



# County of San Diego

**NICK MACCHIONE, FACHE**  
AGENCY DIRECTOR

**HEALTH AND HUMAN SERVICES AGENCY**  
PUBLIC HEALTH SERVICES  
3851 ROSECRANS STREET, MAIL STOP P-578  
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**WILMA J. WOOTEEN, M.D., M.P.H.**  
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PUBLIC HEALTH SERVICES DIRECTOR

## **SAN DIEGO HIV PLANNING GROUP (HPG) COMMUNITY ENGAGEMENT GROUP Meeting Packet**

**Wednesday, May 17, 2023 11:00 AM**

County Operations Center (COC)  
5560 Overland Ave. San Diego, CA 92123  
**Training Room 171 (Building 5560)**

**NOTE:** This meeting is audio and video recorded.

A quorum for this committee is 4

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# **Community Engagement Group**

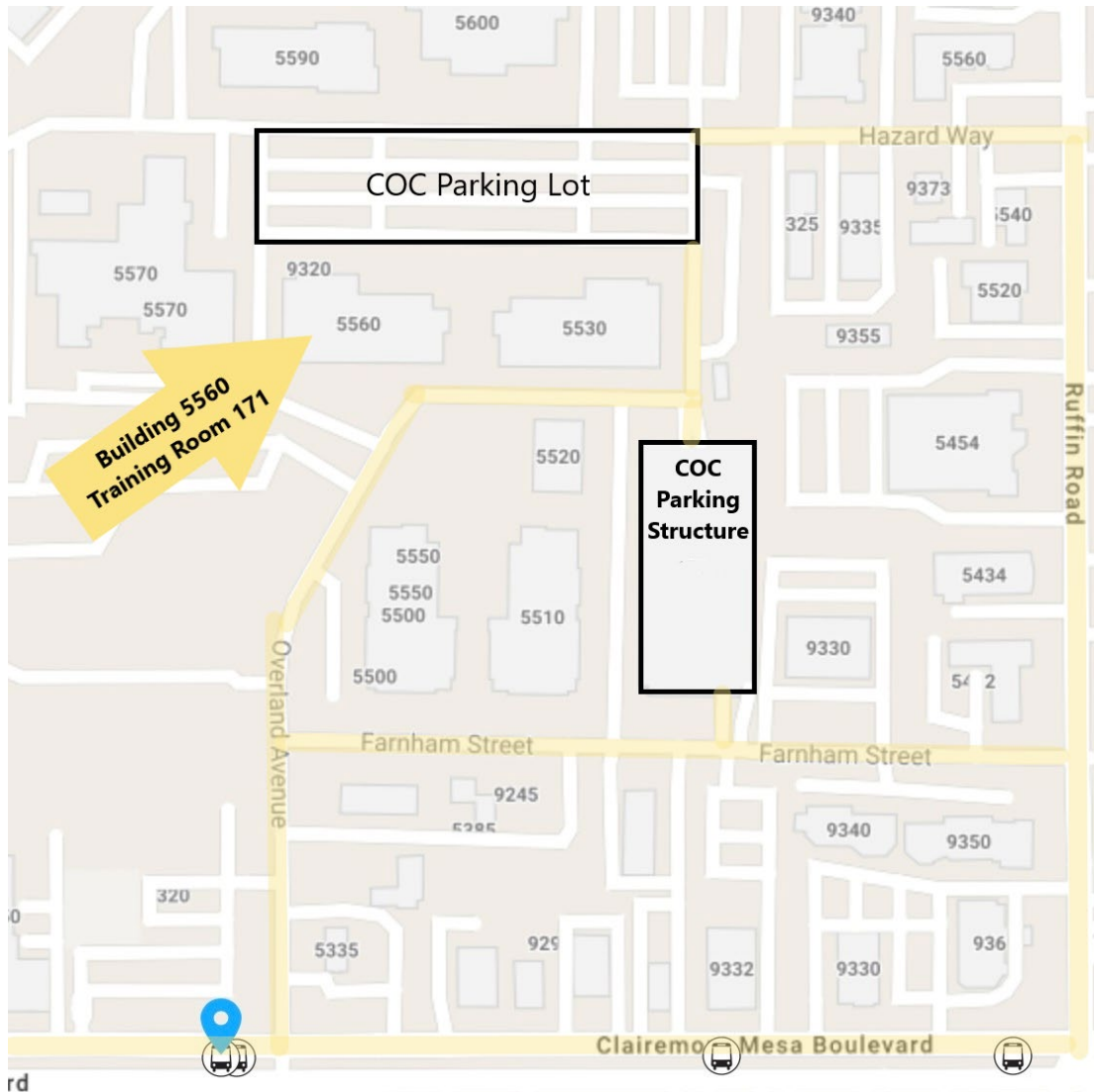
**When:** Wednesday, May 17 from 3:00 PM – 5:00 PM

**Where:** Training Room 171 (5560 Building)



## **Address:**

San Diego County Operations Center (COC)  
5560 Overland Avenue San Diego, CA 92123



**Parking is free – All visitors parking is longer than the permitted time that is posted; you must park in an unmarked space.**  
**There is very limited street parking along Farnham St.**

**From 163:**

1. From 163, exit onto Clairemont Mesa Blvd – *Eastbound*
2. Turn left onto Overland Ave.

**From I-15:**

1. From 15, exit onto Clairemont Mesa Blvd – *Westbound*
2. Turn right onto Ruffin Rd
3. Turn left onto Hazard Way

***Or***

1. From 15, exit onto Clairemont Mesa Blvd – *Westbound*
2. Turn right onto Overland Ave

Please note that directions depicted on given directions to location may not reflect info on the MTS phone application.

