	818,890	833,083	
Allocated Dollars	760,771	790,536	797,412				
Client Cost Oral Health	\$477	\$521	\$489	\$454	\$463	\$472	\$496

*Projections are based on the history of a service. Projections do not take into consideration federal policy changes, funding shifts, etc. that may occur in the future.

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation	\$797,412			\$35,620			\$364,172
Current Allocation	\$787,376			\$35,620			\$364,172

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Oral Health Care	247	84.9%	15.1%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2014 MMP Percent with a Need	2016 Client Services Unit Need at Intake
Oral Health Care	57.0	3.4%

Grantee Service Considerations

Oral Health Care

77 (4.8%) more clients accessed oral health care than in the previous year, with an increase of 665 (11.1%) dental visits, reflecting increased engagement and utilization of oral health services.

Local AIDS Pharmaceutical Assistance Program

HRSA Service Definition

Local AIDS Pharmaceutical Assistance

Description:

AIDS Pharmaceutical Assistance services fall into two categories, based on RWHAP Part funding.

1. Local Pharmaceutical Assistance Program (LPAP) is operated by a RWHAP Part A or B recipient or sub-recipient as a supplemental means of providing medication assistance when an ADAP has a restricted formulary, waiting list and/or restricted financial eligibility criteria.

RWHAP Part A or B recipients using the LPAP service category must establish the following:

- Uniform benefits for all enrolled clients throughout the service area
- A recordkeeping system for distributed medications
- An LPAP advisory board
- A drug formulary approved by the local advisory committee/board
- A drug distribution system
- A client enrollment and eligibility determination process that includes screening for ADAP and LPAP eligibility with rescreening at minimum of every six months
- Coordination with the state's RWHAP Part B ADAP
 - A statement of need should specify restrictions of the state ADAP and the need for the LPAP
- Implementation in accordance with requirements of the 340B Drug Pricing Program and the Prime Vendor Program

2. Community Pharmaceutical Assistance Program is provided by a RWHAP Part C or D recipient for the provision of long-term medication assistance to eligible clients in the absence of any other resources. The medication assistance must be greater than 90 days.

RWHAP Part C or D recipients using this service category must establish the following:

- A financial eligibility criteria and determination process for this specific service category
- A drug formulary consisting of HIV primary care medications not otherwise available to the client
- Implementation in accordance with the requirements of the 340B Drug Pricing Program and the Prime Vendor Program

Program Guidance:

For LPAPs: Only RWHAP Part A grant award funds or Part B Base award funds may be used to support an LPAP. ADAP funds may not be used for LPAP support. LPAP funds are not to be used for Emergency Financial Assistance. Emergency Financial Assistance may assist with medications not covered by the LPAP.

For Community Pharmaceutical Assistance: This service category should be used when RWHAP Part C or D funding is expended to routinely refill medications. RWHAP Part C or D recipients should use the Outpatient Ambulatory Health Services or Emergency Financial Assistance service for non-routine, short-term medication assistance.

See: Ryan White HIV/AIDS Program Part A and B National Monitoring Standards

<http://hab.hrsa.gov/manageyourgrant/files/fiscalmonitoringparta.pdf>

See also: LPAP Policy Clarification Memo <http://hab.hrsa.gov/manageyourgrant/files/lpapletter.pdf>

See also: AIDS Drug Assistance Program Treatments and Emergency Financial Assistance

Number of Clients Served, Units Provided, Expenditures, Cost per Client and 3 Year averaged Cost per Client (based on actual expenditures)

Year	2014	2015	2016**	2017 Projected*	2018 Projected	2019 Projected	3 yr avg. act. Client cost
Drug Reimbursement Clients	691	723	319	725	687	648	
Drug Reimbursement Units (30-day prescription)	2,730	3,795	2,111	2,488	2,361	2,234	
Drug Reimbursement Dollars	1,963,852	1,697,959	573,286	1,434,365	1,403,783	1,373,201	
Allocated Dollars	1,936,366	1,864,218	516,000				
Client Cost Drug Reimbursement	\$2,842	\$2,348	\$1,797	\$1,978	\$2,043	\$2,119	\$2,329

*Projections are based on the history of a service. Projections do not take into consideration federal policy changes, funding shifts, etc. that may occur in the future.

** Approximately 2/3rds of these services will now be funded under emergency financial assistance, in accordance with the guidance.

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (NJ)	Total Part B Funds (PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation	\$516,000						
Current Allocation	\$505,196						

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Local AIDS Pharmaceutical Assistance	139	89.2%	10.8%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2014 MMP Percent with a Need	2016 Client Services Unit Need at Intake
Local AIDS Pharmaceutical Assistance	1.8	22.7%

Grantee Service Considerations

Local AIDS Pharmaceutical Assistance Program

In 2016, one provider that was previously funded for AIDS pharmaceutical assistance (local) switched over to the Direct Emergency Financial Assistance (pharmaceutical) category. Consequently, the number of clients who had their prescriptions filled under this category as compared to the previous year decreased by 55.9%, with a decrease of 44.4% in the number of 30-day prescriptions filled.

The average number of prescriptions per client has steadily increased (2.0 in 2010, 3.1 in 2013, 4.0 in 2014, 5.2 in 2015, and 6.6 in 2016), suggesting a more sustained need to access this service in each successive year.

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Mental Health Services

HRSA Service Definition

Mental Health Services

Description:

Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Program Guidance:

Mental Health Services are allowable only for HIV-infected clients.

See Psychosocial Support Services

Number of Clients Served, Units Provided, Expenditures, Cost per Client and 3 Year averaged Cost per Client (based on actual expenditures)

Year	2014	2015	2016	2017 Projected*	2018 Projected	2019 Projected	3 yr avg. act. Client cost
Mental Health Clients	921	1,232	2,137	1,316	1,389	1,461	
Mental Health Units (session)	2,685	3,750	8,039	4,012	4,101	4,190	
Mental Health Dollars	240,894	399,392	551,562	376,947	387,062	397,177	
Allocated Dollars	304,024	517,136	518,789				
Client Cost Mental Health	\$261	\$324	\$258	\$286	\$279	\$272	\$281

*Projections are based on the history of a service. Projections do not take into consideration federal policy changes, funding shifts, etc. that may occur in the future.

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation	\$518,789			\$6,386			
Current Allocation	\$554,895		\$224,947	\$76,608			

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Mental Health Services	166	75.3%	24.7%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2014 MMP Percent with a Need	2016 Client Services Unit Need at Intake
Mental Health Services	8.4%	22.7%

Grantee Service Considerations

Mental Health Services

905 (73.5%) more clients utilized mental health services with a corresponding increase of 4,289 (114.4%) mental health outpatient sessions since the previous year. These increased were due to the addition of several mental health awards at large medical programs.

Medical Nutrition Therapy

HRSA Service Definition

Medical Nutrition Therapy

Description:

Medical Nutrition Therapy includes:

- 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.

Program Guidance:

All services performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Services not provided by a registered/licensed dietitian should be considered Psychosocial Support Services under the RWHAP.

See Food-Bank/Home Delivered Meals

Number of Clients Served, Units Provided, Expenditures, Cost per Client and 3 Year averaged Cost per Client (based on actual expenditures)

Year	2014	2015	2016	2017 Projected*	2018 Projected	2019 Projected	3 yr avg. act. Client cost
Medical Nutrition Clients	340	368	328	434	478	522	
Medical Nutrition Units	726	629	611	676	657	638	
Medical Nutrition Dollars	59,123	64,172	54,160	61,464	63,454	65,445	
Allocated Dollars	54,623	59,444	59,946				
Client Cost Medical Nutrition	\$174	\$174	\$165	\$142	\$133	\$125	\$171

*Projections are based on the history of a service. Projections do not take into consideration federal policy changes, funding shifts, etc. that may occur in the future.

