RYAN WHITE PART A HOME AND COMMUNITY-BASED HEALTH SERVICES



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Overview

- Home and Community-Based Health Services Category Description
- FY2012 Demographics and Services Delivered
- Timeline for IoC consideration
- Questions

HRSA Definition of Service Category

Home and Community-Based Health Services

Provision of **Home and Community-based Health Services**, defined as skilled health services furnished in the home of an HIV-infected individual, based on a written plan of care prepared by a case management team that includes appropriate health care professionals. Allowable services include:

- Durable medical equipment;
- Home health aide and personal care services;
- Day treatment or other partial hospitalization services;
- Home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy);
- Routine diagnostic testing; AND
- Appropriate mental health, developmental, and rehabilitation services.

Non-allowable services include:

- Inpatient hospital services; and
- Nursing home and other long term care facilities.

NY EMA Definition of Service Category

NY EMA Definition

Programs provide comprehensive coordinated home-based healthcare, support and service coordination that addresses the full range of client needs. Services provided include:

- psychosocial support
- bereavement counseling
- pastoral care to family members and caregivers
- respite for caregivers
- childcare during appointments and hospitalizations
- assistance with activities of daily living and household chores.

Priority Rank and Budget Allocation

- ➤ The NY EMA Planning Council ranked Home and Community-Based Health Services as Priority #12 (of 12) for FY 2014. It is the lowest ranked service category.
- Approximately 1.4% of the total Ryan White budget is allocated to this service category.

Base funding only; no MAI funding.

- > Four programs in NYC.
- The portfolio of programs was last bid in 1998.
- Current contracts are cost-based; more recently bid contracts in other service categories are performance-based.

FY	\$ Amount	% of Total			
		Budget			
2008-2009	\$1,396,525	1.65%			
2009-2010	\$1,516,589	1.62%			
2010-2011	\$1,516,589	1.64%			
2011-2012	\$1,516,589	1.65%			
2012-2013	\$1,516,585	1.6%			
2013-2014	\$1,207,209	1.4%			

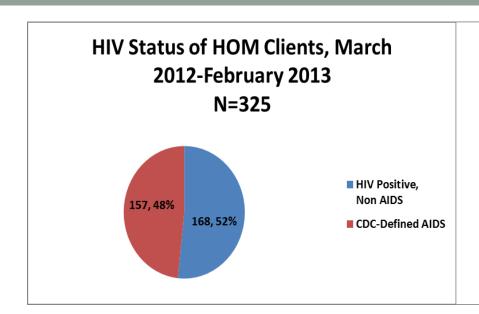
Client Eligibility

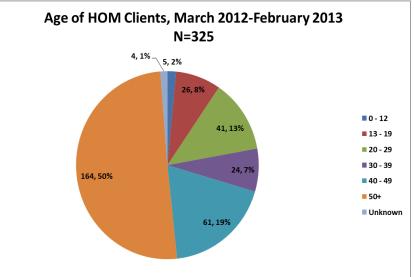
Same as general EMA Eligibility.

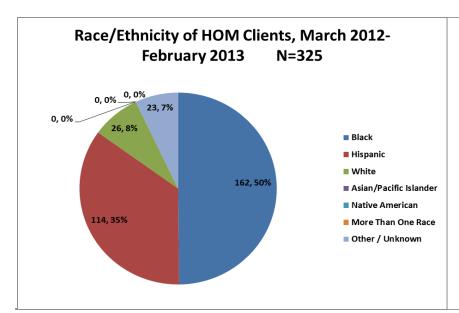
Eligible clients are persons living with HIV/AIDS who can provide proof of:

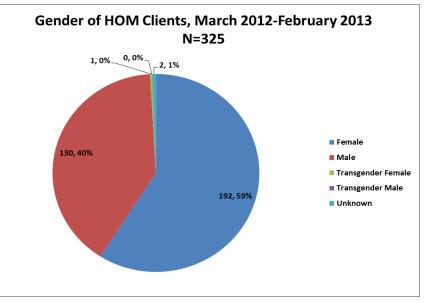
- HIV status
- Residence in the NYC eligible metropolitan area
- Income below 435% of the Federal Poverty Level

Dependent children may also receive services.



