

**Ending the HIV Epidemic (EHE) Systems Coordination
Provider (SCP): Rapid Antiretroviral Therapy Initiation
Toolkit Webinar: *Systems, Partnerships, and Financing
Strategies to Build and Expand Rapid Start***

Chloe' Bernard, Manager, Health Care Access

Amy Killelea, Killelea Consulting

November 9, 2023



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Agenda

- Overview of Ending the HIV Epidemic in the U.S. (EHE) Systems Coordination Provider (SCP): EHE SCP Rapid ART toolkit
- EHE Rapid StART jurisdictional presentations
 - Las Vegas TGA
 - South Carolina
 - Miami-Dade County
- Discussion/Questions and Answers

Presenters

Heather Shoop, MSW

Assistant Manager, Grant Administrator, Las Vegas TGA, Clark County Social Service, Office of HIV

Leigh Oden

Ryan White and HOPWA Program Administrator, South Carolina Department of Health and Environmental Control

Carla Valle-Schwenk

Program Administrator, Miami-Dade County Ryan White Program

Learning Objectives

- Increase rapid ART initiation **financing and systems awareness and coordination** across RWHAP parts in EHE jurisdictions (notably Part A providers, Part B providers, and ADAP)
- Identify opportunities to **streamline and coordinate** RW & ADAP rapid **eligibility determinations and pharmacy access policies**, including coordination with other payors (e.g., Medicaid)
- Review opportunities to integrate, or coordinate with, **trauma-informed approaches** to rapid ART initiation for newly diagnosed individuals who are uninsured or underinsured and ready to begin treatment
- Disseminate **federal and non-federal** rapid start technical assistance **resources**, including Cicatelli's (CAI), Dissemination Assistance Provider (DAP), and Technical Assistance Provider-innovation network (TAP-In) trainings and TA

Walk Through of Rapid Antiretroviral Therapy Initiation Toolkit

Amy Killelea, Killelea Consulting

Resource Highlight: Identifying Funding Mix

FUNDING SOURCE	ALLOWABLE SERVICES	ELIGIBILITY
RWHAP Parts A, B, C, D (non-EHE; non-ADAP)	RWHAP service categories: Early intervention services (EIS), medical and non-medical case management, outpatient/ambulatory health services (OAHS), adherence counseling, health insurance premium and cost-sharing assistance (HIP-CS)	HIV diagnosis, low-income, residency
RWHAP ADAP (non-EHE)	Full-pay medication for uninsured clients; insurance assistance for insured clients; "ADAP flex" can be used for medication adherence and monitoring services	HIV diagnosis, low-income, residency
RWHAP Part A (EHE)	Initiative Services and RWHAP service categories above	HIV diagnosis
RWHAP Part B/ADAP (EHE)	Initiative Services and RWHAP service categories above	HIV diagnosis
CDC HIV prevention (EHE and non-EHE)	HIV testing and counseling and linkage to care	No eligibility screening beyond service need
340B rebates (ADAP)	Partial pay rebates (i.e., income generated by the ADAP from collecting a full rebate from payment of the copay or coinsurance for a medication) generated by federal RWHAP funds must be invested back into the same program with identical service categories/restrictions. ²	If ADAP rebates are generated by federal RWHAP funds, RWHAP eligibility requirements apply
340B program income	Allowable services depend on if the program income is generated from federal funds (program income must be invested back into the same program with identical service categories/restrictions). Non-RWHAP 340B entities may have more flexibility to use program income more broadly across programs. ³	While program income generated from RWHAP funding must be invested back into the program, following the same eligibility rules, program income generated from other funding streams may have more flexibility, including to expand eligibility criteria beyond RWHAP.
State/local funding	Allowable services depend on funder	Eligibility requirements depends on funder
Manufacturer assistance programs	ART approved for Rapid Start	Income criteria
ART samples	Limited number of ART medications	No eligibility for patients, but some providers may prohibit acquiring and/or dispensing samples

