Philadelphia HIV Integrated Planning Council Allocation Materials

May, 2020

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Outpatient/Ambulatory Health Services

HRSA Service Definition

Outpatient/Ambulatory Health Services
Description:
Outpatient/Ambulatory Health Services are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight. Emergency room or urgent care services are not considered outpatient settings.
Allowable activities include:
- Medical history taking
- Physical examination
- Diagnostic testing, including laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription, and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis

Program Guidance:
Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category whereas Treatment Adherence Services provided during a Medical Case Management visit should be reported in the Medical Case Management service category.

*As part of Outpatient and Ambulatory Medical Care, provision of **laboratory tests** integral to the treatment of HIV infection and related complications*

Number of Clients Served, Units Provided, Expenditures*, Allocation* and Over/Under-spending

Year	2015	2016	2017	2018	2019
Medical Care Clients	11,201	11,011	11,176	11,056	11,617
Medical Care Units (Dr. visit)	39,965	38,850	35,662	36,606	35,511
Medical Care Dollars	7,476,559	7,227,633	7,104,406	7,362,705	7,328,009
Allocated Dollars	7,101,939	7,152,427	7,162,288	7,055,207	6,952,646
Over/Under-spending	$374,620	$75,206	$57,882	$307,498	375,363

*Includes MAI

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)*	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds	Total Part D Funds (State & Local)	Total Part F Funds
Last Year Allocation	$6,587,785	$364,861	$471,071	$836,135	$4,726,308		
Current Allocation	$6,545,974	$369,478	$45,000	$812,384	$4,933,668		

*Laboratory & Diagnostic tests

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Ambulatory Health Services	242	93.8%	6.2%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2016 MMP Percent with a Need	2018 Client Services Unit Need at Intake
Ambulatory Health Services	4.2%	32.8%

Recipient Service Considerations

Ambulatory Health Services

Medical Case Management, including Treatment Adherence

HRSA Service Definition

Medical Case Management, including Treatment Adherence Services
Description:
Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).
Key activities include:
- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented services above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

Program Guidance:
*Medical Case Management services have as their objective **improving health care outcomes** whereas Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services. Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence Services provided during a Medical Case Management visit should be reported in the Medical Case Management service category whereas Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.*

Number of Clients Served, Units Provided, Expenditures*, Allocation and Over/Under-spending

Year	2015	2016	2017	2018	2019
Case Management Clients	6,081	5,999	5,886	5,920	5,718
Case Management Units (15 min)	494,260	480,812	542,174	481,842	434,006
Case Management Dollars	7,059,257	7,097,626	7,047,089	6,956,416	6,963,980
Allocated Dollars	7,647,520	7,280,986	7,104,482	7,003,445	6,940,315
Over/Under-spending	$588,263	$183,360	$57,393	$47,029	$23,665

*Includes MAI

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation	$5,556,704	$1,383,611	$941,508	$1,717,556			
Current Allocation	$5,528,945	$1,401,117	$511,000	$2,629,075			

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Medical Case Management	210	89.0%	11.0%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2016 MMP Percent with a Need	2018 Client Services Unit Need at Intake
Medical Case Management	15.7	-

Recipient Service Considerations

Medical Case Management

Oral Health Care (Dental)

HRSA Service Definition

Oral Health Care
Description:
Oral Health Care services provide outpatient diagnostic, preventive, and therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

Program Guidance:
None at this time.

Number of Clients Served, Units Provided, Expenditures, Allocation and Over/Under-spending

Year	2015	2016	2017	2018	2019
Oral Health Clients	1,597	1,674	1,584	1,721	1,735
Oral Health Units (visit)	6,017	6,682	6,580	7,371	7,431
Oral Health Dollars	831,804	818,021	807,818	806,350	786,390
Allocated Dollars	790,536	797,412	782,166	770,275	763,594
Over/Under-spending	$41,268	$20,609	$25,652	$36,075	$22,796

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds (Phila)
Last Year Allocation	$763,594		$41,105	$110,619			$148,622
Current Allocation	$758,455		$341,000	$110,620			$141,064

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Oral Health Care	247	84.9%	15.1%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2016 MMP Percent with a Need	2018 Client Services Unit Need at Intake
Oral Health Care	45.1	11.2%

Recipient Service Considerations

Oral Health Care

Local AIDS Pharmaceutical Assistance Program

HRSA Service Definition

Local AIDS Pharmaceutical Assistance
Description:
AIDS Pharmaceutical Assistance services fall into two categories, based on RWHAP Part funding.
1. Local Pharmaceutical Assistance Program (LPAP) is operated by a RWHAP Part A or B recipient or sub-recipient as a supplemental means of providing medication assistance when an ADAP has a restricted formulary, waiting list and/or restricted financial eligibility criteria.

RWHAP Part A or B recipients using the LPAP service category must establish the following:
- Uniform benefits for all enrolled clients throughout the service area
- A recordkeeping system for distributed medications
- An LPAP advisory board
- A drug formulary approved by the local advisory committee/board
- A drug distribution system
- A client enrollment and eligibility determination process that includes screening for ADAP and LPAP eligibility with rescreening at minimum of every six months
- Coordination with the state's RWHAP Part B ADAP
    - A statement of need should specify restrictions of the state ADAP and the need for the LPAP
- Implementation in accordance with requirements of the 340B Drug Pricing Program and the Prime Vendor Program

2. Community Pharmaceutical Assistance Program is provided by a RWHAP Part C or D recipient for the provision of long-term medication assistance to eligible clients in the absence of any other resources. The medication assistance must be greater than 90 days.

RWHAP Part C or D recipients using this service category must establish the following:
- A financial eligibility criteria and determination process for this specific service category
- A drug formulary consisting of HIV primary care medications not otherwise available to the client
- Implementation in accordance with the requirements of the 340B Drug Pricing Program and the Prime Vendor Program

Program Guidance:
For LPAPs: Only RWHAP Part A grant award funds or Part B Base award funds may be used to support an LPAP. ADAP funds may not be used for LPAP support. LPAP funds are not to be used for Emergency Financial Assistance. Emergency Financial Assistance may assist with medications not covered by the LPAP.

For Community Pharmaceutical Assistance: This service category should be used when RWHAP Part C or D funding is expended to routinely refill medications. RWHAP Part C or D recipients should use the Outpatient Ambulatory Health Services or Emergency Financial Assistance service for non-routine, short-term medication assistance.

See: Ryan White HIV/AIDS Program Part A and B National Monitoring Standards
http://hab.hrsa.gov/manageyourgrant/files/fiscalmonitoringparta.pdf
See also: LPAP Policy Clarification Memo http://hab.hrsa.gov/manageyourgrant/files/lpapletter.pdf
See also: AIDS Drug Assistance Program Treatments and Emergency Financial
Assistance

Number of Clients Served, Units Provided, Expenditures, Allocation and Over/Under-spending

Year	2015	2016	2017	2018	2019
Drug Reimbursement Clients	723	319	325		264
Drug Reimbursement Units (30-day prescription) 14 day 2018	3,795	2,111	2,361		1,828
Drug Reimbursement Dollars	1,697,959	573,286	505,196	$357,810	486,328
Allocated Dollars	1,864,218	516,000	505,503	$497,810	486,328
Over/Under-spending	$166,259	$57,286	$307	$140,000	$0

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (NJ)	Total Part B Funds (PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation	$486,328						
Current Allocation	$483,762						

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Local AIDS Pharmaceutical Assistance	139	89.2%	10.8%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2016 MMP Percent with a Need	2018 Client Services Unit Need at Intake
Local AIDS Pharmaceutical Assistance	1.5%	23.1%

Recipient Service Considerations

Local AIDS Pharmaceutical Assistance Program

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Mental Health Services

HRSA Service Definition

Mental Health Services
Description:
Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Program Guidance:
Mental Health Services are allowable only for HIV-infected clients.

