Wednesday, February 18, 2026, from 3:00 PM – 5:00 PM
North Clairemont Library
4616 Clairemont Drive, San Diego, CA 92117

NOTE: This meeting is audio and video recorded.
Language translation services are available upon request at least 96 hours prior to the meeting.
Please contact HPG Support Staff via e-mail at hpg.hhsa@sdcounty.ca.gov

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Meeting Location & Directions:

Community Engagement Group (CEG)

Wednesday, February 18, 2026
3:00 PM – 5:00 PM

North Clairemont Library

4616 Clairemont Drive
San Diego, CA 92117
(Meeting Room)

Parking: The library parking lot has 15 spaces, including one disability-accessible space. Plenty of street parking is available all day.

FROM I-5 N:

1. Follow I-5 S to Regents Rd.
2. Take Exit 1B from CA-52 E.
3. Continue on Regents Rd. Take Clairemont Mesa Blvd to Clairemont Dr.
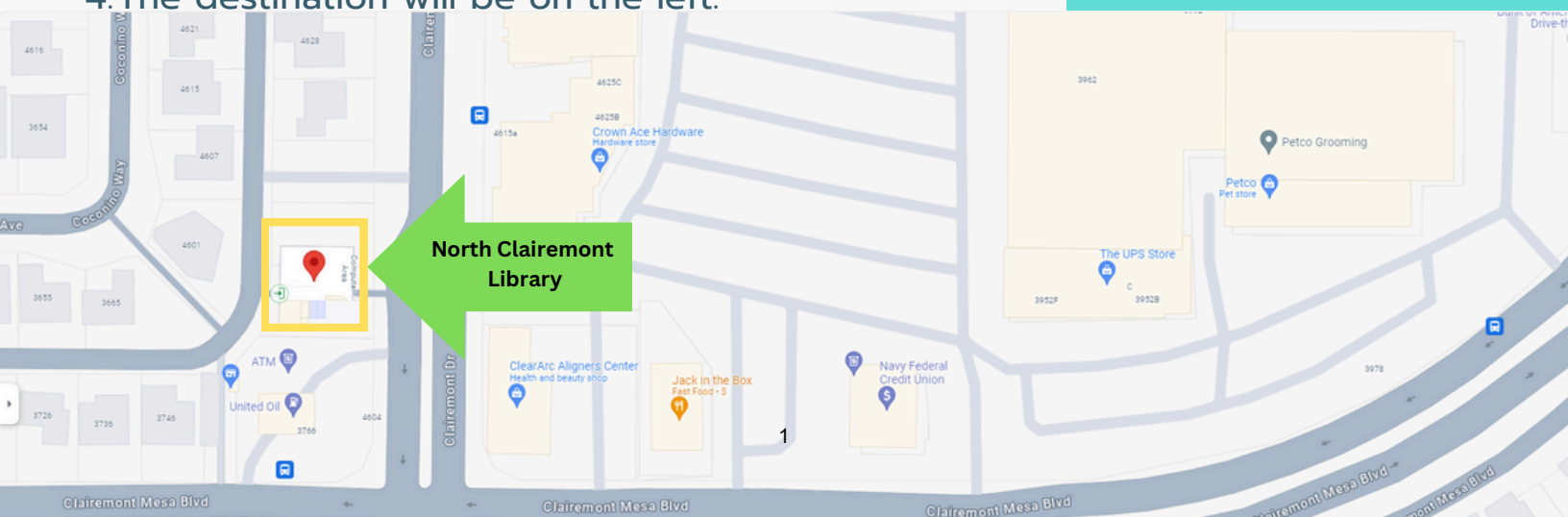4. The destination will be on the right.

FROM I-805 S:

1. Take I-805 N to Clairemont Mesa Blvd.
2. Take Exit 22 from I-805 N.
3. Continue on Clairemont Mesa Blvd. Drive to Clairemont Dr.
4. The destination will be on the left.

PUBLIC TRANSPORTATION

MTS Bus Routes:
43, 105

North Clairemont Library

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Wednesday, February 18, 2026, from 3:00 PM – 5:00 PM
North Clairemont Library
4616 Clairemont Drive, San Diego, CA 92117

To participate remotely via Zoom:
https://us06web.zoom.us/j/89778142157?pwd=5G57jMW0b1b1V8l8KVbljbAqedPsWV.1
Call in: US Toll +1 669 444 9171
Meeting ID: 897 7814 2157   **Passcode:** 106514

Language translation services are available upon request at least 96 hours prior to the meeting.
Please contact HPG Support Staff via e-mail at hpg.hhsa@sdcounty.ca.gov.

