Mississippi Ending the HIV Epidemic Initiative (MSEHEI)

COMMUNITY HEALTH CENTER ASSOCIATION OF MISSISSIPPI
MISSISSIPPI STATE DEPARTMENT OF HEALTH, OFFICE OF STD/HIV
Kendra Johnson, MS, MPH
Director, STD/HIV Office
Mississippi State Department of Health

Christopher Roby, PhDc, MA
Director of Strategic Partnerships
Community Health Center Association of Mississippi
I. Welcome/Overview of MSEHEI  
   Community Health Center Association of Mississippi

II. Overview of Ryan White Part B Opportunity  
    Mississippi State Department of Health

III. HRSA Fiscal Year 2020 Ending the HIV Epidemic Supplemental Funding  
     Community Health Center Association of Mississippi
     a. What does the funding cover?  
     b. Who is eligible to apply?  
     c. Key dates to remember.  
     d. What TA can the CHCAMS and the MSDH provide in completing your application

IV. Next steps  
    Community Health Center Association of Mississippi
    a. Focus groups with Providers from interested health centers  
    b. Focus groups with key leadership from health centers

V. Questions and Answers  
   a. Open to participants
National EHE Initiative

Phase I: Geographic Focus, A multi-year program that will infuse 48 counties, Washington, D.C., San Juan, Puerto Rico, as well as 7 states that have substantial rural HIV burden with additional resources.

Phase II: Efforts will be even more widely disseminated across the nation to reduce new infections by 90 percent by 2030.

Phase III: Intensive case management will be implemented to maintain the number of new infections at fewer than 3,000 per year.
GOAL:

Our goal is ambitious and the pathway is clear – employ strategic practices in the places focused on the right people to:

- **Diagnose** all people with HIV as early as possible after infection.
- **Treat** the infection rapidly and effectively to achieve sustained viral suppression.
- **Protect** people at risk for HIV using potent and proven prevention interventions, including PrEP, a medication that can prevent HIV infections.
- **Respond** rapidly to detect and respond to growing HIV clusters and prevent new HIV infections.
- **HIV HealthForce** will establish local teams committed to the success of the Initiative in each jurisdiction.

75% reduction in new HIV infections in 5 years and at least 90% reduction in 10 years.
In order to address the EHE, the CHCAMS and MSDH Office of STD/HIV developed a comprehensive approach:

- Increase the number of HIV primary care providers in the state
- Increase the number of HIV test conducted in primary care settings and non-traditional settings
- Increase the number of HIV patients who are reengaged into care
- Increase access to funding and resources in the state to address the HIV crisis
- Develop a comprehensive statewide plan to address any potential HIV outbreak quickly and efficiently
Mississippi State Department of Health Office of STD/HIV
The Ryan White Program

The Ryan White HIV/AIDS Program provides a comprehensive system of care that includes primary medical care and essential support services for people living with HIV who are uninsured or underinsured.
MSDH's Ryan White Part B Program

• The **Direct Care Program (DCP)** contracts with provider sites throughout the state to build capacity and stability for core medical and support services for eligible HIV/AIDS clients residing in Mississippi.
  - The DCP also funds region-based Social Work Case Managers who work as agents of MSDH and the Ryan White Part B Program to primarily focus on linking clients to care, re-engaging clients in care and other eligible services (Medical Case Management).

• The **AIDS Drug Assistance Program (ADAP)** provides medication assistance through the MSDH Pharmacy, which is a direct distribution model to HIV positive individuals who are uninsured or underinsured for their medications.
MSDH's Ryan White Part Program Continued

• The **ADAP Insurance Assistance Pilot Program** provides insurance through the ACA Marketplace to HIV clients who qualify for subsidies (100-250% FPL) by paying premiums, co-insurance, co-pays, and deductibles.