See Psychosocial Support Services

Number of Clients Served, Units Provided, Expenditures, Allocation and Over/Under-spending

Year	2015	2016	2017	2018	2019
Mental Health Clients	1,232	2,137	2,287	1,862	2,068
Mental Health Units (session)	3,750	8,039	9,996	9,046	8,848
Mental Health Dollars	399,392	551,562	512,180	521,363	528,089
Allocated Dollars	517,136	518,789	550,353	541,986	544,685
Over/Under-spending	$117,744	$32,773	$38,173	$20,623	16,596

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation	$544,685		$341,769	$63,702			
Current Allocation	$540,414		$224,379	$63,704			

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Mental Health Services	166	75.3%	24.7%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2016 MMP Percent with a Need	2018 Client Services Unit Need at Intake
Mental Health Services	9.7%	18.5%

Recipient Service Considerations

Mental Health Services

Medical Nutrition Therapy

HRSA Service Definition

Medical Nutrition Therapy
Description:
Medical Nutrition Therapy includes:
- Nutrition assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider's recommendation
- Nutrition education and/or counseling

These services can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.

Program Guidance:
All services performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Services not provided by a registered/licensed dietician should be considered Psychosocial Support Services under the RWHAP.

See Food-Bank/Home Delivered Meals

Number of Clients Served, Units Provided, Expenditures, Allocation and Over/Under-spending

Year	2015	2016	2017	2018	2019
Medical Nutrition Clients	368	328	382	416	347
Medical Nutrition Units	629	611	733	868	683
Medical Nutrition Dollars	64,172	54,160	58,806	59,609	59,612
Allocated Dollars	59,444	59,946	60,531	59,611	59,612
Over/Under-spending	$4,728	$$,786	$1,725	$2	$0

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation	$59,612		$40,000				
Current Allocation	$59,612		$39,568				

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Medical Nutrition Therapy	157	75.2%	24.8%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2016 MMP Percent with a Need	2018 Client Services Unit Need at Intake
Medical Nutrition Therapy	-	1.1%

Recipient Service Considerations

Medical Nutrition Therapy

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Substance Abuse Outpatient Care

HRSA Service Definition

Substance Abuse Outpatient Care
Description:
Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders.
Services include:
- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
    - Pretreatment/recovery readiness programs
    - Harm reduction
    - Behavioral health counseling associated with substance use disorder
    - Outpatient drug-free treatment and counseling
    - Medication assisted therapy
    - Neuro-psychiatric pharmaceuticals
    - Relapse prevention

Program Guidance:
Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the RWHAP, it is included in a documented plan.

Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific guidance.

See Substance Abuse Services (residential)

Number of Clients Served, Units Provided, Expenditures, Allocation and Over/Under-spending

Year	2015	2016	2017	2018	2019
Substance Abuse Clients	252	223	270	253	272
Substance Abuse Units (Out Pt. session)	11,581	10,210	12,821	18,011	16,747
Substance Abuse Dollars	367,460	356,949	359,604	346,487	599,590
Allocated Dollars	360,461	363,506	359,748	354,603	697,464
Over/Under-spending	$6,999	$6,557	$144	$8,116	$97,874

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp.PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation	$650,964			$51,061			
Current Allocation	$694,664			$51,064			

Consumer survey info 2017 n=392

Within the consumers survey respondents were asked about Substance use treatment. No distinction was given between residential and outpatient.

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Substance Abuse Outpatient Care	85	60.0%	40.0%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2016 MMP Percent with a Need	2018 Client Services Unit Need at Intake
Substance Abuse Outpatient Care	2.7	5.6%

Recipient Service Considerations

Substance Abuse Treatment Services- Outpatient

HRSA Service Definition

Early Intervention Services (EIS)
Description:
The RWHAP legislation defines EIS for Parts A, B, and C. See § 2651(e) of the
Public Health Service Act.

Program Guidance:
The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service. RWHAP Part recipients should be aware of programmatic expectations that stipulate the allocation of funds into specific service categories.

- *RWHAP Parts A and B EIS services must include the following four components:*
    - *Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be HIV- infected*
        - *Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts*
        - *HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources*
    - *Referral services to improve HIV care and treatment services at key points of entry*
    - *Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care*
    - *Outreach Services and Health Education/Risk Reduction related to HIV diagnosis*

- *RWHAP Part C EIS services must include the following four components:*
    - *Counseling individuals with respect to HIV*
    - *High risk targeted HIV testing (confirmation and diagnosis of the extent of immune deficiency)*
        - *Recipients must coordinate these testing services under Part C EIS with other HIV prevention and testing programs to avoid duplication of efforts*
        - *The HIV testing services supported by Part C EIS funds cannot supplant testing efforts covered by other sources*
    - *Referral and linkage to care of HIV-infected clients to Outpatient/Ambulatory Health Services, Medical Case Management, Substance Abuse Care, and other services as part of a comprehensive care system including a system for tracking and monitoring referrals*
    - *Other clinical and diagnostic services related to HIV diagnosis*

Number of Clients Served, Units Provided, Expenditures, Allocation and Over/Under-spending

Year

Early Intervention Clients							
Early Intervention Units (encounters**)							
Early Intervention Dollars							
Over/Under-spending							

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation							
Current Allocation							

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Early Intervention Services	-	-	-

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2016 MMP Percent with a Need	2018 Client Services Unit Need at Intake
Early Intervention Services	-	-

Recipient Service Considerations

Early Intervention Services

HRSA Service Definition

Home Health Care
Description:
Home Health Care is the provision of services in the home that are appropriate to a client's needs and are performed by licensed professionals. Services must relate to the client's HIV disease and may include:

- Administration of prescribed therapeutics (e.g. intravenous and aerosolized treatment, and parenteral feeding)
- Preventive and specialty care
- Wound care
- Routine diagnostics testing administered in the home
- Other medical therapies

Program Guidance:
The provision of Home Health Care is limited to clients that are homebound. Home settings do not include nursing facilities or inpatient mental health/substance abuse treatment facilities.

Number of Clients Served, Units Provided, Expenditures, Allocation and Over/Under-spending

Year

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp.t PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation				$4,502			
Current Allocation							

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Home Health Care	89	50.6%	49.4%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2016 MMP Percent with a Need	2018 Client Services Unit Need at Intake
Home Health Care	-	1.8%

Recipient Service Considerations

Home Health Care

HRSA Service Definition

Home and Community-Based Health Services
Description:
Home and Community-Based Health Services are provided to a client living with HIV in an integrated setting appropriate to a client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider.
Services include:
- Appropriate mental health, developmental, and rehabilitation services
- Day treatment or other partial hospitalization services
- Durable medical equipment
- Home health aide services and personal care services in the home

Program Guidance:
Inpatient hospitals, nursing homes, and other long-term care facilities are not considered an integrated setting for the purposes of providing home and community-based health services.

