NEWARK EMA HIV HEALTH SERVICES PLANNING COUNCIL

PRIORITY SETTING AND RESOURCE ALLOCATION REPORT

FY 2010

Approved by the Planning Council: September 16, 2009

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INTRODUCTION

Part A of the Ryan White HIV/AIDS Treatment Modernization Act (RWTMA) of 2006 provides emergency assistance to Eligible Metropolitan Areas (EMAs) that are most severely affected by the HIV/AIDS epidemic. The Newark EMA is one of 22 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 RWTMA 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 RWTMA. The following document summarizes the priorities for the allocation of Ryan White HIV/AIDS Treatment Modernization Act of 2006 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 2008 Needs Assessment, **Comprehensive Health Plan 2009-2011**, and Statewide Coordinated Statement of Need (SCSN) as well as input from the Planning Council's four population-specific committees in planning for the continuum of HIV care in the Newark EMA.

DIRECTION FOR HIV SERVICES IN FY 2010

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 **2010** and is depicted below. The seven "core" services are (1) primary medical care, (2) HIV medications, (3) oral health (4) mental health services, (5) outpatient substance abuse services, (6) medical case management and (7) medical nutritional therapy. 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.

FY 2010 CORE SERVICES MODEL

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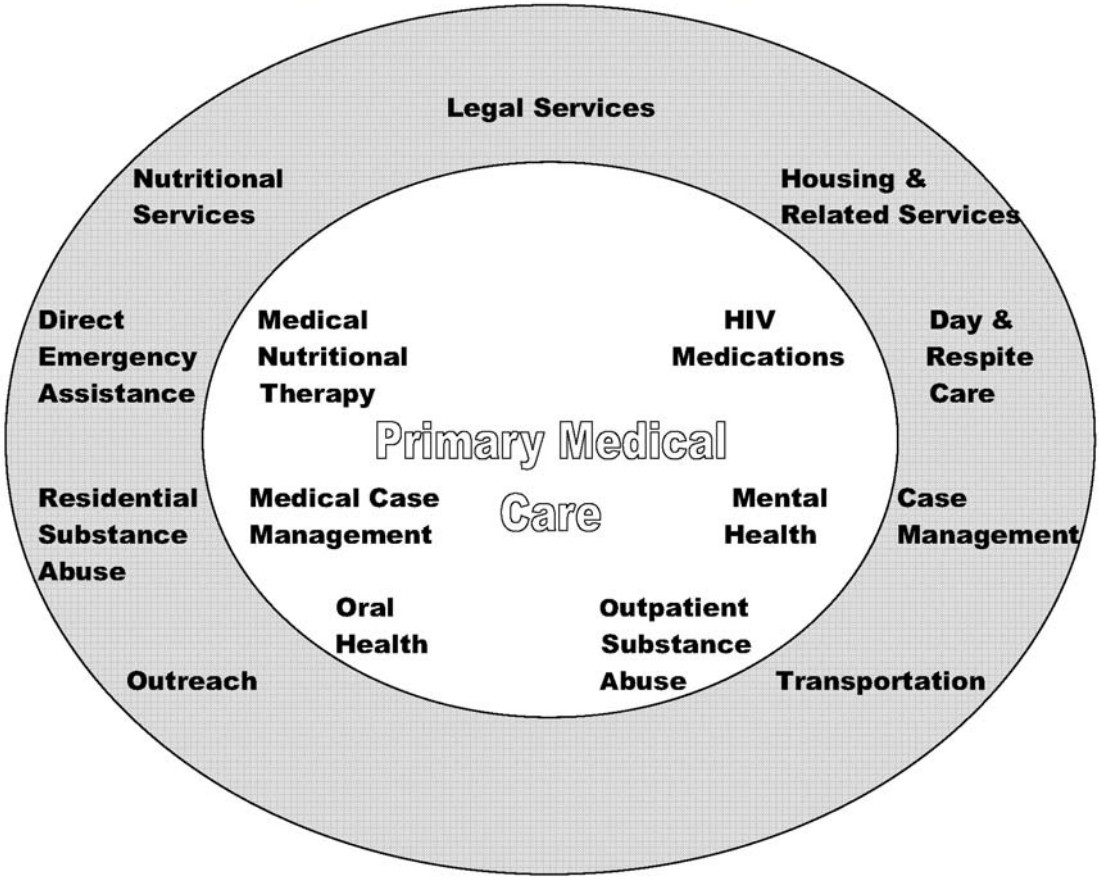

UNMET NEED

The 2009 Needs Assessment Update focused on describing how clients were linked to medical care and maintained in care. The 2008 Needs Assessment identified the extent of need for Core Medical Services (other than medical care) including oral health, which has been used in the resource allocations. The unmet need framework continues to shows need for medical care among those lacking health insurance**.** The 2009 Needs Assessment Update also seeks to identify emerging populations with needs that providers in the Newark EMA needed to address as they deliver services.

