NEWARK EMA HIV HEALTH SERVICES PLANNING COUNCIL

PRIORITY SETTING AND RESOURCE ALLOCATION REPORT

FY'2013

Approved by the Comprehensive Planning Committee: August 10, 2012
Approved by the Planning Council: August 15, 2012

INTRODUCTION

As of March 2012, the Centers for Disease Control and Prevention (CDC) estimates 1.2 million people are living with HIV and 1 in 5 people do not know their HIV status. The ultimate United States (U.S.) Public Health goal is to inform all HIV+ persons of their status and bring them into care in order to improve their health status, prolong their lives and slow the spread of the epidemic in the U.S. through enhanced prevention efforts.

The National HIV/AIDS Strategy (NHAS) has three primary goals: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for people living with HIV, and 3) reducing HIV-related health disparities.

The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes the importance of getting people with HIV into care early after infection to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to reduce HIV infection in high-risk communities and reduce stigma and discrimination against people living with HIV.

To ensure success, the NHAS requires the Federal government and State, tribal and local governments to increase collaboration, efficiency, and innovation. Therefore, to the extent possible, Ryan White HIV/AIDS program activities should strive to support the three primary goals of the National HIV/AIDS Strategy. The Early Identification of Individuals with HIV/AIDS is a Federal initiative which currently supports the NHAS.

The Ryan White HIV/AIDS Program is the largest Federal program focused exclusively on HIV/AIDS care. The program is for individuals living with HIV/AIDS who have no health insurance (public or private), have insufficient health care coverage, or lack financial resources to get the care they need for their HIV disease. As such, the Ryan White HIV/AIDS Program fills gaps in care not covered by other funding sources.

The legislation is called the Ryan White HIV/AIDS Treatment Extension Act of 2009 (RWTEA). Part A of the RWTEA provides emergency assistance to Eligible Metropolitan Areas (EMAs) that are most severely affected by the HIV/AIDS epidemic. The Newark EMA is one of 24 EMA's nation-wide. Part A funds are used to develop or enhance access to a comprehensive continuum of high quality, community-based care for individuals with HIV disease. The RWTEA is intended to help communities and states increase the availability of primary medical care and support services, in order to reduce utilization of more costly inpatient care, increase access to care for under-served populations, and improve the quality of life for those affected by the HIV epidemic.