Resource Highlight: Medication Procurement

DRUG ACCESS MECHANISM	QUANTITY	MEDICATION AVAILABILITY	ELIGIBILITY CRITERIA	COST CONSIDERATION FOR PROGRAM
ART samples	Sometimes limited to shorter interval than 30 days	Available directly from provider	None, but some providers may have internal policies prohibiting receiving or dispensing samples	Free
Manufacturer patient assistance programs (PAPs)	30-day fill	Pharmacy pick up via PAP pharmacy network (brick and mortar or mail order)	Income eligibility	Free
ADAP	30-day fill	Pharmacy pick up via ADAP pharmacy network (mail order option may be available depending on ADAP)	ADAP income and other eligibility requirements vary by program	340B discount plus possible negotiated supplemental discounts for ADAP eligible clients
RWHAP Part A or B*	30-day fill	Pharmacy pick-up via RWHAP Part A and/or Part B subrecipient pharmacy	RWHAP Part A, Part B, and/or specific EHE eligibility criteria	RWHAP Part A and/or B subrecipients procure and provide the medication via their regular 340B channels and are reimbursed by the RWHAP Part A at acquisition cost.
Non-ADAP 340B entity	30-day fill	Pharmacy pick up (typically at in-house or contract pharmacy)	Income eligibility and must be patient of the 340B clinic	340B discount

*In alignment with RWHAP AIDS Pharmaceutical Assistance (including Local Patient Assistance Program) and/or EHE funding policies and priorities.

Resource Highlight: Leveraging EHE Flexibilities

TESTING AND LINKAGE SERVICES

The next category of services includes HIV testing and linkage services. These services are typically covered across Centers for Disease Control and Prevention (CDC) HIV prevention awards and RWHAP awards. CDC may fund local health departments to engage Disease Intervention Specialists and HIV testing sites to provide HIV testing services with linkage to care and treatment for any individuals who test positive for HIV. Successful Rapid Start programs have cultivated partnerships across CDC-funded HIV testing sites and RWHAP Rapid Start provider sites to ensure that funding streams and provider sites are working collaboratively to connect individuals to care and treatment. RWHAP funding (across RWHAP Part A, B, C, and D) also funds HIV testing and linkage services, usually through the Early Intervention Services (EIS) category. These RWHAP testing and linkage services are provided at both clinical and non-clinical community-based organization sites.

EHE Flexibility Consideration

EHE funding is often a good way to fund additional linkage service and/or full-time linkage-to-care coordinators working exclusively on Rapid Start initiatives. It may also provide flexibility to provide support services to assist individuals to quickly access care. For instance, Rapid Start programs may choose to use EHE funds to provide access to transportation services (including vouchers for ride-sharing apps) to help individuals who receive a positive HIV test at a testing partner get to a clinical site.

Case Studies

A County-led **Rapid stART** Community Engagement to End the HIV Epidemic

NASTAD EHE Rapid stART Webinar

November 9, 2023

RAPID stART



LAS VEGAS TGA
PART A HIV/AIDS PROGRAM
CLARK | MOHAVE | NYE COUNTIES



Disclosure

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RAPID stART



Presenter



Heather Shoop (She/Her)
Assistant Manager/Grant Administrator
Clark County Social Service
Office of HIV

RAPID stART



About Clark County Rapid stART

- Integrated Rapid stART into EHE Work Plan
- Applied for UCSF SPNS Project
- Co-created with community
- Serves newly diagnosed and returning to care
- Leverages Ryan White and EHE funds