- Testing sites provide the first link to medical care for most clients; providers should strengthen linkages with counseling and testing sites.
- Ensure that providers adhere to guidelines for patient follow-up and that all reasonable efforts are being made to maintain clients in medical care.
- Ensure that medical case management services are primarily used for linking and maintaining clients in medical care services.

MINORITY AIDS INITATIVE (MAI)

For FY 2010, the 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 seven service categories will be funded based on priorities set by the Planning Council for FY 2010 and on available funds:

Primary Medical Care
Mental Health
Oral Health
Outpatient Substance Abuse
Case Management
Transportation
Housing and Related Services

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

ALLOCATION OF FUNDS

The allocation of the FY 2010 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 [1]	10.0%
Quality Management	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 award will be distributed as follows:

Regions	% of all care, treatment & support dollars
Essex County	**72.7%**
Union County[2]	**19.9%**
Morris, Sussex and Warren Counties	**7.4%**
Total	**100.0%**

[1] In April 2001 HRSA published a policy letter entitled "Quality Management Programs; Use of Funds for Quality Management Programs", which states that the CARE Act Amendments of 2000 require the "establishment of a quality management program to assess the extent to which HIV health services provided to patients under the grant [the CARE Act] are consistent with the most recent Public Health Service guidelines for the treatment of HIV disease and opportunistic infection". The CARE Act allows as much as 5% of the Title I award to be used for "activities associated with the Quality Management program". Therefore, the total amount that the City of Newark may take for grant administration and quality management is 15%.

[2] The County of Union has an Inter-Governmental 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.

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) in applying for funding and in making decisions about the disbursement of funds. These definitions are written to allow for the flexibility 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 (7)

PRIMARY MEDICAL CARE*(Ambulatory/Outpatient Health Services)*
Provision of professional, diagnostic and therapeutic services rendered by a physician, physician's assistant, advanced practice nurse, or registered nurse in an outpatient, community-based, and/or office-based setting to patients with HIV infection. This includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, care of minor injuries, education and counseling on health and nutritional issues, minor surgery and assisting at surgery, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care. Such care must include access to antiretroviral medications and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

MEDICATIONS (HIV MEDICATIONS)
The provision of FDA approved pharmaceuticals and medications for persons with no other payment source or for a limited period of time while their prescription drug coverage application is being processed. The definition *does not include* medications that are dispersed or administered during the course of a regular medical visit or that are considered part of the services provided during that visit.

ORAL HEALTH
Diagnostic, prophylactic, and therapeutic services rendered by licensed dentists, dental hygienists, and similar professional practitioners.

MENTAL HEALTH THERAPY AND COUNSELING
A. Psychological/psychiatric treatment and counseling services, including individual or group counseling and support groups, provided by a mental health professional licensed by or authorized within the State of New Jersey. This may include psychiatrists, psychologists, social workers, advanced practice nurses and counselors under the supervision of a licensed professional.

SERVICE CATEGORY DEFINITIONS

B. MICA Programs, the provision of Mentally Ill Chemical Abuse (MICA) Counseling, which is the provision of mental health treatment, including individual or group counseling, designed to address both mental health and substance and/or alcohol issues. MICA services must be provided by a qualified licensed/certified individual or a group of professional (operating as a team in a co-located, integrated practice) who can provide both mental health and substance abuse services

MEDICAL NUTRITIONAL THERAPY

Provided by a licensed/registered dietician outside of a primary care visit and may include, but not limited to, treatment assessments, counseling and the provision of nutritional supplements. The provision of food may be provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed/registered dietician.

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

A range of client-centered services, including treatment adherence services, which link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems.

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

A. Treatment Adherence Services provide counseling or educational activities to ensure readiness for, and adherence to complex HIV/AIDS treatments.

OUTPATIENT SUBSTANCE ABUSE SERVICES

A. Substance Abuse Treatment and Counseling provides treatment and/or counseling by a program authorized by the New Jersey Department of Health & Senior Services (NJDHSS) or provided by a licensed or certified professional or under the supervision of a licensed or certified professional to address substance abuse and/or alcohol abuse problems including, but not limited to, harm reduction, detoxification, aftercare, methadone detoxification/maintenance and evaluation for placement.

B. MICA Programs, the provision of Mentally Ill Chemical Abuse (MICA) Counseling, which is the provision of mental health treatment, including individual or group counseling, designed to address both mental health and substance and/or alcohol issues. MICA services must be provided by a qualified licensed/certified individual or a group of professional (operating as a team in a co-located, integrated practice) who can provide both mental health and substance abuse services.

SERVICE CATEGORY DEFINITIONS

SUPPORT SERVICES (9)

CASE MANAGEMENT
A range of client-centered services that link clients with primary medical care, psychological and other services to ensure timely, coordinated access to medically-appropriate levels of health and support services, continuity of care, ongoing assessment of the client's and other family members' needs and personal support systems and inpatient case management services that prevent unnecessary hospitalization or that expedite discharge, as medically appropriate, from inpatient facilities. Key activities include initial comprehensive assessment; individualized service plan; coordination of services required to implement the plan; client monitoring to assess the efficacy of the plan; and periodic reevaluation and revision of the plan as necessary over the life of the client. May include client-specific advocacy and/or review of utilization of services.