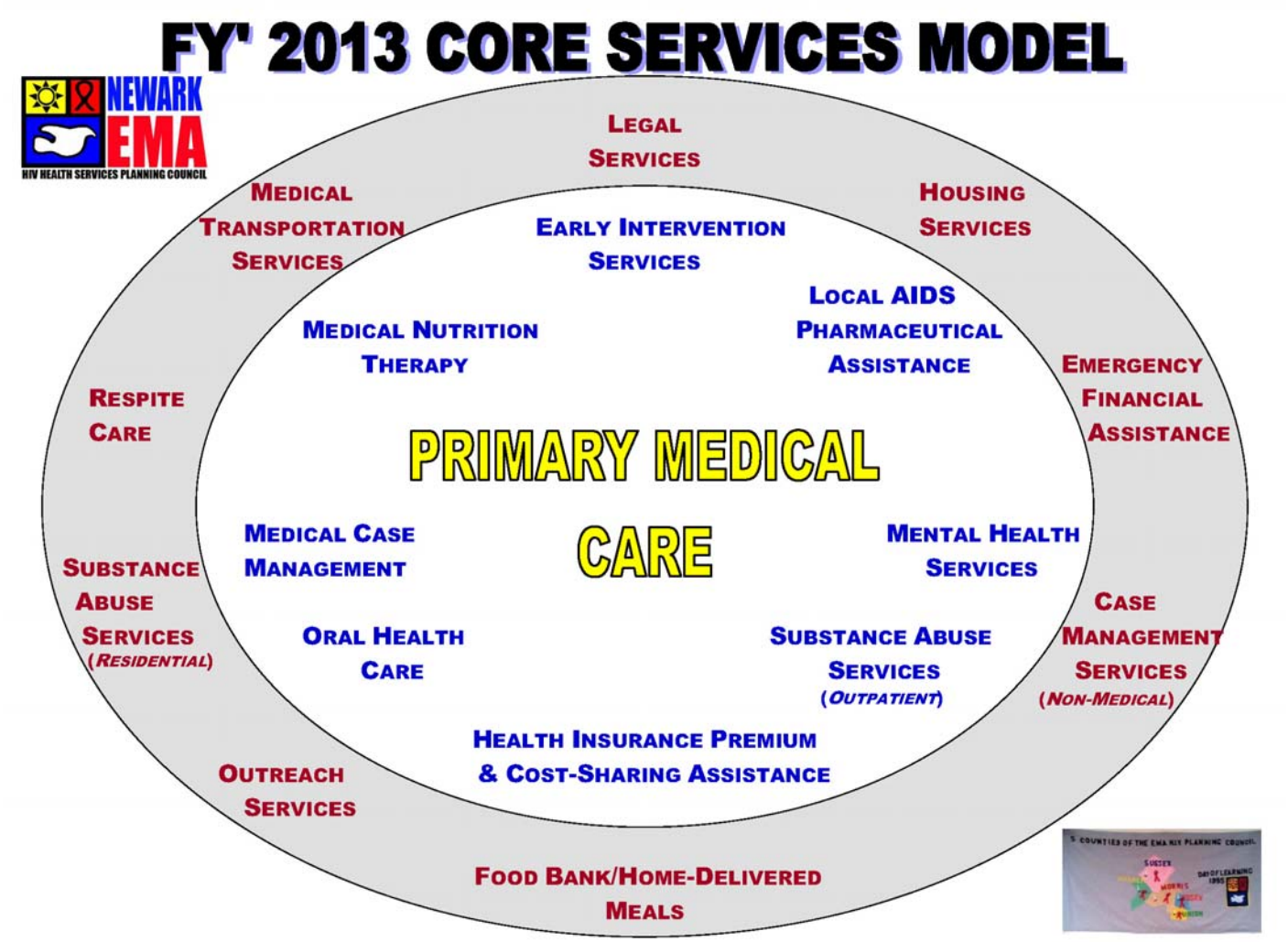
This report is respectfully submitted by the Newark EMA HIV Health Services Planning Council in fulfillment of its legislative requirement under the RWTEA. The following document summarizes the priorities for the allocation of RWTEA funds within the Newark EMA, namely all municipalities within Essex, Morris, Sussex, Union and Warren counties. The document also provides guidance to the Grantee as they select service providers and administer contracts. The Planning Council and its **Comprehensive Planning Committee** examined epidemiological data, service utilization data, spending data, the range of non-Ryan White Part A funds for services utilized by PLWHA, recommendations from the Council's 2011 Needs Assessment, findings of the Needs Assessment – 2012 Update, the **2012-2014 Comprehensive Health Plan**, and Statewide Coordinated Statement of Need (SCSN) as well as input from the Planning Council's four standing committees in planning for the continuum of HIV care in the Newark EMA.

DIRECTION FOR HIV SERVICES IN FY'2013

The "Core Services Model" of care was introduced in the *2004-2006 Comprehensive Health Plan* and adopted by the Planning Council. The Model has been updated for **FY'2013** and is depicted below. The nine "core" services are:

1. Early Intervention Services
2. Primary Medical Care
3. Local AIDS Pharmaceutical Assistance
4. Oral Health Care
5. Mental Health Services
6. Medical Nutrition Therapy
7. Medical Case Management
8. Substance Abuse Services (Outpatient)
9. Health Insurance Premium and Cost-Sharing Assistance

The remaining services in the Newark EMA Part A continuum of care support this core. The core services model depicts Primary Medical Care as the main and central focus of the Ryan White Part A continuum of care. All other services are provided as a means to provide access to medical care which will result in retention in care and an improvement in health status for all people living with HIV/AIDS.



EARLY IDENTIFICATION OF INDIVIDUALS WITH HIV/AIDS (EIIHA)

Early Identification of Individuals with HIV/AIDS (EIIHA) is the identifying, counseling, testing, informing, and referring of **diagnosed and undiagnosed** individuals to appropriate services, as well as linking newly diagnosed HIV positive individuals to medical care.

The goals of this initiative are to: 1) increase the number of individuals who are aware of their HIV status, 2) increase the number of HIV positive individuals who are in medical care, and 3) increase the number of HIV negative individuals referred to services that contribute to keeping them HIV negative.

UNMET NEED

Unmet Need for Health Services, also referred to as unmet need, is the need for HIV related Health Services by individuals with HIV who are aware of their HIV status, but are not receiving regular primary health care.

