

## Norfolk Transitional Grant Area (TGA) List of Service Providers

AGENCY NAME	AGENCY ADDRESS/TELEPHONE NUMBER	Medical Case Management	Early Intervention Services	Health Insurance Premium/Cost Sharing Assistance	Mental Health Services	Oral Health Care	Pharmacy Program Drug Reimbursement	Outpatient Ambulatory Health Services	Substance Abuse	Medical Transportation	Emergency Financial Assistance	Non-Medical Case Management	Food Bank/Home Delivered Meals
A Hope 4 Tomorrow, Inc.	5762 Chesapeake Boulevard, Suite 200 Norfolk, VA 23513 (757) 828-8848	•	•							•		•	•
EVMS-C3ID	825 Fairfax Avenue, Suite 572, Norfolk, VA 23507 (757) 446-8989 MCM; (757) 446-8999 OAHS	•		•1				•		•		•	
	358 Mowbray Arch, Suite 106, Norfolk, VA 23507 (757) 446-6170										•		
Medical Tower	400 Gresham Drive, Norfolk, VA 23507 (757) 622-0222						•						
Hampton Roads Community Health Center/O.V. Medical and	664-A Lincoln Street, Portsmouth, VA 23704 (757) 399-4588					•							
Dental Center (Healthy Smiles)	9581 Shore Drive, Norfolk, VA 23518 (757) 393-6363					•							
International Black Women's Congress	1401 Tidewater Drive, Suite 10, Norfolk, VA 23504 (757) 625-0500	•	•										
LGBT Life Center	248 West 24th Street, Norfolk, VA 23517 (757) 640-0929	•	•	•2	•							•	
	3309 Granby Street, Norfolk, VA 23504 (757) 625-6992									•			
Minority AIDS Support Services, Inc.	247 28 <sup>th</sup> Street, Suite 100, Newport News, VA 23607 (757) 247-1879	•	•							•		•	•
	1401 Tidewater Drive, Suite 1, Norfolk, VA 23504 (757) 321-0969 MCM; (757) 623-0095 OAHS	•		•1				•					
Norfolk Community Services Board	7460 Tidewater Drive, Norfolk, VA 23510 (757) 664-6670								•				
	4714 Marshall Avenue, Newport News, VA, 23607 (757 952-1346	•		•1		•		•					
Urban League of	121 College Place, Suite 105, Norfolk, VA 23510 (757) 627-0864	•	•									•	
	1300 Thomas Street, Suite E, Hampton, VA 23669 (757) 224-8085	•	•									•	
	830 Goff Street, Norfolk, VA 23504 (757) 226-8085	•	•									•	

## Health Insurance Premium Cost Sharing Assistance (Co-pays)

1=Copays for HIV Related Office Visit, Labs, Specialty Office Visits: 2=Copays for	edication and Mental Health
I acknowledge that I have received the list of sub-recipients in the Norfolk TGA. I un	erstand that to access any of these services, I must speak with a Medical or Non-Medical Case Manager or a Outpatient Ambulatory Health Services Provider.
Client Signature-Copy of Document Received	Date

## **DESCRIPTION OF SERVICES**

Service Category	Definition	Parameters
Medical Case Management	Point of entry for all services. Coordinates access to medically appropriate levels of health, psychosocial and support services. Coordination and follow-up of medical treatments is key. An annual service plan must be completed and reassessed based on acuity.  Counseling, educating, referring and linking newly diagnosed individuals to HIV/AIDS	Service plans assessed annually, every 3 months or every 6 months.
Early Intervention Services	clinical and diagnostic services. Assisting clients lost to care with returning to care through outreach services. The goal is to link all clients to care within 60 days of 1st EIS visit.	
Health Insurance Premium/Cost Sharing Assistance	Pays copays for clients with insurance. Copays are limited to mental health office visits, HIV related medical office visits, HIV related specialty visits and medication copays.	Bill and Explanation of Benefits needed for all office visits. Medication copay assistance is capped at \$3,500.
Mental Health Services	Psychological and psychiatric treatment and counseling services for individuals with a diagnosed mental illness, conducted in a group or individual setting.	
Oral Health Services	Preventive, diagnostic and therapeutic services to include but not limited to cleaning, extractions and dentures.	
Pharmacy Program-Drug Reimbursement	Pharmacy assistance that provides non-HIV/AIDS medications to compliment ADAP medications.	Medications must be on the Ryan White Part A Formulary.
Outpatient Ambulatory Health Services	Primary care office visits for preventive care, treatment and screening, prescribing and managing medication therapy, education and counseling on health issues, referral to and provision of specialty care.	
Substance Abuse	Medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting.	
Medical Transportation	Transportation to enable clients to access HIV related health and support services.	
Emergency Financial Assistance	Short-term payments to assist with essential utilities and housing. Bill must be past due. Must be willing to do a budget with case manager.	Capped at \$500 for utilities; \$1,000 for housing.
Non-Medical Case Management	Determines eligibility, assist with access to benefit program such as SSI, TANF and ACA, refers and links client to services and needed resources.	
Food Bank/Home Delivered Meals	Voucher program to purchase food, personal hygiene and household cleaning supplies. Based on household size and need.	Can be accessed twice per month. Receipts must be provided.

Address all grievances beginning with your Medical or Non Medical Case Manager. If an individual is unable to resolve a grievance after following the agency's process, you may contact the Ryan White Part A Grantee's Office at (757) 823-4405 or 4406.