

## SAN DIEGO HIV PLANNING GROUP (HPG)

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*Wednesday, April 22, 2026, 2:00 PM – 5:00 PM*  
*Southeastern Live Well Center*  
*5101 Market Street, San Diego, CA 92114*  
*Tubman Chavez Rooms B and C*

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**The Charge of the HIV Planning Group:** The HIV Planning Group Committee Charge is to set priorities & allocate funds to provide services for people living with HIV/AIDS.

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# Meeting Location & Directions:

HIV Planning Group (HPG)

Wednesday, April 22, 2026

2:00 PM – 5:00 PM

**Southeastern Live Well Center**

5101 Market Street

San Diego, CA 92114

Tubman Chavez Rooms B & C



Visitor/Employee parking available in parking structure. Main entrance can be accessed by exiting the parking structure on the 2nd floor and walking down the sidewalk to the left.

## FROM I-805 SOUTH:

1. Head northwest on I-805 North.
2. Take exit 12B for Market St.
3. Turn right onto Market St.
4. The destination will be on your right.

## FROM I-805 NORTH:

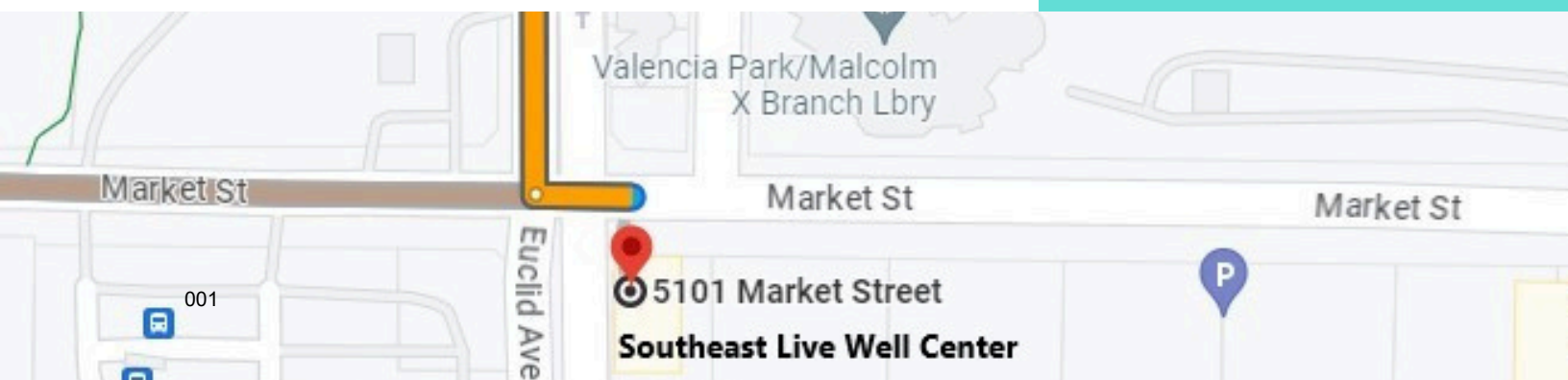
1. Head southeast on I-805 South.
2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
3. Merge onto CA-94 E.
4. Take exit 4A for Euclid Ave.
5. Turn left onto Euclid Ave.
6. Use the left 2 lanes to turn left onto Market St.
7. The destination will be on your right.



## **PUBLIC TRANSPORTATION**

**MTS Trolley:**  
Orange Line

**MTS Bus Routes:**  
3, 4, 5, 13, 60, 916,  
917 and 955



## **Procedure of HPG Public Requests During HPG Meetings**

During public comment periods of HPG meetings, public members sometimes request a variety of things directly or indirectly in their comments (e.g., information/clarification, data, investigation of a circumstance, etc. or may assert circumstances that require clarification to address either in 1:1 communication or in a subsequent meetings).

The process/procedure for responding is as follows.

**During each HPG meeting** (including the one in which the direct or indirect request is made), the chair or vice-chair will:

Explain the process for a response and indicate that:

1. HPG Support Staff has placed their email and phone number in the chat so that the speaker can contact the staff to discuss and clarify the request. The staff will obtain contact information for any needed follow-up (name, email address, phone number, and preference for communication).
2. When the speaker contacts HPG Support, staff will respond within one business day via email or phone call to obtain contact information and the basic details of the request.
3. The day following the HPG meeting, an internal debrief meeting will be held which includes the review of follow-up items. Follow-up items are discussed and assigned to appropriate personnel to respond further to obtain the required information/clarification. The requestor will be contacted the same business day as the meeting is held. *Items that involve or require provider contract information are assigned to Recipient staff.*
4. If the situation requires further research or data gathering, Support Staff will inform the requestor and provide a good faith estimate of the time required for the research and when the requestor may expect a fuller response from the staff.
5. Every attempt will be made to obtain and communicate the requested information within a 10-day period.
6. When a full response is provided, the follow-up item will be recorded as completed.

**SAN DIEGO HIV PLANNING GROUP (HPG)**



Wednesday, April 22, 2026, 2:00 PM – 5:00 PM  
Southeastern Live Well Center  
5101 Market Street, San Diego, CA 92114  
Tubman Chavez Rooms B and C

**To participate remotely via Zoom:**

<https://us06web.zoom.us/j/85368987291?pwd=KnO1bBlgoyR53sVY04E8ymyNo6OUq4.1>

Call in: +1 (669) 444-9171

**Meeting ID (access code):** 853 6898 7291

**Password:** SDHPG

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](mailto:hpg.hhsa@sdcounty.ca.gov).