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation	\$59,946			\$28,208			
Current Allocation	\$60,531		\$40,000	\$28,208			

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Medical Nutrition Therapy	157	75.2%	24.8%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2014 MMP Percent with a Need	2016 Client Services Unit Need at Intake
Medical Nutrition Therapy	1.8	22.7%

Grantee Service Considerations

Medical Nutrition Therapy

40 (10.9%) fewer clients received 18 (2.9%) fewer hours of nutrition therapy between 2015 and 2016. The average number of hours per client increased from 1.7 to 1.9.

Substance Abuse Outpatient Care

HRSA Service Definition

Substance Abuse Outpatient Care

Description:

Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders.

Services include:

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
 - Pretreatment/recovery readiness programs
 - Harm reduction
 - Behavioral health counseling associated with substance use disorder
 - Outpatient drug-free treatment and counseling
 - Medication assisted therapy
 - Neuro-psychiatric pharmaceuticals
 - Relapse prevention

Program Guidance:

Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the RWHAP, it is included in a documented plan.

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.

See Substance Abuse Services (residential)

Number of Clients Served, Units Provided, Expenditures, Cost per Client and 3 Year averaged Cost per Client (based on actual expenditures)

Year	2014	2015	2016	2017 Projected*	2018 Projected	2019 Projected	3 yr avg. act. Client cost
Substance Abuse Clients	274	252	223	263	256	249	
Substance Abuse Units (Out Pt. session)	9,412	11,581	10,210	9,296	9,807	10,319	
Substance Abuse Dollars	369,938	367,460	356,949	382,731	386,140	389,550	
Allocated Dollars	369,507	360,461	363,506				
Client Cost Substance Abuse	\$1,350	\$1,458	\$1,600	\$1,455	\$1,508	\$1,564	\$1,470

*Projections are based on the history of a service. Projections do not take into consideration federal policy changes, funding shifts, etc. that may occur in the future.

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation	\$363,506			\$51,064			
Current Allocation	\$359,604			\$51,064			

Consumer survey info 2017 n=392

Within the consumers survey respondents were asked about Substance use treatment. No distinction was given between residential and outpatient.

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Substance Abuse Outpatient Care	85	60.0%	40.0%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2014 MMP Percent with a Need	2016 Client Services Unit Need at Intake
Substance Abuse Outpatient Care	1.8	22.7%

Grantee Service Considerations

Substance Abuse Treatment Services- Outpatient

Clients active in addiction are less likely to take HIV antiretroviral medications and attend medical visits as scheduled, and are more likely to be involved in the criminal justice system. The Office of Addiction Services (OAS) provides the bulk of these services in Philadelphia.

29 (11.5%) fewer clients received this service this year, and service utilization for those clients was correspondingly lower, with 1,371 (11.8%) fewer outpatient sessions provided. Service utilization has been increasing steadily since 2012, so this decrease represents a return to previous levels.

Early Intervention Services

HRSA Service Definition

Early Intervention Services (EIS)

Description:

The RWHAP legislation defines EIS for Parts A, B, and C. See § 2651(e) of the Public Health Service Act.

Program Guidance:

The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service. RWHAP Part recipients should be aware of programmatic expectations that stipulate the allocation of funds into specific service categories.

- *RWHAP Parts A and B EIS services must include the following four components:*
 - *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*
 - *Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts*
 - *HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources*
 - *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*

- *RWHAP Part C EIS services must include the following four components:*
 - *Counseling individuals with respect to HIV*
 - *High risk targeted HIV testing (confirmation and diagnosis of the extent of immune deficiency)*
 - *Recipients must coordinate these testing services under Part C EIS with other HIV prevention and testing programs to avoid duplication of efforts*
 - *The HIV testing services supported by Part C EIS funds cannot supplant testing efforts covered by other sources*
 - *Referral and linkage to care of HIV-infected clients to Outpatient/Ambulatory Health Services, Medical Case Management, Substance Abuse Care, and other services as part of a comprehensive care system including a system for tracking and monitoring referrals*
 - *Other clinical and diagnostic services related to HIV diagnosis*

Number of Clients Served, Units Provided, Expenditures, Cost per Client and 3 Year averaged Cost per Client (based on actual expenditures)

Year	2014	2015	2016				
Early Intervention Clients							
Early Intervention Units (encounters**)							
Early Intervention Dollars							
Client Cost Early Intervention							

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation							
Current Allocation							

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Early Intervention Services	-	-	-

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2014 MMP Percent with a Need	2016 Client Services Unit Need at Intake
Early Intervention Services	-	-

Grantee Service Considerations

Early Intervention Services

Intentionally Left Blank

Home Health Care

HRSA Service Definition

Home Health Care

Description:

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. Services must relate to the client's HIV disease and may include:

- Administration of prescribed therapeutics (e.g. intravenous and aerosolized treatment, and parenteral feeding)
- Preventive and specialty care
- Wound care
- Routine diagnostics testing administered in the home
- Other medical therapies

Program Guidance:

The provision of Home Health Care is limited to clients that are homebound. Home settings do not include nursing facilities or inpatient mental health/substance abuse treatment facilities.

Number of Clients Served, Units Provided, Expenditures, Cost per Client and 3 Year averaged Cost per Client (based on actual expenditures)

Year	2014	2015	2016				

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp.t PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation				\$58,663			
Current Allocation				\$85,476			

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Home Health Care	89	50.6%	49.4%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2014 MMP Percent with a Need	2016 Client Services Unit Need at Intake
Home Health Care	2.5%	-

Grantee Service Considerations

Home Health Care

Home and Community Based Health Care

HRSA Service Definition

Home and Community-Based Health Services

Description:

Home and Community-Based Health Services are provided to a client living with HIV in an integrated setting appropriate to a client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider.

Services include:

- 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

Program Guidance:

Inpatient hospitals, nursing homes, and other long-term care facilities are not considered an integrated setting for the purposes of providing home and community-based health services.

Number of Clients Served, Units Provided, Expenditures, Cost per Client and 3 Year averaged Cost per Client (based on actual expenditures)

Year	2014	2015	2016				

Funding by Part, and info on any other payers

Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Home and Community-Based Health Services	90	48.9%	51.1%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2014 MMP Percent with a Need	2016 Client Services Unit Need at Intake
Home and Community-Based Health Services	-	-

Grantee Service Considerations

Home and Community- based Health Services

Hospice Services

HRSA Service Definition

Hospice Services

Description:

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

- Mental health counseling
- Nursing care
- Palliative therapeutics
- Physician services
- Room and board

Program Guidance:

Services may be provided in a home or other residential setting, including a non-acute care section of a hospital that has been designated and staffed to provide hospice services. This service category does not extend to skilled nursing facilities or nursing homes.

To meet the need for hospice services, a physician must certify that a patient is terminally ill and has a defined life expectancy as established by the recipient. Counseling services provided in the context of hospice care must be consistent with the definition of mental health counseling. Palliative therapies must be consistent with those covered under respective state Medicaid programs.

Number of Clients Served, Units Provided, Expenditures, Cost per Client and 3 Year averaged Cost per Client (based on actual expenditures)

Year	2014	2015	2016				

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation				\$39,862			
Current Allocation				\$47,248			

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Hospice Services	62	29.0%	71.0%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2014 MMP Percent with a Need	2016 Client Services Unit Need at Intake
Hospice Services	-	-

Grantee Service Considerations

Hospice Care

Emergency Financial Assistance

HRSA Service Definition

Emergency Financial Assistance

Description:

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 (including groceries, and food vouchers), transportation, and medication. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program.

Program Guidance:

Direct cash payments to clients are not permitted.

It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a client should not be funded through emergency financial assistance.