Number of Clients Served, Units Provided, Expenditures, Allocation and Over/Under-spending

Year							

Funding by Part, and info on any other payers

Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Home and Community-Based Health Services	90	48.9%	51.1%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2016 MMP Percent with a Need	2018 Client Services Unit Need at Intake
Home and Community-Based Health Services	-	-

Recipient Service Considerations

Home and Community- based Health Services

HRSA Service Definition

Hospice Services
Description:
Hospice Services are end-of-life care services provided to clients in the terminal stage of an
HIV-related illness. Allowable services are:
- Mental health counseling
- Nursing care
- Palliative therapeutics
- Physician services
- Room and board

Program Guidance:
Services may be provided in a home or other residential setting, including a non- acute care section of a hospital that has been designated and staffed to provide hospice services. This service category does not extend to skilled nursing facilities or nursing homes.

To meet the need for hospice services, a physician must certify that a patient is terminally ill and has a defined life expectancy as established by the recipient. Counseling services provided in the context of hospice care must be consistent with the definition of mental health counseling. Palliative therapies must be consistent with those covered under respective state Medicaid programs.

Number of Clients Served, Units Provided, Expenditures, Allocation and Over/Under-spending

Year

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation							
Current Allocation							

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Hospice Services	62	29.0%	71.0%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2016 MMP Percent with a Need	2018 Client Services Unit Need at Intake
Hospice Services	-	0.1%

Recipient Service Considerations

Hospice Care

Emergency Financial Assistance

HRSA Service Definition

Emergency Financial Assistance
Description:
Emergency Financial Assistance provides 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.

Program Guidance:
Direct cash payments to clients are not permitted.
It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a client should not be funded through emergency financial assistance.

See AIDS Drug Assistance Program Treatments, AIDS Pharmaceutical Assistance, and other corresponding categories

Number of Clients Served, Units Provided, Expenditures, Allocation and Over/Under-spending

Year	2015	2016*	2017*	2018	2019**
EFA Clients (voucher)	76	120	103	393	
EFA Units (voucher)	76	120	103	887	
EFA Dollars (voucher)	55,803	68,604	74,162	85,122	
Allocated Dollars	70,691	71,288	70,486	69,415	
Over/Under-spending	$14,888	$2,684	$3,676	$15,707	
EFA Clients (medication)		423	366		213
EFA Units (meds)		741	665		319
EFA (meds) Dollars		1,298,327	1,156,211	598,150	518,002
Allocated Dollars		1,279,961	1,102,934	1,086,158	765,979
Over/Under-spending		$18,366	$53,277	$488,088	$247,977
EFA clients (HSE)					237
EFA Units (HSE)					363
EFA (HSE) Dollars				385,585	301,118
EFA (Housing) Allocation Dollars				385,663	288,663
Over/Under-spending				$78	$12,455

*Approximately 2/3rds of the services previously funded under Local AIDS Pharmaceutical Assistance was funded under emergency financial assistance in 2016, in accordance with the guidance.
**Housing and Utilities were combined in the reporting submitted

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds)
Last Year Allocation	$69,550 $765,979 $229,113		$58,000	$415,869			
Current Allocation	$69,296 $482,919 $227,905		$85,000	$390,665			

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Emergency Financial Assistance			
	114	39.5%	60.5%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2016 MMP Percent with a Need	2018 Client Services Unit Need at Intake
Emergency Financial Assistance (Benefits Assistance)	-	11.2%

Recipient Service Considerations

Emergency Financial Assistance

Medical Transportation Services

HRSA Service Definition

Medical Transportation
Description:
Medical Transportation is the provision of nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services.

Program Guidance:
- *Medical transportation may be provided through:*
- *Contracts with providers of transportation services*
- *Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject http://www.gsa.gov/portal/content/102886)*
- *Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle*
- *Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)*
- *Voucher or token systems*

Unallowable costs include:
- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees

Number of Clients Served, Units Provided, Expenditures, Allocation and Over/Under-spending

Year	2015	2016	2017	2018	2019
Transportation Clients	1,980	2,359	2,651	2,483	2,545
Transportation Units (one-way trip)	20,816	28,658	34,702	28,891	36,972
Transportation Dollars	443,776	448,962	534,622	561,430	580,520
Allocated Dollars	433,301	438,288	451,205	444,351	493,312
Over/Under-spending	$10,475	$10,674	$83,417	$117,079	$87,208

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp.t PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation	$493,312		$220,000	$165,168			
Current Allocation	$493,248		$214,000	$115,168			

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Medical Transportation Services			
	145	69.7%	30.3%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2016 MMP Percent with a Need	2018 Client Services Unit Need at Intake
Medical Transportation Services	12.5	25.4%

Recipient Service Considerations

Medical Transportation Services

Housing Services

HRSA Service Definition

Housing
Description:
Housing services provide limited short-term assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain outpatient/ambulatory health services. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with these services.

Housing services are transitional in nature and for the purposes of moving or maintaining a client or family in a long-term, stable living situation. Therefore, such assistance cannot be provided on a permanent basis and must be accompanied by a strategy to identify, relocate, and/or ensure the client or family is moved to, or capable of maintaining, a long-term, stable living situation.

Eligible housing can include housing that provides some type of medical or supportive services (such as residential substance use disorder services or mental health services, residential foster care, or assisted living residential services) and housing that does not provide direct medical or supportive services, but is essential for a client or family to gain or maintain access to and compliance with HIV-related outpatient/ambulatory health services and treatment.

Program Guidance:
RWHAP Part recipients must have mechanisms in place to allow newly identified clients access to housing services. Upon request, RWHAP recipients must provide HAB with an individualized written housing plan, consistent with RWHAP Housing Policy 11-01, covering each client receiving short term, transitional and emergency housing services. RWHAP recipients and local decision-making planning bodies, (i.e., Part A and Part B) are strongly encouraged to institute duration limits to provide transitional and emergency housing services. The US Department of Housing and Urban Development (HUD) defines transitional housing as up to 24 months and HRSA/HAB recommends that recipients consider using HUD's definition as their standard.

Housing services funds cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments.

Number of Clients Served, Units Provided, Expenditures, Allocation and Over/Under-spending

Year	2015	2016	2017	2018	2019
Housing Assistance Clients	919	894	886	848	542
Housing Assistance Units (clients)	23,654	27,060	22,187	25,982	18,999
Housing Assistance Dollars	510,049	543,032	539,294	278,368	589,877
Allocated Dollars	579,717	584,613	573,534	179,145	566,322
Over/Under-spending	$69,668	$41,581	$34,240	$99,223	$23,555

2015 includes emergency assistance (238 units and clients), supportive services and legal (599 clients 9,139 qtr hrs), and transitional housing (82 clients, 14,277 days)- units include voucher, quarter hour for (support service/legal) and day for transitional
2016 includes emergency assistance (182 units and clients), supportive services and legal (633 clients 10,694 qtr hrs), and transitional housing (79 clients, 16,184 days)- units include voucher, quarter hour for (support service/legal) and day for transitional

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp.t PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation	$566,322		$65,000				
Current Allocation	$563,477		$65,000	$8,750			

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Housing Assistance	160	63.1%	36.9%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2016 MMP Percent with a Need	2017 Client Services Unit Need at Intake
Housing Assistance	16.0%	51.7%

Recipient Service Considerations

Housing Services

Food Bank/Home-Delivered Meals

HRSA Service Definition

Food Bank/Home Delivered Meals
Description:
Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:
  • Personal hygiene products
  • Household cleaning supplies
  • Water filtration/purification systems in communities where issues of water safety exist

Program Guidance:
Unallowable costs include household appliances, pet foods, and other non-essential products.