MINORITY AIDS INITATIVE (MAI)

For FY'2013, the Planning Council has prioritized core medical and support services to ensure that health issues of minority PLWHA are adequately addressed in addition to Part A funding. The following twelve service categories (in no ranked order) will be funded based on priorities set by the Planning Council for FY'2013 and on available funds:

1. Primary Medical Care
2. Mental Health Services
3. Oral Health Care
4. Substance Abuse Services (Outpatient)
5. Medical Case Management
6. Case Management Services (Non-Medical)
7. Medical Transportation Services
8. Housing Services
9. Emergency Financial Assistance
10. Medical Nutrition Therapy
11. Early Intervention Services
12. Health Insurance Premium and Cost-Sharing Assistance

The funds must target the minority community including African-American and Hispanic women, infants, children and youth.

RESOURCE ALLOCATIONS – GEOGRAPHICAL NEEDS AND PARITY

An important goal of the Ryan White HIV/AIDS Program funding allocations among service priorities is to ensure access to services throughout the EMA. Allocations for the EMA reflect needs of PLWHA and historically underserved populations within the EMA's geographical areas – counties and regions. The counties/regions develop resource allocations for their respective areas. These allocations are then weighted according to the percentage of PLWHA in each region based on HIV surveillance data from the New Jersey Department of Health (NJDOH) to determine the EMA's final resource allocations. For FY'2013, weighted allocations are based on HIV surveillance data reported through 12/30/11 as outlined in the 12/30/11 NJ HIV/AIDS report.

http://www.state.nj.us/health/aids/documents/hiv_aids_report123111.pdf

Region	# of PLWHA	% of PLWHA
Essex County	9669	71.75%
Union County	2683	19.91%
Morris, Sussex, Warren Counties	Morris: 809	8.34%
	Sussex: 166	
#PLWHA Total: 1,124	Warren: 149	
Total	**13,476**	**100.0%**

ALLOCATION OF FUNDS

The allocation of the FY'2013 Ryan White Part A dollars (formula and supplemental dollars) received by the Newark EMA will be made according to the following distribution.

Category	Percentage
Grantee Administration	10.0%
Quality Management[1]	5.0%
Direct Care, Treatment and Support Services	85.0%
Total	100.0%

Grantee Administration will include Planning Council functions, CHAMP and Program Support which are NEMA-wide services; that is, they serve all five of the counties in the Newark EMA and are funded directly from the original grant before dollars are distributed regionally.

The dollars for Direct Care, Treatment and Support Services; 85.0% of the entire Ryan White Part A will be distributed as follows, with the allocation for Morris, Sussex and Warren region not less than 8.34% of the EMA total.

Regions	% of all care, treatment and support dollars
Essex County + Morris, Sussex, Warren Counties (not less than 8.34% of the EMA total)	80.1%
Union County[2]	19.9%
Total	**100.0%**

DIRECT CARE, TREATMENT AND SUPPORT SERVICES: DEFINITIONS

The following is a listing of the Newark EMA HIV Health Services Planning Council's service category definitions. These definitions are intended to give guidance to both service providers and the Grantee (the City of Newark's Ryan White Unit and Union County) in applying for funding and in making decisions about the disbursement of funds. These definitions are written to allow for the flexibility

[1] Section 2604(h)(5) of the Ryan White HIV/AIDS Program legislation requires that the chief elected official (CEO) of a Part A eligible metropolitan area/transitional grant area (EMA/TGA): "shall provide for the establishment of a clinical quality management program to assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service (PHS) guidelines for the treatment of HIV/AIDS and related opportunistic infection and, as applicable, to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services." Section 2604(h)(5) also provides for funding of clinical quality management activities. It states that, in addition to the 5 percent of funding allocated for administrative costs, the EMA/TGA may use for clinical quality management activities not more than the lesser of "5 percent of amounts received under the grant; or $3,000,000.

[2] The County of Union has an Intergovernmental Agreement (IGA) with the City of Newark; the IGA directs the allocation of Part A funds to Union County. This allocation is based on the New Jersey Department of Health and Senior Services' report on the number of people living with HIV and AIDS.

required to accommodate the wide range of foreseeable and unforeseeable care, treatment and support services that may be proposed. There is no intention to force innovative programs to artificially fit into a service category or categories. Program management and grantee reimbursement/monitoring should ensure the design and implementation of programs that are high quality, appropriate, accessible and meet consumers need despite crossing a number of service categories.

