Innovative Ways to Spend Ryan White HIV/AIDS Program (RWHAP) Part B Funding

Division of State HIV/AIDS Program (DSHAP)
Administrative Reverse Site Visit (ARSV)

October 24, 2019

Andrea Zeigler
Chief, Western Services Branch
HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People

Agenda

- **Overview of RWHAP Part B Funding**
  - Andrea Zeigler
- **Strategies for Innovative Spending**
  - Andrea Zeigler
- **Innovative Spending in Action**
  - South Carolina Department of Health and Environmental Control
    - ✓ Ali Mansaray, Division of STD/HIV/Hep Director
    - ✓ Leigh Oden, RW Administration Program Manager
    - ✓ Tangee Summers, RW Services Manager
    - ✓ Christal Davis, Solutions and Integrations Manager

Learning Objectives

- Provide an overview of funding available for RWHAP Part B services
- Describe the ways in which RWHAP Part B grants can work together to meet service needs
- Provide an example of a recipient using data to build capacity and weave together RWHAP Part B grants

RWHAP Part B Grants

Base Award Overview (X07)

- **Ryan White HIV/AIDS Program Base Award**
  - **Award Amounts:**
    - ✓ Award based on legislatively mandated formula
  - **Components of Award**
    - ✓ RWHAP Part B Base
    - ✓ AIDS Drug Assistance Program (ADAP)
    - ✓ Minority AIDS Initiative (MAI)
    - ✓ Emerging Community (EC)
    - ✓ ADAP Supplemental
  - **Project Period:**
    - ✓ April 1 – March 31

RWHAP Part B Grants
RWHAP Part B Supplemental (X08)

- **RWHAP Part B and ADAP Supplemental Award (X08)**
  - **Award Amounts**
    - ✓ Competitive Award based on review of application and available funding
  - **Use of Funds**
    - ✓ Award must be spent in accordance with the application
    - ✓ Can spend award on any allowable RWHAP service as listed in PCN 16-02: RWHAP: Eligible Individuals and Allowable Services
    - ✓ https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf
  - **Project Period:**
    - ✓ September 1 – August 31

RWHAP Part B Grants
RWHAP Part B ADAP Emergency Relief Fund (ERF) (X09)

- **RWHAP Part B ADAP ERF**
  - **Award Amounts**
    - ✓ Competitive Award based on review of application and available funding
    - ✓ Must demonstrated need
  - **Use of Funds**
    - ✓ Award must be spent in accordance with the application
    - ✓ Award must be spent on ADAP eligible services
    - ✓ https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf
  - **Project Period:**
    - ✓ April 1 – March 31

Funding Streams
Pharmaceutical Rebates

- **RWHAP Part B generated pharmaceutical rebates**
  - **Award Amounts**
    - ✓ Tied to 340B rebates for medication and medication co-pay purchases through the ADAP
    - ✓ Recipients should track and forecast rebate revenue
  - **Use of Funds**
    - ✓ When rebates are available they must be spent before RWHAP Part B funds
    - ✓ Must be spent on RWHAP Part B and ADAP eligible services
    - ✓ https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf
    - ✓ Expenditures should be included as part of the recipients internal budget and spending strategies
    - ✓ More flexibility in use as there are no administrative caps

Strategies to Innovate

Using Data

- **Identify health disparities and barriers for people with HIV**
  - Combine available RWHAP data sources including HIV Surveillance, Ryan White HIV/AIDS Program Services Report (RSR), Statewide Coordinated Statement of Need (SCSN), Needs Assessment
  - Leverage other data sources
    - ✓ Housing Opportunity for Persons with AIDS (HOPWA)
    - ✓ Medicaid
  - Determine which populations in jurisdiction do not achieve HIV viral suppression or are more likely to be exposed to HIV and what services could help them
- **Identify gaps**
  - What services can you leverage
  - What gaps in the workforce exist
  - What non-traditional partners do you need to leverage