See Medical Nutrition Therapy. Nutritional services and nutritional supplements provided by a registered dietitian are considered a core medical service under the RWHAP.

Number of Clients Served, Units Provided, Expenditures*, Allocation and Over/Under-spending

Year	2015	2016	2017	2018	2019
Food/Meals Clients	3,169	2,941	2,713	2,152	2,677
Food/Meals Units (meals)	83,771	80,481	69,407	31,328	78,410
Food/Meals Dollars	992,626	688,982	610,731	538,026	836,044
Allocated Dollars	309,801	311,927	332,308	334,355	328,051
Over/Under-spending	$682,825	$3770,055	$288,423	$203,671	$507,997

*The increase to food bank was due to the availability of carry over and underspending. This year there will not be any carryover from the previous year's underspending.

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp.t PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation	$328,051		$22,000	$641,525			
Current Allocation	$326,136		$22,000	$397,165			

Part B PA also includes food vouchers

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Food Bank/Home-delivered Meals			
	158	75.3%	23.5%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2016 MMP Percent with a Need	2018 Client Services Unit Need at Intake
Food Bank/Home-delivered Meals	6.5%	18.9%

Recipient Service Considerations

Food Bank/Home-delivered Meals

HRSA Service Definition

Legal/Other Professional Services
Description:
Other Professional Services allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include:

- Legal services provided to and/or on behalf of the individual living with HIV and involving legal matters related to or arising from their HIV disease, including:
  - Assistance with public benefits such as Social Security Disability Insurance (SSDI)
  - Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the RWHAP
  - Preparation of:
    - Healthcare power of attorney
    - Durable powers of attorney
    - Living wills
- Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:
  - Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney
  - Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption
- Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits

Program Guidance:
Legal services exclude criminal defense and class-action suits unless related to access to services eligible for funding under the RWHAP.

See 45 CFR § 75.459 (http://webapps.dol.gov/federalregister/PdfDisplay.aspx?DocId=27995)

Number of Clients Served, Units Provided, Expenditures, Allocation and Over/Under-spending

Year	2015	2016	2017	2018	2019
Legal Clients	1,152	1,089	1,119	1,258	1,103
Legal Units (legal ser. 1/4 hr)	19,520	23,861	24,939	21,444	36,972
Legal Dollars	395,273	432,950	410,779	432,393	580,520
Allocated Dollars	395,273	398,678	408,608	402,393	404,342
Over/Under-spending	$0	$34,272	$2,171	$30,000	$176,178

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation	$404,341			$57,868			
Current Allocation	$401,479			$122,868			

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Legal/Other Professional Services	118	58.5%	41.5%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2016 MMP Percent with a Need	2018 Client Services Unit Need at Intake
Legal/Other Professional Services	-	3.6%

Benefits assistance under CSU was 46%

Recipient Service Considerations

Legal/Other Professional Services

(Care) Outreach Services

HRSA Service Definition

Outreach Services
Description:
Outreach Services include the provision of the following three activities:
- Identification of people who do not know their HIV status and linkage into Outpatient/Ambulatory Health Services
- Provision of additional information and education on health care coverage options
- Reengagement of people who know their status into Outpatient/Ambulatory Health Services

Program Guidance:
Outreach programs must be:
- *Conducted at times and in places where there is a high probability that individuals with HIV infection and/or exhibiting high-risk behavior*
- *Designed to provide quantified program reporting of activities and outcomes to accommodate local evaluation of effectiveness*
- *Planned and delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort*
- *Targeted to populations known, through local epidemiologic data or review of service utilization data or strategic planning processes, to be at disproportionate risk for HIV infection*

Funds may not be used to pay for HIV counseling or testing under this service category.

Number of Clients Served, Units Provided, Expenditures, Allocation and Over/Under-spending

Year	2015		2016		2017		
Care Outreach Clients							
Care Outreach Units (encounters*)							
Care Outreach Dollars							
Client Cost Care Outreach							

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp.t PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation							
Current Allocation			$238,334				

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Outreach Services	79	60.8%	39.2%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2016 MMP Percent with a Need	2018 Client Services Unit Need at Intake
Outreach Services	2.3%	-

Recipient Service Considerations

Outreach Services

Respite Care

HRSA Service Definition

Respite Care
Description:
Respite Care is the provision of periodic respite care in community or home-based settings that includes non-medical assistance designed to provide care for an HIV-infected client to relieve the primary caregiver responsible for the day-to-day care of an adult or minor living with HIV.

Program Guidance:
Recreational and social activities are allowable program activities as part of a respite care service provided in a licensed or certified provider setting including drop-in centers within HIV Outpatient/Ambulatory Health Services or satellite facilities.

Funds may not be used for off premise social/recreational activities or to pay for a client's gym membership.

Funds may be used to support informal, home-based Respite Care, but liability issues should be included in the consideration of this expenditure. Direct cash payments to clients are not permitted.

See Psychosocial Support Services

Number of Clients Served, Units Provided, Expenditures, Allocation and Over/Under-spending

Year	2015	2016	2017				

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp.t PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation				$8,750			
Current Allocation							

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Respite Care	56	19.6%	80.4%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2016 MMP Percent with a Need	2018 Client Services Unit Need at Intake
Respite Care	-	-

Recipient Service Considerations

Respite Care

HRSA Service Definition

Psychosocial Support Services
Description:
Psychosocial Support Services provide group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns. These services may include:
- Bereavement counseling
- Caregiver/respite support (RWHAP Part D)
- Child abuse and neglect counseling
- HIV support groups
- Nutrition counseling provided by a non-registered dietitian (see Medical Nutrition Therapy Services)
- Pastoral care/counseling services

Program Guidance:
Funds under this service category may not be used to provide nutritional supplements (See Food Bank/Home Delivered Meals). RWHAP-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation.

Funds may not be used for social/recreational activities or to pay for a client's gym membership.

For RWHAP Part D recipients, outpatient mental health services provided to affected clients (people not identified with HIV) should be reported as Psychosocial Support Services; this is generally only a permissible expense under RWHAP Part D.

See Respite Care Services

Number of Clients Served, Units Provided, Expenditures, Allocation and Over/Under-spending

Year	2015	2016	2017				

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp.t PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation			$239,946	$48,941			
Current Allocation			$244,072	$47,732			

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Psychosocial Support Services	153	75.8%	24.2%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2016 MMP Percent with a Need	2018 Client Services Unit Need at Intake
Psychosocial Support Services	8.0%	5.6%

Recipient Service Considerations

Psychosocial Support Services (Support Groups)

HRSA Service Definition

Health Education/Risk Reduction
Description:
Health Education/Risk Reduction is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics covered may include:

- Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention
- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Health literacy
- Treatment adherence education

Program Guidance:
Health Education/Risk Reduction services cannot be delivered anonymously.