Rapid stART Learning Collaborative

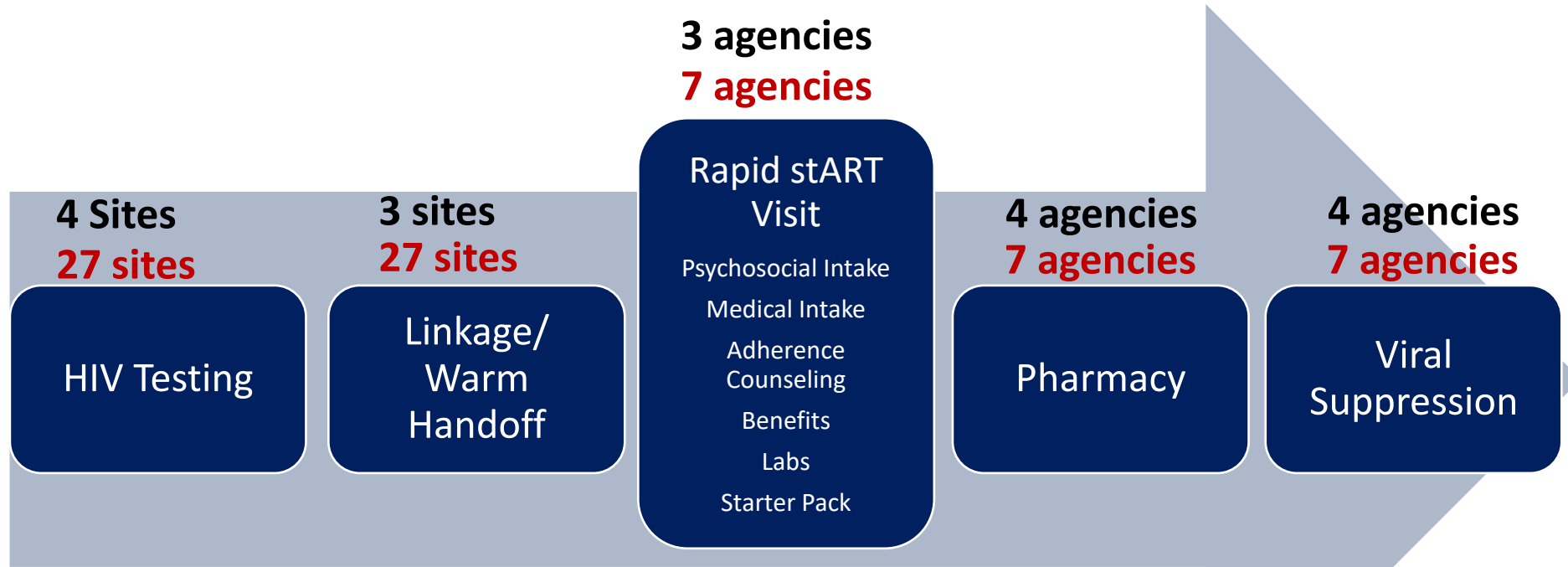
Results

- Expansion of Rapid stART testing from 3 to 27 sites
- Rapid stART Rideshare program
- Rapid stART Module
- Rapid stART Manual
- Rapid stART Response Team
- Community-wide engagement, buy-in and collaboration leading to system level change.

.....and all accomplished during a worldwide pandemic!!!

Rapid stART Continuum of Care

2020
2023



RAPID stART



Shifting the Paradigm

- The priority now is early linkage, not Ryan White eligibility
- Remain in RW- or EHE-funded EIS for up to 90 days while establishing eligibility for Ryan White



Current Funding Structure

Ryan White Part A

- Early Intervention Services
- Linguistic Services

Ending the HIV Epidemic

- Early Intervention Services
- Outpatient/Ambulatory Health Services
- Health Insurance Premium & Cost Sharing
- Medical Transportation
- Mental Health (Pilot)
- Psychosocial Support (Pilot)
- Rapid stART Response Team

Future Funding Structure

Ryan White Part A

- ↑ Early Intervention Services
- Linguistic Services

Minority AIDS Initiative

- Outreach

Ending the HIV Epidemic

- ~~Early Intervention Services~~
- Outpatient/Ambulatory Health Services
- Health Insurance Premium & Cost Sharing
- Medical Transportation
- ↑ Mental Health
- ↑ Psychosocial Support
- Rapid stART Response Team

Sustainability

RAPID stART

Infrastructure

- Manual
- Data Module
- Response Team
- Relationships
- Community Engagement
- Marketing
- Funding



Resources

Clark County's Rapid stART: The New Standard for HIV Care Quick-Start Kit

<https://lasvegastga.com/wp-content/uploads/2023/08/Rapid-stART-Manual-.pdf>

Plan-Do-Study-Act (PDSA) Worksheet

<https://www.ihl.org/resources/Pages/Tools/PlanDoStudyActWorksheet.aspx>

HRSA's Ryan White HIV/AIDS Program – Engaging People with HIV in Care and Rapid Antiretroviral Therapy Programs to Help End the HIV Epidemic, CAREAction Newsletter, September 2019

<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/resources/rapid-art.pdf>

RAPID stART



Contact Information



Heather Shoop (She/Her)
Assistant Manager/Grant Administrator
Clark County Social Service
Office of HIV

