

Mississippi Ending the HIV Epidemic Initiative (MSEHEI)

COMMUNITY HEALTH CENTER ASSOCIATION OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH, OFFICE OF STD/HIV



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Agenda

- 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:

75%
reduction
in new HIV
infections
in 5 years
and at least
90%
reduction
in 10 years.



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.



MSEHEI

In order 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

**Ryan White Funded Clinic
Locations**

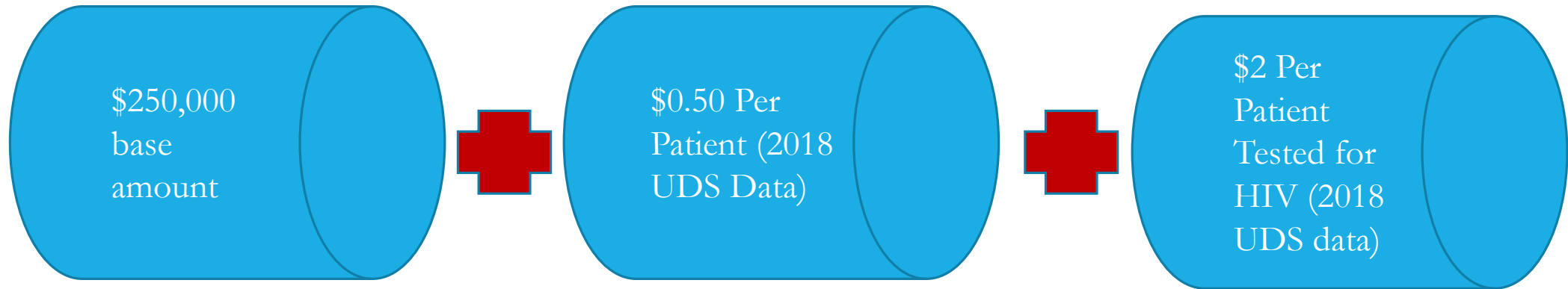


HRSA-20-091 Fiscal Year 2020 Ending the HIV Epidemic - Primary Care HIV Prevention (PCHP) Supplemental Funding

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



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



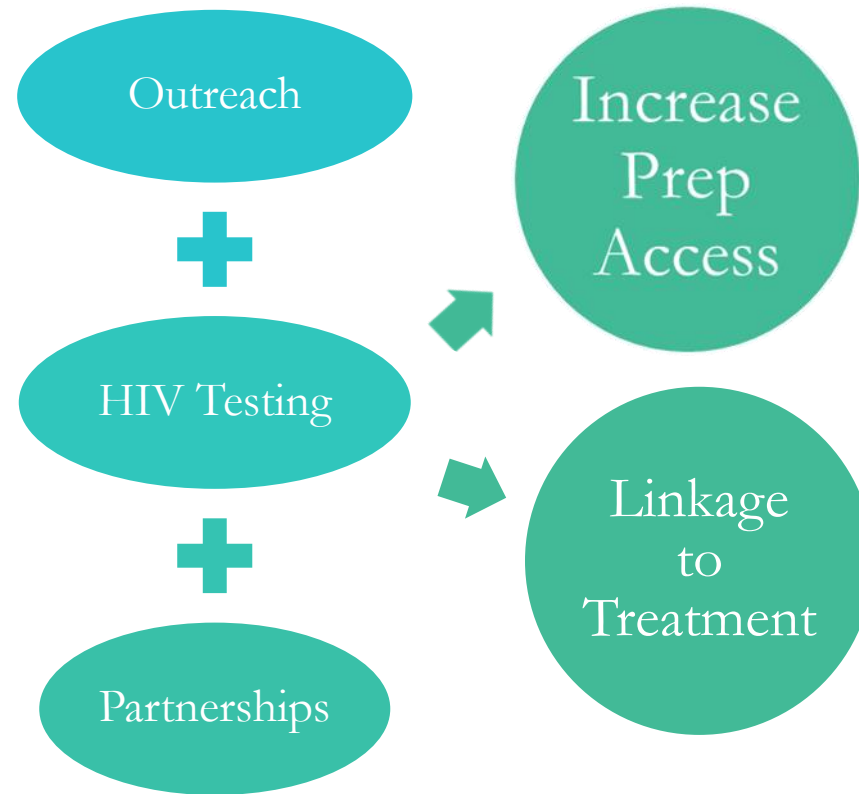
Enhance/establish partnerships to support PCHP activities



Add at least .50 FTE personnel to support access to and use of PrEP

Use of Funds

(See Appendix A in PCHP instructions)



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.

1

October 16, 2019:
NOFA released
(Modified
November 7, 2019)

2

December 16,
2019: Application
Due (5:00 p.m.
ET)