Strategies to Innovate

Leveraging Resources

- **Can you develop strategic relationships to fill service gaps?**
  - HOPWA
  - Medicaid
  - Community Health Centers
- **Can you apply for other RWHAP Part B funding to address gaps?**
  - X08 funding allows recipients to build innovative, population-specific programming
  - Rebate funding used wisely can fill gaps and build infrastructure
- **Do you need to build capacity in your jurisdiction?**
  - Examine internal contracting and reporting processes to reduce burden
  - Talk to partners to help in this effort (e.g., AIDS Education and Training Centers, community stakeholders)
  - Reach out to providers in other existing care systems such as the Community Health Centers Program and the HOPWA program

Contact Information

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Innovative Ways to Spend RW Part B Program Funds

Leigh Oden, RW Administration Program Manager
Tangee Summers, RW Services Manager
Ali Mansaray, Division of STD/HIV/Hep Director

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SC Ryan White Part B Program Overview

- The SC Department of Health and Environmental Control (DHEC) is the state agency responsible for managing and administering the Ryan White Part B program.
- The STD/HIV/Hep Division in the Bureau of Disease Control manages the program.
- Ryan White Program eligible services are provided by contractors/subrecipients, awarded through a competitive Request for Grant Application (RFGA) process.
- ADAP programs are administered by DHEC.

DHEC Organization

- Division of STD/HIV/Viral Hepatitis
  - Management and Administration
  - Ryan White Part B/ADAP
  - HOPWA
  - STD and Partner Services
  - HIV Prevention
  - HIV Testing
  - Linkage to HIV Care Services
  - Data to Care
  - Adult Viral Hepatitis
- Division of Surveillance and Technical Support

All share same secured office space allowing for close working relationships and collaboration across programs

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AID Upstate, New Horizon

Piedmont Care, Inc.

Affinity Health Center

Upper Savannah Care Services

USC, SCHC, AHF, CAN, PALSS

HopeHealth Florence

HopeHealth Aiken

Hope Health Orangeburg, Family Health Center

CARETEAM, Little River

MUSC, PCC

BJHCHS

Oconee
Pickens
Greenville
Anderson
Spartanburg
Cherokee
Union
York
Chester
Lancaster
Chesterfield
Marlboro
Dillon
Laurens
Abbeville
Greenwood
Newberry
Fairfield
Kershaw
Darlington
Lee
Richland
Saluda
McCormick
Edgefield
Lexington
Sumter
Florence
Marion
Horry
Calhoun
Clarendon
Williamsburg
Georgetown
Aiken
Orangeburg
Barnwell
Bamberg
Berkeley
Dorchester
Allendale
Colleton
Hampton
Charleston
Jasper
Beaufort

S.C.
Ryan White Part B
(19 Service Providers)
Beginning April 1, 2019

SC HIV Program Snapshot

Population	2012	2013	2014	2015	2016	2017
People Living with HIV or AIDS (PLWHA)	15,305	15,695	16,222	18,340	18,998	**19,749**
Served by Ryan White Part B (RWB - Care)	8,112	8,475	8,760	8,816	9,089	**9,393**
Percent of Prevalence Served by RWB - Care	53%	54%	54%	48%	48%	**48%**
PLWHA Out of Care [1]	36%	37%	34%	32%	34%	**32%**
Uninsured in ADAP	76%	75%	74%	65%	55%	**53%**
Unemployment (General Population)[2]	9.2%	7.6%	6.4%	5.7%	4.8%	**4.2%**

Data Source: *SC Epi Profile 2013, 2014, 2015, 2016, 2017, 2018*

1. PLWHA Out of Care is based on absence of HIV tests at intervals within the calendar year.

2. Based on data published by the US Bureau of Labor Statistics.

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RW Program Available Funds GY19-20

- RW Part B Grant (Base, ADAP, EC, MAI)
- Part B Supplemental
- State Funds
- HOPWA
- Projected Part B GY 19-20 Carryover
- Projected GY19-20 Rebates

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Budget Considerations/Constraints

1. HRSA requires RW to be payer of last resort
2. Rebates must be spent before federal funds
3. In SC -- Subrecipient contracts must state funding source. RW and ADAP Health Insurance Premium contracts are all considered Subrecipient contracts
4. Vendor contracts have more flexibility with funding sources
5. RW Part B awardees must have RW federal funds to be eligible for 340B
6. 10% Admin cap
7. Planning and Evaluation costs may not exceed 10%
8. Collectively, recipient Admin, and planning and evaluation may not exceed 15% of the total Part B grant
9. QM costs may not exceed 5% of the total Part B Grant award of $3 million (whichever is the lesser amount)
10. 75/25 limit requirement of core and support services