See Early Intervention Services

Number of Clients Served, Units Provided, Expenditures, Allocation and Over/Under-spending

Year	2015	2016	2017				

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation				$555,487			
Current Allocation				$555,492			

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Health Education/Risk Reduction	139	89.2%	10.8%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2016 MMP Percent with a Need	2018 Client Services Unit Need at Intake
Health Education/Risk Reduction	-	9.2%

Recipient Service Considerations

Health Education/Risk Reduction

AIDS Drug Assistance Program Treatments (ADAP/SPBP)

HRSA Service Definition

AIDS Drug Assistance Program Treatments
Description:
The AIDS Drug Assistance Program (ADAP) is a state-administered program authorized under Part B of the RWHAP to provide FDA-approved medications to low-income clients with HIV disease who have no coverage or limited health care coverage. ADAPs may also use program funds to purchase health insurance for eligible clients and for services that enhance access to, adherence to, and monitoring of antiretroviral therapy. RWHAP ADAP recipients must conduct a cost effectiveness analysis to ensure that purchasing health insurance is cost effective compared to the cost of medications in the aggregate.

Eligible ADAP clients must be living with HIV and meet income and other eligibility criteria as established by the state.

Program Guidance:
See PCN 07-03: The Use of Ryan White HIV/AIDS Program, Part B (formerly Title II), AIDS Drug Assistance Program (ADAP) Funds for Access, Adherence, and Monitoring Services;
PCN 13-05: Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Private Health Insurance; and
PCN 13-06: Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Medicaid

See also AIDS Pharmaceutical Assistance and Emergency Financial Assistance

Child Care Services

HRSA Service Definition

Child Care Services

Description:

The RWHAP supports intermittent child care services for the children living in the household of HIV-infected clients for the purpose of enabling clients to attend medical visits, related appointments, and/or RWHAP-related meetings, groups, or training sessions.

Allowable use of funds include:

- A licensed or registered child care provider to deliver intermittent care
- Informal child care provided by a neighbor, family member, or other person (with the understanding that existing federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services)

Program Guidance:

The use of funds under this service category should be limited and carefully monitored. Direct cash payments to clients are not permitted.

Such arrangements may also raise liability issues for the funding source which should be carefully weighed in the decision process.

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Child Care Services	139	89.2%	10.8%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2016 MMP Percent with a Need (uninsured)	2018 Client Services Unit Need at Intake
Child Care Services	-	-

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals

HRSA Service Definition

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
Description:
According to RWHAP statute, funds awarded under RWHAP Parts A, B, and C may be used to support the HRSA RWHAP core medical service "Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals," regardless of the kind of health care coverage (public or private), in accordance with Section 2615 of the Public Health Service Act (Continuum of Health Insurance Coverage) and HRSA HAB PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds."

According to statute, funds awarded under RWHAP ADAP may be used to cover costs associated with health care coverage, including co-payments, deductibles, and premiums, in accordance with Section 2616 of the Public Health Service Act (Provision of Treatments) and HRSA HAB PCN 16-02, regardless of the kind of health care coverage (public or private). RWHAP Part D recipients may use funds to support the HRSA RWHAP core medical service "Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals," in accordance with HRSA HAB PCN 16-02.

All RWHAP recipients must determine how to operationalize their health care coverage premium and cost sharing assistance programs and demonstrate that:

> 1. Clients obtain health care coverage that at a minimum, includes at least one U.S. Food and Drug Administration (FDA) approved medicine in each drug class of core antiretroviral medicines outlined in the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV,3 as well as appropriate HIV outpatient/ambulatory health services; and

> 2. The cost of paying for the health care coverage (including all other sources of premium and cost sharing assistance) is cost-effective in the aggregate versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services (RWHAP Part A, RWHAP Part B, RWHAP Part C, and RWHAP Part D). RWHAP ADAP must determine the cost of paying for the health care coverage is cost-effective in the aggregate versus paying for the full cost for medications.

RWHAP Parts A, B, C, and D recipients may consider providing their health insurance premiums and cost sharing resource allocation to their state RWHAP ADAP, particularly where the ADAP has the infrastructure to verify health care coverage status and process payments for public or private health care coverage premiums and cost sharing.

RWHAP recipients must be able, upon request, to demonstrate the methodologies applied for determining compliance with these two requirements. As with other allowable costs, recipients are responsible for accounting and reporting on funds used for this purpose.

Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. To use RWHAP funds for health insurance premium and cost-sharing assistance, a RWHAP Part recipient must implement a methodology that incorporates the following requirements:

- RWHAP Part recipients must ensure that clients are buying health coverage that, at a minimum, includes at least one drug in each class of core antiretroviral therapeutics from the Department of Health and Human Services (HHS) treatment guidelines along with appropriate HIV outpatient/ambulatory health services
- RWHAP Part recipients must assess and compare the aggregate cost of paying for the health coverage option versus paying for the aggregate full cost for medications and other appropriate HIV outpatient/ambulatory health services, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective

The service provision consists of either or both of the following:
- ○ Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services and pharmacy benefits that provide a full range of HIV medications for eligible clients
- ○ Paying cost-sharing on behalf of the client

See PCN 07-05: Program Part B ADAP Funds to Purchase Health Insurance;
PCN 13-05: Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Private Health Insurance;
PCN 13-06: Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Medicaid; and
PCN 14-01: Revised 4/3/2015: Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Premium Tax Credits under the Affordable Care Act
PCN 16-02: https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf
PCN 18-01: https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/18-01-use-of-rwhap-funds-for-premium-and-cost-sharing-assistance.pdf

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals	139	89.2%	10.8%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2016 MMP Percent with a Need (uninsured)	2018 Client Services Unit Need at Intake
Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals	-	18.9%

NJ Part B funded $51,997 in 2018, $19,915 in 2020

Linguistic Services

HRSA Service Definition

Linguistic Services
Description:
Linguistic Services provide interpretation and translation services, both oral and written, to eligible clients. These services must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of RWHAP-eligible services.

Program Guidance:
Services provided must comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Linguistic Services	139	89.2%	10.8%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2016 MMP Percent with a Need (uninsured)	2018 Client Services Unit Need at Intake
Linguistic Services	-	3.1%

Pennsylvania Part B funded - $35,936 for 2020

HRSA Service Definition

Non-Medical Case Management Services
Description:
Non-Medical Case Management Services (NMCM) provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical Case management services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans. This service category includes several methods of communication including face-to-face, phone contact, and any other forms of communication deemed appropriate by the RWHAP Part recipient. Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems

Program Guidance:
Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services whereas Medical Case Management services have as their objective improving health care outcomes.

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Non-Medical Case Management Services	139	89.2%	10.8%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2016 MMP Percent with a Need (uninsured)	2018 Client Services Unit Need at Intake
Non-Medical Case Management Services (benefits assistance)	18.4%	32.5%

NJ Part B funded service $482,325 in 2018, $542,768 in 2020

Permanency Planning

HRSA Service Definition

Permanency Planning
See Other Professional Services

Rehabilitation Services

HRSA Service Definition

Rehabilitation Services
Description:
Rehabilitation Services are provided by a licensed or authorized professional in accordance with an individualized plan of care intended to improve or maintain a client's quality of life and optimal capacity for self-care.

