San Diego HIV Planning Group
PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE

2021 KEY DATA FINDINGS – COMBINED

HIV Planning Group
Priority Setting and Resource Allocation Committee
Key Data Findings by Service Category 2021
Approved July 8, 2021

SERVICE CATEGORY	KEY DATA FINDINGS
© Outpatient Ambulatory Health Services: Primary Care	Core service; ranked #2 in 2020 - 21 Survey of HIV Impact. (HIV/AIDS Medications a core service linked to Primary Care and is #1 ranked in 2020 - 21 Survey of HIV Impact).
© Outpatient Ambulatory Health Services: Medical Specialty	Core service; linked to Primary Care; ranked #4 in 2020 - 21 Survey of HIV Impact; 7% of respondents noted as a service gap ("need but can't get"). Co-occurring health conditions make providing medical care more complex, require greater provider expertise, and increase the cost of care for people living with HIV/AIDS (PLWH/A).
© Mental Health: Psychiatric Medication Management	Core service; linked to Primary Care. #12 ranked in 2020 - 21 Survey of HIV Impact. Links PLWHA to care and helps sustain PLWHA in care; also 5th largest service gap (12%; of those with history of mental illness, top ranked for 16%; 37.1% of PLHW diagnosed or treated for mental health condition (cf. 19.1% in general population)
© Oral Health	Core service #3 ranked in 2020 - 21 Survey of HIV Impact and largest service gap (22% need but can't get). Many PLWH/A lack dental insurance.
© Medical Case Management (MCM)	Core service; #5 ranked in 2020 - 21 Survey of HIV Impact; 9th largest service gap (9%), Links clients to other services, including Primary Care. Many PLWH/A have co-occurring health conditions that require additional services/assistance. Reaches diverse groups/regions. Links PLWHA to care and helps sustain PLWHA in care.
Case Management: Non-Medical	#5 ranked in 2020 - 21 Survey of HIV Impact, 8th largest service gap (9%)
Housing: Emergency Housing	#10 ranked in 2020 - 21 Survey of HIV Impact; The 7th largest service gap (10%), Homelessness: 25% unstably housed or homeless in 2020 & poverty prevalent among PLWH/A (72% at or below 400% FPL; Links PLWHA to care and helps sustain PLWHA in care.
Housing: Partial Assistance Rental Subsidy (PARS)	#6 ranked in 2020 - 21 Survey of HIV Impact; the 2nd largest service gap (20%; in NA survey (20%). (25% of PLWHA unstably housed or homeless in 2020 & poverty prevalent among PLWHA (72% at or below 500% FPL in 2020; Links PLWHA to care and helps sustain PLWHA in care
© Coordinated HIV Services for Women, Infants, Children, Youth, and Families (CHS: WICYF) *(Formerly Early Intervention Services (EISC): Countywide Services for Women, Children & Families)*	Core service; includes direct provision of Medical Case Management, Mental Health, Family/Peer Advocacy, Outreach, Childcare/Babysitting & Mentor/Buddy Support. Females represent 10% of PLWH/A. Reaches diverse groups/regions. Links PLWHA to care and helps sustain PLWHA in care. #16 ranked in 2020 - 21 Survey of HIV Impact; 4th largest service gap (13%) of 2021 survey respondents reported "need but can't get"; Central and South regions have largest proportion of recent HIV disease among women (>50% of total in the two regions)
Childcare services	#20 ranked in 2020 - 21 Survey of HIV Impact, in 2017 ranked top ranked by 62% of those with children, 1% of total sample "need but can't get".
© Early Intervention Centers: Regional Services	Core service; addresses HRSA focus on identifying PLWHA not in care and linking them to care. CM is a central component. #16 ranked in 2020 - 21 Survey of HIV Impact, 4th largest service gap (13% of 2021 survey respondents reported "need but can't get"; Co-located with HIV Primary Care in Southeast SD, South Bay and North County. Links PLWHA to care and helps sustain PLWHA in care; RW service not available in the East region of county.
Peer Navigation (Referral for Health Care and Support Services)	#17 ranked in 2020 - 21 Survey of HIV Impact, 5th highest service gap (12%)

© Mental Health: Counseling/ Therapy & Support Groups	Core service; #8 ranked in 2020 - 21 Survey of HIV Impact; 3rd largest service gap (15%) "need but can't get"; 37.1% of PLHWA diagnosed or treated for mental health condition (cf. 19.1% in general population); 20% of survey respondents reported a history of chronic mental illness; Links PLWHA to care and helps sustain PLWHA in care.
Substance Abuse Services: Outpatient	Core Service. #14 ranked, 50% of survey respondents reported a history of substance use; frequent co-occurring condition among PLWH/A. Links PLWHA to care and helps sustain PLWHA in care. RW service not available in East or North regions PWID have stat. signif. lower % of virally suppressed
© Substance Abuse Services: Residential	#14 ranked, 50% of survey respondents reported a history of substance use Links PLWHA to care and helps sustain PLWHA in care. RW service not available in East, South or North regions; PWID (prev. IDU and MSM+IDU) have stat. signif. lower % of virally suppressed
© Home-based Care Coordination	Core service; #18 ranked in 2020 – 21 Survey of HIV Impact, 5% "need but can't get
Transportation: Assisted and Unassisted	#8 ranked in 2020 - 21 Survey of HIV Impact; 8th largest service gap (9%).
Food Services: Home-Delivered Meals	#7 ranked in 2020 - 21 Survey of HIV Impact; 6th largest service gap (11 %), 5% of respondents stated "too sick to make own meals"
© © Medical Nutrition Therapy	Core service;
Legal Services	#10 ranked in 2020 - 21 Survey of HIV Impact; 3rd largest service gap (15%).
Emergency Financial Assistance	Emergency Utility Payment #15 ranked in 2020 - 21 Survey of HIV Impact; and 5th largest service gap (12%) in the survey. Links PLWHA to care and helps sustain PLWHA in care.
Outreach Services	#13 ranked in 2020 - 21 Survey of HIV Impact, 5th highest service gap (12%)
Referral Services	#13 ranked in 2020 - 21 Survey of HIV Impact, 5th highest service gap (12%); RW service not available in South or Southeast regions.
Home Health Care	Core service; #18 ranked in 2020 – 21 Survey of HIV Impact, 5% need but can't get
© Early Intervention Services: HIV Counseling and Testing	Core service; important to getting persons unaware of status aware and linked to and retained in care if needed. Improves availability of HIV testing and links PLWHA to care.
Cost-Sharing Assistance	Core service; Focus group participants stated "lack of access to healthcare or resources to get the medication refilled" was a primary reason for not taking HIV medication
© Hospice	Core service;
Psychosocial Support Services	37.1% of PLHW diagnosed or treated for mental health condition (cf. 19.1% in general population)
Health Education & Risk Reduction	30% of HIV+ respondents in the 2020 - 21 Survey of HIV Impact did not use condoms during sex in preceding 12 months; 9% of HIV negative/unaware reported that "they have never heard of PrEP"
Non-Medical Case Management for Housing	Rental Assistance #6 ranked in 2020 - 21 Survey of HIV Impact & the 2nd prev. largest service gap (20%) in NA survey; Emergency Housing #10 ranked in 2020 - 21 Survey of HIV Impact & the 7th largest service gap (10%) 25% of PLWHA unstably housed or homeless in 2020 & poverty prevalent among PLWHA (72% at or below 500% FPL in 2020; Links PLWHA to care and helps sustain PLWHA in care
Housing Location, Placement and Advocacy Services	As noted above in Non-Medical Case Management for Housing.

© = Core Service

Light Blue/Purple lettering = service categories with $0 at present

San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee

Key Data Findings
2021 Co-Occurring Conditions/Poverty/Insurance

Approved April 8, 2021

Data regarding co-morbidities or co-occurring disorders is important to the delivery of services for people living with HIV/AIDS for all the following reasons:

- Co-occurring health conditions make providing medical care more complex, require greater provider expertise, and **increase the cost of care** for people living with HIV/AIDS (PLWH/A).
- PLWH/A who live with other health conditions often have many service needs, so case managers and other service providers may need to spend more time with fewer clients.
- Substance use, homelessness and mental illness can **interfere with HIV care**, treatment and medication adherence.
- When a PLWH/A has TB, an STD or hepatitis, both the person's HIV and the other disease(s) can **progress faster** and have more serious effects.
- STDs make it easier for a PLWH/A to **transmit HIV** to someone else.
- Support services keep PLWH/A in care and improve medical outcomes, especially those of women, African Americans and persons with lower incomes.

