



Ryan White HIV/AIDS Program Part B and ADAP Uses of Rebate Funds

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The United States has an unprecedented opportunity to turn the tide on the HIV epidemic. A combination of broader health care access because of the Affordable Care Act (ACA) and the efficacy of treatment with effectiveness in helping individuals achieve viral suppression, and as a prevention tool, have given us more 'tools in the toolbox' to move us toward ending new HIV infections and ultimately ending the HIV epidemic.

Increased financial resources within Ryan White HIV/AIDS Program (RWHAP) Part B program and AIDS Drug Assistance Program (ADAP), in part due to rebates comprising an increasing share of the overall national ADAP budget, can help address the myriad barriers that keep people living with HIV (PLWH) from achieving viral suppression. These resources can be used in new and innovative ways or to expand the 'tried and true' methods. For example, programs can add services they were previously unable to provide to help achieve higher viral suppression rates, address structural and systemic barriers, and/or more fully staff quality management programs to ensure resources are achieving what they were set out to do.

To assist RWHAP Part B and ADAPs in thinking through ways in which they can effectively spend funds accrued through ADAP rebates, NASTAD has compiled ideas and mechanisms currently employed by states. NASTAD recommends that all ADAPs who are generating rebates examine the list of ideas and assess whether these could be replicated to expand the range, quality, and effectiveness of services being offered through RWHAP Part B programs and/or ADAPs.

Spending Rebate Funds

Managing Multiple Funding Streams

Multiple funding streams with a similar purpose, each with its own unique set of rules, budgeting cycles, and reporting requirements, present challenges for some states. Most RWHAP Parts are now responsible for more funding sources than just the RWHAP Part B Base and ADAP Base, including Emergency Relief Funding, Part B Supplemental, drug rebates, program income, and/or state funding.

Not only do these sources of funding have differing rules and requirements, but they are rarely on the same funding cycle. Best practice suggests that when rebates are received, they should be treated as funding separate from any other funding stream.

Rebate funds should be treated just like any other RWHAP Part B award. At the beginning of each year, often in April to correspond with the RWHAP Part B and ADAP grant year (also known as the budget period), states, in conjunction with their finance departments, should project the amount of rebates expected that year and develop a budget based on that amount. States should assign allowable costs (contracts, personnel, medications, supplies, etc.) to this budget. States should work with their finance departments to take into consideration lag time in requesting and receiving rebate funds from manufacturers in their budget for the year. This will inform the process of which funding stream is utilized at individual points throughout the year.

RWHAP Part B recipients should work with their sub-recipients and other RWHAP-funded entities in their states to develop a comprehensive plan to utilize all program funding available, including rebates. Several states have turned to developing a large request for proposal (RFP) for sub-recipients to respond to, noting all allowable areas of work (all service and other categories that the state would consider funding effort toward), and asking sub-recipients to submit a proposal and budget for all the work they would like to do within their RWHAPs. This has allowed funded agencies and other partners to bring forward new projects or needs they are experiencing in working with their clients to provide a more robust set of services to clients. Looking at sub-recipients from a needs-based approach, versus a more defined set of services, has allowed for an increase in funds to be allocated and expended. It is important that this process begin early in a funding period as opposed to trying to work with sub-recipients toward the end of the fiscal year to quickly expend funds.

Spending Rebates 'First'

Per HRSA Policy Notice 15-04, "to the extent available, recipients and sub-recipients must disburse funds available from program income, rebates, refunds, contract settlements, audit recoveries and interest earned on such funds before requesting additional cash payments. Recipients and sub-recipients should proactively project the extent to which rebates will be received. Although projected rebates are not reported as part of the application for RWHAP funding, HRSA's expectation is that the rebate projections will be incorporated into the jurisdiction's planning for service based on the comprehensive HIV care and treatment needs of the recipient's jurisdiction. This should be done to effectively determine the allocation and utilization of RWHAP funds during the current period of performance. Rebates for medications purchased within one period of performance may be received in the following period. Such rebates should be accounted for and utilized in the year in which they are received by the program. Rebates received at the end of the period of performance must be expended by the recipient prior to the expenditure of new RWHAP funds awarded in the subsequent period."

Categories of Rebates

- 1 Rebates generated from a federal ADAP dollar to the 340B price
- 2 Rebates generated from a federal ADAP dollar from the 340B price to the ADAP Crisis Task Force (Task Force) price
- 3 Rebates generated from a state dollar allocated to ADAP to the 340B price
- 4 Rebates generated from a state dollar allocated to ADAP from the 340B price to the Task Force price

Rebates from categories 1 and 2 must be used in accordance with federal regulations and RWHAP policy and guidance, as they are directly generated by a supported activity or earned because of the federal award. Rebates from category 3 should be used in accordance with federal policy and guidance, as ADAP would not qualify for the 340B Drug Pricing Program without the initial federal investment in the program. Rebates from category 4 do not need to be used in accordance with federal policy and guidance; many states use these funds to bolster HIV programs in their state outside of the RWHAP Part B program. Health department HIV/AIDS programs have an opportunity to utilize the full gamut of resources across the entire HIV Care Continuum to meet program funding needs; category 4 presents a unique opportunity for funding generated from a treatment service to benefit individuals not living with HIV. For HIV prevention programs experiencing funding reductions, HIV care and treatment programs can bridge the gap in the loss of funding to support HIV prevention efforts, as possible.