heather.shoop@clarkcountynv.gov

RAPID stART





South Carolina Department of Health and Environmental Control

**South Carolina
RWB Ending the HIV Epidemic
Rapid Start**

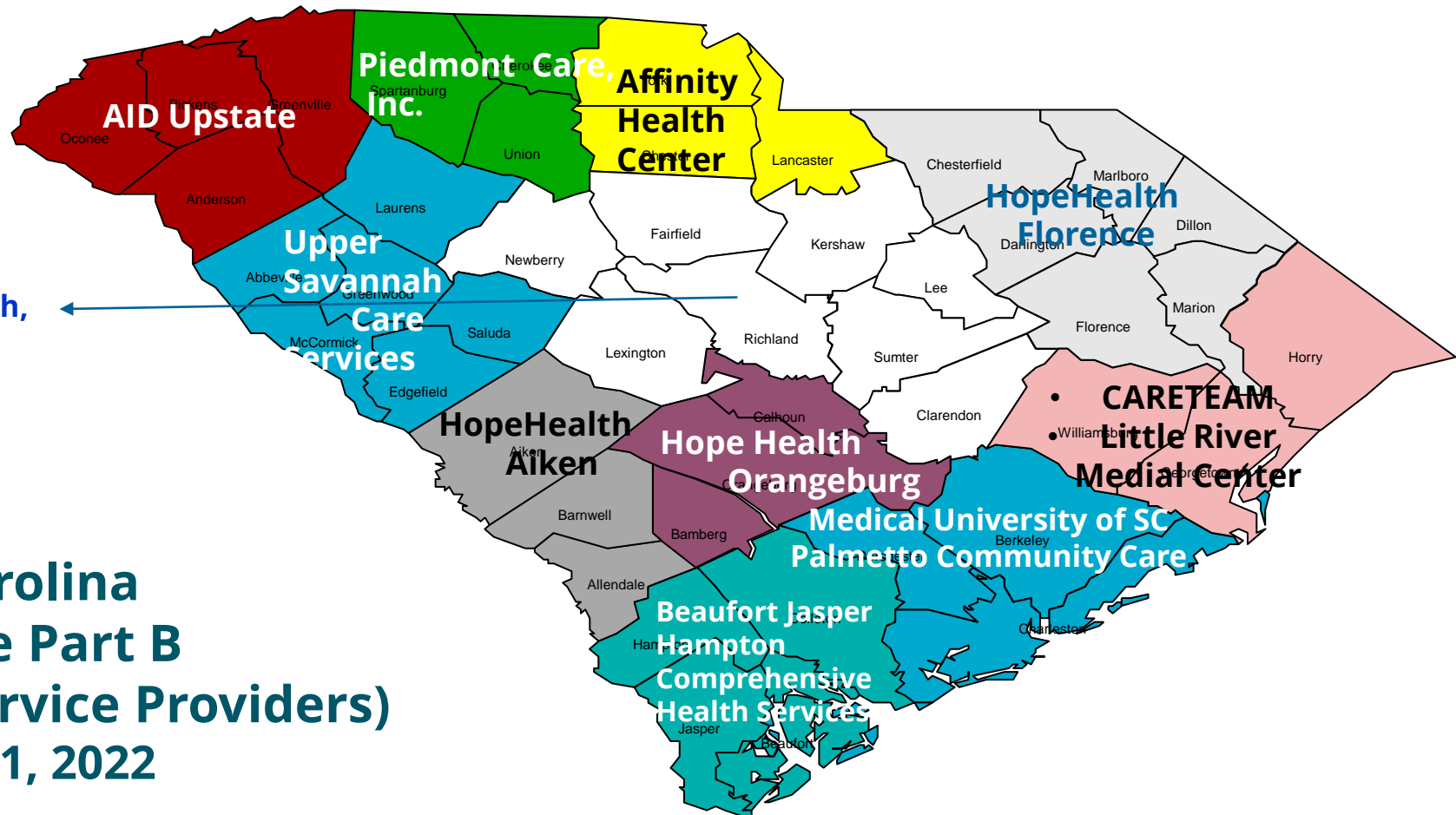
Presenters

- Leigh Oden, MHA
- SC Department of Health and Environmental Control
- Ryan White Part B, Ryan White Part B EHE & HOPWA
- Program Administration Manager
- odenl@dhec.sc.gov

- Casondra Hamilton, MPA
- SC Department of Health and Environmental Control
- Ryan White Part B, Ryan White Part B EHE & HOPWA
- Program Grant Administrator
- hamiltc@dhec.sc.gov

South Carolina Ryan White Part B Program

- University of South Carolina,
- AIDS Healthcare Foundation,
- CAN Community Health,
- Palmetto AIDS Life Support Services



**South Carolina
Ryan White Part B
(16 Subrecipient Service Providers)
As of April 1, 2022**

EHE From the Start: Prevention, Care, and Surveillance Coordination for Planning

EHE Pillars:

- **Diagnose** – Diagnose all people with HIV as early as possible.
- **Prevent** – Prevent new HIV Transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe service programs (SSPs).
- **Treat** – Treat the infection rapidly and effectively to achieve sustained viral suppression.
- **Respond** – Respond quickly to potential HIV outbreaks to get needed prevention and treatments services to people who need them.