**A quorum for this meeting is fourteen (14)**

**HPG Members:** Nicole Aguilar | Marco Aguirre Mendoza | Leroy Blea | Juan Conant | Beth Davenport | Michael Donovan | Tyra Fleming | Rosemary Garcia | Felipe Garcia-Bigley | Kalee Garland | David Grelotti | Ben Ignalino | Lori Jones | Michael King | Cinnamen Kubricky | Michael Lochner (*Chair*) | Jen Lothridge (*Vice-Chair*) | Eva Matthews (*Vice-Chair*) | Skyler Miles | Veronica Nava | Shannon Paugh | Ivy Rooney | Stephen Spector | Rhea Van Brocklin | Jeffery Weber | Adrienne Yancey

**ORDER OF BUSINESS**

1. Call to order and roll call (2:00-2:05)
2. Welcome, moment of silence, matters from the Chair (2:05-2:10)
3. Public comment (for members of the public) – concerns/questions/suggestions for future training topics/agenda items (2:10-2:20)
4. HPG Member Open Forum – concerns/questions/suggestions for future training topics/agenda items (2:20-2:25)
5. **ACTION:** Approve the HPG agenda for April 22, 2026 (2:25-2:30)
6. Routine Business: (2:25-2:30)

a. **ACTION:** Approval of consent agenda for April 22, 2026 which includes:

- i. Approval of HPG minutes from March 25, 2026
- ii. Acceptance of the following committee minutes:

Steering Committee	None
Membership Committee	March 4, 2026
Priority Setting and Resource Allocation Committee	None
Medical Standards and Evaluation Committee	None
Community Engagement Group	February 18, 2026
Strategies and Standards Committee	February 3, 2026

(The following is for HPG information, not for acceptance):

CARE Partnership                      None

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- iii. *(Membership Committee)*: HPG appointments/reappointments – Angela Vito Cruz and Esteban Duarte

7. New Business: (2:30-5:00)

- a. 2026 Retreat

8. Adjournment (5:00)

Next Meeting Date: **Wednesday, May 27, 2026, at 3:00 PM – 5:00 PM**

Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114  
(Tubman Chavez Rooms A and B) and via Zoom

# HIV PLANNING GROUP: RETREAT

April 22, 2026

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## AGENDA

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### Retreat Objectives

- Understand the current service delivery structure's strengths and assets
- Identify potential improvements to the structure
- Define action items to be addressed by HPG committees.

### Retreat Agenda

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2:30	<b>I. Retreat Overview</b> <ul style="list-style-type: none"><li>a. Purpose and Background</li><li>b. Participation and Engagement</li></ul>
2:40	<b>II. Review of Current Service Delivery Structure</b> <ul style="list-style-type: none"><li>a. Groupings</li><li>b. Strengths and Assets</li></ul>
3:10	<b>III. Potential Improvement Areas in the Structure</b> <ul style="list-style-type: none"><li>a. Navigation and Access</li><li>b. Partner Communications</li><li>c. Adjacent Services</li><li>d. (Additional?)</li></ul>

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***Break***

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4:00	<b>IV. Development of Action Items</b> <ul style="list-style-type: none"><li>a. Priority Setting and Resource Allocation Committee</li><li>b. Strategies and Standards Committee</li><li>c. Other Committees</li></ul>
4:45	<b>V. Summary and Next Steps</b> <ul style="list-style-type: none"><li>d. Action Items</li><li>e. Closing Remarks</li></ul>

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5:00 pm *Close*

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**SAN DIEGO HIV PLANNING GROUP (HPG)**



*Wednesday, March 25, 2026, 3:00 PM – 5:00 PM  
Southeastern Live Well Center  
5101 Market Street, San Diego, CA 92114  
Tubman Chavez Rooms B and C*

**A quorum for this meeting is fourteen (14)**

**HPG Members Joining in Person (21):** Nicole Aguilar | Marco Aguirre Mendoza | Juan Conant | Beth Davenport | Michael Donovan | Tyra Fleming | Rosemary Garcia | Felipe Garcia-Bigley | David Grelotti | Ben Ignalino | Lori Jones | Michael King | Michael Lochner (*Chair*) | Jen Lothridge (*Vice-Chair*) | Eva Matthews (*Vice-Chair*) | Skyler Miles | Veronica Nava | Shannon Paugh | Ivy Rooney | Rhea Van Brocklin | Jeffery Weber

**HPG Members Joining Virtually (1):** Leroy Blea

**HPG Members Absent (4):** Kalee Garland | Cinnamen Kubricky | Stephen Spector | Adrienne Yancey

**ORDER OF BUSINESS**

Agenda Item	Discussion/Action	Follow-Up
1. Call to order and roll call	Mikie Lochner called the meeting to order at 3:00 PM and noted the presence of an in-person quorum.	
2. Welcome, moment of silence, matters from the Chair	A moment of silence was observed. The Chair made the following announcements: <ul style="list-style-type: none"> <li>- A reminder about the annual requirements.</li> <li>- A reminder that the April HPG meeting will be a retreat.</li> <li>- A reminder that the HPG and the committees are here to support the community living with and impacted by HIV.</li> </ul>	
3. Public comment	The following public comments were made: <ul style="list-style-type: none"> <li>- A reminder that clients should not be retaliated against or for their services cancelled if they have concerns or issues with the system.</li> <li>- A reminder to make data-informed decisions and to show empathy towards everyone's perspectives.</li> </ul>	
4. HPG Member Open Forum	The following comments were made: <ul style="list-style-type: none"> <li>- A reminder to be mindful of the way we discuss things, especially when it comes to housing and substance use.</li> <li>- A reassurance that the community's voice is valuable at HPG meetings and will always be welcome.</li> </ul>	