A quorum for this meeting is three (3)
Committee Members: Roger Al-Chaikh, Michael Donovan (Chair) | Jen Lothridge (Co-Chair) | Sergio Luna |
Veronica Nava

MEETING AGENDA
ORDER OF BUSINESS

1. Call to order, roll call, comments from the chair, and a moment of silence
2. Review Background, Mission Statement, Goals, and Agreement of Meeting Decorum
3. Introductions and Icebreaker
4. Public comment (for members of the public)
5. Sharing our concerns (for committee members)
6. **Action:** Approve the consent CEG agenda (which includes the February 18, 2026 agenda and the January 21, 2026 minutes)
7. Updates
    a. Committee Updates:
        i. Membership Committee
        ii. Strategies and Standards Committee
        iii. Medical Standards and Evaluation Committee
        iv. Priority Setting and Resource Allocation Committee
        v. Steering Committee
        vi. HIV Planning Group
    b. Community Updates:
        i. CARE Partnership
        ii. HIV Housing Committee/Housing Opportunities for Persons with AIDS (HOPWA)
8. Old Business
    a. Committee Attendance
9. New Business
    a. **Discussion:** Review Ryan White service categories
10. Announcements
11. **Next meeting date:** Wednesday, March 18, 2026, from 3:00 PM – 5:00 PM at the Southeastern Live Well Center; 5101 Market St, San Diego, CA 92114; Tubman Chavez Room C
12. Adjournment

Community Engagement Group Charge:

1) Educate Community Members

- Educate/train community members about the HIV Planning Group's local HIV services planning process and prepare them for and support them in increased involvement throughout the HIV Planning Group Process: committees, task forces, working groups, and other opportunities, as well as HIV Planning Group membership.

2) Increase Community Members' Participation

- Increase the level and diversity of community involvement, including from under-served and under-represented populations.
- Represent the needs of all community members, including those unable to participate in meetings.
- Provide linkages to regional and population-specific community groups and ensure communication between those groups and the Community Engagement Group.
- Identify and seek to overcome barriers to community participation.

3) Represent Community Member Needs Throughout the HIV Planning Group Process

- Provide community representation on HIV Planning Group committees, task forces, etc., and ensure the flow of information from those groups to the Community Engagement Group.
- Encourage maximum community involvement in the Priority Setting Committee and other established venues for the annual priority setting and budget allocations process; the Community Engagement Group will not develop separate budget recommendations.
- Serve as a venue for providing community feedback regarding HIV Planning Group issues (e.g., task forces).

A quorum for this meeting is three (3).

Committee Members Present: Michael Donovan (Chair) | Jen Lothridge (Co-Chair) | Sergio Luna | Veronica Nava

MEETING MINUTES

Agenda Item	Discussion/Action	Follow-Up
1. Call to order, comments from the chair, and a moment of silence	The chair called the meeting to order at 3:05PM and noted the presence of an in-person quorum. A moment of silence was observed. The Chair made the following announcements: - Happy new year to the committee and members of the public. - The committee will be restructuring this year to have four meetings that will be replaced by special events organized by a community-based organization in San Diego. - March will be hosted by Christie's Place and May will be hosted by Diversionary Theater.	
2. Review Background, Mission Statement, Goals, and Agreement of Meeting Decorum	Committee members read the Mission Statement, the Community Engagement Group (CEG) Charge, and Meeting Decorum.	
3. Introductions (Name, Role with HPG/Consumer, Pronouns), Icebreaker	Members and participants introduced themselves.	
4. Public comment (for members of the public)	None.	
5. Sharing our concerns (for committee members)	None.	
6. **ACTION:** Approve the	**Motion:** Approve the consent CEG	

Agenda Item	Discussion/Action	Follow-Up
consent CEG agenda (which includes the January 21, 2026 agenda and the December 10, 2025 minutes)	agenda (which includes the January 21, 2026 agenda and the December 10, 2025 minutes) **Motion/Second/Count (M/S/C):** Lothridge/Nava/2-0 **Abstention(s)**: Donovan **Motion carries**	
Follow-Up Items from minutes:	None.	
7a. Committee Updates		
I. HIV Planning Group (HPG)	The committee will be meeting next week and voting to accept the recommended reallocations that were approved at this month's Priority Setting and Resource Allocation Committee meeting. They will also have a presentation on prevention from the HIV, STD, and Hepatitis Branch.	
II. Strategies and Standards Committee	The committee will be meeting in February to discuss food vouchers and continue the discussion on PARS.	
III. Steering Committee	The committee met earlier this month to discuss an HPG retreat for the chairs, and a separate retreat for the planning body. Their next meeting will be held in March.	
IV. Membership Committee	The committee could not meet this month. They will be meeting in February to discuss seat descriptions and create an accessible document for outreach and recruitment.	
V. Priority Settings and Resource Allocation Committee (PSRAC)	The committee reviewed the data and expenditure reports and accepted the final reallocations for this fiscal year. More funds were allocated towards Emergency Financial Assistance.	
VI. Medical Standards and Evaluation Committee (MSEC)	The committee's next meeting is in February. They will be reviewing and updating the Mental Health and Psychiatric Medication Management Service Standards. They are requesting stakeholders, providers, and consumers be part of the	