SC's HRSA and CDC Ending the Epidemics grants were coordinated and written for a **Statewide Rapid Continuum of Care**, including Rapid Start.

Data Summary Supporting the Plan

- Increasing new cases
- Increasing testing efforts
- People with HIV Out of Care
 - Outreach and Data Care Programs already in place bringing people back to care
- Linkage could be faster
- Retention In Care and Viral Suppression rates are greater for those accessing RW services

RWB EHE Request for Grant Application (RFGA)

REQUIRED: Develop and implement a rapid continuum of care and treatment protocol and procedures for PWH newly diagnosed and re-entering care, including rapid entry or re-entry to care and ART medication initiation to achieve the EHE metrics goals.

- The following services may be funded with EHE funds (note – this list has expanded over the years as funding has allowed):
 - EHE Initiative Services – Starter Packs, Linkage Coordination, etc...
 - Outpatient Ambulatory Health Services
 - Medical Case Management
 - Non-medical Case Management
 - Health Education and Risk Reduction (including peer adherence and patient navigation preferably through the employment of peers)
 - Transportation
 - Outreach
- Those applying to implement a rapid continuum of care could also apply for funding for (1) outpatient substance abuse services, (2) residential substance abuse services, and (3) mental health services.

When did the rapid program start and who does it serve?

- Officially, the Rapid Program started August 1, 2021, with the RWB EHE contracts awarded through the RWB EHE RFGA. (Other RWB subrecipients in SC had already implemented Rapid Start.)
- RWB EHE Rapid Program serves newly diagnosed and returning to care clients.

How is the Rapid Start program funded and how is the jurisdiction using EHE funds for Rapid Start? What were the main funding challenges your program faced?

- The RWB EHE Rapid Program is funded with RWB EHE funding.
- As stated in the RFGA slide, SC gave applicants a wide range of services to fund for the implementation and enhancement of Rapid Start.
- Funding challenges related to Rapid Start have not been reported to DHEC by the subrecipients.



SC Ryan White Part B EHE Funded Services

Subrecipient RWB EHE Funded Services – Recorded in *Provide Enterprise* for Tri-Annual Data Reporting

- EHE Initiative Services – Starter Packs, Linkage Coordination, etc...
- Outpatient Ambulatory Health Services
- Medical Case Management
- Non-medical Case Management
- Health Education and Risk Reduction (including peer adherence and patient navigation preferably through the employment of peers)
- Transportation
- Outreach

SC Ryan White Part B EHE Funded Services

EHE Initiative Services – EHE Initiative Services are unique, non-traditional Ryan White Services employed to achieve EHE goals.

EHE Initiative Services funded in South Carolina include -

- specialized linkage to care services for newly diagnosed and returning to care clients
- medication starter packs to facilitate immediate prescription of antiretroviral therapies
- testing, linkage, and immediate medical care via mobile unit
- employment of technology to increase client retention and medication adherence
- programs, trainings, and outreach to increase equitable, culturally appropriate access to HIV treatment and services

EHE Infrastructure – Investments in technological improvements to facilitate more efficient, high-quality care for people living with HIV.

How are clients transitioned from Rapid Start to other coverage?

- Clients are connected (by Linkage Coordinator, Peers, Medical Staff) to Medical Case Managers for full intake and eligibility for RWB and ADAP services.

CONTACT US

Leigh Oden, MHA

SC Department of Health and Environmental Control
Ryan White Part B, Ryan White Part B EHE & HOPWA
Program Administration Manager
odenl@dhec.sc.gov

Casondra Hamilton, MPA

SC Department of Health and Environmental Control
Ryan White Part B, Ryan White Part B EHE & HOPWA
Program Grant Administrator
hamiltc@dhec.sc.gov

Stay Connected



TEST & TREAT / RAPID ACCESS (TTRA) (RAPID START)