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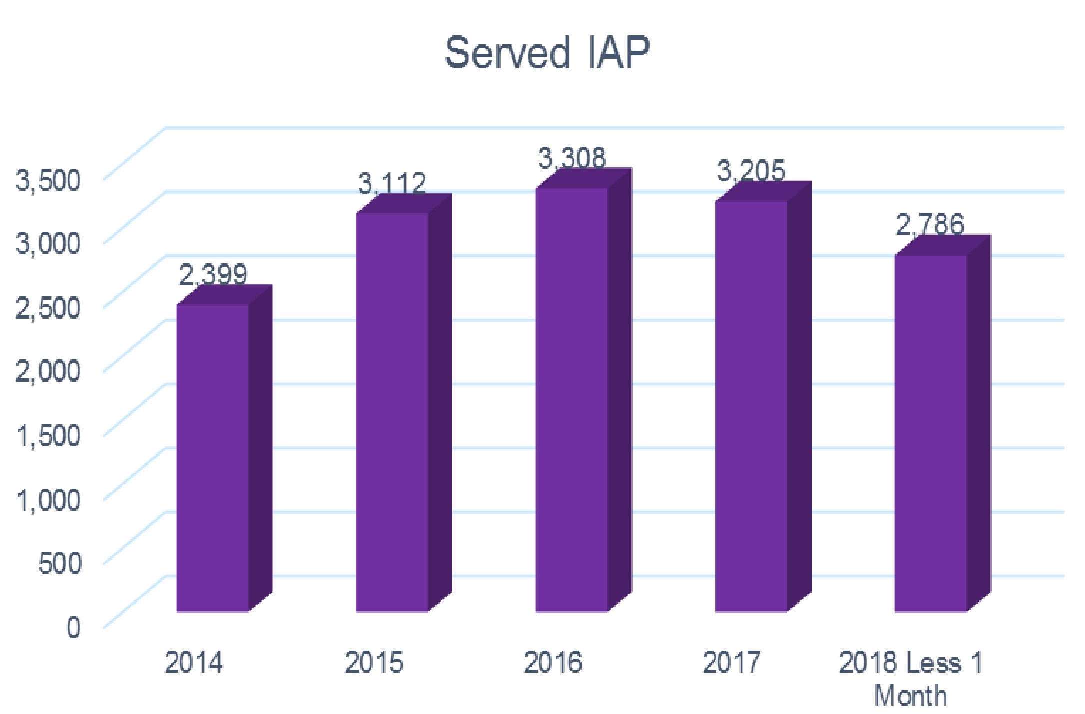
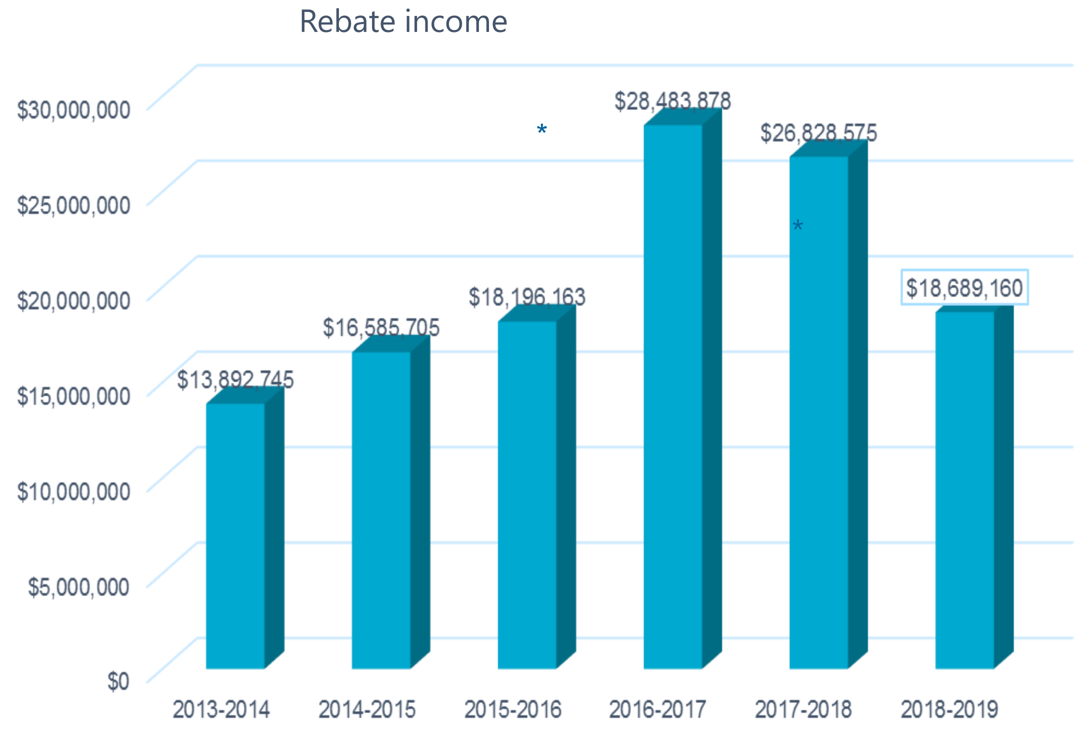
340B Rebate Income (Post Affordable Care Act)