See AIDS Drug Assistance Program Treatments, AIDS Pharmaceutical Assistance, and other corresponding categories

Number of Clients Served, Units Provided, Expenditures, Cost per Client and 3 Year averaged Cost per Client (based on actual expenditures)

Year	2014	2015	2016**	2017 Projected*	2018 Projected	2019 Projected	3 yr avg. act. Client cost
EFA Clients (voucher)	50	76	120	89	94	100	
Emergency Financial Assistance Units (voucher)	50	76	120	89	94	100	
EFA Dollars (voucher)	56,646	55,803	68,604	57,215	58,612	60,008	
Allocated Dollars	72,596	70,691	71,288				
Client Cost EFA (Voucher)	\$1,133	\$734	\$572	\$643	\$623	\$600	\$813
EFA Clients (medication)			423	466	508	551	
EFA Units (medication)			741	819	897	975	
EFA (medication) Dollars			1,298,327	1,435,483	1,572,638	1,709,794	
Allocated Dollars			1,279,961				
Client Cost EFA (medication)			\$3,069	\$3,080	\$3,096	\$3,103	\$3,069

*Projections are based on the history of a service. Projections do not take into consideration federal policy changes, funding shifts, etc. that may occur in the future.

**Approximately 2/3rds of the services previously funded under Local AIDS Pharmaceutical Assistance will now be funded under emergency financial assistance, in accordance with the guidance.

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds)
Last Year Allocation	\$71,288 \$1,279,961			\$260,232			
Current Allocation	70,458 \$1,102,399		\$25,000	\$472,346			

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Emergency Financial Assistance	114	39.5%	60.5%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2014 MMP Percent with a Need	2016 Client Services Unit Need at Intake
Emergency Financial Assistance	-	7.5%

Grantee Service Considerations

Emergency Financial Assistance

All other available community resources must be exhausted prior to applying for these funds. In 2016, one provider previously funded for AIDS Pharmaceutical Assistance (local) switched over to this service category. Consequently, 467 (614.5%) more clients received services under EFA in comparison to the previous year.

Medical Transportation Services

HRSA Service Definition

Medical Transportation

Description:

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

Program Guidance:

- Medical transportation may be provided through:
- Contracts with providers of transportation services
- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject <http://www.gsa.gov/portal/content/102886>)
- Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
- Voucher or token systems

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees

Number of Clients Served, Units Provided, Expenditures, Cost per Client and 3 Year averaged Cost per Client (based on actual expenditures)

Year	2014	2015	2016	2017 Projected*	2018 Projected	2019 Projected	3 yr avg. act. Client cost
Transportation Clients	1,873	1,980	2,359	1,275	1,147	1,018	
Transportation Units (one-way trip)	19,165	20,816	28,658	12,821	11,351	9,880	
Transportation Dollars	411,138	443,776	448,962	364,338	338,869	313,401	
Allocated Dollars	764,263	433,301	438,288				
Client Cost Transportation	\$219	\$224	\$190	\$286	\$295	\$308	\$211

*Projections are based on the history of a service. Projections do not take into consideration federal policy changes, funding shifts, etc. that may occur in the future.

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation	\$438,288			\$115,168			
Current Allocation	\$429,163		\$14,000	\$165,168			

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Medical Transportation Services	145	69.7%	30.3%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2014 MMP Percent with a Need	2016 Client Services Unit Need at Intake
Medical Transportation Services	11.3	25.2%

Grantee Service Considerations

Medical Transportation Services

379 (19.1%) more clients received 7,842 (37.7%) more one-way trips than in the previous year. The increase in services was primarily in Philadelphia County. This increased utilization represents an ongoing demand for transportation-related services in the EMA.

Housing Services

HRSA Service Definition

Housing

Description:

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.

Housing services are transitional in nature and for the purposes of moving or maintaining a client or family in a long-term, stable living situation. Therefore, such assistance cannot be provided on a permanent basis and must be accompanied by a strategy to identify, relocate, and/or ensure the client or family is moved to, or capable of maintaining, a long-term, stable living situation.

Eligible housing can include housing that provides some type of medical or supportive services (such as residential substance use disorder services or mental health services, residential foster care, or assisted living residential services) and housing that does not provide direct medical or supportive services, but is essential for a client or family to gain or maintain access to and compliance with HIV-related outpatient/ambulatory health services and treatment.

Program Guidance:

RWHAP Part recipients must have mechanisms in place to allow newly identified clients access to housing services. Upon request, RWHAP recipients must provide HAB with an individualized written housing plan, consistent with RWHAP Housing Policy 11-01, covering each client receiving short term, transitional and emergency housing services. RWHAP recipients and local decision making planning bodies, (i.e., Part A and Part B) are strongly encouraged to institute duration limits to provide transitional and emergency housing services. The US Department of Housing and Urban Development (HUD) defines transitional housing as up to 24 months and HRSA/HAB recommends that recipients consider using HUD's definition as their standard.

Housing services funds cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments.

Number of Clients Served, Units Provided, Expenditures, Cost per Client and 3 Year averaged Cost per Client (based on actual expenditures)

Year	2014	2015	2016	2017 Projected*	2018 Projected	2019 Projected	3 yr avg. act. Client cost
Housing Assistance Clients	701	919	894	836	856	876	
Housing Assistance Units (clients)	22,700	23,654	27,060	26,978	29,179	34,623	
Housing Assistance Dollars	612,595	510,049	543,032	611,957	623,163	634,370	
Allocated Dollars	603,176	579,717	584,613				
Client Cost Housing Assistance	\$874	\$876	\$901	\$732	\$728	\$724	\$884

*Projections are based on the history of a service. Projections do not take into consideration federal policy changes, funding shifts, etc. that may occur in the future.

2015 includes emergency assistance (238 units and clients), supportive services and legal (599 clients 9,139 qtr hrs), and transitional housing (82 clients, 14,277 days)- units include voucher, quarter hour for (support service/legal) and day for transitional

2016 includes emergency assistance (182 units and clients), supportive services and legal (633 clients 10,694 qtr hrs), and transitional housing (79 clients, 16,184 days)- units include voucher, quarter hour for (support service/legal) and day for transitional

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp.t PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation	\$584,613						
Current Allocation	\$573,202						

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Housing Assistance	160	63.1%	36.9%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2014 MMP Percent with a Need	2016 Client Services Unit Need at Intake
Housing Assistance	10.6	51.5%

Grantee Service Considerations

Housing Services

The number of clients who received housing services decreased by 25 (2.7%) as compared to 2015. There was a corresponding increase in the number of clients (37) receiving this type of assistance under the Part B-funded emergency financial assistance program.

Housing services fund emergency short-term rental assistance, supportive services, group housing, and legal assistance.

Food Bank/Home-Delivered Meals

HRSA Service Definition

Food Bank/Home Delivered Meals

Description:

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 the provision of essential non-food items that are limited to the following:

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

Program Guidance:

Unallowable costs include household appliances, pet foods, and other non-essential products.

See Medical Nutrition Therapy. Nutritional services and nutritional supplements provided by a registered dietitian are considered a core medical service under the RWHAP.

Number of Clients Served, Units Provided, Expenditures, Cost per Client and 3 Year averaged Cost per Client (based on actual expenditures)

Year	2014	2015	2016	2017 Projected*	2018 Projected	2019 Projected	3 yr avg. act. Client cost
Food/Meals Clients	2,689	3,169	2,941	2,575	2,515	2,455	
Food/Meals Units (meals)	90,969	83,771	80,481	81,149	79,843	78,537	
Food/Meals Dollars	832,454	992,626	688,982	942,408	969,612	996,816	
Allocated Dollars	255,955	309,801	311,927				
Client Cost Food/Meals	\$310	\$313	\$234	\$366	\$385	\$406	\$286

*Projections are based on the history of a service. Projections do not take into consideration federal policy changes, funding shifts, etc. that may occur in the future.

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. t PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation	\$311,927			\$411,148			
Current Allocation	\$307,172			\$573,119			
Part B PA \$98,240 in food vouchers							

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Food Bank/Home-delivered Meals	158	75.3%	24.7%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2014 MMP Percent with a Need	2016 Client Services Unit Need at Intake
Food Bank/Home-delivered Meals	5.8	26.8%

Grantee Service Considerations

Food Bank/Home-delivered Meals

228 (7.2%) fewer clients received meals under Part A, with a decrease of 3,290 (3.9%) meals. The decline in meals was concentrated at three large service providers, two of which had a reduction in allocated funds (due to fewer carryover funds available in comparison to the previous year). Utilization remained fairly consistent at other locations in the EMA. This does not reflect diminished need for food bank/home-delivered meals in the EMA, as there was a significant increase of 11,606 meals (29.4%) funded through Part B services.