NASTAD RAPID START WEBINAR SPEAKER INVITATION

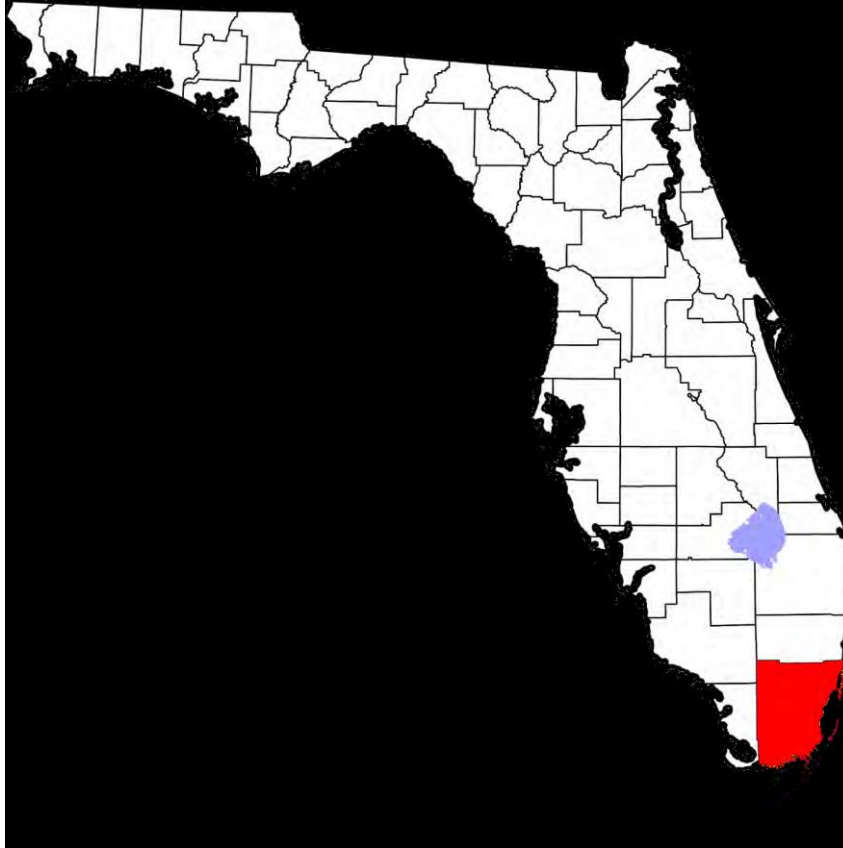
PRESENTED BY:
CARLA VALLE-SCHWENK
RYAN WHITE PART A/MAI
PROGRAM ADMINISTRATOR
Miami-Dade County, FL
(Miami EMA)

November 9, 2023



"Delivering Excellence Everyday"

LOCATION & POPULATION



- Total population:
approx. 2.7 million
- Total area:
approx. 2,431 sq mi
- Over 23% of statewide HIV prevalence reside in Miami-Dade

(Sources: US Census Bureau Population Estimates, July 1, 2022; and FDOH Surveillance data, 2022)



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HISTORY

When did rapid start begin?