Uses of Rebate Funds

Rebate funds subject to federal rules (categories 1, 2 and 3 above) must be utilized within the RWHAP Part B program, with priority given to ADAP. Rebate funds may be expended for any cost that is allowable within the RWHAP, even if the costs were not included in the RWHAP Part B program implementation plan. Rebate funds are not subject to the following statutory caps:

- Minimum 75% distribution of funds for core medical services
- 10% administrative cap
- 10% planning and evaluation cap
- Cap on clinical quality management (CQM)
- Cap on adherence-related services under ADAP Flexibility

Most broadly, any rebate dollar generated by ADAP can be used to support any RWHAP Part B program core medical and support service categories, as well as CQM, administrative, planning, and evaluation expenditures (see also [HAB PCN 16-02](#) and [45 CFR 75 Subpart E – Cost Principles](#)).

Per PCN 15-04, it is important to note that rebate funds cannot be transferred, or otherwise gifted, to other entities (i.e., RWHAP Part A recipients, high-risk insurance pools, Marketplace plans, Medicaid, etc.). However, RWHAP Part B programs and ADAPs can fund other programs' activities as sub-recipients of their funding. RWHAP Part B programs and ADAPs must maintain administrative oversight of the rebate funding and expend those funds in accordance with all regulations/guidance.

Rebate Funds Menu

Provided below is a menu of ideas to expand programming along the HIV care continuum in both innovative and 'tried and true' initiatives. Though many initiatives provide dual functions and there is overlap, the menu items are organized into two main categories: 1) Systemic assistance (e.g., capacity building, technical assistance, infrastructure, etc.), Administration, Planning, Evaluation, and Quality Management, and 2) Core Medical and Support Services.

Systemic Assistance, Administration, Planning, Evaluation, and Quality Management

AIDS Education and Training Centers (AETC): AETCs' ability to provide services remains and, in fact, can be quite broad and far reaching under certain circumstances. States should consider increasing the partnership with their AETCs. AETCs can be tasked with providing additional general workforce training or asked to tackle a specific issue such as low-utilization of hepatitis C curative treatments among individuals co-infected with HCV and HIV.

Real World Example: One RWHAP Part B program contributed funding to their state local partner AETC after their funding was significantly cut. This has not only allowed the AETC to continue the important work they were doing, but also to expand services planned in conjunction with the RWHAP B program.

Administrative Assistance: Often states and/or their sub-recipients do not have large enough grants to adequately staff their programs. In these cases, staff often end up "wearing a lot of hats." Rebate funds can be expended to adequately staff both recipient and sub-recipient programs.

Real World Examples: Recipients/States – One state has added several additional key staff to the rebate funds budget as well as utilized those funds in conjunction with state or other federal funds to complete FTEs for other key staff. Examples of program positions include:

- RWHAP Part B and ADAP Client Services Coordinator
- Quality Improvement Coordinator
- ADAP Enrollment and Benefits Specialist
- Re-engagement Specialist

The following administrative staff positions are also often funded using rebate funds (not subject to the 10% limit on costs associated with administering the award):

- Data Manager
- Special Projects Coordinator
- Surveillance Coordinator

Sub-recipients – One RWHAP Part B sub-recipient, who also is a RWHAP Part C grant recipient, used rebate funds (allocated through their RWHAP Part B sub-award) to restructure their program to allow for administrators/managers to oversee the entire program, including both the RWHAP Part B and C program components. It was a net gain of 1.5 FTE and the programs' prior internal conflicts have abated.

Alterations and Renovations: Minor alterations and renovations (A&R) are allowable—the threshold for minor A&R is the lesser of \$150,000 or 25% of the total project budget. Minor A&R is work that changes the interior arrangements or other physical characteristics of an existing facility or installed equipment so that it can be used more effectively for its currently designated purpose or adapted to an alternative use to meet a programmatic requirement. A&R may include work referred to as improvements, conversion, rehabilitation, remodeling, or modernization, but is distinguished from construction and large-scale permanent improvements. Minor A&R does not build out (expand the footprint) or up (add a story). Prior approval is not required if rebate funds are used.

Conferences: Rebate funds can be used to conduct a statewide conference for planning, capacity building, and/or technical assistance purposes.