**SAN DIEGO HIV PLANNING GROUP (HPG)**

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> <li>- An acknowledgement of Michael Wimpie's service to the HPG and the committees over the years.</li> <li>- An update that Jeffery Weber has been selected as chair of Strategies and Standards Committee. A co-chair will be elected at an upcoming committee meeting.</li> </ul>	
<p>5. <b>ACTION:</b> Approve the HPG agenda for March 25, 2026</p>	<p><b>Motion:</b> Approve the HPG agenda for March 25, 2026  <b>Motion/Second/Count (M/S/C):</b> Miles/Lothridge/21-0  <b>Discussion:</b> none  <b>Abstentions:</b> Lochner  <b>Motion carries</b></p>	
<p>6. HIV, STD, and Hepatitis Branch (HSHB) Report</p>	<p>Patrick Loose provided the following updates:</p> <ul style="list-style-type: none"> <li>- We are estimating about \$500,000 unspent, of which we will be carrying over around \$380,000.</li> <li>- We are still working towards the goal of 95% viral suppression rates and have consistently been very close.</li> <li>- Big declines in mental health services and oral health; both are covered under Medi-Cal. A lot of clients who are on Medi-Cal and were able to access Denti-Cal, are no longer able to. We haven't yet seen the impact on it.</li> <li>- Housing will continue to be a priority. The number of people enrolled in PARS has declined because rent has been going up. People over the age of 45 are being impacted by the crisis the most; they are being priced out of the market.</li> </ul> <p>Carlie Langit provided updates on prevention and Ending the HIV Epidemic (EHE). These updates will be provided on a regular basis moving forward.</p> <p>Erica Leary provided updates on the County's harm reduction services program.</p> <p>The following discussion took place:</p> <ul style="list-style-type: none"> <li>- A concern about women being connected to HIV care services.</li> </ul>	

**SAN DIEGO HIV PLANNING GROUP (HPG)**

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> <li>- A reminder that more effort should be made to de-stigmatize Narcan and its distribution to the public.</li> <li>- A clarification from Erica Leary that most of the harm reduction program clients are white, middle-aged men, heterosexual men, with 75% being unhoused. A community needs assessment is being conducted in Central and South regions.</li> <li>- Request to have timeframes for data on prevention/EHE and the total number (N) on utilization data to further clarify the number of people served.</li> <li>- A clarification that the HPG is considered an advisory body for prevention and can make recommendations but does not oversee its funding.</li> <li>- A clarification that presence of law enforcement has impacted service delivery and access to services.</li> </ul>	
7. Routine Business		
<p>a. <b>ACTION:</b> Approve the consent agenda for March 25, 2026 which includes:</p> <ul style="list-style-type: none"> <li>i. HPG minutes (2/25/26)</li> <li>ii. Minutes from the following meetings: Steering Committee (1/9/26); Membership Committee (2/4/26); Priority Setting and Resource Allocation Committee (11/13/25); Medical Standards and Evaluation Committee (none); Community Engagement Group (none); Strategies and Standards Committee (none); CARE Partnership for reference only (1/12/26)</li> <li>iii. (<i>Membership Committee</i>): HPG appointments/ reappointments – Tania Avalos-Bello and Andrew Cross</li> </ul>	<p><b>Motion:</b> Approve the consent agenda for March 25, 2026  <b>M/S/C:</b> Donovan/Lothridge/21-0  <b>Discussion:</b> none  <b>Abstentions:</b> Lochner  <b>Motion carries</b></p>	
<p>b. Report Outs (Office of AIDS, Housing Committee, other committees)</p>	<p>Leroy Blea and Nicole Aguilar provided updates on Office of AIDS (OA) and the</p>	

**SAN DIEGO HIV PLANNING GROUP (HPG)**

Agenda Item	Discussion/Action	Follow-Up
	<p>Housing Committee, respectively. The OA report was included in the packet. Nicole Aguilar also provided the following housing updates:</p> <ul style="list-style-type: none"> <li>- There are some changes to the current providers.</li> <li>- Stepping Stone will continue with 16 beds; Fraternity House has 41 beds and will be delicensing their residential facility; Townspeople has 54 beds but will not provide emergency housing.</li> <li>- Mama’s Kitchen will continue to provide nutritional meals but no utility assistance as of 7/1/26.</li> <li>- Family Health Centers of San Diego (FHCSD) and The Center were awarded new contracts.</li> <li>- Father Joe’s Village will have fewer beds starting 7/1/26.</li> </ul>	
c. <b>Review:</b> HPG Attendance	The committee reviewed HPG attendance.	
8. Old Business		
a. <b>Update:</b> Integrated HIV Plan	Carlie Langit presented the results of the Integrated HIV Plan feedback solicitation and the next steps.	
9. New Business		
a. <b>ACTION:</b> FY 26 reallocations (current fiscal year, March 1, 2026 – February 28, 2027)	<p>The following public comments were made:</p> <ul style="list-style-type: none"> <li>- A concern that the information is not available to the public prior to the meeting.</li> <li>- A request for the English speakers to speak slower.</li> </ul> <p><b>Motion:</b> Approve decrease of legal services  <b>M/S/C:</b> Donovan/Aguilar/19-0  <b>Discussion:</b> none  <b>Abstentions:</b> Blea, Lochner, Van Brocklin  <b>Motion carries</b></p> <p><b>Motion:</b> Approve increase of home-based health care coordination  <b>M/S/C:</b> Lothridge/Weber/18-0  <b>Discussion:</b> Patrick Loose clarified that this service category is designed to prevent</p>	