Legal Services/Other Professional Services

HRSA Service Definition

Legal/Other Professional Services

Description:

Other Professional Services allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include:

- Legal services provided to and/or on behalf of the individual living with HIV and involving legal matters related to or arising from their HIV disease, including:
 - Assistance with public benefits such as Social Security Disability Insurance (SSDI)
 - Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the RWHAP
 - Preparation of:
 - Healthcare power of attorney
 - Durable powers of attorney
 - Living wills
- Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:
 - Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney
 - Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption
- 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

Program Guidance:

Legal services exclude criminal defense and class-action suits unless related to access to services eligible for funding under the RWHAP.

See 45 CFR § 75.459 (<http://webapps.dol.gov/federalregister/PdfDisplay.aspx?DocId=27995>)

Number of Clients Served, Units Provided, Expenditures, Cost per Client and 3 Year averaged Cost per Client (based on actual expenditures)

Year	2014	2015	2016	2017 Projected*	2018 Projected	2019 Projected	3 yr avg. act. Client cost
Legal Clients	948	1,152	1,089	983	883	868	
Legal Units (legal ser. 1/4 hr)	15,922	19,520	23,861	20,359	20,287	18,612	
Legal Dollars	420,549	395,273	432,950	371,427	378,844	383,864	
Allocated Dollars	340,549	395,273	398,678				
Client cost Legal	\$444	\$379	\$541	\$346	\$357	\$368	\$395

*Projections are based on the history of a service. Projections do not take into consideration federal policy changes, funding shifts, etc. that may occur in the future.

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation	\$398,678			\$108,046			
Current Allocation	\$416,056			\$57,868			

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Legal/Other Professional Services	118	58.5%	41.5%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2014 MMP Percent with a Need	2016 Client Services Unit Need at Intake
Legal/Other Professional Services	24.6%	4%

Benefits assistance under CSU was 46%

Grantee Service Considerations

Legal/Other Professional Services

In 2016, 63 (5.5%) fewer clients accessed legal services, while service units increased by 4,341 (22.2%). The decrease in clients is a reflection of more accurate data; duplicate clients have been removed across multiple geographic areas.

(Care) Outreach Services

HRSA Service Definition

Outreach Services

Description:

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

Program Guidance:

Outreach programs must be:

- *Conducted at times and in places where there is a high probability that individuals with HIV infection and/or exhibiting high-risk behavior*
- *Designed to provide quantified program reporting of activities and outcomes to accommodate local evaluation of effectiveness*
- *Planned and delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort*
- *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*

Funds may not be used to pay for HIV counseling or testing under this service category.

Number of Clients Served, Units Provided, Expenditures,
Cost per Client and 3 Year averaged Cost per Client (based
on actual expenditures)

Year	2014	2015	2016				
Care Outreach Clients							
Care Outreach Units (encounters*)							
Care Outreach Dollars							
Client Cost Care Outreach							

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp.t PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation							
Current Allocation			\$51,848				

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Outreach Services	79	60.8%	39.2%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2014 MMP Percent with a Need	2016 Client Services Unit Need at Intake
Outreach Services	-	-

Grantee Service Considerations

Outreach Services

Respite Care

HRSA Service Definition

Respite Care

Description:

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.

Program Guidance:

Recreational and social activities are allowable program activities as part of a respite care service provided in a licensed or certified provider setting including drop-in centers within HIV Outpatient/Ambulatory Health Services or satellite facilities.

Funds may not be used for off premise social/recreational activities or to pay for a client's gym membership.

Funds may be used to support informal, home-based Respite Care, but liability issues should be included in the consideration of this expenditure. Direct cash payments to clients are not permitted.

See Psychosocial Support Services

Number of Clients Served, Units Provided, Expenditures, Cost per Client and 3 Year averaged Cost per Client (based on actual expenditures)

Year	2012	2013	2014				

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp.t PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation				\$35,000			
Current Allocation				\$35,000			

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Respite Care	56	19.6%	80.4%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2014 MMP Percent with a Need	2016 Client Services Unit Need at Intake
Respite Care	-	-

Grantee Service Considerations

Respite Care

Psychosocial Support Services

HRSA Service Definition

Psychosocial Support Services

Description:

Psychosocial Support Services provide group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns. These services may include:

- Bereavement counseling
- Caregiver/respite support (RWHAP Part D)
- Child abuse and neglect counseling
- HIV support groups
- Nutrition counseling provided by a non-registered dietitian (see Medical Nutrition Therapy Services)
- Pastoral care/counseling services

Program Guidance:

Funds under this service category may not be used to provide nutritional supplements (See Food Bank/Home Delivered Meals). RWHAP-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation.

Funds may not be used for social/recreational activities or to pay for a client's gym membership.

For RWHAP Part D recipients, outpatient mental health services provided to affected clients (people not identified with HIV) should be reported as Psychosocial Support Services; this is generally only a permissible expense under RWHAP Part D.

See Respite Care Services

Number of Clients Served, Units Provided, Expenditures, Cost per Client and 3 Year averaged Cost per Client (based on actual expenditures)

Year	2012	2013	2014				

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp.t PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation				\$52,564			
Current Allocation			\$222,072	\$52,564			

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Psychosocial Support Services	153	75.8%	24.2%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2014 MMP Percent with a Need	2016 Client Services Unit Need at Intake
Psychosocial Support Services	4.4%	6.9%

Grantee Service Considerations

Psychosocial Support Services (Support Groups)

Health Education/Risk Reduction

HRSA Service Definition

Health Education/Risk Reduction

Description:

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. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics covered may include:

- 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 (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Health literacy
- Treatment adherence education

Program Guidance:

Health Education/Risk Reduction services cannot be delivered anonymously.

See Early Intervention Services

Number of Clients Served, Units Provided, Expenditures, Cost per Client and 3 Year averaged Cost per Client (based on actual expenditures)

Year	2012	2013	2014				

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation				\$384,200			
Current Allocation				\$437,992			

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Health Education/Risk Reduction	139	89.2%	10.8%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2014 MMP Percent with a Need	2016 Client Services Unit Need at Intake
Health Education/Risk Reduction	1.0%	22.7%

Grantee Service Considerations

Health Education/Risk Reduction

AIDS Drug Assistance Program Treatments (ADAP/SPBP)

HRSA Service Definition

AIDS Drug Assistance Program Treatments

Description:

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. RWHAP ADAP recipients must conduct a cost effectiveness analysis to ensure that purchasing health insurance is cost effective compared to the cost of medications in the aggregate.

Eligible ADAP clients must be living with HIV and meet income and other eligibility criteria as established by the state.

Program Guidance:

See PCN 07-03: [The Use of Ryan White HIV/AIDS Program, Part B \(formerly Title II\), AIDS Drug Assistance Program \(ADAP\) Funds for Access, Adherence, and Monitoring Services](#);

PCN 13-05: [Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Private Health Insurance](#); and

PCN 13-06: [Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Medicaid](#)

See also AIDS Pharmaceutical Assistance and Emergency Financial Assistance

Child Care Services

HRSA Service Definition

Child Care Services

Description:

The RWHAP supports 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.

Allowable use of funds include:

- A licensed or registered child care provider to deliver intermittent care
- Informal child care provided by a neighbor, family member, or other person (with the understanding that existing federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services)

Program Guidance:

The use of funds under this service category should be limited and carefully monitored. Direct cash payments to clients are not permitted.

Such arrangements may also raise liability issues for the funding source which should be carefully weighed in the decision process.