Agenda Item	Discussion/Action	Follow-Up
	discussion.	
7b. Community Updates		
I. CARE Partnership	CARE Partnership met in January and had a presentation on the Getting to Zero (GTZ) app. The group has requested presentation suggestions for the 2026 calendar year.	
II. HIV Housing Committee/Housing Opportunities for Persons with AIDS (HOPWA)	Lothridge provided the following updates: - Fraternity House signed a lease for 2 new units (4 beds). - Townspeople has 6 spaces available for their emergency housing and will begin their Enhanced Care Management (ECM) soon. - Father Joes has 15 openings. - Stepping Stone has 1 opening. - Being Alive is still providing utility and moving support. - HOPWA waitlist will close on 2/20.	
8. Old Business		
a. Committee Attendance	None.	
9. New Business		
a. Discussion: Review 2026 CEG workplan	February – Collaborate with Malcom X Library and/or The Center Black Services July – Service Standards Exercise August – No Meeting October – No Meeting Prevention Collaboration November – Medical/Medicaid	
b. ACTION: Review and approve the HIV Planning Group presentation	The committee reviewed the current HIV Planning Group presentation and provided the following feedback: - Incorporate data at the beginning of the presentation as a call to action. - Add an overview of the Ryan White Program and funding parts. - Add a slide on the Strategies &	

Agenda Item	Discussion/Action	Follow-Up
	Standards Committee. - Make CEG slide after PSRAC. - Incorporate more status neutral language. - Add a fun meme at the end to encourage involvement.	
10. Announcements	- Diversionary Theater will be collaborating with POZabilities for 5-6 HIV awareness benefits in May. - A Sweete Affair a POZabilities fundraiser will be held on February 21st. - Big Gay Picnic will return to Balboa Park on February 8th.	
11. Next meeting date	**Next Meeting:** Wednesday, February 18, 2026, from 3:00 PM – 5:00 PM **Location**: North Clairemont Library; 4616 Clairemont Drive, San Diego, CA 92117	
12. Adjournment	Meeting was adjourned at 4:26PM.	

Community Engagement Group	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	#	# of JC Starting Jan 2026
Total Meetings	1	0	1	1	1	1	0	1	1	1	1	1	**10**	
(4) Members														
Donovan, Michael c	*	NM	**1**	*	*	*	NM	*	*	*	*	*	**1**	
Lothridge, Jen cc	*	NM	*	*	*	*	NM	*	*	*	*	*	**0**	
Luna, Sergio										*	**1**	*	**1**	
Nava, Veronica	*	NM	*	*	*	*	NM	*	**1**	*	*	*	**1**	
To remain in good standing and eligible to vote, the committee member may not miss 3 consecutive meetings or 6 meetings within 12 months.														

* = Present

1 = Absent for the month

1 = Absence when there are multiple meetings that month. Member needs to attend
at least one (1) meeting for attendance to count for that month.

JC = Just Cause

NM = No Meeting

NQ = No Quorum

2025 Key Data Findings
SERVICE ELIGIBILITY CRITERIA AND SERVICE GUIDELINES
BY SERVICE CATEGORY
FOR RYAN WHITE PART A/B SERVICES
June 12, 2025

The Health Resources and Services Administration (HRSA) requires the income eligibility criteria be the same for all Ryan White service categories. Different income eligibility criteria for different services create 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 600% Federal Poverty Level (FPL)* ($93,900 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 the service

All clients must be reassessed for eligibility every twelve months

The chart, beginning on page 2, notes service-specific guidelines for each Ryan White service provided in the County.

*The FPL for changes every year and is usually published within the first few months of each calendar year. The 2025 600% FPL is $93,900 annually for a household of one (adjusted for additional family members).

Definitions:
Medical Provider = Medical Doctor (MD or DO), Nurse Practitioner (NP), Physician Assistant (PA)

Clinical Provider = Medical Doctor (MD or DO), Nurse Practitioner (NP), Physician Assistant (PA), Registered Nurse (RN), Licensed Vocational Nurse (LVN), Case Manager (CM), Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT)

Mental Health Provider = Psychiatrist (a Medical Doctor, MD or DO), Psychologist (PhD or PsyD), Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT)

Dental Provider = Dentist (DDS or DDM), Dental Specialist (DDS or DDM)

© = Core Medical Service

Blue lettering = Service category with $0 allocated currently or not presently procured/deployed

San Diego County EMA Ryan White Treatment Extension Act (RWTEA) Parts A/B
SERVICE SPECIFIC CRITERIA
Draft May 6, 2025