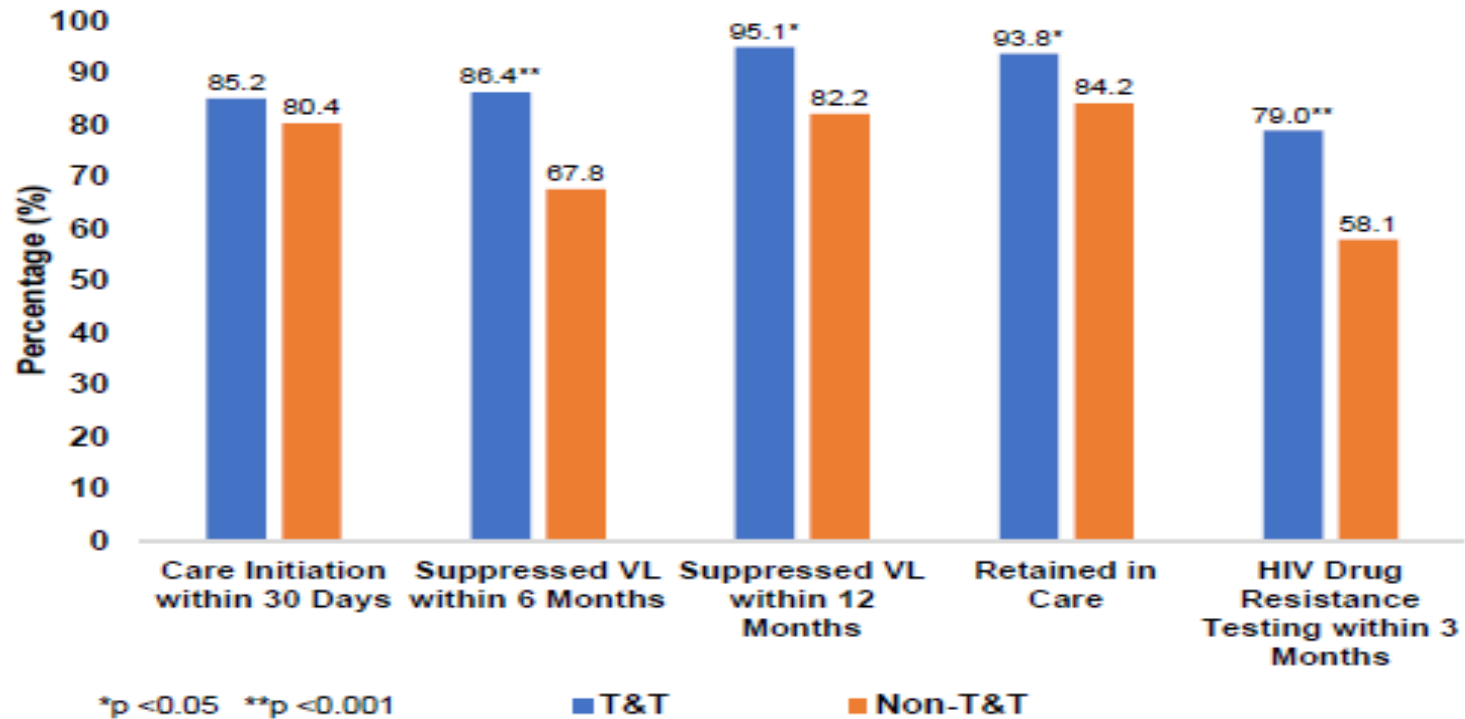
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HISTORY (CONT'D)

Figure 1: HIV Care Outcomes by T&T Status in Miami-Dade County, 2017



Source: Florida Department of Health, 2017



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HISTORY (CONT'D)

- **Incidence in Miami-Dade County**

2016	2018	2020	2022
1,263	1,084	714	1,088

- **Prevalence in Miami-Dade County**

2016	2018	2020	2022
27,620	28,378	28,313	28,749

- **Clients served by Miami-Dade County Ryan White Part A/MAI Program**

2016	2018	2020	2022
10,156	9,578	8,127	8,599

Sources: Florida Department of Health Epi Profile data, 2023; and Miami-Dade County MIS data systems and Needs Assessments for the years indicated above.



TARGET POPULATION

TTRA Goal for Miami-Dade County

For all people with HIV who are not in care, facilitate immediate access to HIV medical care and antiretroviral therapy (ART) to improve client health outcomes, reduce viral load in the community, and get the number of new HIV infections to zero.



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TARGET POPULATION (CONT'D)

■ Who does TTRA serve?

- **New to HIV Care:** completely new HIV/AIDS diagnosis, client never in care before.
- **New to RWP Care:** previously diagnosed HIV positive but had never received services from the Miami-Dade County Ryan White Part A/MAI Program (RWP).
- **Returned to RWP Care:** previously in local RWP care, had been lost to RWP care for some period of time, and are now returning to care through TTRA.
 - ❖ *Note: the “lost to care” timeframe is not specified. Clients may be considered lost to care if they had missed multiple medical appointments in a row or had been off medications for a few months. This category is not used for clients who are already adherent to RWP care and simply do not wish to wait for a regularly-scheduled appointment.*



TARGET POPULATION (CONT'D)

■ Who does TTRA serve?

* Part A, MAI, Part B

- *HIV diagnosed (newly diagnosed or lost to care)*
- *Reside in Miami-Dade County*
- *Gross household income at or below 400% of the Federal Poverty Level*

* EHE

- *HIV diagnosed*



EHE PRIORITY POPULATIONS

- Hispanic Youth
- Blacks/African Americans
- MSM
- Uninsured

- Additional populations include:
 - Homeless or unstably housed
 - > 400% of the Federal Poverty Level
 - Newly diagnosed with HIV
 - People of trans experience with HIV
 - Sex workers
 - Formerly incarcerated people with HIV
 - Living in “hotspots”



FUNDING

How is the TTRA program funded? How are EHE funds used for Rapid Start?