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Child Care Services	139	89.2%	10.8%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2014 MMP Percent with a Need (uninsured)	2016 Client Services Unit Need at Intake
Child Care Services	1.8	22.7%

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals

HRSA Service Definition

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals

Description:

Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. To use RWHAP funds for health insurance premium and cost-sharing assistance, a RWHAP Part recipient must implement a methodology that incorporates the following requirements:

- RWHAP Part recipients must ensure that clients are buying health coverage that, at a minimum, includes at least one drug in each class of core antiretroviral therapeutics from the [Department of Health and Human Services \(HHS\) treatment guidelines](#) along with appropriate HIV outpatient/ambulatory health services
- RWHAP Part recipients must assess and compare the aggregate cost of paying for the health coverage option versus paying for the aggregate full cost for medications and other appropriate HIV outpatient/ambulatory health services, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective

The service provision consists of either or both of the following:

- 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

Program Guidance:

Traditionally, RWHAP Parts A and B funding support health insurance premiums and cost-sharing assistance. If a RWHAP Part C or D recipient has the resources to provide this service, an equitable enrollment policy must be in place and it must be cost-effective and sustainable.

See PCN 07-05: [Program Part B ADAP Funds to Purchase Health Insurance](#);

PCN 13-05: [Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Private Health Insurance](#);

PCN 13-06: [Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Medicaid](#); and

PCN 14-01: [Revised 4/3/2015: Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Premium Tax Credits under the Affordable Care Act](#)

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals	139	89.2%	10.8%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2014 MMP Percent with a Need (uninsured)	2016 Client Services Unit Need at Intake
Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals	1.8%	22.7%

Linguistic Services

HRSA Service Definition

Linguistic Services

Description:

Linguistic Services provide interpretation and translation services, both oral and written, to eligible clients. These services must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of RWHAP-eligible services.

Program Guidance:

Services provided must comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Linguistic Services	139	89.2%	10.8%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2014 MMP Percent with a Need (uninsured)	2016 Client Services Unit Need at Intake
Linguistic Services	1.8	22.7%

Non-medical Case Management Services

HRSA Service Definition

Non-Medical Case Management Services

Description:

Non-Medical Case Management Services (NMCM) provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical Case management services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans. This service category includes several methods of communication including face-to-face, phone contact, and any other forms of communication deemed appropriate by the RWHAP Part recipient. Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems

Program Guidance:

Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services whereas Medical Case Management services have as their objective improving health care outcomes.

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Non-Medical Case Management Services	139	89.2%	10.8%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2014 MMP Percent with a Need (uninsured)	2016 Client Services Unit Need at Intake
Non-Medical Case Management Services	1.8	22.7%

Permanency Planning

HRSA Service Definition

Permanency Planning

See Other Professional Services

Rehabilitation Services

HRSA Service Definition

Rehabilitation Services

Description:

Rehabilitation Services are provided by a licensed or authorized professional in accordance with an individualized plan of care intended to improve or maintain a client's quality of life and optimal capacity for self-care.

Program Guidance:

Examples of allowable services under this category are physical and occupational therapy.

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Rehabilitation Services	139	89.2%	10.8%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2014 MMP Percent with a Need (uninsured)	2016 Client Services Unit Need at Intake
Rehabilitation Services	1.8	22.7%

Substance Abuse Services (residential)

HRSA Service Definition

Substance Abuse Services (residential)

Description:

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. This service includes:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention
- Detoxification, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

Program Guidance:

Substance Abuse Services (residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the RWHAP.

Substance Abuse Services (residential) are not allowable services under RWHAP Parts C and D.

Acupuncture therapy may be allowable funded under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the RWHAP.

RWHAP funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Substance Abuse Services (residential)	139	89.2%	10.8%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2014 MMP Percent with a Need (uninsured)	2016 Client Services Unit Need at Intake
Substance Abuse Services (residential)	1.8	22.7%

Referral for Health Care and Support Services (System-wide)

HRSA Service Definition

Referral for Health Care and Support Services

Description:

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. This service may include referrals to assist eligible clients to obtain access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

Program Guidance:

Referrals for Health Care and Support Services provided by outpatient/ambulatory health care providers should be reported under the Outpatient/Ambulatory Health Services category.

Referrals for health care and support services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management).

Number of Clients Served, Units Provided, Expenditures, Cost per Client and 3 Year averaged Cost per Client (based on actual expenditures)

Year	2014	2015	2016	2017 Projected*	2018 Projected	2019 Projected	3 yr avg. act. Client cost
Referral for Health Care Clients	297	2,206	2,265	2,324	2,383	2,442	
Referral for Health Care Units (hotline call)	1,226	2,206	2,265	2,324	2,383	2,442	
Referral for Health Care Dollars	169,406	545,641	356,077	166,513	138,482	212,615	
Client Cost Referral for Health Care	\$570	\$247	\$157	\$72	\$58	\$87	
Referral for Health Care Clients		222	392	232	292	297	
Referral for Health Care Units (digital ¼ hour*)		1,511	3,576	3,230	4,491	5,351	
Referral for Health Care Dollars		63,132	133,132	203,132	273,132	343,132	
Client Cost Referral for Health Care		\$284	\$340	\$876	\$935	\$1,155	

*Projections are based on the history of a service. Projections do not take into consideration federal policy changes, funding shifts, etc. that may occur in the future.

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp.t PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation	\$84,000 \$529,704						
Current Allocation	\$82,241 \$520,329						

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Referral for Health Care and Support Services	139	89.2%	10.8%

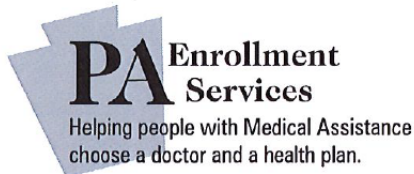
Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2014 MMP Percent with a Need (uninsured)	2016 Client Services Unit Need at Intake
Referral for Health Care and Support Services	1.8	22.7%

Grantee Service Considerations

Referral for Health Care and Support Services



Health Plan Comparison Chart

Use this chart to compare health plans in your area

Plans for people who live in the HealthChoices Southeast Zone

aetna®	HPP Health Partners Plans	Keystone First	UnitedHealthcare® Community Plan
Member Services: 1-866-638-1232 Relay 711 (TTY) www.aetnabetterhealth.com/pennsylvania	Member Services: 1-800-553-0784 711 (TTY) www.HealthPartnersPlans.com	Member Services: 1-800-521-6860 1-800-684-5505 (TTY) www.keystonefirstpa.com	Member Services: 1-800-414-9025 Relay 711 (TTY) www.uhccommunityplan.com
* Co-pays	* Co-pays	* Co-pays	* Co-pays
Ambulance • Per trip \$0	Ambulance • Per trip \$0	Ambulance • Per trip \$0	Ambulance • Per trip \$0
Dental care \$0	Dental care \$0	Dental care \$1	Dental care \$0
Inpatient hospital • Per day \$3 • Maximum with limits \$21	Inpatient hospital • Per day \$3 • Maximum with limits \$21	Inpatient hospital • Per day \$3 • Maximum with limits \$21	Inpatient hospital • Per day \$3 • Maximum with limits \$21
Medical centers • Ambulatory surgical center \$3 • Federal Qualified Health Center/Regional Health Center \$0 • Independent medical / surgical center \$3 • Short procedure unit \$3	Medical centers • Ambulatory surgical center \$3 • Federal Qualified Health Center/Regional Health Center \$0 • Independent medical / surgical center \$3 • Short procedure unit \$3	Medical centers • Ambulatory surgical center \$3 per visit • Federal Qualified Health Center/Regional Health Center \$0 • Independent medical / surgical center \$3 per visit • Short procedure unit \$3 per visit	Medical centers • Ambulatory surgical center \$3 • Federal Qualified Health Center/Regional Health Center \$0 if PCP • Independent medical / surgical center \$3 • Short procedure unit \$3
Medical equipment • Purchase \$0 • Rental \$0	Medical equipment • Purchase \$0 • Rental \$0	Medical equipment • Purchase Sliding Scale • Rental \$0	Medical equipment • Purchase \$1 to \$3 • Rental \$0
Medical visits • Certified nurse practitioner \$0 • Chiropractor \$0 • Doctor \$0 • Optometrist \$0 • Podiatrist \$0	Medical visits • Certified nurse practitioner \$0 • Chiropractor \$1 • Doctor \$0 • Optometrist \$0 • Podiatrist \$0	Medical visits • Certified nurse practitioner \$0 • Chiropractor \$1 per visit • Doctor \$0 • Optometrist \$1 per visit • Podiatrist \$1 per visit	Medical visits • Certified nurse practitioner \$0 if PCP • Chiropractor \$1 • Doctor \$0 if PCP • Optometrist \$0 • Podiatrist \$1
Outpatient hospital • Per visit-outpatient surgical, except maternity \$3 • Per visit-non-surgical or diagnostic \$0	Outpatient hospital • Per visit \$1	Outpatient hospital • Per visit \$0	Outpatient hospital • Per visit \$1
Prescriptions • Generic \$1 • Brand name \$3	Prescriptions • Generic \$1 • Brand name \$3	Prescriptions • Generic \$1 • Brand name \$3	Prescriptions • Generic \$1 • Brand name \$3
X-rays • Per service \$0	X-rays • Per visit \$1	X-rays • Per visit \$1	X-rays • Per service \$1