**SAN DIEGO HIV PLANNING GROUP (HPG)**

Agenda Item	Discussion/Action	Follow-Up
	<p>hospitalization and admission into a skilled nursing facility by providing home-based care.  <b>Abstentions:</b> Garcia-Bigley, King, Lochner, Van Brocklin  <b>Motion carries</b></p> <p><b>Motion:</b> Approve increase of food bank/home delivered meals  <b>M/S/C:</b> Donovan/Aguilar/14-0  <b>Discussion:</b> Acknowledgement of the rollout of the food vouchers and a reminder to consider other sources of food and supplies. Patrick Loose clarified that Ryan White is a payor of last resort. An additional comment was made that Ryan White saves lives and is a crucial benefit for an undocumented population.  <b>Abstentions:</b> Garcia-Bigley, Grelotti, King, Lochner, Matthews, Nava, Paugh, Van Brocklin  <b>Motion carries</b></p>	
b. <b>Presentation:</b> Core Medical Services Waiver and the 75% grant funding spending requirement	Tabled	
c. <b>Update:</b> Client Services Evaluation (Goldenrod)	Tabled	
d. <b>Update:</b> Senate Bill (SB) 707 and guidance on hybrid meetings	Dasha Dahdouh provided an update on her ongoing communication with the County Counsel and the next steps for an opportunity for some committees to meet virtually.	
e. <b>Reminder:</b> HPG Retreat – April 22, 2026 at 2:00 PM – 5:00 PM	A reminder was shared that the annual HPG retreat will be held at 2:00 PM on Wednesday, April 22, 2026.	
10. HPG Support Staff Updates	Dasha Dahdouh introduced Angello Nava and Tanya Ochoa-Cipes, new HPG Support Staff members.	
11. Announcements	- Biomedical Summit will hold a pre-conference on HIV and aging.	
12. Adjournment	The meeting was adjourned at 5:01 PM.	
Next meeting date	Date: Wednesday April 22, 2026 Time: 2:00 PM – 5:00 PM Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Rooms B and C) and via Zoom	

**MEMBERSHIP COMMITTEE**



Wednesday, March 4, 2026, 2:00 PM – 4:00 PM  
County Operations Center  
5560 Overland Ave, San Diego, CA 92123  
Training Room 172

A quorum for this meeting is three (3)

**Committee Members:** Felipe Garcia-Bigley (Chair) | Lori Jones | Rhea Van Brocklin

**Committee Members Absent:** Michael Wimpie

**ORDER OF BUSINESS**

Agenda Item	Discussion/Action	Follow-Up
1. Call to order	Felipe Garcia-Bigley called the meeting to order at 2:05AM and noted the presence of an in-person quorum	
2. Public Comment on non-agenda items (for Members of the public)	None	
3. Sharing our concerns (for committee members)	None	
4. <b>ACTION:</b> Review and approve the March 4, 2026 meeting agenda	<b>Motion:</b> Approve the Membership agenda for March 4, 2026 <b>Motion/Second/Count (M/S/C):</b> Van Brocklin/Jones/3-0 <b>Abstentions:</b> <b>Motion carries</b>	
5. <b>ACTION:</b> Review and approve the February 4, 2026 Membership minutes	<b>Motion:</b> Approve the Membership minutes for February 4, 2026 with a spelling correction on #5 <b>M/S/C:</b> Jones/Van Brocklin/3-0 <b>Motion carries</b>	
6. New Business		
a. <b>ACTION:</b> Approve Andrew Cross, Seat #2	<b>Motion:</b> Approve Andrew Cross, Seat #2 <b>Motion/Second/Count (M/S/C):</b> Jones/Van Brocklin/3-0 <b>Motion carries</b>	
b. <b>ACTION:</b> Approve Tania Avalos-Vello, Seat #5	<b>Motion:</b> Approve Tania Avalos-Vello, Seat #5 <b>Motion/Second/Count (M/S/C):</b> Van Brocklin/Jones/3-0 <b>Motion carries</b>	
c. <b>ACTION:</b> Approve the HPG Member Seat Descriptions	<b>Motion:</b> Approve the HPG Member Seat Descriptions with the correction of PB for #44 <b>Motion/Second/Count (M/S/C):</b> Van	

## MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	Brocklin/Jones/3-0 <b>Motion carries</b>	
d. Discussion: Review and update membership guidelines	<p>The committee reviewed the Membership Committee Operating Guidelines, and the following recommendations were made:</p> <p><b>Screening Section</b></p> <ul style="list-style-type: none"> <li>- Change to: “membership committee chair”</li> <li>- Add: “the membership chair or designee”</li> </ul> <p><b>Interview Section</b></p> <ul style="list-style-type: none"> <li>- Change to: “a total of 12 possible points”</li> <li>- Change to 6 questions</li> <li>- Remove: “forwarded to the steering committee”</li> <li>- Add: “membership and/or HPG chair”</li> <li>- Add: “the membership chair or designee”</li> <li>- Add language stating that processes will be handled on a case-by-case basis</li> </ul> <p><b>Monitoring Activities Section</b></p> <ul style="list-style-type: none"> <li>- Change to: “recommendation for removal is sent to the membership committee”</li> <li>- Revise the attendance policy to align with attendance requirements approved by committees that follow a non-monthly meeting schedule</li> <li>- Remove: “good standing”</li> <li>- Update to reflect Senate Bill 707</li> <li>- Add that HPG SS will “check in and work with the member” rather than “send a warning letter”</li> </ul> <p><b>Application and Interview Scoring Sheet</b></p> <ul style="list-style-type: none"> <li>- Remove</li> </ul>	
7. Old Business		
a. HPG Member recruitment update	<p>As of March 4, 2026, we have 24 members. Updates:</p> <ul style="list-style-type: none"> <li>• Applications Received in January 2026: <b>4</b> <ul style="list-style-type: none"> <li>○ Two (2) new applications</li> <li>○ One (1) incomplete</li> <li>○ One (1) application on hold</li> </ul> </li> <li>• Members pending Clerk of the Board: <b>7</b> <ul style="list-style-type: none"> <li>○ Six (6) new members</li> <li>○ One (1) term expired seat</li> </ul> </li> </ul>	
i. Vacant Seats	<p>As of February 4, 2026, there are 13 vacant seats</p> <ul style="list-style-type: none"> <li>• Eight (8) General Member seats</li> <li>• 24- Hospital Planning Agency or Health Care Planning Agency</li> </ul>	

## MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> <li>• 28- State Government-State Medicaid</li> <li>• 34- Board of Supervisors Designee: District 2</li> <li>• 42- HIV Testing Representative</li> <li>• 44- Affected community including people with HIV/AIDS, member of a federally recognized Indian tribe as represented in the population, individual co-infected with Hep B or C, and historically underserved group and/or subpopulation</li> </ul>	
ii. New Committee Members	<ul style="list-style-type: none"> <li>• Tania and Andy will be appointed to the Community Engagement Group</li> </ul>	
b. HPG Membership Demographics	Current HPG Demographics: reviewed and recruitment efforts were discussed.	
<b>Routine Business</b>		
a. HIV Planning Group Attendance	HPG Support Staff sends reminders to members who have missed three (3) consecutive or six (6) meetings within 12 months.	
b. Committee Attendance	None	
c. Getting to Zero (GTZ) Community Engagement Project <ul style="list-style-type: none"> <li>i. Review Outreach and Event Engagement Efforts</li> </ul>	<ul style="list-style-type: none"> <li>- HPG SS working with HSHB on an HIV integrated plan to develop objective, activities and performance measures for HPG outreach and recruitment               <ul style="list-style-type: none"> <li>o An integrated plan draft will sent to the HPG for feedback and a presentation will be given in March</li> </ul> </li> <li>- HPG has 6 upcoming outreach events</li> </ul>	
8. Future agenda items for consideration	None	
9. Announcements	None	
10. Next Meeting Date	Date: Wednesday, March 11, 2026 Time: 11:00 AM –1:00 PM Location: County Operations Center, 5560 Overland Ave, San Diego, CA 92123 Room 172	
12. Adjourn	The meeting adjourned at 3:41pm	

## COMMUNITY ENGAGEMENT GROUP



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

A quorum for this meeting is three (3).

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

**Committee Members Absent:** Roger Al-Chaikh

### MEETING MINUTES

Agenda Item	Discussion/Action	Follow-Up
1. Call to order, comments from the chair, and a moment of silence	<p>The chair called the meeting to order at 3:02PM and noted the presence of an in-person quorum.</p> <p>The chair provided the following updates regarding the meeting schedule:</p> <ul style="list-style-type: none"> <li>- March: first outreach event with Christies Place</li> <li>- April: Happyville prep</li> <li>- May: outreach event with Diversionary Theater</li> <li>- June: Happyville</li> <li>- July: Service Standards activity</li> <li>- August: determining a new date due to HPG conflict</li> <li>- October: outreach event with prevention focus</li> <li>- November: plan for 2027</li> </ul>	
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)	<ul style="list-style-type: none"> <li>- A suggestion to keep meetings at a single location rather than traveling to different regions.</li> </ul>	
5. Sharing our concerns (for committee members)	<ul style="list-style-type: none"> <li>- An acknowledgment of support staff for their efforts to</li> </ul>	

**COMMUNITY ENGAGEMENT GROUP**

Agenda Item	Discussion/Action	Follow-Up
	accommodate, while noting that local libraries provide important access.	
6. <b>ACTION:</b> Approve the consent CEG agenda (which includes the February 18, 2026 agenda and the January 21, 2026 minutes)	<b>Motion:</b> Approve the consent CEG agenda (which includes the February 18, 2026 agenda and the January 21, 2026 minutes) <b>Motion/Second/Count (M/S/C):</b> Lothridge/Nava/3-0 <b>Abstention(s):</b> Donovan <b>Motion carries</b>	
Follow-Up Items from minutes:	None	
7a. Committee Updates		
I. HIV Planning Group (HPG)	The committee will be meeting next week to have a presentation from the National Alliance on Mental Illness (NAMI).	
II. Strategies and Standards Committee	The committee met two weeks ago and voted Jeffery Weber as their new co-chair. They continued the discussion on food vouchers and Service Standards Introduction and Case Management edits.	
III. Steering Committee	The committee met in January and discussed the HPG retreat and a separate retreat for the Steering Committee.	
IV. Membership Committee	The committee met earlier in the month and created seat descriptions for outreach.	
V. Priority Settings and Resource Allocation Committee (PSRAC)	The committee will be meeting again in March and there have been no changes since their January meeting.	
VI. Medical Standards and Evaluation Committee (MSEC)	The committee is continuing to review the Mental Health and Psychiatric Medication Management Service Standards. Members have been invited to participated in the Clinical Quality Management meetings that occur quarterly.	
7b. Community Updates		
I. CARE Partnership	The partnership will be meeting again next month and will have a presentation from Maternal & Children Adolescent	

**COMMUNITY ENGAGEMENT GROUP**

Agenda Item	Discussion/Action	Follow-Up
	Program (MCAP).	
II. HIV Housing Committee/Housing Opportunities for Persons with AIDS (HOPWA)	The next meeting will be March 18 <sup>th</sup> .	
8. Old Business		
a. Committee Attendance	None	
9. New Business		
a. Discussion: Review Ryan White service categories	<p>The committee reviewed the San Diego County Ryan White Parts A/B Service Specific Criteria and the following was discussed:</p> <ul style="list-style-type: none"> <li>- Review Case Management and Oral Health Service Standards for Happyville.</li> <li>- Focus on housing for the Service Standards exercise.</li> <li>- Gauge community feedback at Happyville on other service categories to prioritize.</li> <li>- In dept review of 1-2 service standard categories each month starting September.</li> </ul>	
10. Announcements	<ul style="list-style-type: none"> <li>- A Sweet Affair Fundraiser 2/21 from 6-8:30PM at Balboa Park Recital Hall.</li> <li>- AHF Pharmacy on 6<sup>th</sup> Ave has a general meeting every Tuesday.</li> <li>- HIV/AIDS Legal Services Clinic 2/23 from 2-4PM at the San Diego LGBT Center.</li> </ul>	
11. Next meeting date	<p><b>Next Meeting:</b> Wednesday, March 18, 2026, from 3:00 PM – 5:00 PM  <b>Location:</b> Southeastern Live Well Center; 5101 Market St, San Diego, CA 92114; Tubman Chavez Room C</p>	
12. Adjournment	Meeting was adjourned at 4:16PM.	