Program Guidance:
Examples of allowable services under this category are physical and occupational therapy.

Consumer survey info 2017 n=392

	N	Used in the last 12 months	Needed but did not get (last 12 months)
Rehabilitation Services	139	89.2%	10.8%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2016 MMP Percent with a Need (uninsured)	2018 Client Services Unit Need at Intake
Rehabilitation Services	-	-

Substance Abuse Services (residential)

HRSA Service Definition

Substance Abuse Services (residential)
Description:
Substance Abuse Services (residential) is the provision of services for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. This service includes:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention
- Detoxification, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

Program Guidance:
Substance Abuse Services (residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the RWHAP.

Substance Abuse Services (residential) are not allowable services under RWHAP Parts C and D.

Acupuncture therapy may be allowable funded under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the RWHAP.

RWHAP funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Substance Abuse Services (residential)	139	89.2%	10.8%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2016 MMP Percent with a Need (uninsured)	2018 Client Services Unit Need at Intake
Substance Abuse Services (residential)	2.7%	5.6%

Referral for Health Care and Support Services (System-wide)

HRSA Service Definition

Referral for Health Care and Support Services
Description:
Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. This service may include referrals to assist eligible clients to obtain access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

Program Guidance:
Referrals for Health Care and Support Services provided by outpatient/ambulatory health care providers should be reported under the Outpatient/Ambulatory Health Services category.

Referrals for health care and support services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management).

Number of Clients Served*, Units Provided, Expenditures, Allocation and Over/Under-spending

Year	2015	2016	2017	2018	2019
Referral for Health Care **Clients**	2,206	2,265	2,208	2,207	2,074
Referral for Health Care **Units (hotline call)**	2,206	2,265	2,208	4,684	2,293
Referral for Health Care **Dollars**	545,641	356,077	492,713	437,238	499,149
Referral for Health Care Allocation			520,329	512,425	544,325
Over/Under-spending			$27,616	$75,187	$45,520
Referral for Health Care **Clients**	222	392	382		73
Referral for Health Care **Units (digital ¼ hour*)**	1,511	3,576	3,767		802
Referral for Health Care **Dollars**	63,132	133,132	82,290	80,970	45,520
Referral for Health Care Allocation			82,241	81,039	$81,202
Over/Under-spending			$49	$69	$35,682

*The client and service units were not broken out.

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp.t PA)	Total Part C EIS Funds	Total Part D Funds	Total Part F Funds
Last Year Allocation	$81,202 $516,669						
Current Allocation	$612,108						

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Referral for Health Care and Support Services	139	89.2%	10.8%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2016 MMP Percent with a Need (uninsured)	2018 Client Services Unit Need at Intake
Referral for Health Care and Support Services	-	-

Recipient Service Considerations

Referral for Health Care and Support Services

Health Plan Comparison Chart

Plans for people who live in the HealthChoices Southeast Zone

pennsylvania ENROLLMENT SERVICES

Benefit	aetna	Health Partners Plans (HPP)	Keystone First	UnitedHealthcare Community Plan
Member Services:	1-866-638-1232 | PA Relay 711 (TTY) www.aetnabetterhealth.com/pennsylvania	1-800-553-0784 | 1-877-454-8477 (TTY) www.HPPlans.com	1-800-521-6860 | 1-800-684-5505 (TTY) www.keystonefirstpa.com	1-800-414-9025 | PA Relay 711 (TTY) www.uhccommunityplan.com
	*Copays	*Copays	*Copays	*Copays
Ambulance				
• Per trip	$0	$0	$0	$0
Dental care	$0	$0	$0	$0
Inpatient hospital				
• Per day	$3	$3	$3	$3
• Maximum with limits	$21	$21	$21	$21
Medical centers				
• Ambulatory surgical center	$0	$3	$3 per visit	$3
• Federal Qualified Health Center/ Regional Health Center	$0	$0	$0	$0
• Independent medical / surgical center	$3	$3	$3 per visit	$3
• Short procedure unit	$3	$3	$3 per visit	$3
Medical equipment				
• Purchase	$0	$0	$0	$1-$3
• Rental	$0	$0	$0	$0
Medical visits				
• Certified nurse practitioner	$0	$0	$0	$0 if PCP
• Chiropractor	$0	$1	$0 per visit	$1
• Doctor	$0	$0	$0	$0 if PCP
• Optometrist	$0	$0	$0 per visit	$0
• Podiatrist	$0	$0	$0 per visit	$1
Outpatient hospital				
• Per visit	$0	$1	$0	$0 if PCP
Prescriptions				
• Generic	$1	$1	$1	$1
• Brand name	$3	$3	$3	$3
X-rays				
• Per service	$0	$1	$1 (Per visit)	$1

NOTE: Co-pays do not apply to the following: members who are pregnant, members under age 18, members age 18 through 20 who are in foster care, emergency services, or certain drugs for specific diseases. The information about the benefits from each plan was current at the time of printing. Please call the plan directly for the most up-to-date information.   Please turn the page for more plan benefits ▶ ▶ ▲

Note: All plans provide the same basic coverage for dental care, eye care and prescription benefits. Individual plans offer additional services listed below.

Dental Care: Members under age 21 can receive all medically necessary dental services including cleanings, x-rays, crowns, and other services. Members over age 21 can receive dental services based on their Medical Assistance benefits package and medical need.

Eye Care: All members can receive 2 eye exams a year. Members under age 21 can get 2 pair of lenses and 2 frames or 2 pair of contacts or a pair of each. Members over age 21 can receive eye care services based on their Medical Assistance package and medical need.

Prescription Benefits: Members can receive brand name and generic drugs, certain over-the-counter drugs and vitamins, insulin supplies and vaccines based on their Medical Assistance benefits package.

aetna

CORA: Our Healthy Experience RV brings education, health screenings, and fun family activities at events in your community.

Care Management Programs: Case managers help with appointments, transportation and barriers that keep you from staying healthy.

Mobile App: Find a doctor, request an ID card, change your PCP and more.

Member Portal: Get secure healthcare information.

Healthy text message: Learn about healthy behaviors at no cost to you.

MOMS: Making Opportunities for Mothers to Succeed. Programs include access to educational programs and baby showers.

Bright Expectations Maternity Program: We help you find a doctor and schedule appointments. You can receive rewards for certain activities.

Healthy Kids Programs: We provide tips to keep your child healthy. Earn rewards for keeping appointments.

AirCare: Asthma navigators help you find healthy ways to manage your or your child's asthma.

Urgent Care: Participating urgent care centers are covered at no cost to you.

Vision Benefits: You can receive eye exams, glasses or contacts at no cost.

Dental Benefits: All members can get exams, cleanings and treatment for gum disease.

24-hour Nurse Help Line: Call our helpline for medical advice when you're sick or have a health issue.

Community Connections: Neighborhood Community Health Workers educate, schedule appointments and connect you to local resources.