Increase in Available Funds =
Opportunities Never Before Available in SC!

How did we decide?

The National HIV/AIDS Strategy

SC has adopted the goals of the National HIV/AIDS Strategy (NHAS), which are:

1. Reducing New Infections
2. Increasing Access to Care and Improving Health Outcomes for People Living with HIV
3. Reducing HIV-Related Health Disparities
4. Achieve a more coordinated response to the HIV epidemic

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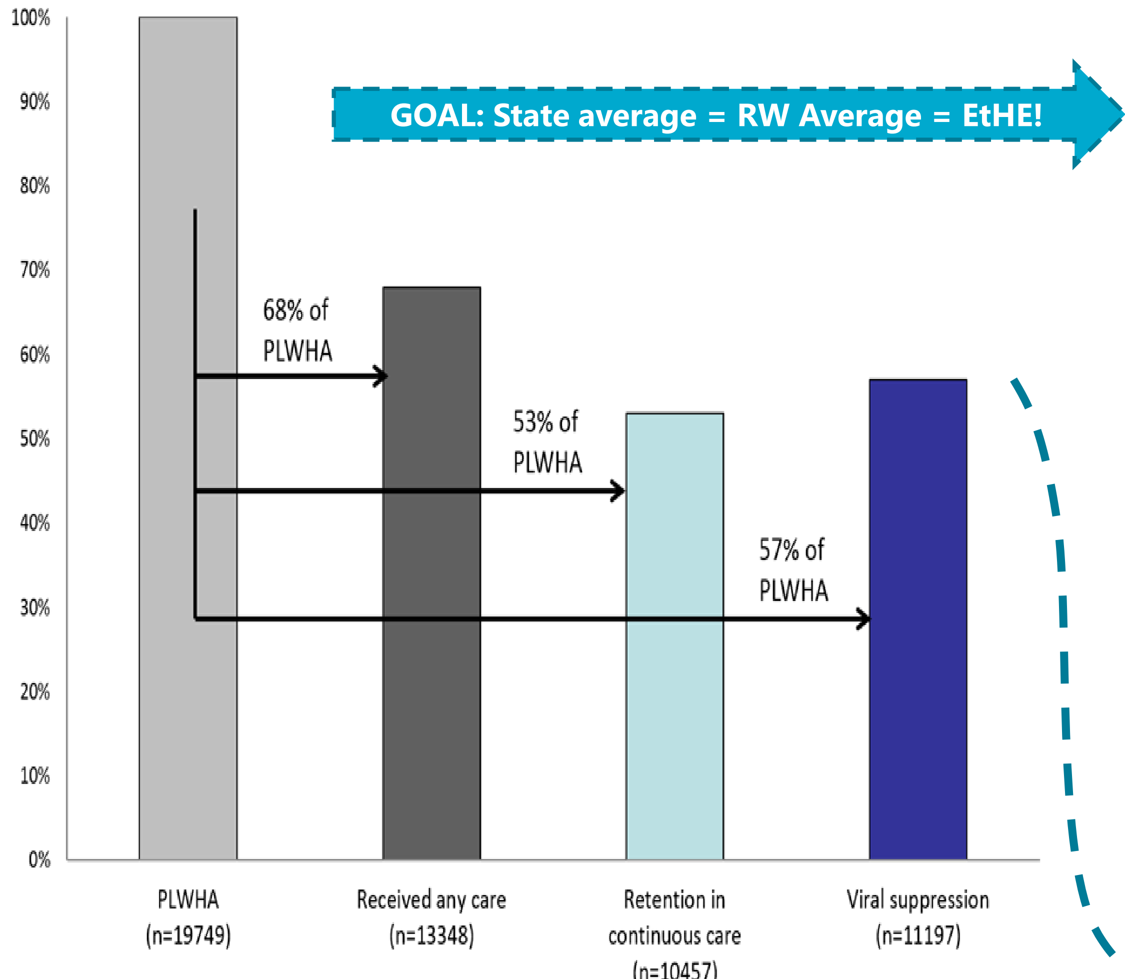
Figure 5.01 Number and percentage of persons engaged in each step of the HIV continuum of care, 2017