2017 findings are self-report by HIV positive respondents to the *2017 Survey of HIV Impact*:

- Total sample: 1,038
- People living with HIV: 781

Condition	***Estimated prevalence*** **within the general population* (Population = 3,351,785; 1,690,083 Males, 1,661,702 Female} [1]**	***Estimated prevalence*** **based on self-report by people living with HIV from the 2017 *Survey of HIV Impact* [2]**
Tuberculosis	Less than 0.01% [3]	0.06%
Syphilis*	0.053% [4] • **Female:** 0.0013% • **Male:** 0.092%	11.1% (2.2) • **Female:** (0.07) • **Male:** (2.4)
Gonorrhea	0.18% [4] • **Female:** 0.13% • **Male:** 0.24%	10.1% (0.66) • **Female:** 0% • **Male:** 11.3% (0.73)
Chlamydia	0.66% [4] • **Female:** 0.8% • **Male:** 0.5%	1.4% (0.70) • **Female:** 3.5% (0.14) • **Male:** 12.3% (0.76)
Hepatitis B (HBV)	0.03% [4]	20.4%
Hepatitis C (HCV)	1.1%[4]	13.2%
Mental Illness	(19.1%) [5] (method of estimating combines serious and chronic)	37.1% (ever diagnosed or treated)
Substance Use: Injection Drug Use	1.5% estimated [6,7,8]	**Ever Injected:** 23.9% (13.3) **Injected last 12 months:** 7.8%
Substance Use: Illegal Drug Use (non-injection)	3.3% estimated [6,7,8]	7.8% est. [5] (7.9)
Homelessness	0.2% [9]	**Stably housed:** 62.5% **Unstably housed:** 22.4% **Homeless:** 2.6% - (4.4)

Condition	*Estimated prevalence* within the general population* (Population = 3,351,785; 1,690,083 Males, 1,661,702 Female} [1]	*Estimated prevalence* based on self-report by people living with HIV from the 2017 *Survey of HIV Impact* [2]
Poverty Level (Threshold = $1,073/month)	15.5% below poverty level [10]	• 35% below poverty level • 72% below 500% poverty level
Lack of Insurance (Non-elderly population <65 years old)	9.5% [11]	13%
Formerly incarcerated	0.3% [12]	15.7%
Hypertension (High Blood Pressure)	30% [13]	35% (Among ART-experienced individuals >50 years, >50%) [13]
Diabetes	6.5% [14]	10.3% [14]
Coronavirus (COVID 19)	7.4% [15]	*No data available

*Detailed data for sexually transmitted infections, including data by race/ethnicity and gender /can be found at https://www.sandiegocounty.gov/hhsa/programs/phs/hiv_std_hepatitis_branch/reports_and_statistics.html

Notes:

- Research reveals higher incidences of additional co-occurring conditions for PLWH/A that include gastrointestinal diseases, circulatory diseases, endocrine/nutritional/metabolic diseases (includes diabetes), nervous system diseases, and neoplastic diseases (cancer, lymphoma).
- Women experience an increased incidence of a number of HIV-related co-morbidities, including gynecological conditions such as genital herpes, pelvic inflammatory disease, human papillomavirus, and candida; additionally, there is an increased incidence of diabetes, heart disease; hepatitis C; cancer, mental Illness and substance abuse

Data Sources:

1. San Diego Association of Governments (SANDAG). 2019 population estimates. Received August 2020.
2. County of San Diego HIV, STD, and Hepatitis Branch: San Diego 2017 Survey of HIV Impact (N=1,038 of which 781 identify as living with HIV in San Diego County) proportions applied to estimated PLWH/A population.
3. County of San Diego Tuberculosis Program 2019 Fact Sheet
4. County of San Diego 2018 Reportable Diseases and Conditions, from https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/HIV,%20STD%20&%20Hepatitis%20Branch/Data%20Slide%20Sets/2018%20STD%20Slides%2020191001%20FINAL.pdf
5. SAMHSA http://www.samhsa.gov/data/sites/default/files/NSDUHsubstateStateTabs2014/NSDUHsubstateCalifornia2014.pdf
6. SAMHSA, Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf
7. Lansky A, Finlayson T, Johnson C, Holtzman D, Wejnert C, Mitsch A, et al. (2014) Estimating the Number of Persons Who Inject Drugs in the United States by Meta-Analysis to Calculate National Rates of HIV and Hepatitis C Virus Infections. PLoS ONE9(5): e97596. https://doi.org/10.1371/journal.pone.0097596.
8. County of San Diego Epidemiology and Immunizations Branch, enhanced HIV/AIDS Reporting System (eHARS) data, percent of IDU among all living with HIV, data through year end 2018.
9. Regional Task Force on the Homeless, 2019 point-in-time count, from https://www.rtfhsd.org/wp-content/uploads/2017/06/2018-WPoint-in-Time-Count-Annual-Report.pdf. and https://homelessdata.com/dashboard/rtfh/annual/
10. U.S. Census Bureau, 2014-2018 American Community Survey 5-Year Estimates, https://www.census.gov/programs-surveys/acs
11. California Health Interview Survey (CHIS), UCLA Center for Health Policy Research, December 2018
12. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, Adults on parole in the United States; 1975 – 2012, 12/19/2013; County AIDS Case Management Program, HSHB, 2013.
13. American Heart Association Journal; Vol. 72, Issue 1, July 2018, Pages 44-55, Hypertension, https://www.ahajournals.org/doi/epub/10.1161/HYPERTENSIONAHA.118.10893
14. BMJ Open Diabetes Res Care 2017; 5(1): e000304, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5293823/
15. County of San Diego Coronavirus (COVID-19(Dashboard, June 2020, https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/2019-nCoV/status.htmlA

San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee

2021 Key Data Findings: Ryan White Programs (RWP) Parts A/B Regional Service Availability

Approved June 10, 2021

The table below identifies **service gaps** in availability for ***only*** those services funded by the Ryan White Programs (RWP) Parts A/B. ***If RWP services are not available* in specific areas, they may be accessed in other regions of the county.*** Additionally, non-Ryan White funded services may or may not also be available through other community resources.

The following RWP services are currently ***not*** available in the given regions:

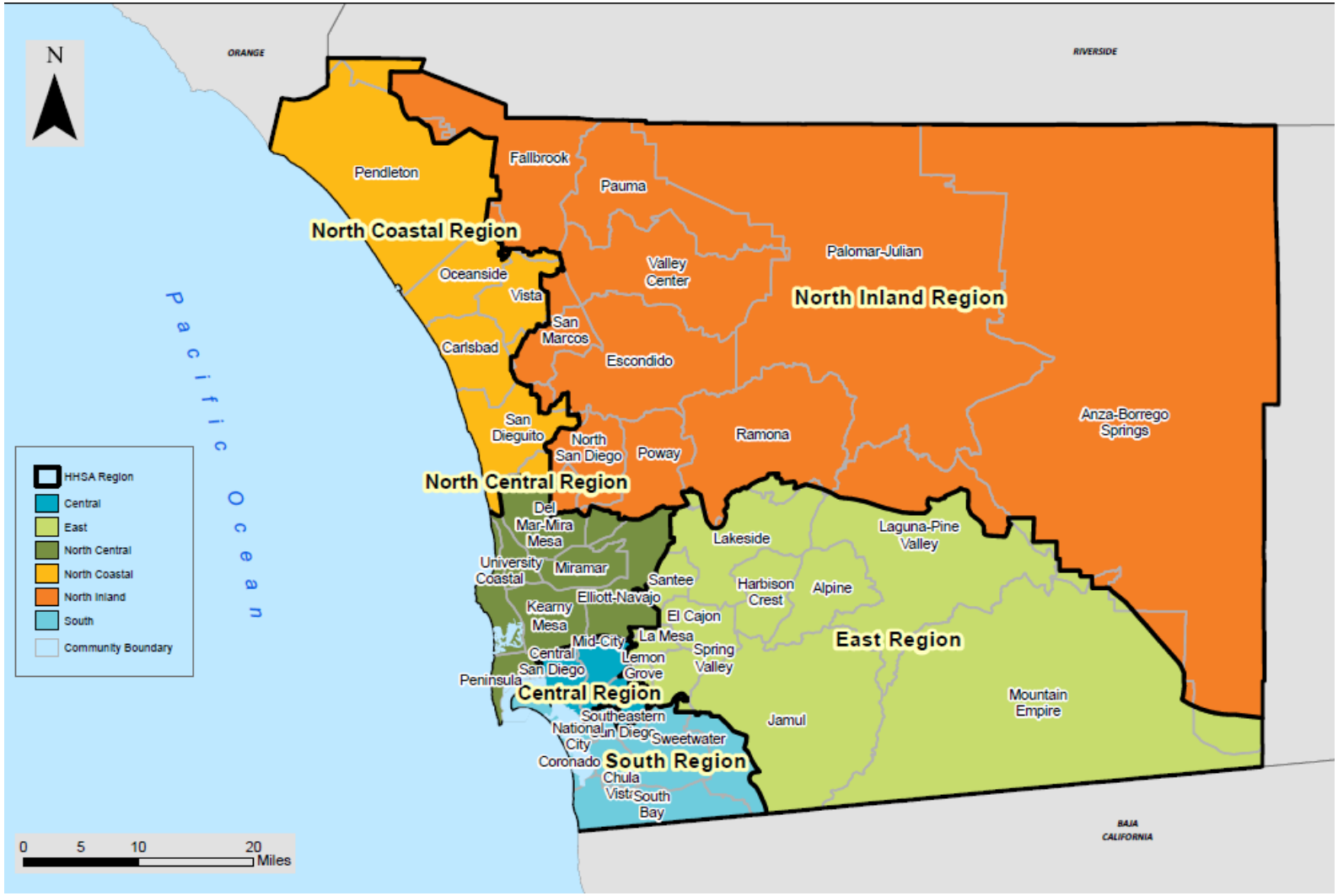
Region(s)**	RWP Parts A/B funded services ***not*** available
Central/North Central/Southeast	• All services available except Referral to Health and Supportive Services (not available in Southeast San Diego)
East	• Early Intervention Services: Regional Services • Substance Abuse (Drug & Alcohol) Treatment Services (Residential)*** • Substance Abuse (Drug & Alcohol) Treatment Services (Outpatient) • Minority AIDS Initiative
North Coastal/North Inland	• Substance Abuse (Drug & Alcohol) Treatment Services (Residential)*** • Substance Abuse (Drug & Alcohol) Treatment Services (Outpatient) • Minority AIDS Initiative
South	• Substance Abuse (Drug & Alcohol) Treatment Services (Residential) *** • Referral to Health and Supportive Services

* Not available at a provider site, as an out-stationed service nor as a service in the home

**County of San Diego Health and Human Services Agency (HHSA) defined regions. See reverse side for map

*** Substance Abuse (Drug & Alcohol) Treatment Services (Residential) are available countywide, regardless of the regions in which clients reside, because clients will reside at the service site while they are in treatment.