• The ADAP program also assists eligible HIV/AIDS clients with out-of-pocket expenses by waiving co-pays and deductibles from other payers such as Medicare, private insurance, and in some cases Medicaid.
Ryan White Eligibility

- Must be HIV positive;
- Must have a primary home address in Mississippi;
- Must have household income at/below 400% of the Federal Poverty Level (as per current guidelines);
- If eligible, individuals must apply for Medicaid, Medicare, SCHIP, Federal Exchange Marketplace plans, or Employer provided Insurance before accessing RW services.
Ryan White Part B Allowable Services

- AIDS Drug Assistance Program Treatments
- AIDS Pharmaceutical Assistance
- Early Intervention Services (EIS)
- Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
- Home and Community-Based Health Services
- Home Health Care
- Hospice
- Medical Case Management, including Treatment Adherence Services
- Medical Nutrition Therapy
- Mental Health Services
- Oral Health Care
- Outpatient/Ambulatory Health Services
- Substance Abuse Outpatient Care
- Child Care Services
- Emergency Financial Assistance
- Food Bank/Home Delivered Meals
- Health Education/Risk Reduction
- Non-Medical Case Management Services
- Other Professional Services
- Outreach Services
- Permanency Planning
- Psychosocial Support Services
- Referral for Health Care and Support Services
- Rehabilitation Services
- Respite Care
- Substance Abuse Services (residential)
- Housing
- Legal Services
- Linguistic Services
- Medical Transportation
Purpose

- Expand HIV prevention services that decrease the risk of HIV transmission
- Target geographic locations identified by Ending the HIV Epidemic initiative
- Focus on supporting access to and use of PrEP
Funding Formula

$250,000 base amount

$0.50 Per Patient (2018 UDS Data)

$2 Per Patient Tested for HIV (2018 UDS data)

The notification email was sent to eligible agencies will indicate your maximum request amount.
Eligibility Notification

• An email went to Health Center Program award project director, business official, and authorizing official on record in HRSA’s Electronic Handbooks (EHBs)
  ❖ Maximum request amount
  ❖ Link to the EHBs application module
  ❖ Link to PCHP technical assistance webpage
  ❖ Contact information for application assistance
Objectives of Funding

Engage new and existing patients to identify those at risk for HIV

Increase patients tested for HIV

Increase patients who receive prevention education and PrEP

Increase linkage to HIV treatment

Enhance/establish partnerships to support PCHP activities

Add at least .50 FTE personnel to support access to and use of PreP
Use of Funds
(See Appendix A in PCHP instructions)

Outreach

HIV Testing

Partnerships

Increase Prep Access

Linkage to Treatment
Ineligible Costs

- Cost already supported with health center program funding
- Facility or land purchases
- Vehicle purchases
- EHRS that are not ONC certified
- Minor alterations and renovations or new construction activities
- Prohibited syringe services program cost.
Timeline

1. October 16, 2019: NOFA released (Modified November 7, 2019)
2. December 16, 2019: Application Due (5:00 p.m. ET)
3. April 1, 2020: Award start Date
4. Within 8 Months of award: Hire at least 0.50 FTE
What TA can CHCAMS Provided

- Provided guidance as you complete your application
- Help you to identify partners for successful implementation
- Provided you with letters of support/commitment
- Help to identify any data needed for your application
## MSDH TA Support

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<thead>
<tr>
<th>HIV Prevention resources:</th>
<th>HIV Medical Care:</th>
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<tbody>
<tr>
<td>• Routinizing Opt Out HIV screening</td>
<td>• Linkage and Retention</td>
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<tr>
<td>• Condom distribution</td>
<td>• Rapid ART</td>
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<tr>
<td>• PrEP access/education</td>
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<tr>
<td>• Rapid HIV testing</td>
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Next Steps for MSEHEI

Conducting two focus groups:

1) Providers

2) Key leadership from Health Centers.

Provide feedback to Health Center and MSDH to guide the needs of the organizations in implementing HIV specific programs.
Questions and Answers