Real World Example: In collaboration with their local AIDS Education and Training Center (AETC), one state health department conducted a two-day, seven track conference with over 300 individuals in attendance. Several people living with HIV (PLWH) and sub-recipients attended on scholarships. National speakers were secured and topics covered were focused on topics along the HIV care continuum. Funds may be used to not only secure the venue and speakers, but also provided to an organization to coordinate the logistics.

Consultants: Rebate funds can be used to hire consultants to undertake projects such as overall systems assessment, RWHAP Part B and ADAP policy and procedures assessment, development of needs assessment or other planning activities, etc. Several states have individual consultants or small firms that they use, while others utilize a university or college in their jurisdiction.

Real World Examples: Hiring a qualified and experienced consultant for assistance to develop a state's Integrated Plan can ensure appropriate time and effort is given to this process and that a useful product is created. States should ensure that program leaders and

staff stay intimately involved in the design and process while utilizing the assistance of an expert.

One state hired a consultant to assist with targeted technical assistance for sub-recipients. The consultant provides technical assistance for activities with individual contractors for a variety of issues, including leadership development, team building, reporting assistance, and more. The consultant and program staff work together to ensure activities align with overall goals for the state.

A consultant can be hired to help assess the best method to address problems that cannot otherwise be addressed. For example, a low-incidence state hired a part-time consultant to analyze the best methods to re-engage individuals who are lost to care. The consultant researched common approaches used by other jurisdictions and developed a unique approach for that state. The consultant then spent time operationalizing the approach.

Critical Events System: One state has created a “Critical Events System” that encompasses many of the individual service categories described above. The program removes many of the financial caps for services that were previously in place. Eligible clients for the program are generally very high acuity clients and must be nominated by RWHAP Part B program staff and then enrolled. Expanded services are available for up to six months and must be accompanied by an intensive case-management component with a detailed care plan. Any service needed that is allowable under HRSA’s guidelines can be paid for, but the most common types of services have been Emergency Financial Assistance, Transportation, Food, Housing, Substance Use Treatment (in- and out-patient, Mental Health Services, and Oral Health Services).

Data Systems: Rebate funds can be used to purchase and upgrade data systems, including electronic lab reporting, CAREWare, home-grown data systems, online application systems, and/or pharmacy reporting.

Real World Example: One jurisdiction is in the process of implementing an electronic content management (ECM) system to include data collection and workflow for care coordination, needs assessment, practice management, and client and population level reporting. The ECM system could be an off-the-shelf product, software-as-a-service, or could be custom built. The implementation of the ECM system will allow for a more streamlined approach to paperwork and workflow associated with both client services and ADAP. In addition, it will give the health department access to client-level data previously not easily accessible in the paper forms which will streamline site visits. Main benefits include: 1) reducing the amount of physical space monopolized by client charts at both recipient and sub-recipient sites, 2) streamlining processes by automating workflow, 3) reducing or eliminating duplicative data entry and charting, and 4) maintaining privacy and security requirements to protect confidential client information

Data-to-Care/Re-engagement: Most states have implemented data-to-care strategies to inform and design re-engagement programs and initiatives. Rebate funds can be used to ensure that duties surrounding data-to-care are being performed consistently with adequate staffing. This helps to ensure that time is not wasted before discovering that someone has fallen out of care and places a priority on ensuring that those most in need of support services remain in or are re-engaged in care.

HIV Affinity Group: In 2016 an HIV Affinity Group was jointly announced by CDC, HRSA, and CMS. Beginning (or continuing) to work closely with CMS is an important opportunity to reach PLWH not served by the RWHAP. Nineteen states chose to be a part of this year-long initiative to initiate or expand projects between state HIV programs and state Medicaid Programs. Rebate funds can be used to cover the expenses of the work between the entities. If states are not a part of the affinity group, they could consider scaling up the partnership on their own, using rebate funds, as necessary. Additional information about the HIV Affinity Work Group can be found at www.HIV.gov.

HIV-related Disparities and Health Inequities: The third goal of the National HIV/AIDS Strategy is to reduce HIV-related disparities and health inequities. The three broad steps laid out to meet this goal are to: 1) reduce HIV-related disparities in communities at high risk for HIV infection, 2) adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities, and 3) reduce stigma and eliminate discrimination associated with HIV status. Rebate funds provide an exciting opportunity to be creative and innovative to address these difficult issues. States are encouraged to ‘think outside of the box’ to develop regionally appropriate responses.

Real World Example: Several states have contracted with organizations (e.g., The People’s Institute for Survival and Beyond) that conduct undoing racism workshops for health department employees or staff at contracted agencies. These trainings help participants understand the definition of racism, where it comes from, how it functions, why it persists, and how it can be undone, within the framework of helping to understand how racism creates biases for people in accessing care and other services. Similar workshops have also been held to address other social justice issues, including homophobia.