County of San Diego Health and Human Services Agency (HHSA) Regions



San Diego HIV Planning Group
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2021 Key Data Findings

SERVICE ELIGIBILITY CRITERIA AND SERVICE GUIDELINES BY SERVICE CATEGORY FOR RYAN WHITE PART A/B SERVICES

Approved June 10, 2021

The Health Resources and Services Administration (HRSA) require that the income eligibility criteria be the same for all Ryan White service categories. Having different income eligibility criteria for different services creates barriers to receiving care and treatment.

Thus, to be eligible to receive Ryan White Parts A/B services in San Diego County, one must:

- Live in San Diego County
- Have an income at or below 500% Federal Poverty Level (FPL)* ($64,400 annually for a household of one)
- Have a confirmed HIV diagnosis (except in service categories that permit services to HIV-negative and unaware)
- Have no other payer for service

All clients must be reassessed for eligibility every six months

Service specific guidelines for each Ryan White service provided in the County are noted in the chart beginning on page 2.

*The FPL for changes every year and is usually published within the first few months of each calendar year. The 2020 500% FPL is $64,400 annually for a household of one (adjusted for additional family members).

San Diego County EMA Ryan White Treatment Extension Act (RWTEA) Parts A/B
SERVICE SPECIFIC CRITERIA
Draft June 3, 2021

Category	Criteria	Limitations	Requires referral
Outpatient Ambulatory Health Services (Primary Care)	No additional guidelines	Emergency room or urgent care services are not considered outpatient settings. There are no annual limits on the number of services provided.	
Medical Specialty	Must have a referral from Ryan White HIV Primary Care provider	Requests triaged based on medical necessity, HIV relatedness and urgency.	• Medical provider
Psychiatric Services	Must have a confirmed mental health diagnosis, and/or referral for specialized psychiatric care from a medical provider or mental health provider	There are no annual limits on the number of services provided.	• Medical provider • Mental health provider
Oral Health Care (Dental Care)	Must have a referral from Ryan White Primary Care provider	Primary dental services are available as medically necessary or as required to treat pain. Dental specialty is limited to procedures to support palliative and medically necessary dental care outside of primary dental care setting. Service specifically excludes dental implants (with four specific exceptions)	• Medical provider • Dental provider for dental specialty service
Home and Community Based Health Services	Must be at risk for hospitalization or entry into a skilled nursing facility. Must also: • Have a health condition consistent with in-home services • Have a home environment that is safe for both the client and the service provider • Have a score of 70 or less on the Cognitive and Functional Ability (Karnofsky) Scale	Service specifically excludes: • Emergency room services • In-patient hospital services • Nursing homes • Other long-term care facilities Case is closed when all action items on the comprehensive service plan are complete and medical care is stabilized. There are no annual limits on the number of services provided.	• Medical provider • Case manager
Home Health Care	Must be deemed medically homebound by a medical provider	Home settings do not include nursing facilities or inpatient mental health/substance abuse treatment facilities. Case is closed when all services are completed, and medical care is stabilized. There are no annual limits on the number of services provided.	• Medical provider • Case manager
Home Hospice	Must be certified as terminally ill by a physician and have a defined life expectancy of six months or less	Case is closed upon death. This service category does not extend to skilled nursing facilities or nursing homes. There are no annual limits on the number of services provided.	• Medical provider • Case manager

Category	Criteria	Limitations	Requires referral
Early Intervention Services	Limited to: • Individuals who do not know their HIV status and need to be referred to counseling and testing • Individuals who know their status and are not in care and need assistance to enter or re-enter HIV-related medical care	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	
Medical Case Management Services	Limited to individuals who are unable to access or remain in HIV medical care as determined by medical care managers based on whether or not: • Client is currently enrolled in outpatient/ambulatory health services • Client is following his/her medical plan • Client is keeping medical appointments • Client is taking medication as prescribed	Services are not intended for individuals who are able to access and remain in HIV medical care. Case is closed when all action items on the care plan are competed and medical care is stabilized There are no annual limits on the number of services provided.	
Non-Medical Case Management Services	Must demonstrate ability to access or remain in HIV medical care	Services are not intended for individuals who are unable to access or remain in HIV medical care. Case is closed when all action items on the care plan are competed and medical care is stabilized. There are no annual limits on the number of services provided.	
Medical Nutrition Therapy	Must be referred by a medical provider	Case is closed when all action items on the nutrition plan are competed and medical care is stabilized. There are no annual limits on the number of services provided.	• Medical provider
Mental Health: Counseling, Therapy/Support Groups	May request or be referred by providers or case manager	Case is closed when all action items on the care plan are competed and medical care is stabilized. There are no annual limits on the number of services provided.	
Substance Use Residential Care	Must have a written referral from the clinical provider as part of a substance use disorder treatment program funded under the Ryan White program	Case is closed upon completion of treatment program. There are no annual limits on the number of services provided.	• Clinical provider
Substance Use Outpatient Care	Cannot currently be in a residential substance abuse treatment program	Case is closed upon successfully completion of treatment and client chooses not to participate in any other aftercare program activities. There are no annual limits on the number of services provided.	

Category	Criteria	Limitations	Requires referral
Housing: Emergency Housing	Eligible to receive RW services.	Services prioritize hotel/single room occupancy (SRO) vouchers over rental assistance. Service can be used once in a 12-month period. Service is not available to individuals who: • Receive Housing Opportunities for People with AIDS (HOPWA) funds. • Receive a tenant-based or project-based rent subsidy including, but not limited to, subsidized low-income housing, or subsidized independent housing associated with any program such as Public Housing, Affordable Housing, Section 8, HOPWA, or PARS rental assistance. • Have previously been terminated from receiving emergency housing assistance or tenant-based rental assistance, have violated program guidelines in their use of emergency housing funds, or have been identified as ineligible for services.	• Case manager
Housing: Partial Assistance Rental Subsidy (PARS)	Must not receive other subsidized housing, either tenant-based or project-based	Provides 40% of a client's monthly rental costs not to exceed 40% of the fair-market rent for San Diego County as determined by the U.S. Department of Housing and Urban Development (HUD). Clients shall not receive PARS if they receive tenant-based or project-based rent subsidy including, but not limited to, subsidized low-income housing, or subsidized independent housing associated with any program such as Public Housing, Affordable Housing, HOPWA, or Section 8.	• Case manager
Outreach Services	Limited to: • Individuals who do not know their HIV status and need to be referred to counseling and testing • Individuals who know their status and are not in care and need assistance to enter or re-enter HIV-related medical care	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	
Referral to Health and Care and Support Services (Peer Navigation)	Must currently be receiving case management, non-case management, mental health, substance abuse or outreach services	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	• Case manager • Early Intervention Services

Category	Criteria	Limitations	Requires referral
Transportation Pool – Assisted & Unassisted	Individuals shall be eligible for transportation only if they would not otherwise have access to core medical and support services and only if they do not qualify for other transportation assistance programs.	Specific eligibility criteria for **assisted transportation***: • Specific Eligibility Criteria: Used for transport to and from various core medical and support service providers. • Assisted transportation, consisting of ADA Para-Transit Passes and certified medical transport may be used if a client is unable to access unassisted transportation. • Contractor shall refer all clients requesting assisted transportation for screening and potential eligibility for AIDS Waiver program. • Clients are not eligible for assisted transportation services if they receive or are eligible for other public transportation benefits such as, but not limited to, ADA Para-Transit, AIDS Waiver Transportation Assistance, Home and Community-based Health Services, or Medi-Cal reimbursed medical transport. Specific eligibility criteria for **unassisted transportation**: • Specific Eligibility Criteria: Reserved for individuals unable to access or stay in core medical and support services. • Disabled monthly passes may be issued for individuals who qualify for the disabled monthly pass and have more than three medical visits per month. • Day passes may be issued for individuals who do not qualify for the disabled monthly passes and for those eligible for disabled monthly passes who have fewer than three medical visits per month. ○ Individuals who receive day passes can be issued two extra day passes to cover unexpected or emergency medical visits. Clients are limited to two	• Case manager • Any service provider

Category	Criteria	Limitations	Requires referral
		unused emergency day passes at a time. • Monthly passes may be issued to clients in lieu of day passes if a client's predetermined number of day-passes for a month equals or exceeds the cost of a standard monthly pass. • Other forms of transportation may include but are not limited to: taxis, ride sharing program and/or mileage reimbursement. Transportation services are limited to travel to and from core medical and support service appointments only; however, clients traveling with legal dependents are permitted to make stops at childcare facilities to drop children off before appointments and to pick children up after appointment. Unallowable services include: 1. Direct cash payment or reimbursements to clients 2. Direct maintenance expenses of personally owned vehicles (tires, repairs, etc.) 3. Payment of other cost associate with a personally owned vehicle (insurance, license, etc.	
Food Services/Home Delivered meals	Must be physically and/or mentally incapable of preparing own meals to qualify for home delivered meal services. Individuals who can prepare meals may still be eligible for food vouchers and food bank services	Services do not provide: • Permanent water filtration systems for water entering a home; • Household appliances; • Pet foods and • Other non-essential products. Case is closed when the service is deemed no longer medically necessary. There are no annual limits on the number of services provided.	• Case manager • Medical provider
Legal Services (Other Professional Services)	Services can also be provided to family members and others affected by a client's HIV disease when the services are specifically necessitated by the person's HIV status	Excludes criminal defense and class-action suits unless related to access to services eligible for funding under the Ryan White program. Case is closed when the legal matter has been resolved. There are no annual limits on the number of services provided.	