SC Ryan Program Only Progress on the Care Continuum (Viral Suppression!)

Viral Suppression	*Total Evaluated for VL*	*Suppressed*	*Percent Suppressed*
South Carolina	**10,126**	**8,682**	**85.7%**
All States	339,061	291,312	85.9%

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NHAS Targets and SC Baseline Data 2016 (CDC Formula)

Goal	2016	2017	Difference Between Goal and Actual
1. **Reduce** the number of new HIV diagnoses by at least 25%	792	795	**198 (25%)**
2. **Increase** the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least **85%**	67%	83%	**2%**
3. **Increase** the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least **90%**	54%	53%	**37%**
4. **Increase** the percentage of persons with diagnosed HIV infection who are virally suppressed to at least **80%**	53%	57%	**23%**

Data Source: South Carolina Department of Health and Environmental Control.
Data Source: South Carolina Department of Health and Environmental Control. CDC calculation of Newly Diagnosed for PLWHA in 2016 and 2017 who were linked to care within 30 days of diagnosis.
Data Source: South Carolina – 2016 and 2017 HIV Care Continuum. Percentage of persons with Diagnosed HIV, who had ≥2 CD4 or viral load test results at least 3 months apart during 2016 and 2017. Data not available for all persons diagnosed with HIV SC.
Data Source: South Carolina – 2016 and 2017HIV Care Continuum. Percentage of persons with Diagnosed HIV, who had a Viral Load <=200 copies/mL at most recent test during 2016 and 2017.

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Statewide Coordinated Statement of Need and Integrated Plan

South Carolina HIV/AIDS Strategy 2017-2021

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Top Barriers to Care in SC (Source: 2017 SCSN)

Testing Barriers

- Stigma
- Not identifying own risk
- Challenges navigating the testing logistics/testing sites (hours, locations)
- Unaware of treatment benefits
- Denial
- Transportation

Linkage and Retention Barriers

- Lack of transportation
- Stigma
- Timeline to enter care (labs, appts)
- Inability to maintain contact
- Mental health/substance abuse
- Unstable Housing

Top Identified Care Needs
(Source: 2017 SCSN)

HIV Care Services

- Housing
- Transportation
- Substance Abuse/Mental Health
- Dental Health
- Childcare

Coordinated Programming as Identified in the IP Along the Continuum

Testing

Rapid-Rapid Testing Policy and Eligibility

High Risk Partner Testing

Expanding EIS Services at RW sites

Linkage

Data to Care

Enhanced Outreach Services, including a Return to Care Survey

Jail Outreach

Decreasing Wait Times

Expanding Hours

Retention

Quality Services

MCM

Specialized MCM

ACA Insurance

Housing Expansion

Substance Abuse

ART

ADAP Programs

ADAP Peer Advocate

ACA Insurance

Peer Adherence

Viral Suppression

State = 57%

RW PE users = 89%

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GY14-15 and GY15-16 Rebate Spending

Began adding rebate funds to subrecipient contracts for the following projects:

