

2023 Directives to the Recipient from HIPC

New Jersey

1. Encourage outreach to aging populations to ensure they are informed about funded services.

The recipient has and will communicate to Subrecipients that they must conduct outreach to aging populations to ensure they are aware of funded services in the EMA. Priority services to spread this message will primarily be done through medical case management and outpatient/ambulatory health services funded sites. The recipient will also research to determine whether this language can be integrated into contractual language.

2. Increase access to and awareness of telehealth options to medical and social service care; Request more information on telehealth services provided and the circumstance of its use.

Telehealth options at multiple Ryan White outpatient/ambulatory sites have already been integrated into HIV primary care since the beginning of the COVID-19 pandemic. In August 2023, the Recipient completed an update on all Ryan White outpatient/ambulatory sites. Currently, all sites provide telehealth options, this includes platform specific telehealth (Doxy.Me, Doximity, EHR platforms, ZOOM, etc.) and telephonic services. Despite telehealth services quickly becoming the norm, further research is still needed to learn how these providers make their patients aware of telehealth services through multiple methodologies. The recipient recognizes that individuals receive messages in multiple ways. Ensuring communication is clear will result in increased access to telehealth services across services.

There are some Subrecipients who are already implementing certain initiatives such as pager services, distributing free cell phones, and patient portals to name a few. However, these services are highly targeted to specific patients who have a history of falling out of care or have been identified to need extra support.

Regarding social services, the bulk of Ryan White services must be conducted in-person. However, there are some exceptions for medical case management and substance abuse services. Telehealth services are provided to those clients on an as needed basis.

3. Ensure subrecipients are disseminating information on the availability and coverage of EFA funding so clients can access this service.

The primary mechanism by which EFA services are shared is through medical case management services. All medical case managers must complete a vigorous training process with the Recipient's Medical Case Management Coordination Project. Through this training they are introduced to the EFA service category. More specifically, each medical case management program must designate an individual(s) who completes further training with PHMC to carry out the services properly. A client's needs are considered during their comprehensive assessment with their assigned medical case manager.

Furthermore, the recipient will be adding a service search tool on the Philly Keep On Loving website (www.phillykeeponloving.com). This will describe services and People with HIV will be able to contact the recipient's Client Services Unit (CSU) staff via chat, email, or by phone to ask questions about services. Anyone in need of the service will be referred to MCM services and CSU will provide short term case management until the client has been assigned a MCM.

4. DHH is to report back to the Comprehensive Planning Committee with progress and updates on the currently implemented EFA-Housing Model.

The intention of EFA-Housing is to Emergency Financial Assistance for 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.

Through FY22, \$107,446 was allocated and the Subrecipient has exceeded program goals. In total 235 clients received 235 monthly payments for EFA-Housing. EFA-Housing has not encountered significant challenges. However, there are different situations that are not written in guidance or services provisions that must be handled uniquely on a case-by-case basis. The recipient is excited to report that the processing of applications continues to be completed in 1-2 business days.

5. In accordance with federal treatment guidelines, increase access to immediate ART initiation (within 96 hours) from diagnosis unless otherwise clinically indicated and recorded.

As previously reported, increasing access to iART has been part of the HRSA EHE initiative for Philadelphia. The Recipient has organized the following: an HIV Learning Collaborative as part of the EHE initiative, provided capacity building assistance to all EHE funded providers to develop and implement iART policies that included processes on access and expansion. In September 2023, the Recipient awarded all Status Neutral HIV testing providers to develop and implement iART policies to be completed by January 2024. Implementation of said iART policies across all EHE funded Subrecipient sites is now in force.

The major caveat is additional funds to implement are only available as part of EHE efforts and those funds can only be awarded to providers in Philadelphia. RW Part A providers in NJ are encouraged to implement iART with their current Part A funds.

6. Expand operating hours to include evening and weekend appointments for HIV medical care in community and hospital-based HIV treatment sites.

As previously reported, expanded operating hours is also being implemented as part of EHE efforts. Additional funds to implement are only available to Philadelphia- based providers through HRSA EHE funding and those funds can only be awarded to providers in Philadelphia. RW Part A providers in NJ are encouraged to expand operating hours with their current Part A funds.

The recipient will research internally the number of Subrecipients who have expanded their hours of operation (including nights and weekends) with comparisons from FY21 to FY22. Additionally, we will learn the proportion of patients and clients who utilize these services over a snapshot time in the same periods.

PA Counties

1. Increase access to and awareness of telehealth options to medical and social service care; Request more information on telehealth services provided and the circumstance of its use.