Category	Criteria	Limitations	Requires referral
Emergency Financial Assistance	Eligible to receive RW services.	The maximum amount for each item per year per client are as follows: • Clients are eligible to receive up to $1,000/year to use for utility payments. • Food bags: Each client is allowable a maximum of 12 weeks of emergency food bags per 12 months. • Medication: Covers prescription medication (1) not available through the AIDS Drug Assistance Program and (2) only intended for short term need. • Eyeglasses: One set of lenses per year, one set of frames every other year; one opportunity to replace if lost/stolen/damaged. • Eviction prevention: Limited to $1,490/year.	• Case manager
Childcare Services	Available for children living in the household of individuals with a confirmed HIV diagnosis and their affected family members while attending medical visits, related appointments, and/or Ryan White-funded meetings, groups, or training sessions.	For children from infancy through 12 years of age. Services are also available, if permitted at the appointing clinic, for parents and caregivers attending medical, dental, and mental health care appointments, including support groups, on-site childcare is prioritized for appointments, so family members can access support service needs. It may be available for other purposes as determined appropriate. For parents and caregivers utilizing on-site services, at least one parent or caregiver must remain on-site.	• Case manager
Psychosocial Support Services	Available to clients living with HIV; may include support groups and may be provided by a trained staff or volunteer, including peers.	Funds under this service category may not be used to pay for food, transportation or for professional mental health services.	

San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee

2021 Key Data Findings

HIV/AIDS EPIDEMIOLOGY

Approved June 24, 2021

OVERALL

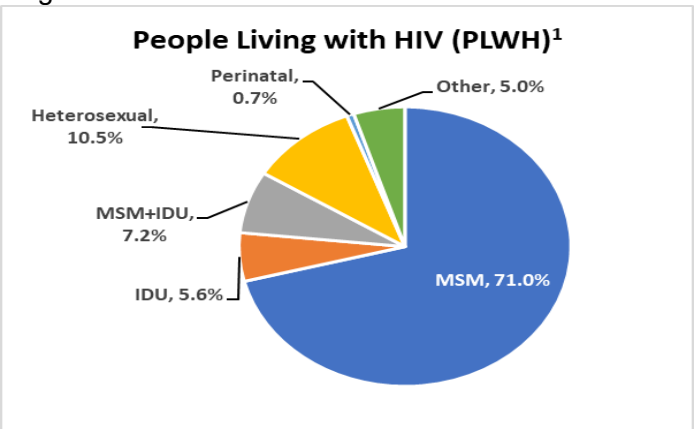
- Total Persons Living with HIV disease (PLWH) in San Diego County (Prevalent cases) = **14,237** (prev. 15,322)
- Recent cases (2016 – 2020) = **2,026** (this is a subset of the total or prevalent cases)

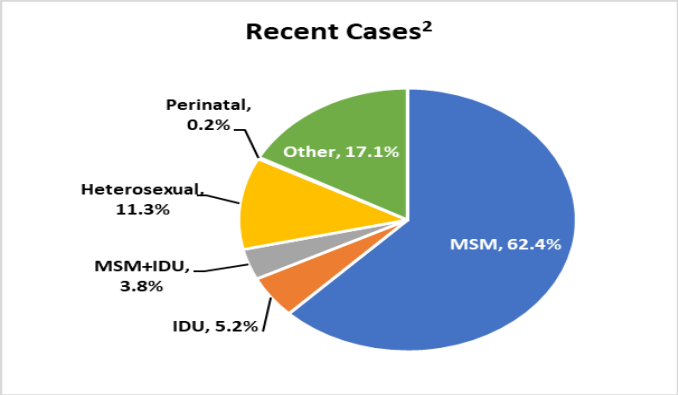
BIRTH GENDER

- The proportion of female HIV disease diagnoses has increased slightly over the last 5 years to about 12% (n = 247, recent cases) (cf. 10% of prevalent cases; (n = 1,467, total cases).'
- Central Region and South Region have the largest proportion of recent HIV disease diagnoses among women (>50% of total women in the two regions; (n =139).

MODE OF TRANSMISSION

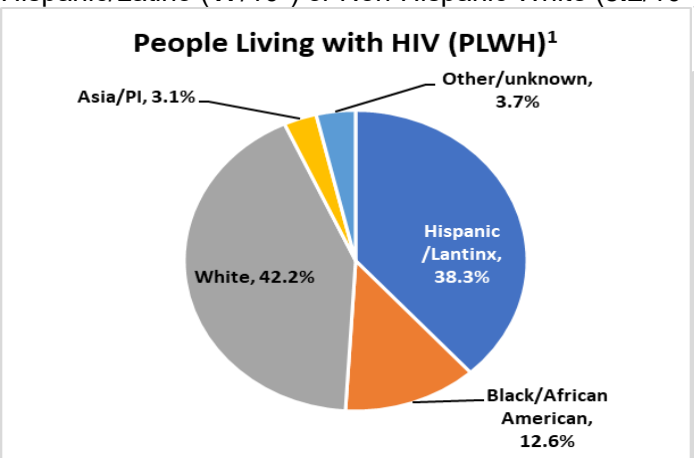
- The majority of people living with HIV disease (PLWH) through year-end 2020 were men who have sex with men (MSM; n = 10,110). For women, heterosexual transmission was the largest mode of transmission. Most recent diagnoses and PLWH were male and MSM.

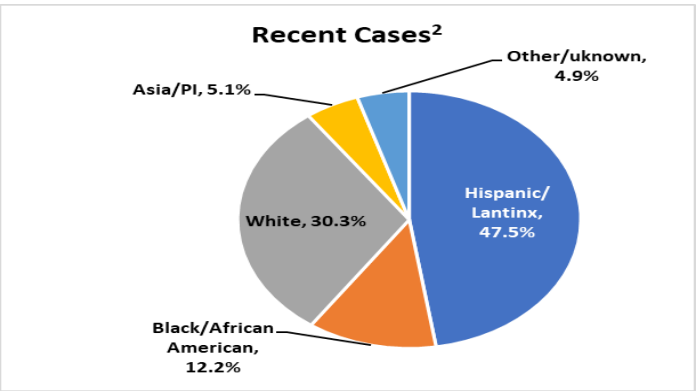




RACE/ETHNICITY

- The majority of recent HIV disease diagnoses for over ten years were people of color. The proportion of Non-Hispanic White cases decreased over time, while the proportion of Hispanic/Latino cases increased over time. The HIV rate (number/100,000 or 10^5) was higher for Non-Hispanic Black/African American **(30.8**/10^5) than Hispanic/Latino (**17**/10^5) or Non-Hispanic White (**8.2**/10^5) during 2016-2020.





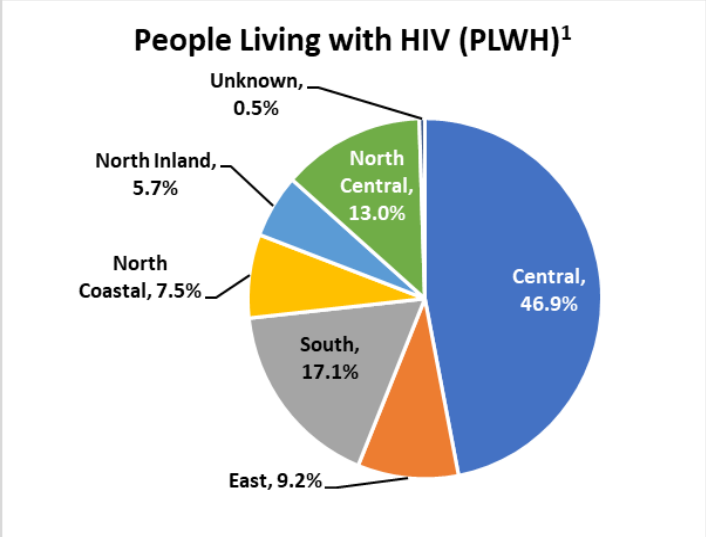
+ The total number of **persons living with HIV/AIDS** possibly decreased because there are improved data sources available presently, particularly Electronic Laboratory Reporting (ELR)

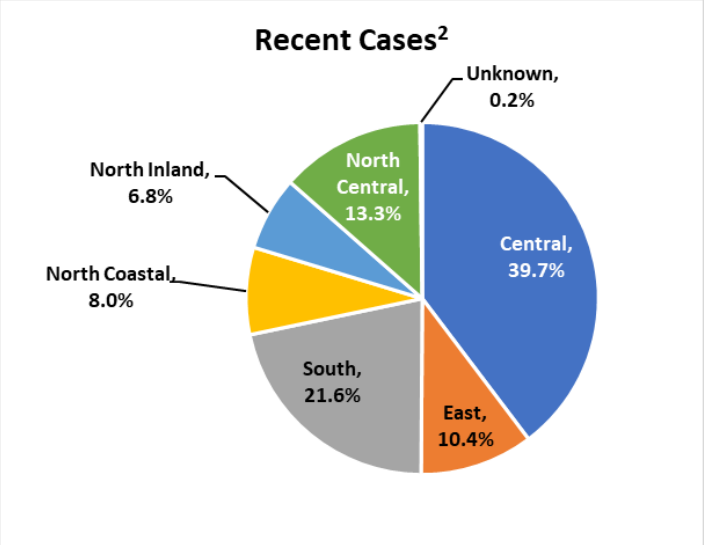
[1]**Persons Living with HIV disease (PLWH) =** Residing in San Diego County and alive as of December 31, 2020

[2]**Recent Cases** = HIV disease diagnosis, regardless of stage of disease, between 2016 – 2020 while residing in San Diego County

REGION AT DIAGNOSIS

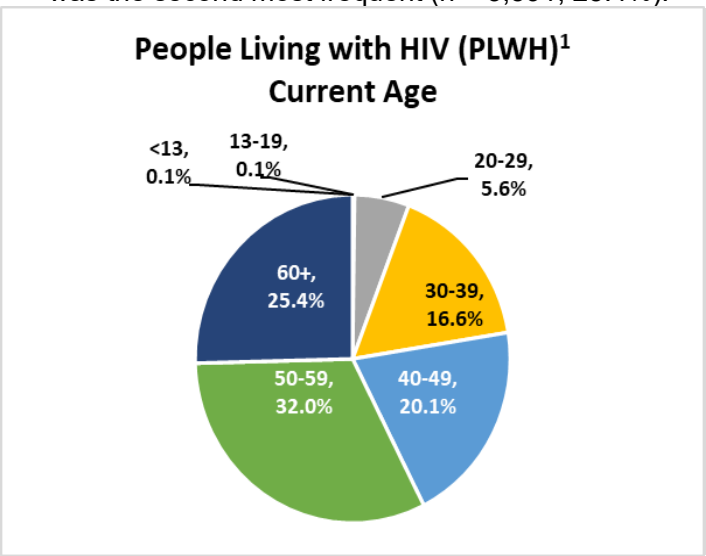
- Central Region has the highest number (n =6,673) and percentage (46.9%) of PLWH cases, followed by the South Region (n -= 2,348; 17.1%).
- The proportion of HIV disease in the Central Region residents decreased over time, while the proportion of HIV disease diagnoses among South Region residents increased slightly over time.