SERVICE CATEGORY DEFINITIONS

CORE SERVICES (9)

PRIMARY MEDICAL CARE ***(Outpatient/Ambulatory Medical Care)***

Provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, nurse practitioner, or other health care professional who is certified in his or her jurisdiction to prescribe antiretroviral (ARV) therapy in an outpatient setting. These settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not considered outpatient settings. Services include diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infections includes the provision of care that is consistent with the PHS's guidelines. Such care must include access to ARV and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination ARV therapies.

EARLY INTERVENTION SERVICES (EIS)

Counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, to diagnose the extent of immune deficiency, and to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and provision of therapeutic measures.

LOCAL AIDS PHARMACEUTICAL ASSISTANCE **(APA, NOT ADAP)**

Local AIDS pharmaceutical assistance (APA, not ADAP) includes local pharmacy assistance programs to provide HIV/AIDS medications to clients. These organizations may or may not provide other services (e.g., primary care or case management) to the clients they serve through an RWHAP contract with their grantee.

Programs are considered APAs if they provide HIV/AIDS medications to clients and meet all of the following criteria:

- Have a client enrollment process;
- Have uniform benefits for all enrolled clients;
- Have a record system for distributed medications; and
- Have a drug distribution system.
- As a result or component of a primary medical visit;

Programs are not APAs if they dispense medications in one of the following situations:

- On an emergency basis (defined as a single occurrence of short duration); or
- By giving vouchers to a client to procure medications.

Local APAs are similar to AIDS Drug Assistance Programs (ADAPs) in that they provide medications for the treatment of HIV disease. However, local APAs are not paid for with Part B funds "earmarked" for ADAP.

ORAL HEALTH CARE

Diagnostic, preventive, and therapeutic services provided by a dental health care professional licensed to provide health care in the State or jurisdiction, including general dental practitioners, dental specialists, and dental hygienists, as well as licensed and trained dental assistants.

MENTAL HEALTH SERVICES

Mental Health Services are psychological and psychiatric treatment and counseling services for individuals with a diagnosed mental illness. They are conducted in a group or individual setting, 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. Mental Health Services provided to HIV-affected clients should be reported as psychosocial support services.

MEDICAL NUTRITION THERAPY

Medical nutrition therapy including nutritional supplements is provided by a licensed registered dietitian outside of a primary care visit. The provision of food may be provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed, registered dietician.

Nutritional services and nutritional supplements not provided by a licensed, registered dietician shall be considered a support service and be reported under psychosocial support services and food bank/home delivered meals respectively. Food not provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed, registered dietician also shall be considered a support service and is reported under food bank/home delivered meals.

MEDICAL CASE MANAGEMENT ***(including Treatment Adherence)***

Medical case management services are a range of client-centered services that link clients with health care, psychosocial ,and other services provided by trained professionals, including both medically credentialed and other health care staff. The coordination and follow up of medical treatments are a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client and other key family members' needs and personal support systems*. Medical Case Managers must meet Newark EMA Standards of Care.*

Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatment.

Key activities include: (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) continuous client monitoring to assess the efficacy of the plan; and (5) periodic reevaluation and adaptation of the plan, at least every 6 months, as necessary over the life of the client. It includes client-specific advocacy and review of utilization of services. This includes all types of case management, including face-to-face, telephone, and any other forms of communication.

SUBSTANCE ABUSE SERVICES (OUTPATIENT)

Substance abuse services (outpatient) are medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting by a physician or under the supervision of a physician, or by other qualified personnel. They include limited support of acupuncture services to HIV-positive clients provided the client has received a written referral from his or her primary health care provider and the service is provided by certified or licensed practitioners and/or programs, wherever State certification or licensure exists.

HEALTH INSURANCE PREMIUM AND COST-SHARING ASSISTANCE

The provision of financial assistance for eligible individuals living with HIV to maintain continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-payments, and deductibles.

SUPPORT SERVICES (9)

CASE MANAGEMENT SERVICES **(NON-MEDICAL)**

Case management services include advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments.

EMERGENCY FINANCIAL ASSISTANCE (EFA)

The provision of one-time or short-term payments to agencies or the establishment of voucher programs when other resources are not available to help with emergency expenses related to essential utilities, housing, food (including groceries, food vouchers, and food stamps), and medication. It is expected that all other sources of funding in the community for emergency assistance will be effectively utilized and that any allocation of Ryan White HIV/AIDS Program funds for these purposes will be the payer-of-last-resort, and for limited amounts, limited use and limited periods of time.