CC SE 01/04/2016

*** NOTE:** Co-pays do not apply to the following: members who are pregnant, members under age 18, members age 18 through 20 who are in foster care, emergency services, or certain drugs for specific diseases.

The information about the benefits from each plan was current at the time of printing. Please call the plan directly for the most up-to-date information.

Please turn the page for more plan benefits ► ► ►

Note: All plans provide the same basic coverage listed here. Individual plans offer additional services listed under “Other Programs”.

Dental Care: Members under age 21 can receive all medically necessary dental services including cleanings, x-rays, crowns, and other services. Members over age 21 can receive dental services based on their Medical Assistance benefits package and medical need.

Eye Care: All members can receive 2 eye exams a year. Members under age 21 can get 2 pair of lenses and 2 frames or 2 pair of contacts or a pair of each. Members over age 21 can receive eye care services based on their Medical Assistance package and medical need.

Prescription Benefits: Members can receive brand name and generic drugs, certain over-the-counter drugs and vitamins, insulin supplies and vaccines based on their Medical Assistance benefits package.

	 Health Partners Plans	 Keystone First	
<p>Other Programs</p> <p>Bright Expectations Maternity Care Program: Moms-to-be receive information on staying healthy throughout their pregnancy. Our case managers can help you find a doctor and schedule appointments. You can receive gift cards, a diaper bag and a portable crib for notifying us as soon as you know you are pregnant, and attending all prenatal and postpartum visits recommended by your doctor.</p> <p>Healthy Rewards Program: Be rewarded for being healthy. You can receive gifts to support healthy eating and snacking.</p> <p>Additional Eye Care Benefits: If you are age 21 and older you can receive two eye care exams per year. If you are under age 21 you can also receive two pair of eyeglasses (frames and lenses) or contact lenses per year.</p> <p>Additional Dental Benefits: All members can get a dental exam and cleaning every six months. If you are under age 21, you can be rewarded for completing your annual visit.</p> <p>Have Fun, Get Fit: We can help you become healthier through one of our fitness programs. You can take advantage of different exercise and healthy living programs and events at fitness centers, YMCA's, and community centers near you.</p> <p>Urgent Care Coverage: Do you have an immediate medical need and can't get to your PCP? We cover care at participating urgent care centers at no cost to you.</p> <p>Mobile App: You can get on demand access to the tools you need to stay healthy with the Aetna Better Health Mobile Application. Find a doctor, request a member ID card, change your PCP and much more. It's easy. Just download the app to your smart phone or tablet at no cost to you.</p> <p>Online Member Portal: You can get information about your health care through our online member portal. You can also reach our member services staff 24 hours a day, 7 days a week.</p> <p>Healthy Text Messages: Our Connect4health program helps everyone in the family adopt healthy behaviors, get preventative care, and learn about benefits and services through text reminders delivered at no cost to you directly to your phone.</p>	<p>Other Programs</p> <p>Acupuncture: The benefit is available for members 16 and older.</p> <p>Weight Watchers® Program: Members 10 and over are eligible for memberships and low weekly meeting fees.</p> <p>Fitness Program: Adults and children are offered memberships at participating YMCA's and fitness centers.</p> <p>Baby Partners: Pregnant women receive transportation services, 24/7 breast feeding support, help to quit smoking, dental care, appointment reminders, and a rewards program.</p> <p>Healthier YOU: The program provides health management tools to members with asthma, diabetes, heart disease, high blood pressure and childhood obesity. Members can connect to personal care coordinators and receive reminders for care, education and access to a helpline.</p> <p>Community Health Education Programs: We are active in our communities and offer members interactive fitness demonstrations, health education sessions and computer workshops.</p> <p>Online tools: We offer tools that help members maximize their benefits, including a searchable formulary to check if a drug is covered, a find a network doctor tool, a symptom navigator and a library of health information.</p> <p>Urgent Care: When members can't see their PCP, we cover non-emergency care.</p> <p>Teladoc: Teledoc provides 24/7 phone and/or video access to doctors and pediatricians who can help with non-emergency conditions.</p> <p>Member Relations: We're here for our members with 24/7 support to answer questions or help using the plan.</p> <p>Interactive Member Portal: Members have easy and secure access to personalized health information, tools, videos and a Health Questionnaire to help members assess, manage and improve their health.</p> <p>Step-Up Wellness Challenge: The program encourages members to reach 10,000 daily steps and provides a Step-Up kit including a pedometer, wristband and paper step tracker.</p>	<p>Other Programs</p> <p>Gym Memberships: Members 12 and over are offered gym memberships at several YMCA and gym locations.</p> <p>Mission GED Program: We offer tools and support needed to further member education. This includes motivational coaching, paid pre-GED and GED testing and potential for paid internships.</p> <p>Bright Start Program®: We offer our pregnant moms education, services and support through their pregnancy. Moms get a home visit and gift once the baby is born and may be eligible for an incentive.</p> <p>Community Health Programs: We provide screenings, workshops and education to help you live a healthier life.</p> <p>4YourKidsCare: We give moms and families education and information about caring for children when they are sick.</p> <p>Lose 2 Win: A program for members with diabetes and high blood pressure that may include a gym membership, health screenings, help with managing your medicines, education on nutrition and care management support.</p> <p>Healthy Hoops®: An asthma education and screening program that uses basketball to teach children and parents about asthma.</p> <p>Help Getting Care: We help schedule appointments for you and your children. We call you with reminders about health services. Our nurses help you manage your health care needs.</p> <p>Women's Health Program: We help our members get important screenings like mammograms and pap tests.</p> <p>Nurse Call Line: Help and information 24 hours a day, 7 days a week about questions or concerns.</p> <p>Urgent Care Centers: Urgent medical care is available to our members when their PCP's office is closed and when it is not an emergency.</p> <p>Over-The-Counter Medicine: Some OTC medicines are covered for members with a doctor's prescription.</p> <p>Additional Adult Eye Care Benefit: Select members with diabetes age 21 and over may receive prescription eyeglasses or prescription contact lenses.</p> <p>Coverage by Vista Health Plan, an independent licensee of the Blue Cross and Blue Shield Association.</p>	<p>Other Programs</p> <p>Extra Eye Care Benefits: Members over 21 can receive one pair of glasses or contact lenses each year. Members under 21 can receive up to two pairs of glasses or one set of contact lenses each year. Choose in-plan frames at no additional charge, or get \$20 to spend on any frames.</p> <p>Member Rewards: Earn rewards when you complete exams and health screenings.</p> <p>Multicultural Community Center: UHC members have access to fitness classes, health education workshops, screenings, and much more at UHC's Multicultural Community Center located at 1900 South Broad St, Philadelphia, PA. Call us at 1-877-289-1917.</p> <p>Healthy First Steps: Helps pregnant moms get the care they need to have a healthy baby. We can help with doctor visits, rides to the doctor and referrals to community resources for families with young children.</p> <p>Baby Blocks: Lets expecting moms earn great rewards for going to doctor visits during pregnancy and baby's first 15 months of life. Choose from Old Navy gift cards, cool toys and gear for your baby. Even better, both mom and baby will get the care they need to stay healthy. Go to www.uhcbabyblocks.com.</p> <p>Sesame Street Healthy Habits for Life: Elmo, Super Grover, Big Bird and Sesame Street friends will teach you how to make healthy meals and snacks that fit your family's budget. You also get tips for understanding your child's asthma and how to prevent lead poisoning at www.uhccommunityplan.com/food-for-thought.</p> <p>UHC.TV for Health and Happiness: UHC.TV is an online TV network that presents video programs about good health and living well. Get information from health experts, including Dr. Oz and others on a variety of topics. Simply type UHC.TV into your internet browser to start watching for your health and happiness.</p> <p>Preferred Providers: When you choose a Preferred doctor, you'll get the care you need as quickly as possible. A Preferred doctor can refer you to most specialists and other providers without getting prior approval.</p>