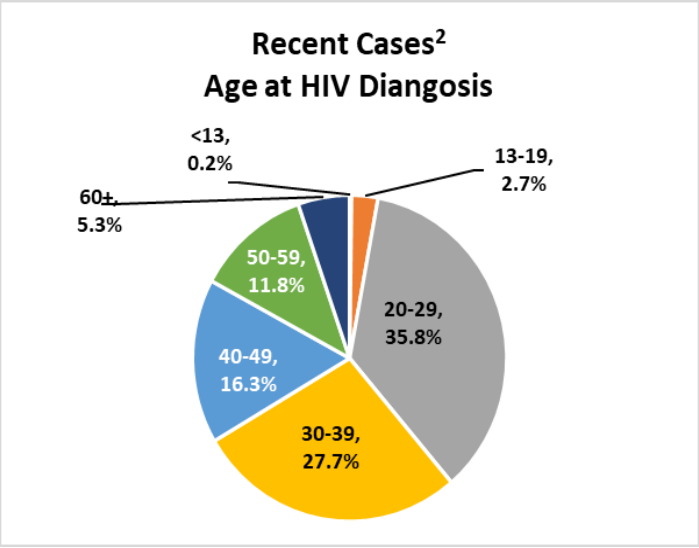




AGE

- The 20-29 years age group was the most frequent age group at diagnosis among recent HIV disease diagnoses (n = 726; 35.8%) while the 50 - 59 was the most frequent current age for total PLWH (n = 4,531; 32%), and 60+ years was the second most frequent (n = 3,591; 25.4%).

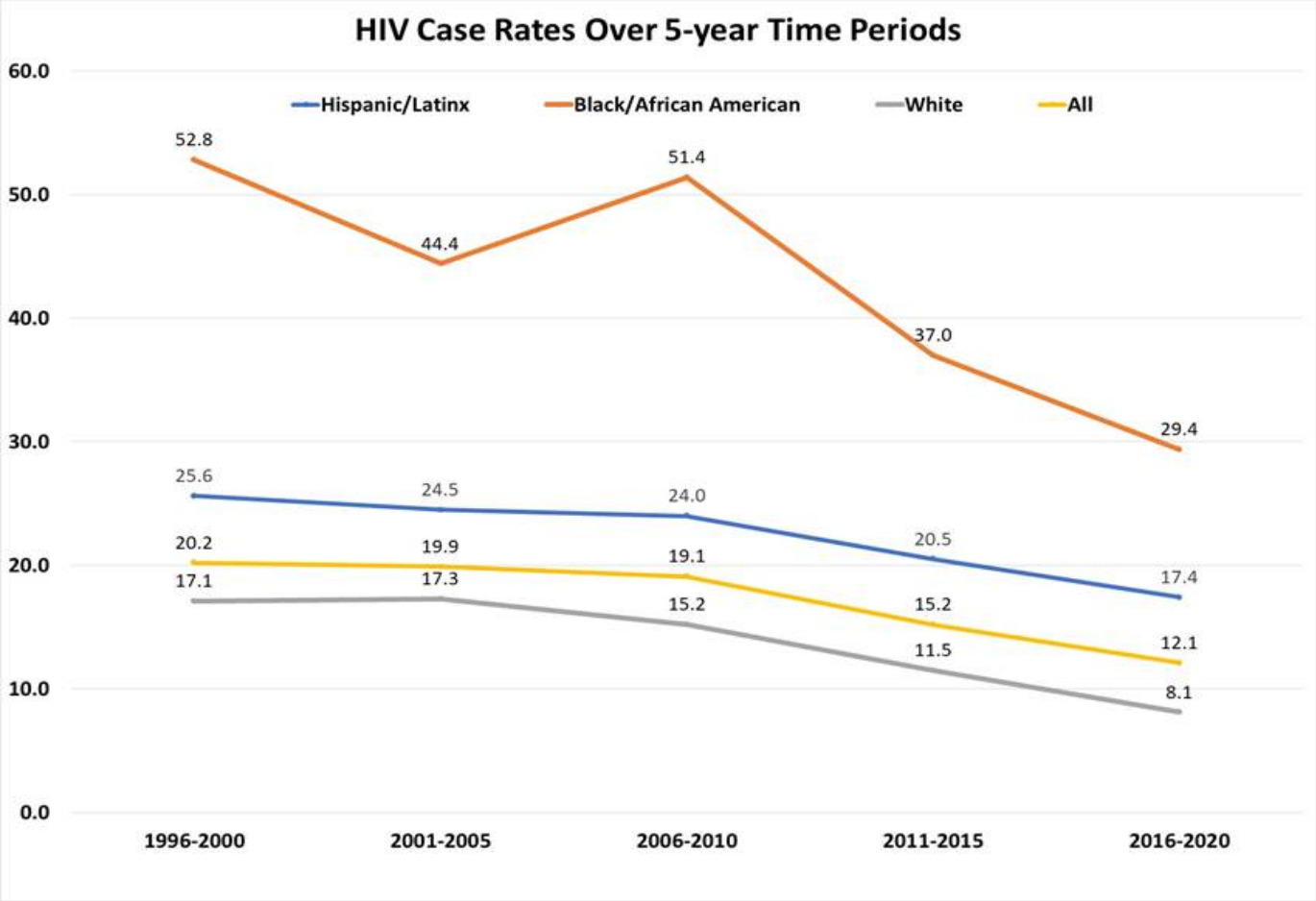




[1]**Persons Living with HIV disease (PLWH) =** Residing in San Diego County and alive as of December 31, 2020. Age is calculated at 12/31/2020.

[2]**Recent Cases** = HIV disease diagnosis, regardless of stage of disease, between 2016 – 2020 while residing in San Diego County

All data provided by San Diego County Health & Human Services Agency, Epidemiology and Immunizations Services Branch (EISB)



SIMULTANEOUS DIAGNOSIS:

Defined as a diagnosis of AIDS occurring within 12 months of initial diagnosis of HIV.

The groups with the highest percentage of simultaneous diagnosis for recent HIV disease diagnoses (2016-2020) were Hispanic/Latino 21.6% (vs. 19.8% overall), North Inland region (28.3$), South regions (23.6%), Heterosexuals (29.3%) and age groups 40 – 49 (25.7%), 50 – 59 (34.6%), and 60+ (50.9%)**.** The increase in the percentage of simultaneous diagnosis over time coincides with changes that have resulted in more timely and accurate AIDS case surveillance. These changes include CD4 reporting becoming law, a new AIDS case definition¤ and direct reporting of HIV-related laboratory tests into the enhanced HIV/AIDS Reporting System (eHARS) and Electronic Laboratory Reporting (ELR).

¤ AIDS case definition (as of March 4, 2014): CD4 <200 (percent not used unless count is missing). CD4 <200 is not diagnostic for AIDS if patient had a negative test within 180 days of HIV diagnosis.

[1]**Persons Living with HIV disease (PLWH) =** Residing in San Diego County and alive as of December 31, 2020. Age is calculated at 12/31/2020.

[2]**Recent Cases** = HIV disease diagnosis, regardless of stage of disease, between 2016 – 2020 while residing in San Diego County

All data provided by San Diego County Health & Human Services Agency, Epidemiology and Immunizations Services Branch (EISB)

San Diego HIV Planning Group
Priority Setting & Resource Allocation Committee

2021 Key Data Findings

Viral Suppression

Approved June 24, 2021

DEFINITION

Viral Suppression: A lab test with less than 200 copies of HIV virus/ml.

OVERALL

Viral Suppression in San Diego County was **59.3%** for all persons living with HIV disease (PLWH) which includes those without a viral load (VL) test on record) and **92.1%** for PLWH who had a VL test on record. For Ryan White (RW) clients, viral suppression was **91%** (for those who had a VL test on record.

Population	All PLWH (incl. w/o VL test)	All PLWH w/ VL test	All RW clients w/ VL test
Viral Suppression	59.3%	92.1%	91%

*Note: 35.6% of all PLWH, and 21.6% of RW clients, did not have a viral load test.

GENDER

There was no significant difference in viral suppression between males and female. 59.4% vs. 58.8% (for all PLWH) and 92.3% vs. 89.9% (for those w/ VL test).