FOOD BANK/HOME-DELIVERED MEALS

The provision of actual food or meals. It does not include finances to purchase food or meals, but may include vouchers to purchase food. The provision of essential household supplies, such as hygiene items and household cleaning supplies also should be included in this item. The provision of food and/or nutritional supplements by someone other than a registered dietician should be included in this item as well.

HOUSING SERVICES

Short-term assistance to support emergency, temporary, or transitional housing to enable an individual or family to gain or maintain medical care. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with them. Eligible housing can include both housing that does not provide direct medical or supportive services and housing that provides some type of medical or supportive services, such as residential substance abuse or mental health services, foster care, or assisted living residential services and housing that does not provide direct medical or supportive services but is essential for an individual or family to gain or maintain access to and compliance with HIV-related medical care and treatment.

NOTE: (1) Housing funds cannot be in the form of direct cash payments to recipients for services and cannot be used for mortgage payments. (2) Short-term or emergency assistance is understood as transitional in nature and for the purposes of moving and maintaining an individual or family in a long-term, stable living situation. Therefore, such assistance cannot be permanent and must be accompanied by a strategy to identify, relocate, and/or ensure the individual or family is moved to, or capable of maintaining, a long-term, stable living situation.

SERVICE CATEGORY DEFINITIONS

LEGAL SERVICES

Services to individuals with respect to powers of attorney, do-not-resuscitate orders, and interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the Ryan White HIV/AIDS Program.

Note: Legal services to arrange for guardianship or adoption of children after the death of their primary caregiver should be reported as a permanency planning service.

MEDICAL TRANSPORTATION SERVICES

Conveyance services provided, directly or through a voucher, to a client to enable him or her to access health care services.

OUTREACH SERVICES

Programs that have as their principal purpose identification of people with unknown HIV disease or those who know their status (i.e., case finding) so that they may become aware of, and may be enrolled in, care and treatment services. Outreach services do not include HIV counseling and testing or HIV prevention education. Broad activities such as providing "leaflets at a subway stop" or "a poster at a bus shelter" or "tabling at a health fair" would not meet the intent of the law. These services may target high-risk communities or individuals. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort; targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection; conducted at times and in places where there is a high probability of reaching individuals with HIV infection; and designed with quantified program reporting that will accommodate local effectiveness evaluation.

RESPITE CARE

Community or home-based, non-medical assistance designed to relieve the primary caregiver responsible for providing day-to-day care of a client living with HIV/AIDS.

SUBSTANCE ABUSE SERVICES (RESIDENTIAL)

Treatment to address substance abuse problems (including alcohol and/or legal and illegal drugs) in a residential health service setting (short-term). They include limited support of acupuncture services to HIV-positive clients provided the client has received a written referral from his or her primary health care provider and the service is provided by certified or licensed practitioners and/or programs, wherever State certification or licensure exists.

FY'2013 RESOURCE ALLOCATIONS
REFLECTING GEOGRAPHICAL NEEDS AND PARITY

SERVICE CATEGORIES	PERCENTAGE ALLOCATIONS		
	Essex	**Union**	**Morris, Sussex, and Warren (M/S/W)**
Primary Medical Care	**27%**	**28.9%**	**22%**
Local AIDS Pharmaceutical Assistance	**0%**	**0%**	**0%**
Early Intervention Services	**2%**	**2%**	**2%**
Mental Health Services	**10.5%**	**8.5%**	**12.25%**
Substance Abuse Services (Outpatient)	**8%**	**19%**	**5.5%**
Oral Health Care	**5%**	**6%**	**5%**
Medical Nutrition Therapy	**1.75%**	**1%**	**0%**
Medical Case Management	**24%**	**13.5%**	**19%**
Health Insurance Premium and Cost-Sharing Assistance	**0.25%**	**0.1%**	**0.25%**
Housing Services	**10.5%**	**5.5%**	**4.5%**
Medical Transportation Services	**1.25%**	**1%**	**18%**
Case Management Services (Non-Medical)	**4%**	**8%**	**11.5%**
Substance Abuse Services (Residential)	**1.5%**	**0%**	**0%**
Emergency Financial Assistance	**0.5%**	**0.6%**	**0%**
Food Bank/Home-Delivered Meals	**1%**	**3.0%**	**0%**
Legal Services	**2.75%**	**2.9%**	**0%**
Outreach Services	**0%**	**0%**	**0%**
Respite Care	**0%**	**0%**	**0%**