Pharmacy Advisor Counseling: Your pharmacist will teach you how your medicine can keep you healthy.

Road to Recovery: We will connect you with the resources you need.

No-cost Smartphone

HPP
Health Partners Plans

Substance Use: We work with community behavioral health partners to help with substance abuse.

Telemonitoring/Telehealth: Care without a trip to the doctor's office.

Care Management Programs: We meet members wherever they are or by phone to help with health care goals. Programs include diabetes prevention and Food is Medicine (home-delivered meals and food counseling for certain members).

Member Portals and Tools: Find a doctor, check covered medicines, get a new ID card and text care managers.

Resource Central: Help finding food, housing and other resources.

Rewards Program: Earn rewards for completing certain health-related activities.

Baby Partners: The support and care needed to have a healthy baby and earn rewards.

Breastfeeding Helpline: 24/7 phone access to licensed professionals for help with breastfeeding.

Healthy Kids: Education and coordination to help kids hit developmental milestones and control asthma, diabetes and lead poisoning and earn rewards.

Vision Benefits: Routine exams covered yearly. Select members also get one pair of eyeglasses or contact lenses. Children under 21 can get two pairs of glasses or contacts.

24 Hour Medical Help Line: Non-emergency help by phone or video.

Urgent Care: Urgent care visits covered when you can't access your PCP.

Healthy Living and Health Education: Member services, health and wellness classes and assistance to find no- or low-cost local food resources.

Gym memberships at participating locations.

New Enhanced Adult Dental Benefit: Routine care and coverage for medically necessary braces. Annual benefit allowance for some procedures; limits apply.

Professional Development: Education and employment assistance through getting your GED, college courses and job readiness.

No-cost Smartphone: Help to enroll in free cell phone program.

Acupuncture: Pain management treatment.

Keystone First

Help Getting Care: We work to connect you to the care you need by sending you reminders about important health services, helping you coordinate transportation, referring you to external resources, and scheduling your appointments.

Care Management Programs: We provide nurses, social workers, home health navigators and care connectors. Together we help coordinate all the care you need.

Member Portal and Member Mobile Apps: We make getting the care you need easy by offering a member portal and mobile applications.

Keys to Your Care®: We offer texting, rewards and appointment reminders.

Community Baby Showers and Moms to Be programs: We offer extra support for our pregnant moms.

4YourKidsCare: We provide families education and information about caring for children when they are sick.

Additional Adult Eye Care Benefit: Select diabetic members ages 21 and over can get prescription eyeglasses or contact lenses.

24/7 Nurse Call Line: Nurses are available on the phone 24 hours a day, 7 days a week.

Urgent Care Centers: Urgent medical care when your PCP's office is closed and it is not an emergency.

Member Rewards: Earn rewards when you get select health screenings and exams you need.

Community Health Programs: Keystone First partners with many community organizations. We work to bring workshops, screenings and education to where you live.

Gym Memberships: Gym memberships for members at several YMCA and gym locations.

In-home Nutritional Counseling: In-home nutritional counseling available for all members.

Mission GED Program: Tools and support are offered to further member education.

In-home lab tests: In-home lab and tele retinal testing can be coordinated for select diabetic members.

UnitedHealthcare
Community Plan

Acupuncture: Pain management treatment is available to you if you're dealing with lower back pain or migraine symptoms.

GED Testing: We pay for the testing fee for eligible members to help further your education and achieve your goals.

Member Rewards: Earn rewards for exams and health screenings.

Advocate4Me: Advocates are the single point of contact to make sure all of your needs are met.

Member Website, Portal and Mobile App: Find doctors, access your member ID card, change your doctor online and more.

UnitedHealthcare OnMyWay™: Use this helpful app to design your resume and learn how to budget.

UnitedHealthcare Healthy First Steps®: Get the help you need to have a healthy baby. Earn gift cards and get reminders for appointments. We help with doctor visits, transportation and referrals to community services.

Sesame Street Healthy Habits for Life: Sesame Street friends teach you how to make healthy meals on a budget and get tips about asthma and lead prevention

Eye Care Benefits: Members over 21 can receive one pair of glasses or contact lenses every year. Members under 21 can receive up to 2 pairs of glasses or one set of contact lenses every year.

Special Needs Unit: Helps with accessing care and connecting you to community resources.

24/7 NurseLine™: Speak directly with a nurse at any time to answer your health questions.

Urgent Care: Urgent care centers are available to you at no cost when you can't see your doctor.

Tobacco Cessation: Get nicotine replacement products and counseling at no cost to you.

Cell Phone: Get enrollment support in the Lifeline cell phone program.

New Jersey Health Plans (Medicaid)

HMO Plans by County	Atlantic	Bergen	Burlington	Camden	Cape May	Cumberland	Essex	Gloucester	Hudson	Hunterdon	Mercer	Middlesex	Monmouth	Morris	Ocean	Passaic	Salem	Somerset	Sussex	Union	Warren
Aetna Better Health® of New Jersey	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓		✓		✓	✓	✓	✓	✓	
Amerigroup New Jersey, Inc.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Horizon NJ Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
UnitedHealthcare Community Plan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WellCare Health Plans of New Jersey		✓					✓		✓					✓		✓		✓	✓	✓	

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AETNA BETTER HEALTH® OF NEW JERSEY

Available in Atlantic, Bergen, Burlington, Camden, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Morris, Passaic, Salem, Somerset, Sussex and Union counties ONLY

Aetna Better Health® of New Jersey   1-855-232-3596 • TTY 711   www.aetnabetterhealth.com/newjersey

Aetna Better Health of New Jersey is part of NJ FamilyCare. Aetna has provided services to members for more than 25 years. We serve over 2 million members in 16 states.

Integrated care management
We help our members take charge of their health by getting the health care services they need.

We make it easy for you
• Unlimited visits to Primary Care Providers
• Routine wellness visits
• 24-hour nurse help line
• Choose your own doctors from 9,000 providers
• Get help in any language you need
• User-friendly website

Health education programs
We offer programs on asthma, COPD, diabetes and heart disease. Your care manager will help you learn about these diseases and how to stay well.

New Mommy program
Pregnant women and new moms learn how take care of themselves and their new babies. We want to help you have a healthy pregnancy and a healthy baby.

Managed Long Term Services and Supports program
Our aging and disabled members get health services right in their own home, assisted-living facility or other setting. Whether you live in a nursing home, community or home setting, our long term care benefits work to keep you independent and active.

Amerigroup RealSolutions in healthcare

Available in ALL counties, except Salem county

Amerigroup New Jersey, Inc.   1-800-600-4441 • TDD 1-800-852-7899 • TTY 711   www.myamerigroup.com/nj

24-Hour Nurse HelpLine: Get medical advice and information from a nurse 24 hours a day, 7 days a week.
Eye and Dental Benefits: Get routine preventive care, coverage for lenses and frames and more.
Physician Care Services: Choose a primary care provider who will coordinate your health care, and change doctors when you need to.
For Mom and Baby: Get important information in our prenatal and baby care programs.
Prescriptions: Get coverage for medicines prescribed by your doctor and some over-the-counter medicines like cough syrup and pain reliever.
Gifts: Get gifts for completing health classes, including all prenatal care.
Special Needs Care Management: All members with special needs have a Care Manager (Registered Nurse) to assist them with getting the care they need.