RACE/ETHNICITY

African Am./Black persons had lower percentages of viral suppression compared to overall. **53.0%** vs. 59.3% (for all PLWH) and **88.0%** vs. 92.1% (for those w/ VL test) and **85%** vs. 91% (for RW clients)

Population	All PLWH (incl. w/o VL test)	All PLWH w/ VL test	All RW clients w/ VL test
African Am./Black	53.0%	88.0%	85%
Total	59.3%	92.1%	91%

TRANSMISSION RISK CATEROGY

Persons who inject drugs and persons with no identified risk had lower percentages of viral suppression compared to overall.

Population	All PLWH (incl. w/o VL test)	All PLWH w/ VL test
Persons who inject drugs (PWID)	55.5%	87.0%
No identified risk (NIR)**	50.5%	79.7%
Total	59.3%	92.1%

**Risk category for persons in NIR may change as additional information becomes available.

AGE

Age groups 20 – 29, 30 – 39 and 40 – 49 had lower percentages of viral suppression compared to overall and age group 60+ had a higher percentage of viral suppression compared to overall.

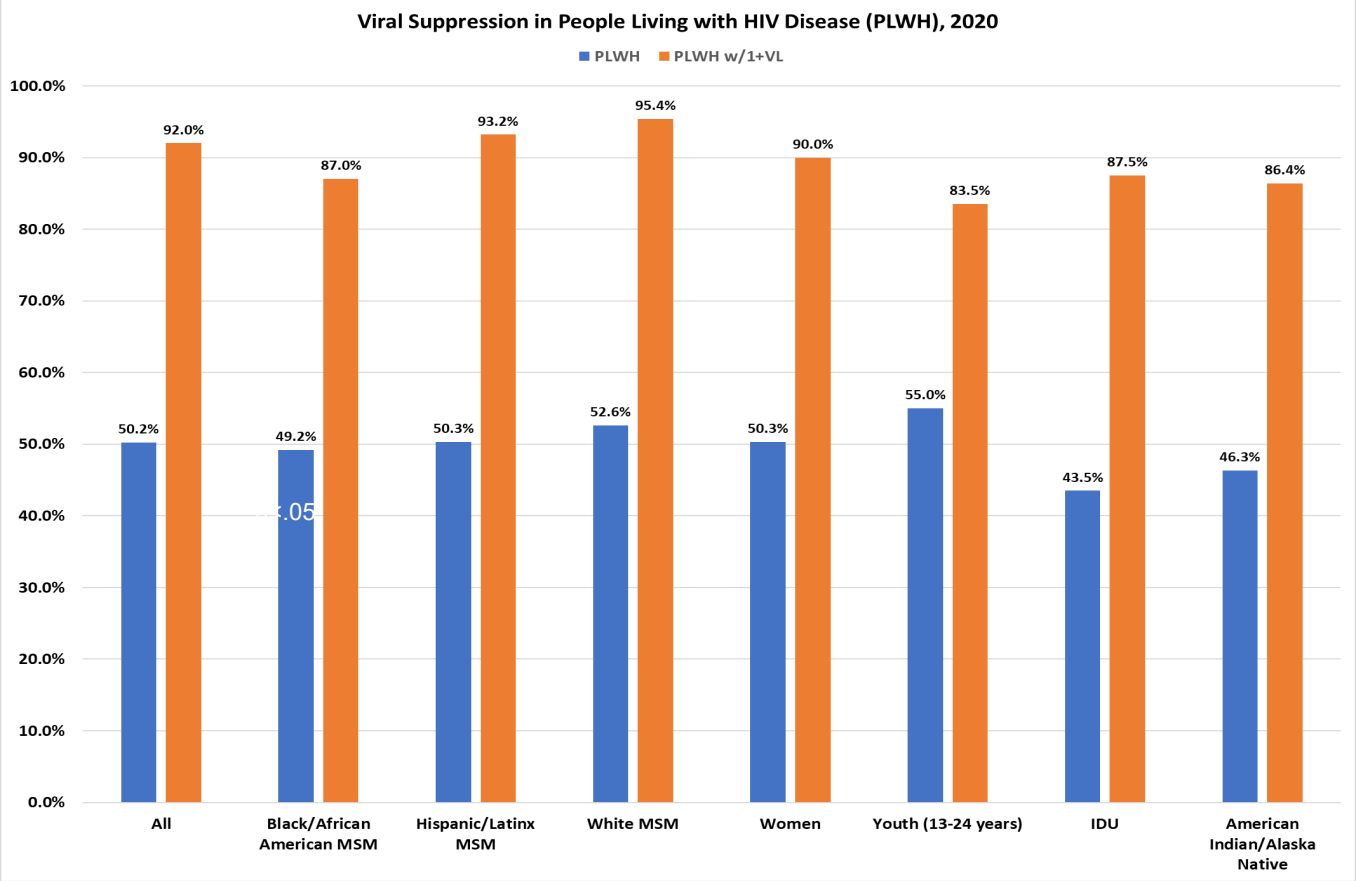
Population	All PLWH (incl. w/o VL test)	All PLWH w/ VL test
Age 20 – 29	52.7%	86.9%
Age 30 – 39	54.7%	87.9%
Age 40 – 49	55.8%	90.7%
Age 60+	64.5%	96.3%
Total	59.3%	92.1%

REGION

The HHSA East region had a lower percentage of viral suppression compared to all PLWH, but not for those with a viral load test.

Population	All PLWH (incl. w/o VL test)	All PLWH w/ VL test
East Region	56.4%	92.1%
Total	59.3%	92.1%

KEY POPULATIONS



[1]San Diego data: Diagnosed with HIV infection through 12/31/2020 and living through 12/31/2020 (excluding military diagnoses).

San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee

Key Data Findings
Survey of HIV Impact 2021 of the Needs Assessment
Approved June 24, 2021

182 **total respondents*** (164 completed online)

160 **living with HIV/AIDS** (87% of respondents)

22 **HIV negative/unaware/no answer** (13% of respondents)

Access to Care (n=154-158)

98% of PLWHA report **having current medical care**

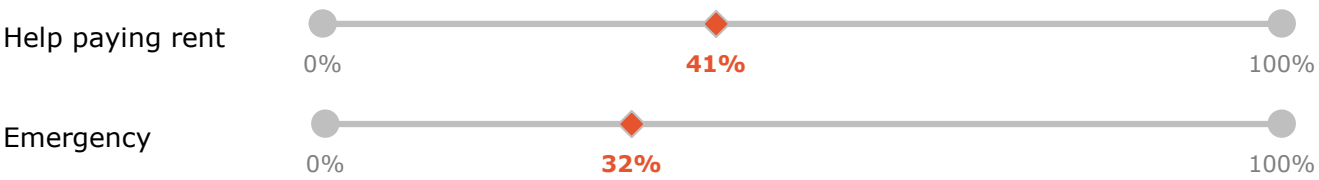
3% of PLWHA report **not having care**

13% of PLWHA reported **being out-of-care for at least 1 year** in the past

Top Ranked Needs

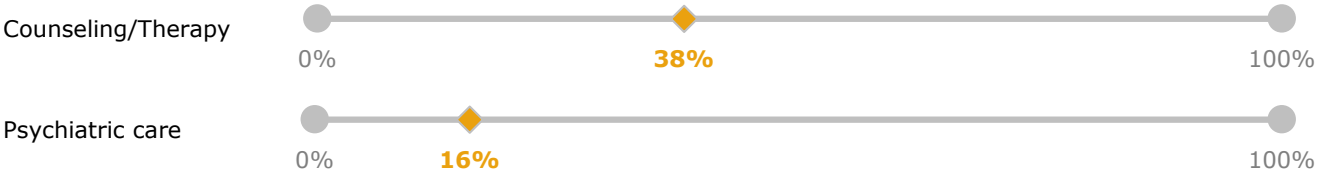
Housing

Out of 140 PLWHA who responded to the question, 26% (n=37) reported unstable housing. Of those 41% (n=15) selected help paying rent as a top priority and 32% (n=12) selected emergency housing/shelter as a priority.



Mental Health

Out of 152 PLWHA who responded to the question, 37% (n=56) have seen a therapist or received counseling in the past 6 months. Of those, 38% (n=21) selected counseling/therapy as a top priority and 16% (n=9) selected psychiatric services as a top priority.



Alcohol/drug use

Out of 142 PLWHA who responded to the question, 40% (n=57) indicated they had current or past issues with alcohol or drugs. Of those, 26% (n=15) selected alcohol/drug recovery as a top priority.

Top 5 services ranked as most important

Service Category	Rank of Category		
	2021	2017	2014
HIV/AIDS medication	**#1**	#1	#1
HIV primary care	**#2**	#2	#2
Dental care	**#3**	#3	#3
Medical specialist other than HIV	**#4**	#5	#7
Case management	**#5**	#4	#4

Top 6 service PLWHA ranked as "need, but can't get"

Compared to the 2017 survey the "need but can't get" percentages were higher for the top six categories including dental care, help to pay rent, legal services, counseling/therapy, peer advocacy or peer navigation and coordinated services center (n=150 to155).

Service Category	Percent of Respondents		
	2021 (n=150-154)	2017	2014
Dental care	**22%**	18%	24%
Help to pay rent	**20%**	18%	20%
Legal services	**15%**	12%	13%
Counseling/therapy	**15%**	11%	11%
Peer advocacy or peer navigation	**13%**	9%	8%
Coordinated services center	**13%**	7%	7%

*Note: The number of survey respondents is relatively small compared to previous surveys, however the results are consistent with previous needs assessment surveys.

San Diego HIV Planning Group Priority Setting and Resource Allocation Committee

A total of eight focus group and two interviews were conducted as part of the HIV Needs Assessment between January and March 2021. The focus groups and interviews were targeted to specific priority populations identified by the HIV Planning Group. The following are high level findings from these engagements with members of the PLWHA community.