Marketing as Targeted Program Outreach: RWHAP Part B and ADAP programs have overlooked marketing of services over the years due to limited funding. Rebate funds can be used to market programs and other related initiatives, including overall outreach and enrollment, case finding, adherence and monitoring programs, targeted campaigns to specific populations, and addressing stigma.

Real World Examples: Partnering with, and using, CDC’s “[Let’s stop HIV Together](#)” and the “[#Doing It](#)” campaign, one state developed a three-pronged outreach effort using both a newspaper and digital approach. A network of newspapers is used to reach a broad

audience and digital efforts are targeted using a “gay ad network” and specific African American and Latino/a sites. The campaign’s purpose is to: 1) reduce overall stigma, 2) increase case-finding, and 3) encourage retention in care for those already diagnosed with HIV.

Developing a stand-alone HIV website (separate from the health department) can help people living in, or relocating to, your state find services and get involved much easier than navigating the health department’s website. There are several examples of stand-alone HIV websites including: www.aidschicago.org (Chicago, IL), www.hivalliance.org (Oregon), www.etedashboardny.org (New York), www.endaidsWashington.org (Washington), and www.gettingtozero.org (San Francisco).

To reach Medicaid recipients and their providers, one state is developing marketing materials modeled after a successful HPV vaccine campaign wherein materials were distributed to Medicaid recipients in the state, as well as their providers. The prominent private insurer then followed suit, thus, most public and private insured patients and provider received the important message. This states’ HIV program has begun efforts to deliver a similar campaign with both testing and retention in care messaging.

Of note, HRSA PCN 12-02 states, “funds awarded under the RWHAP may not be used for outreach activities that exclusively promote HIV prevention education. Broad scope awareness activities that address the public (poster campaigns for display on public transit, billboards, TV or radio announcements, etc.) may be funded if they are targeted and contain HIV information with explicit and clear links to health care services and assist to optimize health outcomes.”

Membership Dues: Rebate funds can be used to pay organizational membership dues that support activities consistent with RWHAP services.

Real World Example: States frequently use rebate funds to pay membership dues to national organizations that provide professional development, capacity building, and technical assistance, including professional organizations (i.e., National Association of Social Workers, American Bar Association, American Public Health Association) and national organizations (i.e., NASTAD, National Coalition of STD Directors).

Micro-grants: One of the most innovative strategies to address issues surrounding HIV currently in practice is the idea of providing “micro-grants” that allow jurisdictions to put forth an issue or problem in a request for proposals (RFP) to solicit locally generated and innovative ideas. A critical component of this strategy is a “safe-to-fail” approach by the funder. The approach results in local solutions to access and other barriers and fosters experimentation and important relationship building. Some states have been surprised by the success of the out-of-the-box solutions this approach generates.

Real World Example: One jurisdiction requested proposals to address the impact of HIV on black gay, bisexual, and transgender individuals. A “safe-to-fail” approach was adopted to encourage innovation that could either thrive or “safely fail” with minimal to no risk to the applicant. The RFP was intentionally broad and applicants were only required to propose an initiative that addressed at least one of the following issues: 1) raise awareness of the factors that contribute to the disproportionate burden of HIV for the population, 2) address social justice issues that contribute to the HIV epidemic, 3) foster unity within and among communities of Black and Latino gay and bisexual men, other MSM, and transgender individuals, and 4) mobilize communities to take action to address factors contributing to the HIV epidemic.

Needs Assessments: Rebate funds can be used to support the development and execution of client, provider, and/or community needs assessments, and efforts to implement change identified from the needs assessment. For more information, see “consultants.”

Real World Examples: Several states have hired a firm to handle the implementation of the consumer needs assessment. There are paper and online survey options available. These firms can assist with the development, implementation, analysis, and reporting. If using an online survey, real time analytics may be available.

In addition to hiring a college or university to implement consumer needs assessments as described above, many states have contracted with these institutions to perform a wide variety of other functions. One example is doing research to determine the best system design of support service delivery, including case management.

State Match and/or Maintenance of Effort Requirements: Rebate funds can be used to meet a state’s match requirement and/or maintenance of effort (MOE) requirement. The same rebate funds may be used to meet both a state’s match and maintenance of effort requirements. It is important to note, however, that including rebate funds in the MOE calculation increases the aggregate baseline that must be maintained in successive years.

Travel: In-state and out-of-state travel for site visits (and peer learning), meetings, trainings, and other conferences.

Real World Example: To address issues of change, one state convened a two-day leadership planning meeting for their three largest sub-recipients at a state-run nature park with overnight facilities. In addition to addressing hot-button issues such as the changing health care landscape, turn-over and hiring challenges, and a change in focus with ‘treatment as prevention,’ time was also given to ‘big picture’ strategy building, program design, and self-care. The initiative was so successful that the leaders prioritized additional meetings on a quarterly basis.