What if I Have Questions?

If you need to enroll in HealthChoices or change your health plan, you can call:

HealthChoices Hotline 1-800-440-3989 TTY 1-800-618-4225

If you need more information about your plan or a plan you are interested in, you can call one of these numbers:

HealthChoices Southeast (Bucks, Chester, Delaware, Montgomery and Philadelphia Counties)

Aetna Better Health	1-866-638-1232	TTY 711
Health Partners Plans	1-800-553-0784	TTY 1-877-454-8477
Keystone First	1-800-521-6860	TTY 1-800-684-5505
United Healthcare	1-800-414-9025	TTY 711

For copies of this guide or to request this information in another form such as Braille, large print, or audio tape, call: 1-800-440-3989

This guide is also available on the Department of Human Service's website at:
<http://www.dhs.pa.gov/publications/healthchoicespublications/index.htm>



A Guide to Pennsylvania's Medicaid HealthChoices Health Plans



Look Inside to Compare Your Choices

2015 Southeast Zone

Commonwealth of Pennsylvania
 Department of Human Services
 Office of Medical Assistance Programs
 P.O. Box 2675
 Harrisburg, PA 17105
www.dhs.pa.gov

Prepared by the Division of Quality and Special Needs Coordination

How This Guide Can Help You

This guide will help you choose a health plan.

If you are already in a HealthChoices plan, you can compare your plan to the other plans. You do not have to change plans. Remember that you can change plans if you want to.

The information in this guide comes from the HealthChoices plans and their members.



Your Health Benefits

After you join a health plan, you will get most of your Medical Assistance benefits through that plan. All plans would give you the same basic benefits. Some plans will give you some extra services.

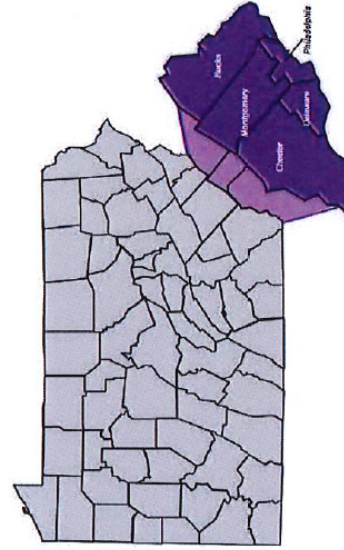
The plan will send you a handbook about your benefits and services.

The basic benefits are shown below. Your benefits will be based on how you qualify for Medical Assistance. This is called your *category of assistance*.

- **Doctor and hospital visits** - including lab and x-ray services, emergency services and visits to specialists
- **Medicine** - prescription drugs and over-the-counter drugs if the doctor gives you a prescription for them
- **Health care for women** - pregnancy care, family planning and birth control
- **Dental care** - routine dental care for children to age 21, benefits vary for adults
- **Vision care** - medically necessary services including eye exams, glasses and lenses
- **Medical equipment** - such as, wheel chairs and diabetic supplies
- **Chiropractic care, physical therapy, foot care and home health care**

If you live in these counties, you are in HealthChoices Southeast. You can choose:

- Aetna Better Health
- Health Partners Plans
- Keystone First
- United Healthcare



Comparing the Plans

The information in the chart shows how well the plans deliver services and how the members feel about their plan. You can use this information along with your enrollment packet or log on at www.enrollnow.net to choose a plan.

	Aetna Better Health	Health Partners Plans	Keystone First	United Healthcare
<i>Asthma</i>	★★★★	★	★★★★	★★
<i>Children's Dental</i>	★	★★★★	★★★★	★★
<i>Children's Health</i>	★	★★★★	★★★★	★★★★
<i>High Blood Pressure</i>	★★★★	★★★★	★★★★	★
<i>Diabetes</i>	★★	★★★★	★★	★★
<i>Maternity</i>	★★	★★★★	★★	★★
<i>Women's Health</i>	★★	★★★★	★★★★	★★
<i>Getting Needed Care</i>	★★	★★	★★	★★★★
<i>Satisfaction with Health Plan</i>	★	★★★★	★★★★	★★★★

For each area, the department combined several measures to get one star rating. A plan's star rating represents only the performance measures the plan reported in each area.

What is measured?

Preventive and Well-Care for Women and Children

- Did children see their doctor for a check-up?
- Did women get screened for breast cancer?
- Did pregnant women get the care they needed?
- Did children get dental care?

Satisfaction with Services

- Do members feel they are getting the care they need right away?
- Are members satisfied with their health plan?

Members with Chronic Illnesses

- Did children and adults with asthma get the care they needed?
- Did adults with diabetes get the care they needed?
- Did adults get the care they needed for their high blood pressure?

New Jersey Health Plans (Medicaid)

NJ FAMILYCARE HEALTH PLANS

HMO Plans by County	Atlantic	Bergen	Burlington	Camden	Cape May	Cumberland	Essex	Gloucester	Hudson	Hunterdon	Mercer	Middlesex	Monmouth	Morris	Ocean	Passaic	Salem	Somerset	Sussex	Union	Warren
Aetna Better Health® of New Jersey	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓		✓		✓	✓	✓	✓	✓	
Amerigroup New Jersey, Inc.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Horizon NJ Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
UnitedHealthcare Community Plan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WellCare Health Plans of New Jersey		✓					✓		✓		✓	✓		✓		✓		✓	✓	✓	

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1-855-232-3596 • TTY 711

www.aetnabetterhealth.com/newjersey

Aetna Better Health of New Jersey is part of NJ FamilyCare. Aetna has provided services to members for more than 25 years. We serve over 2 million members in 16 states.

Integrated care management

We help our members take charge of their health by getting the health care services they need.

We make it easy for you

- Unlimited visits to Primary Care Providers
- Routine wellness visits
- 24-hour nurse help line
- Choose your own doctors from 9,000 providers
- Get help in any language you need
- User-friendly website

Health education programs

We offer programs on asthma, COPD, diabetes and heart disease. Your care manager will help you learn about these diseases and how to stay well.

New Mommy program

Pregnant women and new moms learn how take care of themselves and their new babies. We want to help you have a healthy pregnancy and a healthy baby.

Managed Long Term Services and Supports program

Our aging and disabled members get health services right in their own home, assisted-living facility or other setting. Whether you live in a nursing home, community or home setting, our long term care benefits work to keep you independent and active.



Available in ALL counties, except Salem county

Amerigroup New Jersey, Inc.

1-800-600-4441 • TDD 1-800-852-7899 • TTY 711

www.myamergroup.com/nj

24-Hour Nurse HelpLine: Get medical advice and information from a nurse 24 hours a day, 7 days a week.

Eye and Dental Benefits: Get routine preventive care, coverage for lenses and frames and more.

Physician Care Services: Choose a primary care provider who will coordinate your health care, and change doctors when you need to.