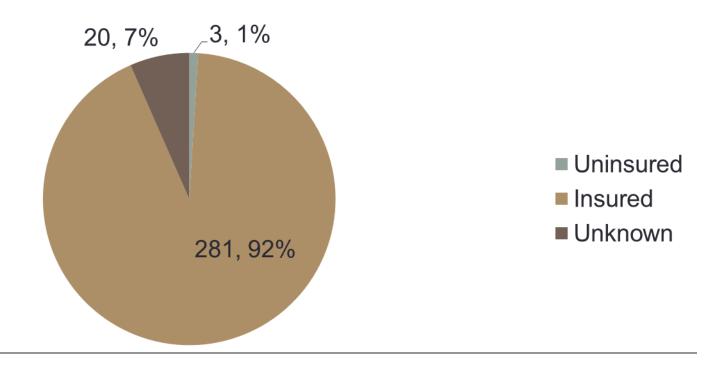






Insurance Status

Insurance Status of HOM Clients, March 2012-February 2013 N=304



Service Groupings

- Mental Health Counseling: includes Individual, Group, Family Counseling-MH, and Individual Counseling-AOD
- Supportive Counseling
- Nutritional Counseling
- Custodial Visits: Homemaker/ chore services to provide support to the family. Includes childcare.
- Pantry Bag Distribution
- Psychiatric Evaluation and Visits

Ryan White Part A-funded HOM Programs in New York City

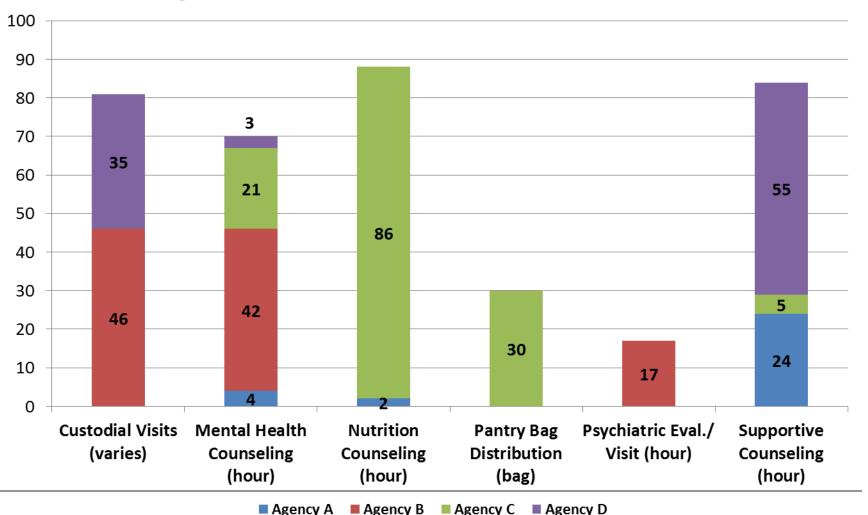
Agency	HOM Services Provided				
A	1. Mental Health Counseling				
	2. Supportive Counseling				
	3. Nutrition Counseling				
В	1. Custodial Visits				
	2. Mental Health Counseling				
	3. Psychiatric Evaluations				
	4. Psychiatric Visits				
С	1. Mental Health Counseling				
	2. Nutritional Counseling				
	3. Pantry Bag Distribution				
	4. Supportive Counseling				
D	1. Custodial Visits				
	2. Mental Health Counseling				
	3. Individual Counseling – Supportive				

RW HOM Provider Services, by Agency March 2012-February 2013

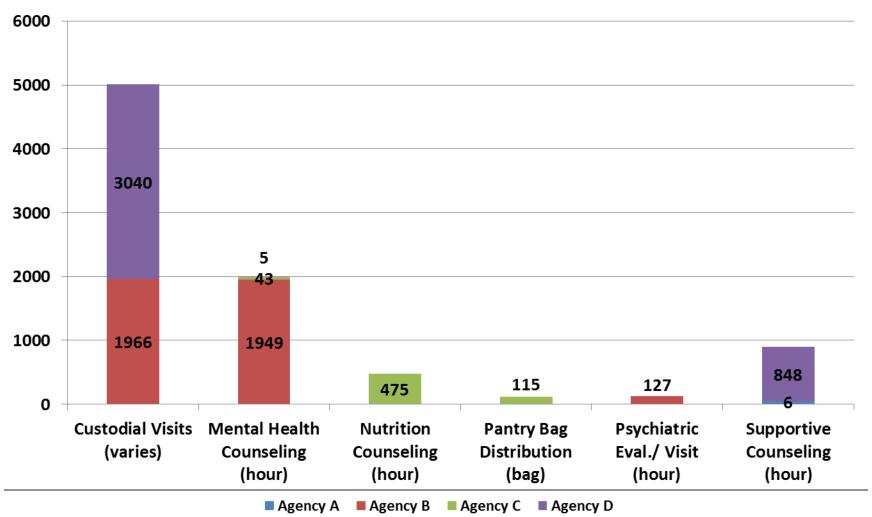
	Agency A		Agency B		Agency C		Agency D	
Service Grouping (unit)	Clients	Units	Clients	Units	Clients	Units	Clients	Units
Custodial Visits (varies)			46	1966			35	3040
Mental Health Counseling (hour)	4	4	42	1949	21	43	3	5
Nutrition Counseling (hour)	2	2			86	475		
Pantry Bag Distribution (bag)					30	115		
Psychiatric Eval./ Visit (hour)			17	127				
Supportive Counseling (hour)	24	43			5	6	55	848

- Mental Health Counseling grouping includes Individual, Group, Family Counseling-MH, and Individual Counseling-AOD.
- Psychiatric Eval./Visit includes Psychiatric Evaluation and Psychiatric Visits.