States frequently use rebate funds to travel to and participate in national meetings, including the HRSA/HAB Administrative Reverse Site Visit, HRSA/HAB All Grantees Meeting, U.S. Conference on AIDS, the National Prevention and Care Technical Assistance Meeting, and other HIV-related professional development opportunities.

Trauma-informed Care: Individuals exposed to various types of past and current trauma, such as childhood sexual and physical abuse, intimate partner violence, physical assault, or psychological abuse, often experience negative physical, mental, behavioral, and social consequences. There is a growing body of evidence that PLWH are exposed to high levels of trauma during childhood and adulthood, at rates much greater than those experienced by the general population.¹ Trauma informed care is quickly becoming a new paradigm or framework for working with many populations across disciplines and programs from domestic violence to obesity care to HIV. Rebate funds can be used to increase understanding of the impact of trauma for PLWH through capacity building and technical assistance, development of materials, or even a trauma-informed care position.

Real World Examples: Rebate funds have been used in one state's RWHAP Part B program to fund trauma-informed care trainings for all recipient and sub-recipient staff. Trainees report having new tools to assist in helping clients stay engaged or reengage in care.

Another RWHAP Part B Program has developed a crosswalk designed to help front-line sub-recipients understand their clients' behavior through a trauma lens and in turn, respond with trauma-informed sensitivity.

Core Medical and Support Services

The provision of Core Medical and Support Services are especially critical to ensuring PLWH can be linked to, retained in, and/or re-engaged in care. The RWHAP allows for provision of many services, organized into two main categories: Core Medical Services and Support Services (listed below). Rebate funds present an opportunity to examine this list of services while considering what could be helpful in assisting clients all along the continuum. Described below are both common and innovative ways states could consider meeting the needs of PLWH within some of the HRSA-defined [Core Medical and Support Service categories](#).

¹ Whetten, K., Reif S., Whetten R., Murphy-McMillan, L.K., (June 2008). Trauma, mental health, distrust, and stigma among HIV positive persons: implications for effective care. *Psychosomatic medicine*, 70(5), 531-8.

CORE MEDICAL SERVICES

- AIDS Drug Assistance Program treatments
- AIDS pharmaceutical assistance
- Early intervention services (EIS)
- Health insurance premium and cost sharing assistance for low-income individuals
- Home and community-based health services
- Home health care
- Hospice
- Medical case management, including treatment adherence services
- Medical nutrition therapy
- Mental health services
- Oral health care
- Outpatient/ambulatory health services
- Substance abuse outpatient care

AIDS Drug Assistance Program Treatments/AIDS Pharmaceutical Assistance: Rebate funds have historically been prioritized to be used to enhance medication access. An exciting option related to medication access is to expand services to community-based corrections settings.

Real World Example: One state developed a program to assist challenges faced by ADAP recipients being held in county jails on a short-term basis (i.e., <180 days). Since county jails are not legally responsible to provide medical care or medications, the ADAP covered the cost of medications for HIV-positive clients housed in those facilities, ensuring consistency of receiving their ART and alleviating the issue of the county jail not covering the medications at all or running out of funding.

RWHAP Part B recipients can address many aging-related conditions commonly experienced by PLWH and respond to the needs of aging PLWH through ADAP formulary coverage of medications that treat aging-related comorbid conditions, including Alzheimer's disease, cardiac, metabolic, neuropathy, and pulmonary medications.

Early Intervention Services (EIS): The EIS service category is an underutilized funding category in RWHAP Parts A, B, and C programs. The category offers significant opportunity to expand RWHAP services for PLWH and those at high risk of acquiring infection. Services cannot supplant those currently offered through other funding sources, but it is allowable to supplement existing services if they are not fully funded to meet demand for services. The service category includes four components: 1) targeted HIV testing and counseling, 2) referral services, 3) linkage to care, and 4) outreach services and health education/risk reduction related to HIV diagnosis. All four components must be present and available to clients for RWHAP funds to be used for the EIS service category. It is important to note that all four components do not all need to be paid for using RWHAP funding for the service category to be funded by the RWHAP. Rebate funds can be used to support *any* of the four components of EIS.

Real World Examples: Using funding generated from rebates to find undiagnosed cases of HIV can require a strong working relationship with HIV prevention programs, which have the

infrastructure to provide HIV counseling, testing, and referral services. Rebate funds can be used to supplement and expand targeted testing initiatives to reach jurisdictional and national strategy testing goals. One state that has ten CDC funded testing sites experienced drastic fund cuts that resulted in no more than .25 FTE available at each site, limiting success. Rebate funds were used to add 1 FTE to each site to ensure testing goals in the jurisdiction could be achieved. It is important to note that, in accordance with HRSA Policy Notice 12-01, grant funds may not be used for: 1) outreach programs which have HIV prevention education as their exclusive purpose, or 2) broad-scope awareness activities about HIV services that target the public.