Telehealth options at multiple Ryan White outpatient/ambulatory have been integrated into HIV primary care since the beginning of the COVID-19 pandemic. In August 2023, the Recipient completed an update on all Ryan White outpatient/ambulatory sites. Currently, all sites provide telehealth options, this includes platform specific telehealth (Doxy.Me, Doximity, EHR platforms, ZOOM, etc.) to telephonic services. Further research is needed

to learn how these providers make their patients aware of telehealth services.

Regarding social services, the bulk of Ryan White services must be conducted in-person. However, there are some exceptions for medical case management and substance abuse services. Telehealth services are provided to those clients on a as needed basis.

2. Encourage outreach to aging populations to ensure they are informed about funded services.

The recipient will communicate to Subrecipients that they must conduct outreach to aging populations to ensure they are aware of funded services in the EMA. Priority services to spread this message will begin with medical case management and outpatient/ambulatory health services funded sites.

3. Ascertain the need for increased mental health services in the PA counties.

The Recipient will reach out to all mental health funded Subrecipients identify gaps in services such as waiting list. However, there does not appear to be an increased need reported directly to the Recipient by way of additional funds requests or technical assistance.

Philadelphia County

1. Review which services are most utilized and needed by PLWH 50+ years old; encourage outreach to said population to ensure they are informed about funded services.

Services most utilized by PWH 50+ years old will require further research via study of the Recipient's databases and direct inquiry with Subrecipients. This process will take time, but we are aiming to provide accurate information before the close of this fiscal year which ends 2/29/24.

However, much work on this topic has already taken place. The Recipient convened a community-led symposium called Aging and Thriving which took place May 24, 2023. A day of discussion and resource-sharing for adults with HIV over 50 and their service providers. It was attended by 83 in-person attendees and about 20 online participants throughout the day.

Goals for the day were: (1) to foster dialogue between community members and providers of health and social services about the resilience,

challenges, and wisdom of people aging with HIV and (2) to provide education to providers and community members about accessing services to meet the intersecting nature of health, economic and service needs of people aging with HIV; and (3) to provide insight to PDPH Division of HIV Health on how to design services that best serve the diverse local community of individuals aging with HIV, and align services for aging populations with the local EHE plan.

Many topics were discussed such as: resources available through the local Area Agency on Aging, Managing HIV in Older Adults: Understanding Your Labs & Common Co-Morbidities, Benefits and Employment Issues for Over 50, Death and Dying/End of Life Issues: Healing from Trauma as Long-Term Survivors, Needs and Experiences of Trans and Gender Non-Conforming Older Adults with HIV, Elder Housing Resources, and Criminalization of HIV Across the Lifespan to name a few. Co-leading the symposium with older adults with HIV who are long-standing members of local and national advocacy communities was a powerful learning experience for participants and for service providers.

Another symposium is tentatively planned for the third week of May 2024. We will reconvene the planning committee for the symposium starting in December 2023. University of Pennsylvania has been selected as focus group provider for adults with HIV and they are currently in the development and IRB phases of the project.

2. Increase access to and awareness of Food Bank services, especially those that are culturally relevant; request more information on Food Bank services provided and their utilization to determine improved health outcomes

There are five (5) Subrecipients in Philadelphia that receive Ryan White Part A funding for food bank services. The range of food bank services is diverse. Services include traditional food bank and food vouchers to various merchants. After reviewing these services, Subrecipients are implementing culturally relevant and appropriate food bank services.

ACCESS: Some examples include choice; this means giving clients the option to choose which food items they would like to take home. This may look like “supermarket” style food bank access or clients can submit a food bank shopping list while the worker packs their food bags. These same providers may source food items from Philabundance, Amazon and BJs to name a few. And, during the holiday season many Subrecipients will make available food baskets.

Clients are also given additional resources for food banks in and around the area, and agency brochures to make them aware of in-house services.

Moreover, clients are assessed to ensure access to entitlements such as SNAP benefits and WIC.

CULTURAL RELEVANCE/ACCOMODATIONS: Food voucher selection takes into consideration the cultural needs and access limitations among clients. This includes getting vouchers from local supermarkets and supermarket chains.

Alongside cultural relevance, other accommodations are made such as language access (all Subrecipients have language access policies in place), allergy considerations, food delivery, dietary considerations, supplements, and water filtration.

At least two (2) subrecipients have disclosed they have events or acknowledge cultural needs by having monthly Hispanic heritage pantry days. Additionally, one (1) subrecipient shared they have annual surveys specifically about their food bank services to ensure their needs are met. However, one (1) subrecipient reported they need additional support to competently offer and address diverse diets (such as religious considerations, vegan, and vegetarian diets).