- **Outpatient/Ambulatory Health Services (Reported as Service Category OAHS) or Early Intervention Service (Reported as Service Category Early Intervention Service) for Laboratory Testing:**
  - HIV-related Entry-into-Care or Returning-to-Care laboratory testing to ensure comprehensive, quality medical care services consistent with HIV clinical and service performance measures, as clients engage or re-engage medical care services
- **Technical Assistance**
  - Group and provider-to-provider level training and development of statewide tools to Ryan White Part B providers in SC when pre-approved by DHEC
- **Needs Assessment**
  - Funds for subrecipients to conduct an individual area needs assessment annually within the geographic area served and submit the results to DHEC annually.
- **Insurance Support (Reported as Service Category: Health Insurance Premium and Cost Sharing Assistance or administration):**
  - Allowable costs include: staff, operating costs, training, and/or administrative support associated with enrolling and retaining clients into insurance plans increasing client access to care

GY14-15 and GY15-16 Rebate Spending, Continued

- **Data Security Enhancements** (one-time funding)

  Enhance data security through purchase of privacy screens, cubicle doors, fireproof boxes, encryption software, travel lock boxes, modifications to work stations, consultant services for polices and procedures to address data security, file cabinets, phone systems, electronic filing systems, etc.

- **Electronic Medical Record (EMR)** (one-time funding)

  Procurement of EMR certified to achieve "Meaningful Use".

- **Electronic Medical Record (EMR) Interface** (one-time funding)

  EMR interfacing to Provide Enterprise.

- **Electronic Laboratory Reporting** (one-time funding)

  Interfacing *Provide Enterprise* and Lab provider

- **Program Technology Enhancements** (one-time funding)

  Updating computers, software, scanners, printers, projectors, encrypted flash rives,, servers, training equipment, VPN, etc.

- **MCM Enhancements** (one-time funding)

  Training and other materials for MCM staff enhancement

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GY16-17 Rebate Spending

- Continued previous years projects
- Added staff to DHEC RW Team for Outreach and Peer Adherence (combined with ADAP Advocate).
- Added **NHAS Initiatives** ($70,000 per position requested to Part B providers who met their ADAP Switch Target):
  - **Outreach Services (Reported as Outreach Services):**
    - to locate and re-engage with people with HIV at-risk for being out of care
  - **Specialized Medical Case Management Services (Reported as Medical Case Management):**
    - to identify why each person with HIV is out of care and provide interventions that ensure continuous engagement. Once client re-engagement is established, the SMCM ensures a smooth transition to traditional MCM for on-going support. Outreach and SMCM series are coordinating interventions. Thus, outreach services providers provide the SMCM intervention as persons with HIV are re-linked to care and treatment services
  - **Peer Adherence Services (Reported as Health Education Risk Reduction):**
    - to provide inter-disciplinary treatment adherence services based on referrals from SC ADAP and other sources and wors closely with new-to-care persons with HIV to support lifelong retention through awareness of available services. Peer Adherence staff must be offered a livable wage and employee benefits unless a full wage would risk other benefits due to income restrictions
  - **Early Intervention Services (Reported as EIS Services):**
    - as defined by HRSA

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GY17-18 Rebate Spending

- Continued previous year projects
- Increasing ADAP expenses (premium and deductible increases)
- Expanded NHAS and one-time funding awards to Part C providers who also met their ADAP HIP Switch Target
- Added additional funds to provider allocations
- Began paying for salaries of HIV Prevention and Surveillance staff working with positives both in Central office and in the Regions, including DIS, Social Workers, Hepatitis Coordinator, Hepatitis Educator, and Data to Care Program staffing
- Added DHEC RW staff capacity to manage this growing RW program
- HepDAP contractual funds were allocated to USC (AETC provider in area) for managing the capped utilization and assisting with education needs when Hep C drugs are added to the ADAP formulary (have not added Hep C drugs to formulary)
- Began Housing Expansion contract with The Cooperative Ministry, which implementation is still in progress
- MCM Symposium for MCM statewide staff

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GY18-19

- Continued previous year projects
- Supported pediatric clinics (also Part B funded entities) due to loss of Part D funds through March 31, 2019, as they adjusted and re-budgeted their funding to ensure those services continued until Part B RFGA, if desired to write/include

GY19-20

- Continue to fund previous year projects
- MCM Symposium planned again Sept 2019

In-Care or Out-of-Care?

Do we focus on the **83%** who DO link to care?

