

**HIV HEALTH & HUMAN SERVICES PLANNING COUNCIL OF NEW YORK**  
**Master Directive**  
**Approved by the Planning Council on April 28, 2016**

Service Category Goals <sup>1</sup>	2012-2015 Comprehensive Strategic Plan Objectives <sup>2</sup>	Program Directive & Service Model	Client and Agency Eligibility
	<p>Objective 1a: To ensure expanded access to voluntary HIV rapid testing across health care and social support service provider settings.</p> <p>Objective 1b: To decrease delayed diagnosis of HIV.</p> <p>Objective 2: To increase the proportion of newly diagnosed individuals who enter into primary care within three months of HIV diagnosis.</p>	<p>Services should be client-centered, non-judgmental, guided by harm reduction principles, trauma informed,<sup>3</sup> culturally- and age-appropriate, sensitive to physical and sensory impairments, and tailored to the population served.</p> <p>To maximize access and promote total health, a variety of engagement strategies should be employed. Services should be provided in a user-friendly manner maximizing access and promoting total health, i.e., hours of operation should be appropriate to the population served, and the facility should be accessible by public transportation and to the physically impaired.</p>	<p><b>Client Eligibility Criteria:</b></p> <ul style="list-style-type: none"> <li>• All persons living with HIV who meet the baseline eligibility criteria for Ryan White services in the New York Eligible Metropolitan Area can receive care.<sup>4</sup></li> <li>• Active alcohol and substance use does not preclude client eligibility for and maintenance in services.</li> <li>• A criminal justice history does not preclude client eligibility for services.</li> </ul> <p><b>Agency Eligibility Criteria:</b></p> <ul style="list-style-type: none"> <li>• Organizations providing services must have experience serving individuals living with HIV and experience reaching out to and engaging individuals who are out of</li> </ul>

<sup>1</sup> HRSA/HAB Division of Metropolitan HIV/AIDS Programs. Program Monitoring Standards – Part A. April 2013. Available at <http://hab.hrsa.gov/manageyourgrant/files/programmonitoringparta.pdf>. Accessed on 1/15/2016.

<sup>2</sup> Available on the Planning Council website at [www.nyhiv.org](http://www.nyhiv.org). These objectives will be replaced with new objectives from the Integrated HIV Prevention and Care Plan currently under development for New York City and New York State.

<sup>3</sup> “A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for healing; recognizes the signs and symptoms of trauma in staff, clients, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings.” Harris, M. & Fallot, R. (2001). Using trauma theory to design service systems, cited at <http://www.samhsa.gov/traumajustice/traumadefinition/approach.aspx>.

<sup>4</sup> Ryan White-specific baseline eligibility criteria do not apply to Ryan White-funded testing services. Individuals receiving HIV testing paid for by Ryan White do not need to meet eligibility criteria.

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	<p>Objective 3a: To increase retention in HIV care and treatment, by the end of 2013.</p> <p>Objective 3b: To increase the proportion of clients who have an optimal level of ART adherence.</p> <p>Objective 3c: To increase viral suppression.</p> <p>Objective 3d: To improve immunological health.</p> <p>Objective 3e: To decrease reliance on acute care.</p> <p>Objective 4a: To reduce (and then maintain below significance) socio-demographic differences in delayed diagnosis of HIV.</p>	<p>All Ryan White service providers must refer clients as appropriate to entitlements and benefits specialists with experience within the health care system. As clients' unmet medical and social service needs are identified, referrals and linkages must be made to services.</p> <p>Concerted outreach efforts should be made to schedule, re-confirm, and follow-up on missed appointments for individuals whose circumstances present added barriers to remaining in care such as youth, the homeless and unstably housed, mentally ill individuals, and substance users.</p> <p>Providers must discuss viral load suppression, CD4, antiretroviral therapy adherence, and retention in primary care with clients.</p>	<p>care or sporadically in care or in need of self-management support.</p> <ul style="list-style-type: none"> <li>• Organizations must be able to address, either directly or through referral and linkage, the needs of clients with physical, behavioral, psychosocial, or sensory impairments.</li> <li>• Agencies must either be co-located or have established linkages with programs able to address clients' unmet medical and social service needs.</li> <li>• Agencies must ensure that staff members are credentialed as appropriate to provide the contracted services.</li> <li>• Agencies must ensure that staff members have HIV knowledge, training, and cultural sensitivity appropriate to the populations served. Agencies must have the capacity to provide services in the languages spoken by the populations served.</li> <li>• Although any individual agency does not have to serve clients from all five boroughs or Tri-County, funded agencies should be accessible to and able to serve clients from throughout the New York EMA.</li> <li>• Agencies funded specifically to provide services to Tri-County residents must have service sites geographically</li> </ul>

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	<p>Objective 4b: To reduce (and then maintain below significance) socio-demographic differences in prompt linkage to HIV/AIDS care following HIV diagnosis.</p> <p>Objective 4c: To reduce (and then maintain below significance) socio-demographic differences in retention in primary medical care.</p> <p>Objective 4d: To reduce (and then maintain below significance) socio-demographic differences in viral suppression.</p> <p>Objective 5a: To respond to changes in HIV service delivery as a result of the implementation of the Affordable Care Act and</p>		<p>located within Tri-County but accessible to clients from throughout the NY EMA.</p>

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	<p>the redesigned New York State Medicaid program.</p> <p>Objective 5b: To create a working group comprised of City, State, provider and consumer representatives to take a leadership role in adapting to Medicaid redesign and health care reform and to report back to the full Planning Council.</p> <p>Objective 5c: To coordinate HIV services across funding streams in the NY EMA.</p> <p>Objective 5d: To conduct and report on economic evaluation analyses of Ryan White Part A services.</p>		