DIRECT EMERGENCY ASSISTANCE
The provision of emergency short-term payments for critical needs such as utility bills. There will be no cash payments to individuals. Rental payments, medications and food are excluded from this category and are to be included under Housing and Related Services or Medications and Nutritional Services.

NUTRITIONAL SERVICES
Provision of food, or prepared meals, home delivered meals, and food vouchers.

HOUSING AND RELATED SERVICES
This assistance is limited to short-term or emergency financial assistance to support temporary and/or transitional housing to enable the individual or family to gain and/or maintain medical care. All housing services must be provided by persons who possess knowledge of local, state and federal housing programs.

A. Rental assistance/security deposit: Provision of short-term emergency housing assistance (assistance with rent and/or security deposit) based on consumer need and as a benefit of last resort while the person with HIV is being linked with longer term housing support. Housing funds cannot be in the form of direct cash payments to recipients for services and cannot be used for mortgage payments.

B. Residential housing services: Provision of supportive, transitional housing in a congregate setting.

LEGAL SERVICES *(including Client Advocacy)*
Provision of legal services by or supervised by a licensed attorney directly necessitated by a person's HIV status, including but not limited to: preparation of Advance Directive for Health Care (Living Wills), Last Will and Testaments, Powers of Attorney, Standby Guardianships; Bankruptcy proceedings; interventions necessary to ensure access to eligible benefits/entitlements, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under Ryan White HIV/AIDS Treatment Modernization Act of 2006.

A. Client Advocacy: Assessment of individual legal needs, provision of legal advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Advocacy does not involve coordination and follow-up on medical treatments.

TRANSPORTATION
Conveyance services provided to a client in order to access core and/or support services. May be provided routinely or on an emergency basis.

OUTREACH
A service provider initiated activity whose principal purpose is to identify people living with HIV who have never been in the continuum of care or individuals who have been out of the continuum for at least six months, so that they may become aware of and may be enrolled in care and treatment services. Outreach programs should be planned and delivered in coordination with local HIV prevention, education/counseling and testing programs to avoid duplication of effort. Outreach must be targeted to populations known through local epidemiological data to be at disproportionate risk for HIV infection; be conducted at times and in places where there is a high probability that HIV infected individuals, particularly those who are also substance users, will be reached; be culturally and linguistically appropriate, and be designed with quantified program reporting which will accommodate local effectiveness evaluation.

These services must have established formal linkages with Ryan White primary medical providers, case managers, and/or substance abuse treatment facilities.

DAY AND RESPITE CARE
Home or community based non-medical assistance designed to provide temporary relief to the caregiver responsible for providing day-to-day care of client or client's dependent.

RESIDENTIAL SUBSTANCE ABUSE SERVICES
Provision of treatment and/or counseling by a licensed substance abuse professional to address substance abuse issues (including alcohol, legal and illegal drugs) provided in a state licensed residential facility.

DIRECT CARE TREATMENT AND SUPPORT SERVICES: PRIORITY SETTING AND PERCENTAGE RESOURCE ALLOCATION

Priority Setting	Service Categories	Percentage Allocations			
		Essex	Union	M/S/W	Weighted* for Direct Services NEMA-wide
1	Primary Medical Care	34.00%	25.5%	24.00%	31.63%
2	Medications	0.00%	0.00%	0.00%	0.00%
3	Oral Health	5.00%	5.00%	5.00%	4.99%
4	Mental Health	12.00%	7.50%	13.00%	10.58%
5	Outpatient Substance Abuse	9.00%	22.00%	5.75%	11.33%
6	Medical Case Management	15.00%	15.00%	27.00%	15.82%
7	Medical Nutrition Therapy	2.27%	0.30%	0.25%	1.74%
8	Case Management	2.00%	6.50%	0.00%	3.08%
9	Housing and Related Services	11.59%	5.5%	6%	9.67%
10	Residential Substance Abuse	2.27%	0.00%	0.00%	2.40%
11	Nutritional Services	2.00%	7.0%	0.00%	2.70%
12	Transportation	1.50%	3.0%	19%	3.32%
13	Legal Services	2.50%	2.0%	0.00%	2.13%
14	Direct Emergency Assistance	0.87%	0.70%	0.00%	0.59%
15	Outreach	0.00%	0.00%	0.00%	0.00%
16	Day and Respite Care	0.00%	0.00%	0.00%	0.00%

*** Weighted by % PLWHA in each county/region as of 6/30/09. (Essex 72.7%; Union 19.9%; M/S/W 7.4%)**

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 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 above-noted 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 NEMA-wide division of dollars whereby **Essex County receives 72.7%** of direct care, treatment and support service dollars, **Union County 19.9%** and **Morris, Sussex and Warren Counties 7.4**% is expected to be on target.

- Allocation versus Re-allocation: The above allocation guidance is expected to be adhered to during the initial allocation of Part A dollars (March 1, 2010). 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.