Number of Clients Served, by Service Grouping, March 2012-February 2013



Units of Service Provided, by Service Type, March 2012-February 2013



Changes from FY11 to FY12

- Increased Services Reported in:
 - Custodial Visits (43 more clients, 1, 206 more service units)
- Decreased Services Reported in:
 - Mental Health Counseling (38 fewer clients, 435 fewer hours)
 - Nutritional Counseling (127 fewer clients, 491 fewer hours)
 - Pantry Bag Distribution (23 fewer clients, 29 fewer pantry bags)
 - Supportive Counseling (87 fewer clients, 312 fewer hours)
- Services Remained about the Same in:
 - Psychiatric Evaluation and Visits (2 more clients, 4 more hours)

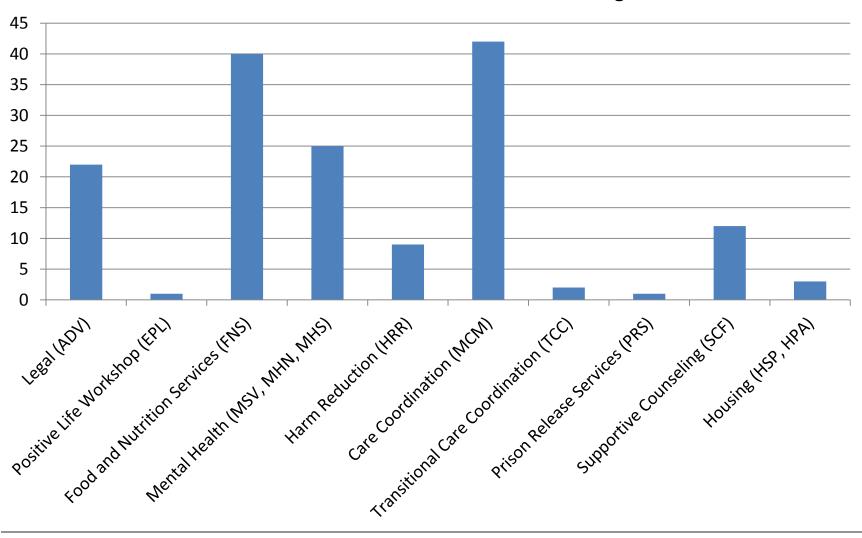
Other Providers of Home and Community-Based Health Services

- For more details, please see Payor of Last Resort (POLR)
 Tool
 - HASA
 - ADAP
 - Various NYC Agencies
 - HRSA-RW Part C
 - Medicaid: Managed Long Term Care
 - Medicare
 - Administration for Children's Services

Other Service Categories- FY12

- Services provided by FNS Service Category
 - Nutrition Counseling (2 agencies/ 88 clients/ 477 service units)
 - Pantry Bag Distribution (1 agency/ 30 clients/ 115 units)
- Services provided by MSV Service Category
 - MH- Individual, Group, Family Counseling and AOD-Individual (4 agencies/ 70 clients/ 2001 units)
 - AOD-Individual is also provided in HRR Service Category
- Services provided by SCF Service Category
 - Supportive Counseling (3 agencies/ 84 clients/ 897 units)
- Services not provided in another Service Category
 - Custodial Visits (2 agencies/ 81 clients/ 5006 units)

Number of HOM Clients Served in Other Service Categories in FY12



Proposed Timeline

- May 21: Grantee presentation and Discussion of Follow-up Items
 - Service Category Definition(s)
 - Service Demographics
 - Services Delivered and Changes across Years
 - Payer of Last Resort Summary
 - Similar Services Delivered in other service categories
- June 4: Grantee presentation
 - Summary of Provider Items from 2012 Provider Survey and PSRA discussions
 - Continue Payer of Last Resort: Discuss POLR Tool
 - Follow-Up Items from Meeting 1
- Meeting 3: POLR Discussion with NYS Counterparts and Draft Service Directive
- Meeting 4: Continued Service Directive Development

Items for Discussion

 What additional information/ stakeholders does IoC need to develop the service directive?