One state hired medical interns using rebate funds to assist their local hospital emergency room institute opt-out testing into their clinic flow.

One state hired an FTE using rebate funds that is located at the state Primary Care Association. The position's main function is to assist with implementation of opt-out testing in 14 Federally Qualified Health Centers across the state. Duties of the position include needs assessments, education, technical assistance and capacity building, trouble-shooting, implementation assistance, and evaluation activities.

Disease Intervention Specialists (DIS) are one of the most effective resources to link newly HIV-positive individuals into care and locate clients who have dropped out of care and re-engage them in care. In many states, funding for both STD and HIV prevention, historically the two main sources of funding for DIS, has been cut and/or is extremely limited. In one state, without the use of rebate funds for DIS, significant layoffs would have occurred, negatively impacting services for PLWH. DIS can also be instrumental in managing or assisting with re-engagement of HIV positive clients into care.

In December 2015, the ban on the use of federal funds to support programs distributing sterile needles or syringes for HHS programs was lifted. However, federal funds still may not be used to support the purchase of needles or syringes. Some restrictions may apply (e.g., state or local laws banning the practice) and states are required to work closely with their HRSA Project Officer in setting up a syringe service program (SSP). With the opioid epidemic raging in many communities, working to implement an SSP in your state is an important initiative to consider and rebate funds may be beneficial in achieving this option. One state is supplementing current HIV testing initiatives, especially in rural areas of the state, by offering confidential, anonymous, clean needle exchanges in their testing program to clients at-risk for HIV infection.

Medical Case Management: Case management is one of the most effective tools available to help address the complex needs of PLWH. Case management can help improve quality of life, satisfaction with care, and use of community-based services. Case management also helps to reduce the cost of care by decreasing hospitalizations due to HIV-related medical conditions,

and is effective in helping clients address housing, substance use, mental health, and trauma related services. Challenges often exist in the provision of case management due to high turnover of case managers, often a result of very high caseloads of high acuity clients with relatively low pay. Consider addressing these challenges using rebate funds as some states have done.

Real World Examples: A reduction of client to case manager ratios can help free up case manager time to best manage an appropriate number of clients. One state increased funding to RWHAP Part B program sub-recipients' contracts that enabled them to achieve a 45:1 client/case manager ratio. In several cases this cut caseloads in half. Upon further review, client to case manager ratios are tailored based on need, depending on local factors such as disease burden and agency design.

HIV case managers are often low-paying, entry-level positions with relatively few opportunities for advancement. Consequently, turnover of these positions is often a significant problem. One state worked to increase salaries for case managers with all their sub-recipients. This state has had moderate success in working with sub-recipient human relations departments to provide such increases.

An increase in intensive case management has been shown to be an effective method to assist those clients that have the most difficulty staying in care and those engaging in the riskiest behaviors. High demand and low resources has seen this level of client engagement reduced or eliminated in many jurisdictions. One state has added funding from rebates to allow for the continuation of this more intensive form of case management.

Another way to invest in a case management program is to emphasize self-care for case-managers. This approach can greatly reduce burnout and in turn address high turn-over rates. One state has found a variety of ways to help case managers take better care of themselves including: 1) requiring participation in a comprehensive trauma informed care curriculum that includes information and training on burnout, vicarious traumatization, and self-care, 2) experiential self-care sessions at trainings such as yoga, meditation, art therapy activities, etc., and 3) creating opportunities for relationship building with other case managers across the state.

Rebates funds can be used to provide access to a licensed mental health professional for case consultation and supervision. One state provides support for case managers by a licensed mental health professional who provides case consultation and supervision, either in-person or by phone.

Medical Nutrition Therapy: Proper nutrition can help keep PLWH healthy. Using rebate funds to provide PLWH with access to specialized nutritional assistance is a simple, yet powerful way to improve health outcomes, medication adherence, and ultimately viral suppression.

Real World Example: In one RWHAP Part C funded clinic, approximately 40% of patients experience co-morbidities such as diabetes, obesity, hypertension and Chronic Obstructive Pulmonary Disease (COPD). Currently, the program does not have enough RWHAP Part C program funding to cover the costs associated with medical nutrition services for patients who could benefit from nutritional support and education.

Rebate funds are being used to provide medical nutrition services to patients with referrals for these services by HIV providers. The programs are also providing patient education and increasing the capacity of staff to address nutritional aspects of care. In addition, using rebate funds, a nutritionist is overseeing food pantry orders to ensure the best nutritional options are available.