## Appendix

### **RWHAP Legislation: Core Medical Services**

#### **AIDS Drug Assistance Program Treatments**

*Description:*

The AIDS Drug Assistance Program (ADAP) is a state-administered program authorized under RWHAP Part B to provide U.S. Food and Drug Administration (FDA)-approved medications to low-income clients living with HIV who have no coverage or limited health care coverage. HRSA RWHAP ADAP formularies must include at least one FDA-approved medicine in each drug class of core antiretroviral medicines from the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV.<sup>5</sup> HRSA RWHAP ADAPs can also provide access to medications by using program funds to purchase health care coverage and through medication cost sharing for eligible clients. HRSA RWHAP ADAPs must assess and compare the aggregate cost of paying for the health care coverage versus paying for the full cost of medications to ensure that purchasing health care coverage is cost effective in the aggregate. HRSA RWHAP ADAPs may use a limited amount of program funds for activities that enhance access to, adherence to, and monitoring of antiretroviral therapy with prior approval.

*Program Guidance:*

HRSA RWHAP Parts A, C and D recipients may contribute RWHAP funds to the RWHAP Part B ADAP for the purchase of medication and/or health care coverage and medication cost sharing for ADAP-eligible clients.

See PCN 07-03: [The Use of Ryan White HIV/AIDS Program, Part B AIDS Drug Assistance Program \(ADAP\) Funds for Access, Adherence, and Monitoring Services](#)

See PCN 18-01: [Clarifications Regarding the use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance](#)

See also AIDS Pharmaceutical Assistance and Emergency Financial Assistance

#### **AIDS Pharmaceutical Assistance**

*Description:*

AIDS Pharmaceutical Assistance may be provided through one of two programs, based on HRSA RWHAP Part funding.

1. A Local Pharmaceutical Assistance Program (LPAP) is operated by a HRSA RWHAP Part A or B (non-ADAP) recipient or subrecipient as a supplemental means of providing ongoing medication assistance when an HRSA RWHAP ADAP

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<sup>5</sup> <https://aidsinfo.nih.gov/guidelines>

has a restricted formulary, waiting list and/or restricted financial eligibility criteria.

HRSA RWHAP Parts A or B recipients using the LPAP to provide AIDS Pharmaceutical Assistance 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 that is
    - Approved by the local advisory committee/board, and
    - Consists of HIV-related medications not otherwise available to the clients due to the elements mentioned above
  - A drug distribution system
  - A client enrollment and eligibility determination process that includes screening for HRSA RWHAP ADAP and LPAP eligibility with rescreening at minimum of every six months
  - Coordination with the state's HRSA RWHAP Part B ADAP
    - A statement of need should specify restrictions of the state HRSA RWHAP ADAP and the need for the LPAP
  - Implementation in accordance with requirements of the HRSA 340B Drug Pricing Program (including the Prime Vendor Program)
2. A Community Pharmaceutical Assistance Program (CPAP) is provided by a HRSA RWHAP Part C or D recipient for the provision of ongoing medication assistance to eligible clients in the absence of any other resources.

HRSA RWHAP Parts C or D recipients using CPAP to provide AIDS Pharmaceutical Assistance must establish the following:

- A financial eligibility criteria and determination process for this specific service category
- A drug formulary consisting of HIV-related medications not otherwise available to the clients
- Implementation in accordance with the requirements of the HRSA 340B Drug Pricing Program (including the Prime Vendor Program)

*Program Guidance:*

For LPAPs: HRSA RWHAP Part A or Part B (non-ADAP) funds may be used to support an LPAP. HRSA RWHAP ADAP funds may not be used for LPAP support. LPAP funds are not to be used for emergency or short-term financial assistance. The Emergency Financial Assistance service category may assist with short-term assistance for medications.

For CPAPs: HRSA RWHAP Part C or D funds may be used to support a CPAP to routinely refill medications. HRSA RWHAP Part C or D recipients should use the Outpatient/Ambulatory Health Services or Emergency Financial Assistance service

categories for non-routine, short-term medication assistance.

See *also* AIDS Drug Assistance Program Treatments, Emergency Financial Assistance, and Outpatient/Ambulatory Health Services

### **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. HRSA RWHAP Part recipients should be aware of programmatic expectations that stipulate the allocation of funds into specific service categories.

- HRSA 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 living with HIV
    - 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
- HRSA 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 HRSA RWHAP Part C EIS with other HIV prevention and testing programs to avoid duplication of efforts
    - The HIV testing services supported by HRSA RWHAP Part C EIS funds cannot supplant testing efforts covered by other sources
  - Referral and linkage to care of PLWH 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. For purposes of this service category, health insurance also includes standalone dental insurance. The service provision consists 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; and/or
- Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
- Paying cost sharing on behalf of the client.

To use HRSA RWHAP funds for health insurance premium assistance (not standalone dental insurance assistance), an HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirements:

- Clients obtain health care coverage that at a minimum, includes at least one U.S. Food and Drug Administration (FDA) approved medicine in each drug class of core antiretroviral medicines outlined in the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as appropriate HIV outpatient/ambulatory health services; and
- The cost of paying for the health care coverage (including all other sources of premium and cost sharing assistance) is cost-effective in the aggregate versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services (HRSA RWHAP Part A, HRSA RWHAP Part B, HRSA RWHAP Part C, and HRSA RWHAP Part D).

To use HRSA RWHAP funds for standalone dental insurance premium assistance, an HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirement:

- HRSA RWHAP Part recipients must assess and compare the aggregate cost of paying for the standalone dental insurance option versus paying for the full cost of HIV oral health care services to ensure that purchasing standalone dental insurance is cost effective in the aggregate, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only

when determined to be cost effective.