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
1. © 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.	
2. © Medical Specialty	Must have a referral from Ryan White HIV Primary Care provider	Requests triaged based on medical necessity, HIV relatedness and urgency. Limited to those services authorized by the County of San Diego HSHB specialty services provider.	• Medical provider
3. © 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
4. © 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: • 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.	
5. 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.	
6. Non-Medical Case Management for Housing	Eligible to receive Ryan White services Upon intake, all eligible clients will be required to enroll in all available housing assistance waiting lists, including Section 8, Housing Opportunities for	Housing case management does not provide support or guidance for accessing other services, and it is required that housing case managers closely coordinate client needs outside of housing	•

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
	Persons with AIDS (HOPWA), and Tenant-Based Rental Assistance (TBRA). A housing plan must be developed within 60 days of enrolling in housing case management and no later than 90 days after enrolling in PARS. The client & case manager should review the plan regularly, and at least every quarter.	with medical or non-medical case managers as part of a treatment team approach.	
7. Housing: Partial Assistance Rental Subsidy (PARS)	Must not receive other subsidized housing, either tenant-based or project-based Because all housing support provided under Ryan White is temporary, a housing transition plan is required to ensure clients maintain housing self-sufficiency at the conclusion of assistance. All clients enrolled in the Partial Assistance Rental Subsidy (PARS) program must also enroll in housing case management.	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. Housing services may not: • Be used for mortgage payments • Be in the form of direct cash payments to clients • Be used for rental or security deposits. Such deposits are typically returned to clients as cash which would violate the prohibition on providing cash payments to clients.	• Case manager
8. Housing: Emergency Housing	Eligible to receive RW services. Because all housing support provided under Ryan White is temporary, a housing transition plan is required to ensure clients maintain housing self-sufficiency at the conclusion of assistance.	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	• Case manager

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
		or tenant-based rental assistance, have violated program guidelines in their use of emergency housing funds, or have been identified as ineligible for services. • Can include sober living and assisted living. Housing services may not: • Be used for mortgage payments • Be in the form of direct cash payments to clients • Be used for rental or security deposits. Such deposits are typically returned to clients as cash which would violate the prohibition on providing cash payments to clients.	
9. **Housing Location, Placement and Advocacy Services**	(The Strategies and Standards Committee will draft service standards for this service category)		
10. © **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.	
11. © **Substance Use Treatment: 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.	
12. © **Mental Health: 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
13. © **Coordinated HIV Services for Women, Infants, Children, Youth and Families (CHS:WICYF)**	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	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	
a. **Childcare Services (A subcategory of CHS:WICYF)**	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	• Case manager

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
		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.	
14. © Early Intervention Services: Regional Services (EIS:RS)	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	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	•
a. Outreach Services (a subcategory of EIS:RS)	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	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	
15. Health Education and Risk Reduction (stand-alone service, not part of CHS:WICFY or EIS:RS)	Eligible to receive Ryan White funded care The provision of education and information to clients living with HIV and how to reduce the risk of HIV transmission. It includes education, referral and related service navigation to clients living with HIV to improve their health and their partners to prevent HIV transmission.	Services are intended to complement and not replace other funded HIV prevention activities Exclusions: • Affected individuals (partners and family members not living with HIV) are only eligible if receiving services concurrently with the client. • Health Education/Risk Reduction may not be delivered anonymously. However, all information is confidential.	
16. 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.	• Self-Referral • Case manager • Early Intervention Services
17. 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.	
18. Substance Use Treatment: Residential Care	Must have a written referral from the clinical provider as part of a substance use disorder	Case is closed upon completion of treatment program. There are no annual limits on the number of services provided.	• Clinical provider

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
	treatment program funded under the Ryan White program		
19. Ⓖ **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
20. **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***: • 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 RW 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**: • 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	• Case manager • Any service provider

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
		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 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 programs 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.)	
21. 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 • 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
22. 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	• Medical provider

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
		stabilized. There are no annual limits on the number of services provided.	
23. **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.	
24. **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 allowed 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 (ADAP) 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. Electronic devices (tablets, small laptops, etc.) can be provided to assist clients access virtual environments/telehealth appointments/RW planning meetings.	• Case manager
25. **Home Health Care**	Must be deemed medically homebound by a medical provider	Home settings do not include nursing facilities or inpatient mental health/substance use 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
26. **© Early Intervention Services: HIV Counseling and Testing**	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	Limited to: • Individuals who do not know their HIV status and need to be referred to counseling and testing	

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
		• Individuals who know their status and are not in care and need assistance to enter or re-enter HIV-related medical care	
27. Cost-Sharing Assistance	(The Strategies and Standards Committee will draft service standards for this service category)		
28. © 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