Mental Health Services: PLWH experience mental illness at significantly higher rates than the general population. A 2008 study shows that co-occurring mental illnesses in PLWH was so high that “having a single mental health diagnosis was the exception rather than the rule.”² Specifically, PLWH have two to five times higher rates of depression and much higher rates of anxiety as well as higher rates of other mental health issues such as bipolar disorders and schizophrenia. Rebate funds can be used to provide mental health services to PLWH by hiring or contracting with licensed mental health professionals.

Real World Examples: One state has used rebate funding to increase the FTE of a Licensed Independent Social Worker (LISW) providing therapy in an HIV-clinic.

A RWHAP Part B program sub-recipient proactively searched for a local licensed therapist who was willing to specialize in issues common to PLWH. Once identified, the sub-recipient set up a subcontract with the therapist and refers clients to the therapist.

The impact of mental health and substance use on the susceptibility for contracting HIV as well as its impact on retention in medical care and adherence to medication is significant. An integrated biopsychosocial approach to delivering health care is gaining popularity across the country and can be adopted by HIV clinics. This approach integrates behavioral services into primary care by hiring a behavioral health consultant to work in the HIV clinic. By combining the best traditions of primary care and mental health services the integrated health care team can treat the whole person – mind and body – so all patient needs are met. Behavioral health consultants work within a primary care setting and are involved in on-site and timely assessment, brief intervention, and consultation with patients. Services can include education, behavioral management, and treatment for mental health and substance use disorders. After meeting with a physician or nurse, a licensed mental health professional may assess and treat

² Gaynes, B.N., Pence, B.W., Eron Jr, J.J., & Miller, W.C. (2008). Prevalence and comorbidity of psychiatric diagnoses based on reference standard in and HIV+ population. *Psychosomatic medicine*, 70(4), 505.

patients with behavioral concerns and work with the medical provider regarding referral questions and follow-up.

Real World Example: The Behavioral Health Consultant (BHC) model is being implemented in one state by hiring a dedicated BHC at each RWHAP clinic that receives both RHWAP Parts B and C funds.

Oral Health Care: PLWH are particularly susceptible to several oral health conditions such as oral warts, which can progress to oral cancer, fever blisters, oral hairy leukoplakia, thrush, canker sores, cavities, and gum disease (periodontitis and gingivitis). In addition, bacterial infections that begin in the mouth, such as tooth decay, can become more serious and, if not treated, spread into the bloodstream and harm the heart and other organs. Thus, it is critical that PLWH receive regular oral health care. Many barriers exist to achieving this goal, including scarcity of dentists who are trained or willing to see PLWH as well as a lack of dental insurance. States can use rebate funds to not only pay for a dentist's time, but also for supplies to provide increased access to oral health care for PLWH. In addition, states can also consider buying dental insurance within the parameters of HRSA/HAB's policy for insurance purchasing.

Real World Example: One state recently provided part of the salary for a dentist at a RWHAP Part C clinic located in a FQHC, but also provided funding to supplement the clinic's oral health clinic expansion, including additional time from existing providers and hiring additional providers. This same state purchases dental insurance for clients through the Health Insurance Premium and Cost Sharing Assistance category.

Outpatient and Ambulatory Health Services: In many jurisdictions, workforce shortages, especially for direct-care medical providers, are common and projected to worsen in the next few years with many HIV specialists retiring. Rebate funds can be used to cover costs associated with hiring medical providers. States can cover recruitment and training costs as well as salary and fringe benefits for these positions. States should also consider working with other RWHAP Parts in their jurisdictions to determine if there is a need.

Real World Example: One RWHAP Part B program with four RWHAP Part C grant recipients in the state reached out to see if there was a need for assistance with direct-medical providers. All four RWHAP Part C recipients have taken advantage of the assistance using rebate funds to address a variety of gaps in medical care, such as no female providers or too few medical providers.

Substance Use Care: PLWH have high rates of past or current history of alcohol or substance use disorders. The Substance Abuse and Mental Health Services Administration indicates that 66% of PLWH have used illicit drugs, 16.5% have a history of intravenous drug use, and 24% report receiving treatment for substance use disorders. These issues often interfere in daily activities and adherence to medical appointments and medications often suffer. Rebate funds can be

used to offer or expand both residential and outpatient substance use treatment for PLWH. Another option for use of rebate funds is hiring an HIV/Substance Use Coordinator.

Real World Examples: Due to funding restraints in the past, many states were often unable to fund substance use treatment. Now several states are offering expanded and comprehensive assistance to those PLWH who need it with very few restrictions or caps for both residential and outpatient treatment.

One state is hiring an HIV and Substance Use coordinator to increase HIV case-finding in substance use facilities (both in- and out-patient), to increase substance use screening in HIV care settings, and to provide capacity building and technical assistance to both entities.