DIRECT CARE, TREATMENT AND SUPPORT SERVICES
FY'2013 RESOURCE ALLOCATION FOR CONTRACTING

Priority Setting Ranking	Service Categories	Percentage Allocations		
		Essex w/ Morris, Sussex, and Warren (M/S/W)	Union	Weighted* for Direct Services NEMA-wide
1	Primary Medical Care	26.48%	28.90%	26.96%
2	Local AIDS Pharmaceutical Assistance	0%	0%	0%
3	Early Intervention Services	2.00%	2.00%	2.00%
4	Mental Health Services	10.68%	8.50%	10.25%
5	Substance Abuse Services (Outpatient)	7.74%	19.00%	9.98%
6	Oral Health Care	5.00%	6.00%	5.20%
7	Medical Nutrition Therapy	1.57%	1.00%	1.46%
8	Medical Case Management	23.48%	13.50%	21.49%
9	Health Insurance Premium and Cost-Sharing Assistance	0.25%	0.10%	0.22%
10	Housing Services	9.88%	5.50%	9.00%
11	Medical Transportation Services	2.99%	1.00%	2.60%
12	Case Management Services (Non-medical)	4.78%	8.00%	5.42%
13	Substance Abuse Services (Residential)	1.34%	0%	1.08%
14	Emergency Financial Assistance	0.45%	0.60%	0.48%
15	Food Bank/Home-Delivered Meals	0.90%	3.00%	1.31%
16	Legal Services	2.46%	2.90%	2.55%
17	Outreach Services	0%	0%	0%
18	Respite Care	0%	0%	0%

*** Weighted by % PLWHA in each county/region as of HIV Surveillance Data reported through 12/30/11 as outlined in the 12/30/11 NJ HIV/AIDS Report.**
Essex + M/S/W Total =80.1% *[redistributed to 100% with Essex 89.6% and MSW 10.4%]*
Union Total = 19.9%

ALLOCATION GUIDANCE

An ongoing dialogue between the Grantee and Planning Council is always important; Sharing information is essential to enable the Grantee and Planning Council to work together to establish the ideal continuum of HIV care in the Newark EMA. The following is the guidance for the allocation of all Part A funds awarded to the Newark EMA (formula and supplemental funds) and Minority AIDS Initiative (MAI) funds:

- **Unexpended funds:** If money is under-expended in any service category, due to insufficient service capacity or a lack of service providers, the Grantee is instructed to fund higher priority services within the county first, a neighboring county secondly, and lastly EMA wide.

- **Range:** The Grantee is expected to fund all service categories under direct care, treatment and support services as closely to the aforementioned percentages as possible. The Planning Council must be notified in the event that the Grantee is unable to expend a specific service category within a range of **(+/-25%)** of the Planning Council's priority percentage. An agreement between the Planning Council's Executive Committee and the Grantee must be reached before any funds are used to purchase services beyond this range. The Executive Committee will meet within two business days of a request from the Grantee.

  The **(+/-25%)** is in respect to each and every line. For example, if "medical case management" is given a priority percentage of 15%, and that percentage equates to $360,000, the Grantee is expected to spend $360,000 but, under extraordinary conditions, may spend as little as 11.25% ($270,000) or as much as 18.75% ($450,000) of the direct care, treatment and support services dollars for "medical case management" without notifying the Planning Council.

- **NEMA-wide division of dollars:** In the initial allocation, the dollars for Direct Care, Treatment and Support Services (85% of the entire Ryan White Part A funding) will be distributed as follows:
  - ***Essex County + Morris, Sussex, and Warren Counties receives 80.1%***
  - ***Union County receives 19.9%***

  The Grantee is advised that the allocation for the Morris, Sussex and Warren region shall not equal less than 8.34% of the EMA total allocation. This allocation is expected to be on target.

- **Allocation versus Re-allocation:** This Allocation Guidance is expected to be adhered to during the initial allocation of Part A dollars (March 1, 2013). This report is also expected to provide the Grantee with guidance through the first nine months of the fiscal year. In allocating any unexpended funds during the final quarter, it is understood that the Grantee will follow this report to the best of its ability and consultation with the Planning Council will not be necessary.