Or

Focus on the **17%** who DON'T?

Do we focus on the **85.1%** Retained in Care

Or

Focus on the **14.9%** Not Retained in care

Historically, limits to fiscal awards, program management staff, and intervention workforce narrowed the scope of large-scale innovation and forced difficult choices.

Establish Concurrent Service Systems

Medical Case Management and EIS

Focuses on the *many (i.e. 85%)*

- Link
- Retain
- Assist
- Connect
- Coach to independence

Outreach, Data to Care, and Specialized MCM Services

Focus on the *few (i.e. 15%)*

- Link
- Re-link
- Obtain client feedback
- Develop service solutions
- Expand and include client support systems
- Right level of assistance at the right time

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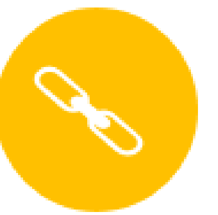
Our SC HIV Care System

Remodeling for Success

Peer Adherence Continuum

Ensures life-long treatment management success.



Outreach Services

Prevents clients from falling out of care and works to re-engage those out of care or marginally engaged.

Care and Treatment

Provides life-long services that evolve as client needs change.

Specialized Medical Case Management

Focuses on individualized reasons for limited care engagement.

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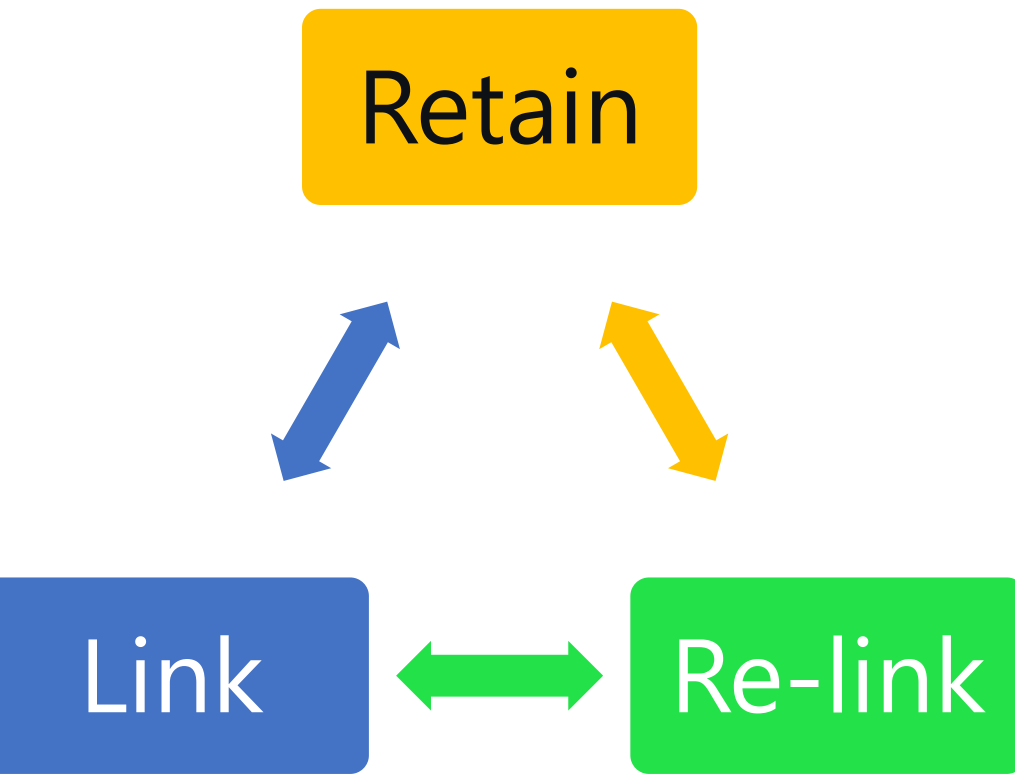
Story of Success

Program efforts to build Outreach Program innovates the whole care system!



1. Evaluate Need:

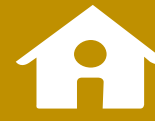
SC HIV/AIDS Strategy 2017-2021 includes:
- Community, provider, and Client input
- Inventory of Services (IOS) *New*
- 5-year Plan
- Care Continuum Data
- Service Utilization Data

2. Enhance Established Services:

- RW Part B Medical Case Management (MCM)
- Support Group
- Provider funding and capacity building
- "Cool New Services"
- Service Bundles.