- **Florida Department of Health**
 - ❖ **CDC Prevention** – testing, counseling, and linkage
 - ❖ **Part B** – additional linkage support, short-term access to ART medication, and emergency financial assistance (grocery gift cards, transportation vouchers, etc.)
 - ❖ **General Revenue** – linkage, support to Part B

- **Miami-Dade County**
 - ❖ **Part A** – linkage, retention, care and treatment, including access to medical, mental health, substance use disorder, and medical case management
 - ❖ **MAI** – same as Part A but specific to minority populations
 - ❖ **EHE** – same as Part A but also includes short-term access to ART medication specific to people with HIV whose income is > 400% FPL

- **Public/Private Partnership**
 - **Gilead FOCUS program** – HIV testing in hospital ERs and short-term support of linkage specialists



LINKAGE

How are clients transitioned from Rapid Start to other coverage (e.g., RWHAP/ADAP or public or private payers)?

- ✓ **Warm hand-off**
- ✓ **Specific staff identified as TTRA navigators**
- ✓ **In network and out of network referrals depending on client eligibility, service needs, and program eligibility limitations**
- ✓ **Working towards a fully shared data system between Part A, MAI, EHE, Part B, ADAP, and State General Revenue**



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COORDINATION OF FUNDING STREAMS

■ **Current network of funding streams EHE clients benefit from:**

- ✓ Part A and Minority AIDS Initiative
- ✓ Part B and ADAP
- ✓ EHE
- ✓ General Revenue
- ✓ Medicaid Managed Medical Assistance; coordination with Clear Health Alliance, the HIV specialty care plan

■ **Benefits of funding stream coordination:**

- ❖ Shared, secure access to data management system (PE Miami) via comprehensive Combined Consent Form
- ❖ Daily communication among network partners supports program enhancements, troubleshooting client barrier to care issues, and dissemination of health care messaging (e.g., COVID-19, Mpox, STIs, meningococcal virus, etc.)
- ❖ Coordination with Clear Health Alliance to ensure clients facing Medicaid Redetermination (unwinding) don't become lost to care.



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TTRA CHALLENGES

What were the main challenges your program faced with TTRA?

- **Subrecipient buy-in**
- **Re-designing policy and procedures**
- **Training**



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EHE CHALLENGES

What were the main challenges your program faced with EHE?

LEVEL OF FUNDING

Level of funding received in comparison to the actual amounts requested negatively impacted our ability to plan, forecast, staff, and properly budget under this new initiative resulting in program development, procurement, and implementation challenges and delays. There are further concerns due to uncertainty of EHE funding beyond Year 5.

PANDEMIC

The start of this project coincided with the start of the COVID-19 pandemic. This health crisis added a new level of unforeseen challenges such as: staff had to abruptly change system processes to adapt to the new working environment and staff prioritization to deal with new challenges affecting the Ryan White Part A Program clients.

PROGRAMMATIC CONSTRAINTS

Although the intent of EHE was to be creatively disruptive in planning (i.e., thinking outside of the box) and service delivery, services still needed to fit within HRSA's sometimes rigid policies and funding requirements.



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RYAN WHITE PART A/MAI PROGRAM CONTACT INFORMATION

Carla Valle-Schwenk

Ryan White Program Administrator

Office of Management & Budget

Grants Coordination/Ryan White Program

111 N.W. 1st Street • 22nd Floor

Miami, Florida 33128

O: (305) 375-4742

Carla.ValleSchwenk@miamidade.gov

<http://www.miamidade.gov/grants/ryan-white-program.asp>



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RYAN WHITE EHE PROGRAM CONTACT INFORMATION

Courtney Gillens

Special Projects Administrator 2 (EHE Administrator)

Office of Management & Budget

Grants Coordination/Ryan White Program

111 N.W. 1st Street • 22nd Floor

Miami, Florida 33128

O: (305) 375-4742

Courtney.Gillens@miamidade.gov

<http://www.miamidade.gov/grants/ryan-white-program.asp>



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We want to hear from you!
Questions and Discussions

Contact Information

Chloe' Bernard, cbernard@nastad.org

Amy Killelea, amyk@killeleaconsulting.com

Heather Shoop, MSW, Heather.Shoop@ClarkCountyNV.gov

Leigh Oden, odenl@dhec.sc.gov

Carla Valle-Schwenk, Carla.ValleSchwenk@miamidade.gov

To request TA from NASTAD, EHE health departments should email us at:

[**EHESCP@nastad.org**](mailto:EHESCP@nastad.org)