3. Ensure subrecipients are disseminating information on the availability and coverage of EFA funding so clients can access this service.

The primary mechanism by which EFA services are shared is through medical case management services. All medical case managers must complete a vigorous training process with the Recipient's Medical Case Management Coordination Project. Through this training they are introduced to the EFA service category. More specifically, each medical case management program must designate an individual(s) who complete further training with PHMC to carry out the services properly. A client's needs are considered during their comprehensive assessment with their assigned medical case management.

Furthermore, the recipient will be adding a service search tool on the Philly Keep on Loving website (www.phillykeeponloving.com). This will describe services and People with HIV will be able to contact the recipient's Client Services Unit (CSU) staff via chat, email, or by phone to ask questions about services. Anyone in need of the service will be referred to MCM services and CSU will provide short term case management until the client has been assigned an MCM.

Directives from Comprehensive Planning Committee – October 2023

1. Breakdown of spending for activities within Substance Use Services (Outpatient), specifically looking at drug testing. The CPC wants to know how money is allocated within this service and however much information you can provide without identifying the organizations.

Ryan White funds do not pay for drug testing in this jurisdiction. All Ryan White Part A Substance Use Services funding in the Philadelphia EMA is used to onboard/retain licensed and certified counselors to provide individual and group counseling to eligible Ryan White consumers.

2. How transportation is being utilized -- is there any way to receive a breakdown of SEPTA/public transportation versus ride shares versus personal provider vehicles?

The recipient currently funds 5 Subrecipients to provide Medical Transportation Services for Ryan White eligible services, chiefly medical care, oral health, and medical case management. There are several modes of transportation utilized: agency vehicles, one-way SEPTA key cards, shared rides (Uber/LYFT), taxi services and mileage reimbursement.

A further breakdown of how funds are utilized demonstrates approximately 49% of funding is utilized to pay for SEPTA key cards, shared rides, taxis, mileage reimbursement and monthly county transportation service fees. The balance of funds is utilized for the administration of the centrally located transportation program coordination and supervisory staff, agency drivers and operational expenses (communications, rent, insurance, etc.).

3. They would like to know more details about mental health service utilization within Philadelphia since there was recently increased spending and clients. I'm not exactly sure what they would like to know -- I think the following information might be helpful: (1) personal insurance versus Ryan White insurance coverage, (2) number of visits per client (average number of visits per client), and (3) telehealth vs. in-person visits. I am also curious if the recipient has any recommendations or other information that you think might be beneficial due to this increased utilization.

Philadelphia county currently has 6 Subrecipients who receive Ryan White Part A funding for Mental Health Services. This includes 2 hospital sites, 3 federally qualified health centers, and 1 co-located wellness center. There is also a combination of traditional mental health services which includes

one to one counseling sessions and Behavioral Health Counseling (BHC). BHCs provide brief, short-term behavioral health counseling services to Ryan White eligible persons with HIV in the Philadelphia EMA. BHC services are typically provided by a psychologist, licensed clinical social worker, or other behavioral health professional — as part of the health care team. BHC services positively contribute to improved health outcomes such as durable viral suppression and retention in care.

INSURANCE: Coverage for all persons living with HIV who receive mental health services is varied. Most Ryan White eligible clients are eligible for and utilize Medicaid. However, some clients also have personal/private (HMO) insurance and may also utilize SPBP. After reviewing data for FY22, the breakdown is as follows: 51.3% of all Ryan White clients have Medicaid, 22.3% have Medicare (4.2% unspecified, 18.1% Medicare Part A and B), 9.6% have no insurance, 12% have insurance through an employer, 3% have private insurance and 1% have other insurance (not specified).

SERVICE DELIVERY: FY22 data demonstrated the average number of visits per client is approximately 3. Fifty-nine percent (59%) had at least one visit, 37% had at least 2 visits and 5% had 12 more visits.

Further research is required to learn the proportion of clients who are receiving in-person and telehealth services. However, telehealth services are available at all Ryan White service sites.

INCREASED UTILIZATION: One Subrecipient has requested over the past 2 funding cycles to offer mental health services instead of their typically funded substance abuse services. At their site, substance abuse services were grossly under-utilized. The Recipient agreed to this plan. Therefore, the Recipient makes the recommendation to reallocate funds to ensure this service is rendered at this site permanently.

Additionally, increased utilization indicates an increased need. Despite this, Subrecipients have not requested additional funding.