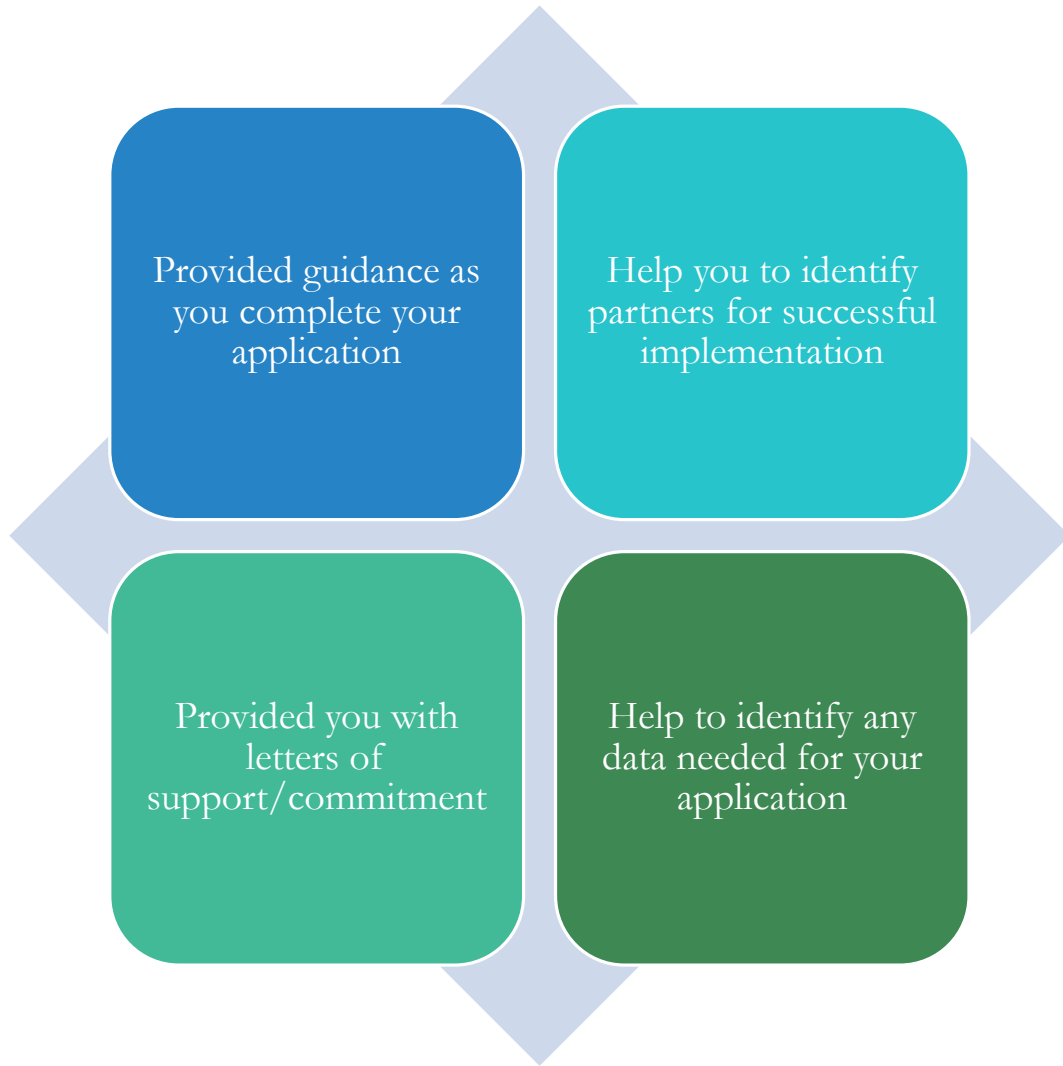
3

April 1, 2020:
Award start Date

4

Within 8 Months
of award: Hire at
least 0.50 FTE

Timeline



What TA can CHCAMS Provided

MSDH TA Support

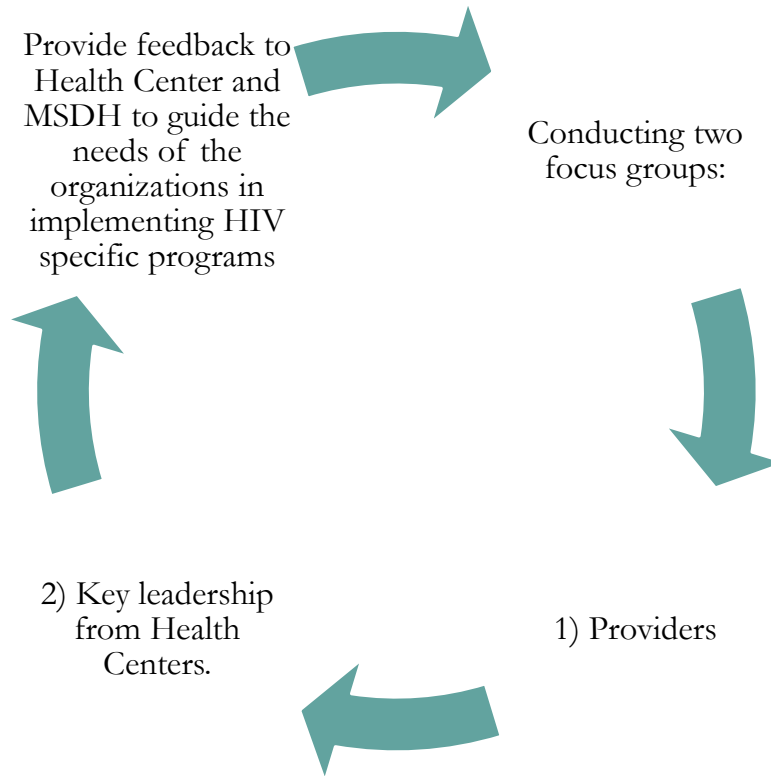
•HIV Prevention resources:

- Routinizing Opt Out HIV screening
- Condom distribution
- PrEP access/education
- Rapid HIV testing

•HIV Medical Care:

- Linkage and Retention
- Rapid ART

Next Steps for MSEHEI



Questions and Answers