SUPPORT SERVICES

- Child care services
- Emergency financial assistance
- Food bank/home-delivered meals
- Health education/risk reduction
- Housing
- Legal services
- Linguistics services (interpretation and translation)
- Medical transportation
- Non-medical case management services
- Other professional services
- Outreach services
- Psychosocial support services
- Referral for health care and supportive services
- Rehabilitation services
- Respite care
- Substance abuse services (residential)

Housing: Housing is considered one of the most critical components for staying engaged in care. Many states have relied solely on HOPWA funds to meet the needs of their clients. These funds often prove to be inadequate to ensure consistent and stable housing. Challenges to reaching “zero homelessness” can include: 1) access to affordable housing that meets program requirements, 2) adhering to HRSA’s 75/25 Core Services rule, 3) case managers who do not specialize in housing and struggle balancing ‘enabling’ and ‘empowering’ clients, 4) [housing services being limited to ‘transitional, short-term, or emergency’ housing](#), 5) housing application restrictions (criminal backgrounds, rental histories, etc.), and 6) a reliable mechanism to measure homelessness.

Real World Example: One state uses rebate funds to considerably expand housing assistance in their jurisdiction. This initiative addresses gaps such as those cited above and has been one of the most heavily utilized expansions in that jurisdiction. A ‘Housing First’ approach is being used which offers permanent, affordable housing as quickly as possible for those experiencing housing vulnerabilities, and then provides the supportive services and connections to the community-based supports needed for clients to maintain stable housing. This is different than many programs that require clients to address all their problems, including behavioral health problems, before being allowed to access housing.

Linguistics Services (Interpretation and Translation): As a component of increased outreach and to assist in better meeting client needs, interpreter services, including in-person translation and document review, can be paid for using rebate funds.

Real World Example: Instead of relying on a nurse care manager to conduct intakes and assessments with Spanish-speaking clients via a “Language Line,” which can be awkward and cumbersome, one state’s sub-recipient used rebate funds to help a community health center hire a full-time Spanish interpreter. Hiring an interpreter has allowed them to conduct interpretation services for their HIV program, their pharmacy, and other needs related to service provision for clients living with HIV. The interpreter also translates documents and promotional materials for print and online resources.

Medical Transportation Services: Rebate funds can be used to assist clients in getting to and from medical and other appointments.

Outreach Services: Outreach services can fund programs that have as their principal purpose identification of people with undiagnosed HIV disease or identification of those who know their status but are not in care (i.e., case finding). The category is not overly prescriptive and can therefore employ some creativity when designing an approach or intervention, as shown below.

Real World Example: To address an HIV epidemic that is somewhat evenly distributed throughout a large geographic area, one state developed a unique initiative. Eight Rural Outreach Liaisons (ROL’s) were hired and located strategically throughout the state. The liaisons are tasked with building relationships with health systems, hospitals, community health centers, private providers, mental health professionals and county mental health agencies, substance abuse agencies, and community-based corrections in their region. A main goal is to institute widespread opt-out testing to find undiagnosed cases of HIV and link those persons into care. In addition, the ROLs provide education to those agencies listed above to ensure issues unique to PLWH are understood. In this way, professionals in other fields can help keep PLWH adherent to their medications and medical appointments.

In one jurisdiction, a large mobile medical van was purchased to provide mobile outreach in a community health center. Rebate funds were used to not only purchase the van, but to equip it with relevant medical supplies. Mobile outreach services will can improve access to HIV treatment services, supportive services, education, and prevention for patients who for varied reasons may be unable or unwilling to visit traditional clinic locations. Targeted HIV testing (EIS), linkage to care, supportive services, medical services, and re-engagement outreach will be conducted via the mobile outreach unit in non-traditional venues like rural areas, homeless camps, local parks, as well as community events such as LGBT Pride, Juneteenth and Latino Heritage Festival.

In another jurisdiction, a medium sized passenger van was purchased for a RWHAP Part B program sub-recipient to do outreach in the community, including EIS services such as testing, and to transport individuals to appointments.

Health Education/Risk Reduction: Though access to comprehensive health care has improved for PLWH in a post-ACA era, navigating benefits has become increasingly difficult. Rebate funds can be used to assist clients in bolstering their health and health insurance literacy. Several states have used this funding to add specialized benefits experts to current staffing.

Real World Examples: A large metropolitan area hires temporary, seasonal employees during open enrollment time to assist clients with enrollment into health insurance plans. Current RWHAP Part B program and ADAP and employees serve supervise these positions.

A large rural state with several small to medium sized population centers hired permanent, full-time “Field Benefits Specialists” to serve as regional and statewide experts on benefits. Working in conjunction with case managers, these employees take the lead on all benefits enrollment issues throughout the entire year, including during open enrollment.

For Additional Information

For additional information on the individual states referenced as examples throughout this document and for technical assistance about the use of rebate funds, please contact Britten Pund (bpund@NASTAD.org).

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