Focus Group Participants*

*Note: The number of focus group participants is relatively small compared to previous focus groups, however the results are consistent with previous needs assessment focus groups.

Population	Number of Focus Groups	Number of Participants
Black/African American HIV positive	2	5
HIV positive Women	1	11
Latina HIV positive Women	1	12
Latinx HIV positive (English and Spanish)	2	4
MSM	1	7
Older (65+) HIV positive	1	3
Total	**8**	**42**

Access to Treatment and Care

Focus group respondents talked in length about access to care; most of them shared having been connected to case management services at some point but did share that it was **very difficult to find a case manager they felt comfortable with**, and they often must "shop around" for the right one.

Related, focus group participants shared **the need for more cultural sensitivity training** for case managers, especially for case managers who serve Latinx and Trans women.

Being consistent with HIV medication is often a challenge. Many group participants shared they stopped taking medication at some point, citing that they feel like they **"live to take medication"**. The top reasons cited for **stopping HIV medication** are:

- Drug use and drug addiction;
- Forgetting to take the medication;
- Lack of access to healthcare or resources to get the medication refilled;
- Experiences of homelessness;
- Side effects of HIV medication; and
- Experiences of mental health issues, such as depression.

"Sometimes I'm out and about and I get home late or something and I lay down and I'm knocked out. And I forget to take it. I'm like, oh, I forgot to take my medication last night."

Stigma continues to affect the PLWHA community, despite all the information available about HIV. All groups mentioned that **stigma often affects their willingness to seek treatment, testing or services,** because they are afraid of being judged by others.

According to focus group participants, stigma affects all groups of people living with HIV, however, there are added layers of challenges for trans women, Latinx, and Black/African American HIV positive men. Family dynamics and cultural beliefs often result in additional challenges around being open about an HIV diagnosis. Specifically, a participant shared:

"Just the stigma, fear of just coming out is, in a Black community...just growing up with my Black father and all that stuff just in a family dynamic, it's a very taboo thing to bring up. And no one wants to hear that."

Mental Health

Mental health plays a big role in PLWHA's ability to lead a healthy life; this topic came up across all focus groups, regardless of the population. Additionally, participants shared many of the challenges faced around mental health in the HIV positive community. Focus group participants also highlighted the need for more open conversation and transparency around the use of medication to support mental health conditions. As one focus groups participant shared:

"For me, it was the mental health part. Fighting the depression and not knowing what to do or who to turn to or who to talk to. And, although now I know that there are plenty of resources to help with that, that was something that I didn't know in the beginning."

Some focus group participants shared that **even when they have reached out for mental health support, they are met with barriers and inferior care**. Specifically, one participants talked about **not having been told about any mental health services** available to them when they were diagnosed. This was particularly difficult as they were very young and trying to navigate their diagnosis.

An additional consideration was shared for the Latinx Community, given mental health is not often openly spoken about in this community. One focus group participant shared:

"I feel like mental health is not really popular in the Latino community itself. And with HIV, there comes a lot of stigmas. Even if you don't live in the United States, but in Mexico, it's HIV equals gay, is you're gay, you get HIV. You're gay, you're this, you're gay, you're that. So, it comes with a lot of stigmas. So mental health overall will be another issue that can compare to HIV, that is as big as HIV."

Housing

Housing came up as one important issue affecting the HIV positive community; while this problem is not unique to this community, many factors exacerbate access to affordable housing for PLWHA. Focus group participants voiced concern that, despite the ongoing affordable housing crisis, the city continues to shift zoning requirements to fit **"Condos in backyard alleyways...and charging three times [their] rent for those units. [They] can tell you [they feel they are] eventually going to have to move because [they] can't, [they're] not going to be able to afford it."**

Focus group participants also shared barriers they encounter related to housing that are experienced by PLWHA. One barrier focus group participants highlighted is gatekeeping from system and patient navigators.

"When you go to some of these places, you have some people that will work with you and won't work with you. […] And they're controlling those that get the first pick at housing vouchers and those that don't kind of thing."

Along with these barriers, focus group participants also shared many problems with existing programs designed to support the HIV positive community specifically. When asked what kind of housing services or assistance are currently available for PLWHA in the San Diego community, focus group participants mentioned Mercy Housing, Partial Assistance Rental Subsidy (PARS), and Housing Opportunities for Persons with AIDS (HOPWA). Participants also expressed how difficult it is to access housing resources, in general. A number of participants highlighted various issues with PARS, and many have not heard anything about HOPWA in several years and would like to see more current information publicly available.

Clarifications on Ryan White Program Client Eligibility Determinations and Recertifications Requirements

Policy Clarification Notice (PCN) #13-02 (Revised 5/1/2019)
Relates to Policy Notice #16-02

Scope of Coverage: Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, D, and Part F where funding supports direct care and treatment services.

Purpose of PCN

This policy clarification outlines the HRSA RWHAP expectations for client eligibility assessment and clarifies the recertification requirements.

Background

By statute, RWHAP funds may not be used for any item or service "to the extent that payment has been made, or can reasonably be expected to be made under...an insurance policy, or under any Federal or State health benefits program" and other specified payment sources (Sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1) and 2671(i) of the Public Health Service (PHS) Act). HRSA RWHAP funds may be used to complete health care coverage that maintains people living with HIV (PLWH) in care when the individual is either underinsured or uninsured for a specific allowable service, as defined by the HRSA RWHAP. Recipients and subrecipients must assure that reasonable efforts are made to secure non-RWHAP funds whenever possible for services to individual clients. Recipients and their subrecipients are expected to vigorously pursue eligibility for other funding sources (e.g., Medicaid, CHIP, Medicare, other state-funded HIV/AIDS programs, employer-sponsored health insurance coverage, and/or other private health insurance, etc.) to extend finite HRSA RWHAP grant resources to new clients and/or needed services.

Instructions

HRSA RWHAP Initial Eligibility Requirements

The RWHAP legislation requires that individuals receiving services through the HRSA RWHAP must have a diagnosis of HIV and be low-income as defined by the HRSA RWHAP recipient. HRSA HAB PCN 16-02 *Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds* further clarifies that, "[w]hen setting and implementing priorities for the allocation of funds, Recipients, Part A Planning Councils, community planning bodies, and Part B- funded consortia may optionally define eligibility for certain services more precisely, but they may NOT broaden the definition of who is eligible for services." HRSA HAB expects all HRSA RWHAP recipients to establish and monitor procedures to ensure that all funded providers verify and document client eligibility.

Client Eligibility Recertification

To maintain eligibility for HRSA RWHAP services, clients must be recertified at least every six months. The primary purposes of the recertification process are to ensure that an individual's residency, income, and insurance statuses continue to meet the recipient eligibility requirements and to verify that the HRSA RWHAP is the payor of last resort. The recertification process includes checking for the availability of all other third party payers. Recipients have flexibility with regard to timing and process, especially in consideration of health care coverage enrollment periods, but all recipients across all Parts must engage in eligibility determination and recertification.

It is the expectation of HRSA HAB that at least once a year, after an initial eligibility determination (whether defined as a 12-month period or calendar year), the recertification procedures include the collection of more in-depth supporting documentation, similar to that collected at the initial eligibility determination.

HRSA HAB provides the following clarifications on HRSA RWHAP recertification processes expectations:

- Unless otherwise required by State statute, regulations, or policy:
    - Re-verification of HIV diagnosis is not required;
    - Current CD4/viral load documentation is not required by HRSA HAB for initial eligibility determination or recertifications, although recipients may choose to collect this for quality management purposes or HRSA HAB reporting purposes;
    - Recipients may accept post office boxes as an address, as long as there is another means to verify the address such as a current utility bill or a case manager's verification letter;
    - At one of the two required recertifications during a year, recipients may accept client self-attestation for verifying that an individual's income, residency, and insurance status complies with the recipient eligibility requirements. Appropriate documentation is required for changes in eligibility status and at least once a year (whether defined as a 12-month period or calendar year).

- HRSA RWHAP recipients may utilize recertification data-sharing agreements with other recipients and/or subrecipients in order to reduce burden on recipients, subrecipients, and clients.

- If a HRSA RWHAP Part B recipient has developed a multi-tiered and continuous residency, insurance, and income verification review process, that state verification process may satisfy the HRSA RWHAP recertification requirement, so that HRSA RWHAP Part B recipients do not have to conduct a separate HRSA RWHAP six month recertification process. However, the HRSA RWHAP Part B verification processes and supporting documentation must be consistently applied to each individual and available for review either in hard copy or electronically. HRSA HAB will consider requests to approve these review processes as the HRSA RWHAP six month recertification process on a case-by-case basis and will document approval as appropriate in the

Electronic Handbook.

- HRSA RWHAP Part C, Part D and Part F recipients where funding supports direct care and treatment services are encouraged to coordinate and streamline eligibility systems and processes with HRSA RWHAP Part A and Part B recipients.

Rapid Eligibility Determinations

For both initial/annual and six-month recertification procedures, eligibility determinations may be performed simultaneously with testing and treatment. Recipients and subrecipients assume the risk of recouping any HRSA RWHAP funds utilized for clients ultimately determined to be ineligible, and instead charge an alternate payment source, or otherwise ensure that funds are returned to the HRSA RWHAP program.