• The Care Manager speaks with the member, the member's physician(s) and Amerigroup's Medical Social Worker to develop an individualized plan of care, which ensures that all necessary physical and mental health services are provided.
• The Care Manager can help the member arrange transportation to medical appointments when appropriate.
• The Care Manager can help schedule an appointment with a dentist who specializes in serving the Special Needs population.

Amerigroup offers more for your health.
Take advantage of our:
• Reminders for well child checkups and immunizations;
• Community events and family health fairs; and
• Health workshops and advice about asthma, lead poisoning awareness and more.

NJHBC-HMO-0417

Horizon NJ Health

Horizon | **Horizon NJ Health**

Available in ALL counties

| Horizon NJ Health | 1-877-7NJ-HEALTH (1-877-765-4325) • TTY/TDD 711 | www.horizonnjhealth.com |

Keeping You and Your Family Healthy: Horizon NJ Health is the ONLY NJ FamilyCare plan backed by Horizon Blue Cross Blue Shield of New Jersey. Benefits you can count on from a name you trust.

Special Programs just for Horizon NJ Health Members:
Horizon NJ Health understands that your family's good health is important to you. Members can join these special programs, developed to help keep you and your family healthy, at no cost to members.

- **Asthma "Breathe Easy" Program:** A special treatment program to help members with asthma, breathe easier.
- **Mom's GEMS Program for Pregnant Members:** A prenatal program to help expectant mothers receive needed care to have a healthy pregnancy.
- **Diabetes Management Program:** Members can get help to control their diabetes and learn how to prevent the long-term effects that this disease can have on their health.

- **CHAMPS Health and Wellness Program:** All young Horizon NJ Health members are treated like CHAMPS. Through our CHAMPS Program, we help make sure CHAMPS members are receiving their good-health checkups and are immunized from birth to age 21.
- **When Members Need a Helping Hand:** For when you need more than just health care services, our Social Workers will help connect you with valuable resources such as community and government programs.
- **Individual Care for Members with Special Needs:** Horizon NJ Health has a Care Coordination Unit that will assist with coordinating care for durable medical equipment, social services, doctor and dental visits, transportation and other services.

Nothing is more important than your family's good health. Let Horizon NJ Health give your family the quality health coverage they deserve.

UnitedHealthcare Community Plan

Available in ALL counties

| UnitedHealthcare Community Plan | 1-800-941-4647 • TTY/TDD 711 | www.uhccommunityplan.com |

All Your Health Care Benefits Plus: At UnitedHealthcare Community Plan, we help people live healthier lives. We are working hard to deliver on that mission in New Jersey. The UnitedHealthcare Community Plan's network of community-based doctors and dentists, hospitals and neighborhood pharmacies, has provided quality care, with dignity and respect, to the people of New Jersey since 1989.

Special Needs Members: UnitedHealthcare Community Plan offers a comprehensive list of Care Management programs for members with special needs. A specially-designed team of Health Educators and Care Managers concentrate on early identification, prevention, education, advocacy, community and social services for members with the following conditions: asthma, diabetes, congestive heart failure (CHF), high risk pregnancy and lead toxicity.

Healthy First Steps: Healthy First Steps is a special program for pregnant members and new moms and their babies. Our Healthy

First Steps staff of nurses, social workers and health educators works with you and your doctor to make your pregnancy healthier and easier.
No Referral Necessary for:
- Routine well-women care and prenatal care from participating OB/GYNs
- Participating dentists (in most cases)
- Routine eye exams from participating providers

Health Care Benefits Plus:
- Primary Care Doctor for each member
- Preventive dental services
- Eye exams and glasses
- Member Services Helpline staff available 24 hours a day, 7 days a week

Community Involvement: UnitedHealthcare Community Plan provides targeted education on important health concerns. Every day, our team of certified health educators work in communities throughout New Jersey to meet with groups and provide valuable information to help improve the health of people in all the different populations we serve.

WellCare

Available in Bergen, Essex, Hudson, Mercer, Middlesex, Morris, Passaic, Somerset, Sussex and Union counties ONLY

| WellCare Health Plans of New Jersey | 1-888-453-2534 • TTY/TDD 1-877-247-6272 | newjersey.wellcare.com |

Putting you first: At WellCare, we put you and your family first. This means you get the care and services you need to stay healthy and live happy.

24-Hour Nurse Advice Line: All members can call to receive medical advice from registered nurses 24 hours a day, 7 days a week, every day of the year.

Health and wellness website that gives tips to help you and your loved ones stay healthy.

Prenatal Rewards Program: This program helps our moms-to-be focus on staying healthy and going to all their doctor visits during their pregnancy. Members who complete the program can earn a free gift.

Physician (Provider) Services:
- **PCP:** A provider is assigned to each member to provide their care or arrange for them to see a specialist.
- **Prescriptions:** Coverage for medicine provided by your providers.

Customer Care:
- Personal help arranging doctor appointments, social services, and more.
- All materials are available in English, Spanish, and other languages upon request.
- Translation services available to members who are hearing-impaired, or who speak a language other than English.

Community Resources: Free referrals and guides to free community programs.

Care Management: We offer targeted care management programs to children and adults. Some programs include:
- **Asthma** • **Diabetes** • **HIV/AIDS** • **High Risk Pregnancy**

Care managers are trained to help members, their family and their PCP's arrange services (including referrals to special care facilities for highly-specialized care) that may be needed to manage illnesses. Choosing a health care plan is a big decision. And we want you to have the facts you need to make the choice that's right for you.

NJ FAMILYCARE

Affordable health coverage. Quality care.

Income Chart effective 2017

1-800-701-0710
TTY: 1-800-701-0720
www.njfamilycare.org

FAMILY SIZE *	Adult(s) (Age 19-64) 0 - 138%	Pregnant Women (Any Age) 0 - 205%	Children (Under Age 19) Federal Poverty Level % (FPL) Maximum Monthly Income					
			0 - 147%	> 147 - 150%	> 150 - 200%	> 200 - 250%	> 250 - 300%	> 300 - 355%
1	$1,387	N/A	$1,478	$1,508	$2,010	$2,513	$3,015	$3,568
2	$1,868	$2,775	$1,990	$2,030	$2,707	$3,384	$4,060	$4,805
3	$2,349	$3,489	$2,502	$2,553	$3,404	$4,255	$5,105	$6,041
4	$2,829	$4,203	$3,014	$3,075	$4,100	$5,125	$6,150	$7,278
5	$3,310	$4,917	$3,526	$3,598	$4,797	$5,996	$7,195	$8,515
6	$3,791	$5,631	$4,038	$4,120	$5,494	$6,867	$8,240	$9,751
Each Additional	$481	$715	$513	$523	$697	$871	$1,045	$1,237
Monthly Premium	No premium	No premium	No premium	No premium	No premium	$43.00 per family	$86.00 per family	$144.50 per family
Copayments	No copay	No copay	No copay	No copay	$5 - $10	$5 - $35	$5 - $35	$5 - $35

* The size of your family may be determined by the total number of parent(s) or caretaker(s), and all blood-related children under the age of 21 who are tax dependent, as well as any other tax dependent residing in the home.

Notes

Service Descriptions