3. Fund New Services and Options:

- Health Insurance
- Outreach and Specialized MCM
- RW B Housing Expansion
- ADAP Formulary Expansion & HepDAP



4. Expand Consumer Participation

- Client Advisory (CAB) Expansion
- Positive Advocacy Committee
- Client Satisfaction Survey
- Peer Adherence Services

The Continuum of *One*:

1. PLWHA have individualized:
   - Support systems
   - Life stories
   - Likes and dislikes
   - Reasons for seeking and engaging care
   - Care preferences and needs

2. Lifelong events can alter the individual walk along the continuum

3. The HIV Care System should be able to:
   - Hear, listen and rapidly respond to the Individual
   - Provide statewide, coordinated and real life solutions.

- Note: Activities are occurring at the same time.
- Integration means client inclusion in all activities listed.

SC Ryan White Rankings
Retention in Care

RSR 2017: Retention Performance for SC vs. Nation

Retention in Care	*Served*	*Retention in Care*	*Percent Retained*
South Carolina	**9,628**	**8,195**	**85.1%**
All States	324,679	261,821	80.6%

SC RW providers (Parts A-D) perform significantly higher than the national benchmark in CY2017:

1. 100% of SC-funded RW Providers (Parts A – D) completed and submitted an RSR for CY2017.
2. Retention in care was based on data for PLWH who had at least 1 outpatient ambulatory medical care visit by September 1 of the measurement year, with a second visit at least 90 days after

Data Source: RW HIV/AIDS Program Annual Client-Level Data Report 2017, as derived from Ryan White Services Report (RSR) data https://hab.hrsa.gov/sites/default/files/hab/data/datareports/RWHAP-annual-client-level-data-report-2017.pdf

SC Ryan White Rankings – Retention in Care

RSR: Retention in Care Year-to-Year Comparison

Retention	Rank	Rate	Total Clients	Total Clients Retained
2012	Unavailable	85.4%	7826	6687
2013	Unavailable	87.5%	8343	7304
2014	#2	87.1%	8266	7200
2015	#1 ↑	86.3%	8879	7663
2016	#6 ↓	85.0%	9196	7792
2017	#5 ↑	85.1%	9628	8195

SC RW providers (Parts A-D) ranked #7 in the nation among all providers submitting RSR data for CY2017.
1) 100% of SC-funded RW Providers (Parts A – D) completed and submitted an RSR for CY2017.
2) Retention in care was based on data for PLWH who had at least 1 outpatient ambulatory medical care visit by September 1 of the measurement year, with a second visit at least 90 days after.
3) The national average for Retention in Care (CY2017) is 81.7%

Data Source: RW HIV/AIDS Program Annual Client-Level Data Report 2017, as derived from Ryan White Services Report (RSR) data
https://hab.hrsa.gov/sites/default/files/hab/data/datareports/RWHAP-annual-client-level-data-report-2017.pdf

SC Ryan White Rankings – Viral Suppression

RSR 2017: Viral Suppression Performance Data

Viral Suppression	*Total Evaluated for VL*	*Suppressed*	*Percent Suppressed*
South Carolina	**10,126**	**8,682**	**85.7%**
All States	339,061	291,312	85.9%

SC RW providers (Parts A-D) fall in line with the national benchmark for Viral Suppression.

1) Viral suppression includes PLWH served who had at least 1 medical care visit during the measurement yea and whose most recent viral load test result was <200 copies/uL.
2) 100% of SC-funded RW Providers (Parts A – D) are required to complete and submit a Ryan White Services Report (RSR) – Client-level data for CY2017.

Data Source: RW HIV/AIDS Program Annual Client-Level Data Report 2017, as derived from Ryan White Services Report (RSR) data
https://hab.hrsa.gov/sites/default/files/hab/data/datareports/RWHAP-annual-client-level-data-report-2017.pdf

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RSR: SC Viral Suppression Year-to-Year Comparison

Year	Viral Suppression
2012	76.90%
2013	79.50%
2014	81.70%
2015	83.90%
2016	84.70%
2017	85.70%

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Questions

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