REQUIRED DOCUMENTATION TABLE

Eligibility Requirement	**Initial Eligibility Determination & Once a Year/12 Month Period Recertification**	**Recertification (minimum of every six months)**
HIV Status	Documentation required for Initial Eligibility Determination Documentation is not required for the once a year/12 month period Recertification	No documentation required
Income	Documentation required	Recipient may choose to require a full application and associated documentation or Self-attestation of no change Self-attestation of change - grantee must require documentation of change in eligibility status
Residency	Documentation required	Recipient may choose to require a full application and associated documentation or Self-attestation of no change Self-attestation of change -

HIV/AIDS BUREAU POLICY CLARIFICATION

		recipient must require documentation
Insurance Status	Recipient must verify if the applicant is enrolled in other health care coverage and document status in client file	Recipient must verify if the applicant is enrolled in other health coverage Self-attestation of no change Self-attestation of change - recipient must require documentation
CD4/Viral Load	Discretion of recipient	Discretion of recipient

Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds

Policy Clarification Notice (PCN) #16-02
Replaces Policy #10-02

Scope of Coverage: Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, and D, and Part F where funding supports direct care and treatment services.

Purpose of PCN

This policy clarification notice replaces the Health Resources and Services Administration (HRSA) PCN 10-02: Eligible Individuals & Allowable Uses of Funds for Discretely Defined Categories of Services regarding eligible individuals and the description of allowable service categories for Ryan White HIV/AIDS Program and program guidance for implementation.

Background

The Office of Management and Budget (OMB) has consolidated, in 2 CFR Part 200, the uniform grants administrative requirements, cost principles, and audit requirements for all organization types (state and local governments, non-profit and educational institutions, and hospitals) receiving federal awards. These requirements, known as the "Uniform Guidance," are applicable to recipients and subrecipients of federal funds. The OMB Uniform Guidance has been codified by the Department of Health and Human Services (HHS) in 45 CFR Part 75—*Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards*. RWHAP grant and cooperative agreement recipients and subrecipients should be thoroughly familiar with 45 CFR Part 75. Recipients are required to monitor the activities of the subrecipient to ensure the subaward is used for authorized purposes in compliance with applicable statute, regulations, policies and the terms and conditions of the award (see 45 CFR §§ 75.351-352).

45 CFR Part 75, Subpart E—Cost Principles must be used in determining allowable costs that may be charged to a RWHAP award. Costs must be necessary and reasonable to carry out approved project activities, allocable to the funded project, and allowable under the Cost Principles, or otherwise authorized by the RWHAP statute. The treatment of costs must be consistent with recipient or subrecipient policies and procedures that apply uniformly to both federally-financed and other non-federally funded activities.

The HIV/AIDS Bureau (HAB) has developed program policies that incorporate both HHS regulations and program specific requirements set forth in the RWHAP statute. Recipients, planning bodies, and others are advised that independent auditors, auditors from the HHS' Office of the Inspector General, and auditors from the U.S.

Government Accountability Office may assess and publicly report the extent to which a RWHAP award is being administered in a manner consistent with statute, regulation and program policies, such as these, and compliant with legislative and programmatic policies. Recipients can expect fiscal and programmatic oversight through HRSA monitoring and review of budgets, work plans, and subrecipient agreements. HAB is able to provide technical assistance to recipients and planning bodies, where assistance with compliance is needed.

Recipients are reminded that it is their responsibility to be fully cognizant of limitations on uses of funds as outlined in statute, 45 CFR Part 75, the HHS Grants Policy Statement, and applicable HAB PCNs. In the case of services being supported in violation of statute, regulation or programmatic policy, the use of RWHAP funds for such costs must be ceased immediately and recipients may be required to return already-spent funds to the Federal Government.

Further Guidance on Eligible Individuals and Allowable Uses of Ryan White HIV/AIDS Program Funds

The RWHAP statute, codified at title XXVI of the Public Health Service Act, stipulates that "funds received...will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made..." by another payment source.[1] At the individual client level, this means recipients must assure that funded subrecipients make reasonable efforts to secure non-RWHAP funds whenever possible for services to eligible clients. In support of this intent, it is an appropriate use of RWHAP funds to provide case management (medical or non-medical) or other services that, as a central function, ensure that eligibility for other funding sources is aggressively and consistently pursued (e.g., Medicaid, CHIP, Medicare, other local or State-funded HIV/AIDS programs, and/or private sector funding, including private insurance).

In every instance, HAB expects that services supported with RWHAP funds will (1) fall within the legislatively-defined range of services, (2) as appropriate, within Part A, have been identified as a local priority by the HIV Health Services Planning Council/Body, and (3) in the case of allocation decisions made by a Part B State/Territory or by a local or regional consortium, meet documented needs and contribute to the establishment of a continuum of care.

RWHAP funds are intended to support only the HIV-related needs of eligible individuals. Recipients and subrecipients must be able to make an explicit connection between any service supported with RWHAP funds and the intended client's HIV status, or care-giving relationship to a person with HIV.

Eligible Individuals:

[1] *See* sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1), and 2671(i) of the Public Health Service Act.

The principal intent of the RWHAP statute is to provide services to people living with HIV, including those whose illness has progressed to the point of clinically defined AIDS. When setting and implementing priorities for the allocation of funds, recipients, Part A Planning Councils, community planning bodies, and Part B funded consortia may optionally define eligibility for certain services more precisely, but they may NOT broaden the definition of who is eligible for services. HAB expects all RWHAP recipients to establish and monitor procedures to ensure that all funded providers verify and document client eligibility.

Affected individuals (people not identified with HIV) may be eligible for RWHAP services in limited situations, but these services for affected individuals must always benefit people living with HIV. Funds awarded under the RWHAP may be used for services to individuals affected with HIV only in the circumstances described below.

a. The service has as its primary purpose enabling the affected individual to participate in the care of someone with HIV or AIDS. Examples include caregiver training for in-home medical or support service; psychosocial support services, such as caregiver support groups; and/or respite care services that assist affected individuals with the stresses of providing daily care for someone who is living with HIV.

b. The service directly enables an infected individual to receive needed medical or support services by removing an identified barrier to care. Examples include payment of a RWHAP client's portion of a family health insurance policy premium to ensure continuity of insurance coverage for a low-income HIV-infected family member, or child care for children, while an infected parent secures medical care or support services.

c. The service promotes family stability for coping with the unique challenges posed by HIV. Examples include psychosocial support services, including mental health services funded by RWHAP Part D only, that focus on equipping affected family members, and caregivers to manage the stress and loss associated with HIV.

d. Services to non-infected clients that meet these criteria may not continue subsequent to the death of the HIV-infected family member.

Unallowable Costs:
RWHAP funds may not be used to make cash payments to intended clients of RWHAP-funded services. This prohibition includes cash incentives and cash intended as payment for RWHAP core medical and support services. Where direct provision of the service is not possible or effective, store gift cards,[2] vouchers,

[2] Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the RWHAP are allowable as incentives for eligible program participants.

coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used.

RWHAP recipients are advised to administer voucher and store gift card programs in a manner which assures that vouchers and store gift cards cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards.[3]

Other unallowable costs include:

- Clothing
- Employment and Employment-Readiness Services
- Funeral and Burial Expenses
- Property Taxes

Allowable Costs:
The following service categories are allowable uses of RWHAP funds. The RWHAP recipient, along with respective planning bodies, will make the final decision regarding the specific services to be funded under their grant or cooperative agreement.

Service Category Descriptions and Program Guidance

The following provides both a description of covered service categories and program guidance for RWHAP Part recipient implementation. These service category descriptions apply to the entire RWHAP. However, for some services, the RWHAP Parts (i.e., A, B, C, and D) must determine what is feasible and justifiable with limited resources. There is no expectation that a RWHAP Part would cover all services, but recipients and planning bodies are expected to coordinate service delivery across Parts to ensure that the entire jurisdiction/service area has access to services based on needs assessment.

The following core medical and support service categories are important to assist in the diagnosis of HIV infection, linkage to care for seropositive individuals, retention in care, and the provision of HIV treatment. To be an allowable cost under the RWHAP, all services must relate to HIV diagnosis, care and support and must adhere to established HIV clinical practice standards consistent with HHS treatment guidelines. In addition, all providers must be appropriately licensed and in compliance with state and local regulations. Recipients are required to work toward the development and adoption of service standards for all RWHAP-funded services.

[3] General-use prepaid cards are considered "cash equivalent" and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.

RWHAP clients must meet income and other eligibility criteria as established by RWHAP Part A, B, C, or D recipients.

RWHAP Services

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

Effective Date

This PCN is effective for RWHAP Parts A, B, C, D, and F awards issued on or after October 1, 2016. This includes competing continuations, new awards, and non-competing continuations.

Appendix

RWHAP Legislation: Core Medical Services

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.

See Policy Notice 13-04: Clarifications Regarding Clients Eligibility for Private Health Insurance and Coverage of Services by Ryan White HIV/AIDS Program
See Early Intervention Services

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

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 subrecipient 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
See also LPAP Policy Clarification Memo
See also AIDS Drug Assistance Program Treatments and Emergency Financial Assistance

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.

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

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

Description:

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

Program Guidance:
Traditionally, RWHAP Parts A and B funding support health insurance premiums and cost-sharing assistance. If a RWHAP Part C or D recipient has the resources to provide this service, an equitable enrollment policy must be in place and it must be cost-effective and sustainable.

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

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.

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

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.

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.

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

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)

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 <u>improving health care outcomes</u> whereas Non-Medical Case Management Services have as their objective providing guidance and assistance in <u>improving access</u> 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.

RWHAP Legislation: Support Services

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.

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.

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

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.

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

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.

See PCN 11-01 The Use of Ryan White HIV/AIDS Program Funds for Housing Referral Services and Short-term or Emergency Housing Needs

Legal Services
See Other Professional Services

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).

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)
- 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

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

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.

See Policy Notice 12-01: The Use of Ryan White HIV/AIDS Program Funds for Outreach Services. Outreach services cannot be delivered anonymously as personally identifiable information is needed from clients for program reporting.

See Early Intervention Services

Permanency Planning
See Other Professional Services

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

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).

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.

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

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.