For Mom and Baby: Get important information in our prenatal and baby care programs.

Prescriptions: Get coverage for medicines prescribed by your doctor and some over-the-counter medicines like cough syrup and pain reliever.

Gifts: Get gifts for completing health classes, including all prenatal care.

Special Needs Care Management: All members with special needs have a Care Manager (Registered Nurse) to assist them with getting the care they need.

• The Care Manager speaks with the member, the member's physician(s) and Amerigroup's Medical Social Worker to develop an individualized plan of care, which ensures that all necessary physical and mental health services are provided.

• The Care Manager can help the member arrange transportation to medical appointments when appropriate.

• The Care Manager can help schedule an appointment with a dentist who specializes in serving the Special Needs population.

Amerigroup offers more for your health.

Take advantage of our:

- Reminders for well child checkups and immunizations;
- Community events and family health fairs; and
- Health workshops and advice about asthma, lead poisoning awareness and more.

NJFEC-HMO-0477



Available in ALL counties

NJ FAMILY CARE HEALTH PLANS

Horizon NJ Health		1-877-7NJ-HEALTH (1-877-765-4325) • TTY/TDD 711	www.horizonnjhealth.com
<p>Keeping You and Your Family Healthy: Horizon NJ Health is the ONLY NJ FamilyCare plan backed by Horizon Blue Cross Blue Shield of New Jersey. Benefits you can count on from a name you trust.</p> <p>Special Programs just for Horizon NJ Health Members: Horizon NJ Health understands that your family's good health is important to you. Members can join these special programs, developed to help keep you and your family healthy, at no cost to members.</p> <ul style="list-style-type: none"> • Asthma "Breathe Easy" Program: A special treatment program to help members with asthma, breathe easier. • Mom's GEMS Program for Pregnant Members: A prenatal program to help expectant mothers receive needed care to have a healthy pregnancy. • Diabetes Management Program: Members can get help to control their diabetes and learn how to prevent the long-term effects that this disease can have on their health. 		<ul style="list-style-type: none"> • CHAMPS Health and Wellness Program: All young Horizon NJ Health members are treated like CHAMPS. Through our CHAMPS Program, we help make sure CHAMPS members are receiving their good-health checkups and are immunized from birth to age 21. • When Members Need a Helping Hand: For when you need more than just health care services, our Social Workers will help connect you with valuable resources such as community and government programs. • Individual Care for Members with Special Needs: Horizon NJ Health has a Care Coordination Unit that will assist with coordinating care for durable medical equipment, social services, doctor and dental visits, transportation and other services. <p>Nothing is more important than your family's good health. Let Horizon NJ Health give your family the quality health coverage they deserve.</p>	



Available in ALL counties

UnitedHealthcare Community Plan		1-800-941-4647 • TTY/TDD 711	www.uhccommunityplan.com
<p>All Your Health Care Benefits Plus: At UnitedHealthcare Community Plan, we help people live healthier lives. We are working hard to deliver on that mission in New Jersey. The UnitedHealthcare Community Plan's network of community-based doctors and dentists, hospitals and neighborhood pharmacies, has provided quality care, with dignity and respect, to the people of New Jersey since 1989.</p> <p>Special Needs Members: UnitedHealthcare Community Plan offers a comprehensive list of Care Management programs for members with special needs. A specially-designed team of Health Educators and Care Managers concentrate on early identification, prevention, education, advocacy, community and social services for members with the following conditions: asthma, diabetes, congestive heart failure (CHF), high risk pregnancy and lead toxicity.</p> <p>Healthy First Steps: Healthy First Steps is a special program for pregnant members and new moms and their babies. Our Healthy</p>		<p>First Steps staff of nurses, social workers and health educators works with you and your doctor to make your pregnancy healthier and easier.</p> <p>No Referral Necessary for:</p> <ul style="list-style-type: none"> • Routine well-women care and prenatal care from participating OB/GYNs • Participating dentists (in most cases) • Routine eye exams from participating providers <p>Health Care Benefits Plus:</p> <ul style="list-style-type: none"> • Primary Care Doctor for each member • Preventive dental services • Eye exams and glasses • Member Services Helpline staff available 24 hours a day, 7 days a week <p>Community Involvement: UnitedHealthcare Community Plan provides targeted education on important health concerns. Every day, our team of certified health educators work in communities throughout New Jersey to meet with groups and provide valuable information to help improve the health of people in all the different populations we serve.</p>	



Available in Bergen, Essex, Hudson, Mercer, Middlesex, Morris, Passaic, Somerset, Sussex and Union counties ONLY

WellCare Health Plans of New Jersey		1-888-453-2534 • TTY/TDD 1-877-247-6272	newjersey.wellcare.com
<p>Putting you first: At WellCare, we put you and your family first. This means you get the care and services you need to stay healthy and live happy.</p> <p>24-Hour Nurse Advice Line: All members can call to receive medical advice from registered nurses 24 hours a day, 7 days a week, every day of the year.</p> <p>Health and wellness website that gives tips to help you and your loved ones stay healthy.</p> <p>Prenatal Rewards Program: This program helps our moms-to-be focus on staying healthy and going to all their doctor visits during their pregnancy. Members who complete the program can earn a free gift.</p> <p>Physician (Provider) Services:</p> <ul style="list-style-type: none"> • PCP: A provider is assigned to each member to provide their care or arrange for them to see a specialist. • Prescriptions: Coverage for medicine provided by your providers. 		<p>Customer Care:</p> <ul style="list-style-type: none"> • Personal help arranging doctor appointments, social services, and more. • All materials are available in English, Spanish, and other languages upon request. • Translation services available to members who are hearing-impaired, or who speak a language other than English. <p>Community Resources: Free referrals and guides to free community programs.</p> <p>Care Management: We offer targeted care management programs to children and adults. Some programs include:</p> <ul style="list-style-type: none"> • Asthma • Diabetes • HIV/AIDS • High Risk Pregnancy <p>Care managers are trained to help members, their family and their PCP's arrange services (including referrals to special care facilities for highly-specialized care) that may be needed to manage illnesses. Choosing a health care plan is a big decision. And we want you to have the facts you need to make the choice that's right for you.</p>	

Income Chart effective 2017

1-800-701-0710
TTY: 1-800-701-0720
www.njfamilycare.org

FAMILY SIZE *	Adult(s) (Age 19-64)	Pregnant Women (Any Age)	Children (Under Age 19)						
	Federal Poverty Level % (FPL)								
	0 - 138%	0 - 205%	0 - 147%	> 147 - 150%	> 150 - 200%	> 200 - 250%	> 250 - 300%	> 300 - 355%	
	Maximum Monthly Income								
1	\$1,387	N/A	\$1,478	\$1,508	\$2,010	\$2,513	\$3,015	\$3,568	
2	\$1,868	\$2,775	\$1,990	\$2,030	\$2,707	\$3,384	\$4,060	\$4,805	
3	\$2,349	\$3,489	\$2,502	\$2,553	\$3,404	\$4,255	\$5,105	\$6,041	
4	\$2,829	\$4,203	\$3,014	\$3,075	\$4,100	\$5,125	\$6,150	\$7,278	
5	\$3,310	\$4,917	\$3,526	\$3,598	\$4,797	\$5,996	\$7,195	\$8,515	
6	\$3,791	\$5,631	\$4,038	\$4,120	\$5,494	\$6,867	\$8,240	\$9,751	
Each Additional	\$481	\$715	\$513	\$523	\$697	\$871	\$1,045	\$1,237	
Monthly Premium	No premium	No premium	No premium	No premium	No premium	\$43.00 per family	\$86.00 per family	\$144.50 per family	
Copayments	No copay	No copay	No copay	No copay	\$5 - \$10	\$5 - \$35	\$5 - \$35	\$5 - \$35	

* The size of your family may be determined by the total number of parent(s) or caretaker(s), and all blood-related children under the age of 21 who are tax dependent, as well as any other tax dependent residing in the home.

[illegible]