*Program Guidance:*

Traditionally, HRSA RWHAP Parts A and B recipients have supported paying for health insurance premiums and cost sharing assistance. If a HRSA RWHAP Part C or Part D recipient has the resources to provide this service, an equitable enrollment policy must be in place and it must be cost-effective.

HRSA RWHAP Parts A, B, C, and D recipients may consider providing their health insurance premiums and cost sharing resource allocation to their state HRSA RWHAP ADAP, particularly where the ADAP has the infrastructure to verify health care coverage status and process payments for public or private health care coverage premiums and medication cost sharing.

See PCN 14-01: [Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Premium Tax Credits under the Affordable Care Act](#)

See PCN 18-01: [Clarifications Regarding the use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance](#)

## **Home and Community-Based Health Services**

*Description:*

Home and Community-Based Health Services are provided to an eligible client in an integrated setting appropriate to that 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.

## **Home Health Care**

*Description:*

Home Health Care is the provision of services in the home that are appropriate to an eligible client's needs and are performed by licensed professionals. Activities provided under Home Health Care 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.

**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:*

Hospice 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.

**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 provided under this service category may be provided 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 activities 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:*

Activities provided under the Medical Case Management service category have as their objective improving health care outcomes whereas those provided under the Non-Medical Case Management service category have as their objective providing guidance and assistance in improving access 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.

**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 activities can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.

*Program Guidance:*

All activities 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. Activities not provided by a

registered/licensed dietician should be considered Psychosocial Support Services under the HRSA RWHAP.

*See also* Food-Bank/Home Delivered Meals

### **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 PLWH who are eligible to receive HRSA RWHAP services.

*See also* Psychosocial Support Services

### **Oral Health Care**

#### *Description:*

Oral Health Care activities include outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

#### *Program Guidance:*

None at this time.

### **Outpatient/Ambulatory Health Services**

#### *Description:*

Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include: clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits.

Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing (including HIV confirmatory and viral load testing), as well as 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, including audiology and ophthalmology

*Program Guidance:*

Treatment adherence activities provided during an Outpatient/Ambulatory Health Service visit are considered Outpatient/Ambulatory Health Services, whereas treatment adherence activities provided during a Medical Case Management visit are considered Medical Case Management services.

Non-HIV related visits to urgent care facilities are not allowable costs within the Outpatient/Ambulatory Health Services Category.

Emergency room visits are not allowable costs within the Outpatient/Ambulatory Health Services Category.

See PCN 13-04: [Clarifications Regarding Clients Eligible for Private Insurance and Coverage of Services by Ryan White HIV/AIDS Program](#)

See *also* Early Intervention 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. Activities under Substance Abuse Outpatient Care service category include:

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
  - Pretreatment/recovery readiness programs
  - Life-saving overdose prevention and response services or supplies such as opioid reversal supplies, substance test kits, and overdose reversal education and training services<sup>1</sup>
  - 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 HRSA RWHAP, it is included in a documented plan.

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<sup>1</sup> <https://www.samhsa.gov/sites/default/files/dear-colleague-letter-executive-order-ending-crime-disorder-americas-streets-07302025.pdf>

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 also Substance Abuse Services (residential)

### *RWHAP Legislation: Support Services*

#### **Child Care Services**

##### *Description:*

The HRSA RWHAP supports intermittent Child Care Services for the children living in the household of PLWH who are HRSA RWHAP-eligible clients for the purpose of enabling those clients to attend medical visits, related appointments, and/or HRSA 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 an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.

##### *Program Guidance:*

Emergency Financial Assistance funds used to pay for otherwise allowable HRSA RWHAP services must be accounted for under the Emergency Financial Assistance category. Direct cash payments to clients are not permitted.

Continuous provision of an allowable service to a client must not be funded through Emergency Financial Assistance.

#### **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 HRSA 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 also Early Intervention Services

### **Housing**

*Description:*

Housing provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services).

Housing activities also include housing referral services, including assessment, search,

placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.

*Program Guidance:*

HRSA RWHAP recipients and subrecipients that use funds to provide Housing must have mechanisms in place to assess and document the housing status and housing service needs of new clients, and at least annually for existing clients.

HRSA RWHAP recipients and subrecipients, along with local decision-making planning bodies, are strongly encouraged to institute duration limits to housing activities. HRSA HAB recommends recipients and subrecipients align duration limits with those definitions used by other housing programs, such as those administered by the Department of Housing and Urban Development, which currently uses 24 months for transitional housing.

Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments or rental deposits,<sup>7</sup> although these may be allowable costs under the HUD Housing Opportunities for Persons with AIDS grant awards.

Housing, as described here, replaces PCN 11-01.

**Legal Services**

See Other Professional Services

**Linguistic Services**

*Description:*

Linguistic Services include interpretation and translation activities, both oral and written, to eligible clients. These activities 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 HRSA RWHAP-eligible services.

*Program Guidance:*

Linguistic 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 that enables an eligible client to access or be retained in core medical and support services.

*Program Guidance:*

Medical transportation may be provided through:

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<sup>7</sup> See sections 2604(i), 2612(f), 2651(b), and 2671(a) of the Public Health Service Act.

- 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

Costs for transportation for medical providers to provide care should be categorized under the service category for the service being provided.

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.

### **Non-Medical Case Management Services**

*Description:*

Non-Medical Case Management Services (NMCM) is the provision of a range of client-centered activities focused on improving access to and retention in needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM 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, Children’s Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer’s Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, 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
- Client-specific advocacy and/or review of utilization of services
- 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:*

NMCM Services have as their objective providing coordination, guidance and assistance in improving access to and retention in needed medical and support services to mitigate and eliminate barriers to HIV care services, whereas Medical Case Management Services have as their objective improving health care outcomes.

**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 HRSA RWHAP-eligible PLWH 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 HRSA 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 [2 CFR § 200.459](#)

## **Outreach Services**

### *Description:*

The Outreach Services category has as its principal purpose identifying PLWH who either do not know their HIV status, or who know their status but are not currently in care. As such, Outreach Services provide the following activities: 1) identification of people who do not know their HIV status and/or 2) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services, including provision of information about health care coverage options.

Because Outreach Services are often provided to people who do not know their HIV status, some activities within this service category will likely reach people who are HIV negative. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

Outreach Services must:

- 1) use data to target populations and places that have a high probability of reaching PLWH who
  - a. have never been tested and are undiagnosed,
  - b. have been tested, diagnosed as HIV positive, but have not received their test results, or
  - c. have been tested, know their HIV positive status, but are not in medical care;
- 2) be conducted at times and in places where there is a high probability that PLWH will be identified; and
- 3) be delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.

Outreach Services may be provided through community and public awareness activities (e.g., posters, flyers, billboards, social media, TV or radio announcements) that meet the requirements above and include explicit and clear links to and information about available HRSA RWHAP services. Ultimately, HIV-negative people may receive Outreach Services and should be referred to risk reduction activities. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

### *Program Guidance:*

Outreach Services provided to an individual or in small group settings cannot be delivered anonymously, as some information is needed to facilitate any necessary follow-up and care.

Outreach Services must not include outreach activities that exclusively promote HIV prevention education. Recipients and subrecipients may use Outreach Services funds for HIV testing when HRSA RWHAP resources are available and where the testing would not supplant other existing funding.

Outreach Services, as described here, replaces PCN 12-01.

See *also* 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 HRSA RWHAP-eligible PLWH to address behavioral and physical health concerns. Activities provided under the Psychosocial Support Services may include:

- Bereavement counseling
- Caregiver/respite support (HRSA 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).

HRSA RWHAP-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation.

HRSA RWHAP Funds may not be used for social/recreational activities or to pay for a client's gym membership.

For HRSA 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 HRSA RWHAP Part D.

See *also* Respite Care Services

### **Rehabilitation Services**

*Description:*

Rehabilitation Services provide HIV-related therapies intended to improve or maintain a client's quality of life and optimal capacity for self-care on an outpatient basis, and in accordance with an individualized plan of HIV care.

*Program Guidance:*

Allowable activities under this category include physical, occupational, speech, and

vocational therapy.

Rehabilitation services provided as part of inpatient hospital services, nursing homes, and other long-term care facilities are not allowable.

### **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. Activities provided under this service category may include referrals to assist HRSA RWHAP-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).

See also Early Intervention Services

### **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 HRSA RWHAP-eligible client to relieve the primary caregiver responsible for their day-to-day care.

#### *Program Guidance:*

Recreational and social activities are allowable program activities as part of a Respite Care provided in a licensed or certified provider setting including drop-in centers within HIV Outpatient/Ambulatory Health Services or satellite facilities.

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.

Funds may not be used for off premise social/recreational activities or to pay for a client's gym membership.

See also Psychosocial Support Services

### **Substance Abuse Services (residential)**

*Description:*

Substance Abuse Services (residential) activities are those provided for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. Activities provided under the Substance Abuse Services (residential) service category include:

- Pretreatment/recovery readiness programs
- 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 HRSA RWHAP.

Acupuncture therapy may be an allowable cost 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 HRSA RWHAP.

HRSA RWHAP funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.

## SENATE BILL (SB) 707: THE USE OF JUST CAUSE (2026)

*(An Amendment to AB 2302)*

*If the physical attendance quorum requirement is met, SB 707 permits a member who is not physically present to request virtual attendance at the local legislative body's meeting under "just cause".*

Qualifying Reason	Provisions to Attend Remotely	Requirements /Limitations
<b>"Just Cause"</b>	<ul style="list-style-type: none"> <li>▪ Childcare or caregiving need of a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner that requires them to participate remotely.</li> <li>▪ A contagious illness prevents the member from attending the meeting in person.</li> <li>▪ A need related to a physical or mental condition not otherwise accommodated by any reasonable accommodations provided.</li> <li>▪ Travel while on official business of the legislative body or another state or local agency.</li> <li>▪ An immunocompromised child, parent, grandparent, grandchild, sibling, spouse, or domestic partner of the member that requires the member to participate remotely.</li> <li>▪ A physical or family medical emergency that prevents a member from attending in person.</li> <li>▪ Military service obligations that result in a member being unable to attend in person because they are serving under official written orders for active duty, drill, annual training, or any other duty required as a member of the California National Guard or a United States Military Reserve organization that requires the member to be at least 50 miles outside the boundaries of the local agency.</li> </ul>	A member is limited to <b>two (2)</b> virtual attendances due to "just cause" per calendar year.

Note: The criteria for "emergency circumstance" from AB 2302 are now combined with "just cause" for remote participation.

### Additional Information for Members Participating Remotely

In addition to making a request for "just cause" for remote attendance, SB 707 imposes the following three (3) additional requirements on legislative body members seeking to appear remotely at public meetings:

1. The member shall notify the support staff at the earliest opportunity possible, including at the start of a regular meeting, of their need to participate remotely for just cause, including a general description of the circumstances relating to their need to appear remotely at the given meeting.
2. The member shall publicly disclose at the meeting before any action is taken, whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member's relationship with any such individuals.
3. The member shall participate through both audio and visual technology.

Furthermore, a member of a legislative body may request reasonable accommodation, pursuant to the applicable law, to participate in meetings remotely. Remote participation due to reasonable accommodation shall be treated as in-person attendance (counting towards quorum) and shall adhere to the following requirements:

1. The member shall request reasonable accommodation to participate remotely at the time of quorum check prior to each meeting.
2. The member shall participate through both audio and visual technology. Any member with a disability, as defined in Section 12102 of Title 42 of the United States Code, may participate only through audio technology if a physical condition related to their disability results in a need to participate off camera.
3. The member shall disclose at the meeting before any action is taken, whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member's relationship with any such individuals.