### Via MTS/Public Transportation:



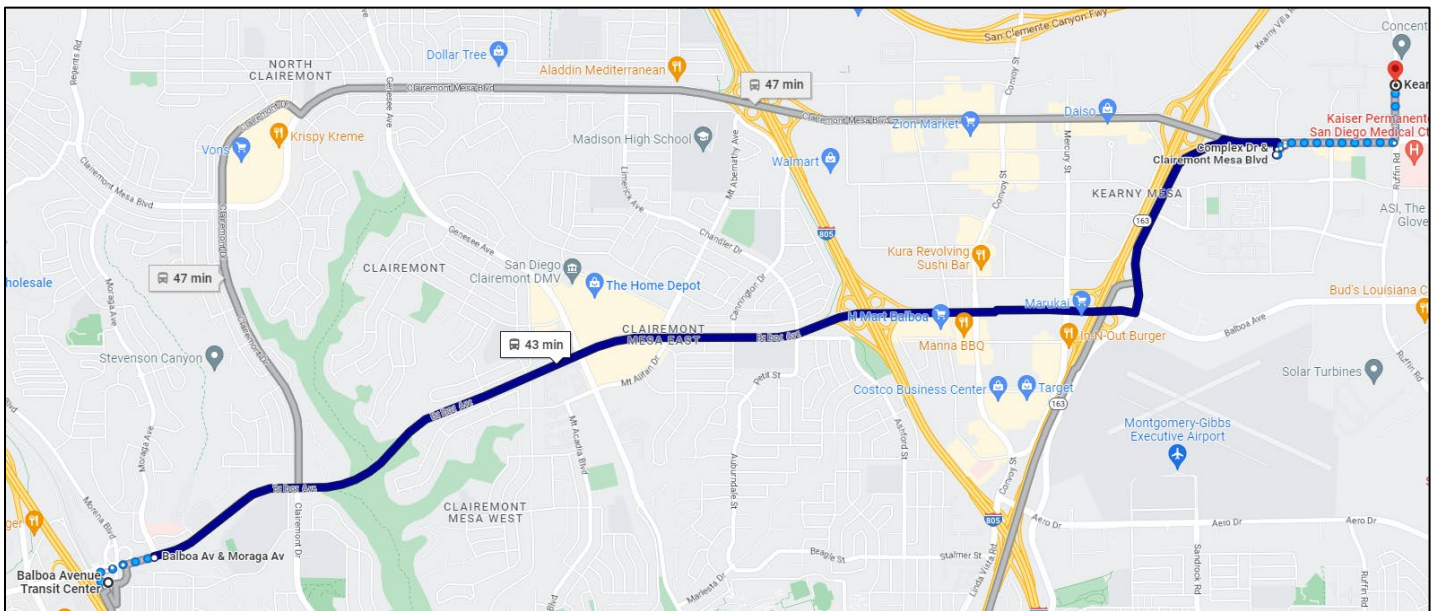
- OR**

2. Turn left on Hazard Way.
3. Enter through County Operations Center entrance/black gate and head further west.  
Access to County Operations Center buildings will be on your left.

### From Overland Avenue:

1. Head north on Overland Ave.
2. Enter east through County Operations Center entrance/black gate.
3. Turn left on pedestrian walkway. Building 5560 will be on your left.

### Full Route from Balboa Ave Transit Center to Overland Ave (if coming off Blue Line trolley):



### If Using Trolley & Bus:

1. Take the **Blue Trolley Line** to the **Balboa Avenue Transit Center**.
2. Walk to **Balboa Ave & Moraga Ave** bus stop (about 7-minute walk, 0.3 miles).
3. Take **Route 27** bus from **Balboa Ave & Moraga Ave** to **Complex Dr & Clairemont Mesa Blvd**.
4. Head north on Complex Dr.
5. Cross the street and turn right on Clairemont Mesa Blvd (after U.S. Bank Branch on the right).
6. Cross the street and turn left onto Overland Ave. and head north.
7. Enter east through County Operations Center entrance/black gate.
8. Building 5560 will be on your left.



# ADDITIONAL RESOURCES:

## County Operations Center (COC) CAMPUS MAP



### County of San Diego County Operations Center

5500-5595 Overland Avenue, 9325-9355 Hazard Way  
San Diego, CA 92123

(858) 694-3610

November 2014

Directions to the  
County Operations Center  
5500-5600 Overland Avenue  
9325-9355 Hazard Way San Diego, 92123

#### From the North or South (Airport)

From **163**, exit onto Clairemont Mesa Blvd. Eastbound  
Turn Left (North) onto Overland Avenue  
From **I-15**, exit onto Clairemont Mesa Blvd. Westbound

\*All: To access Parking Structure from Overland turn right  
onto Farnham Street. Parking Structure is on the left.

#### From the East or West

From **52**, exit onto Ruffin Road Southbound  
Turn Right (West) onto Farnham Street

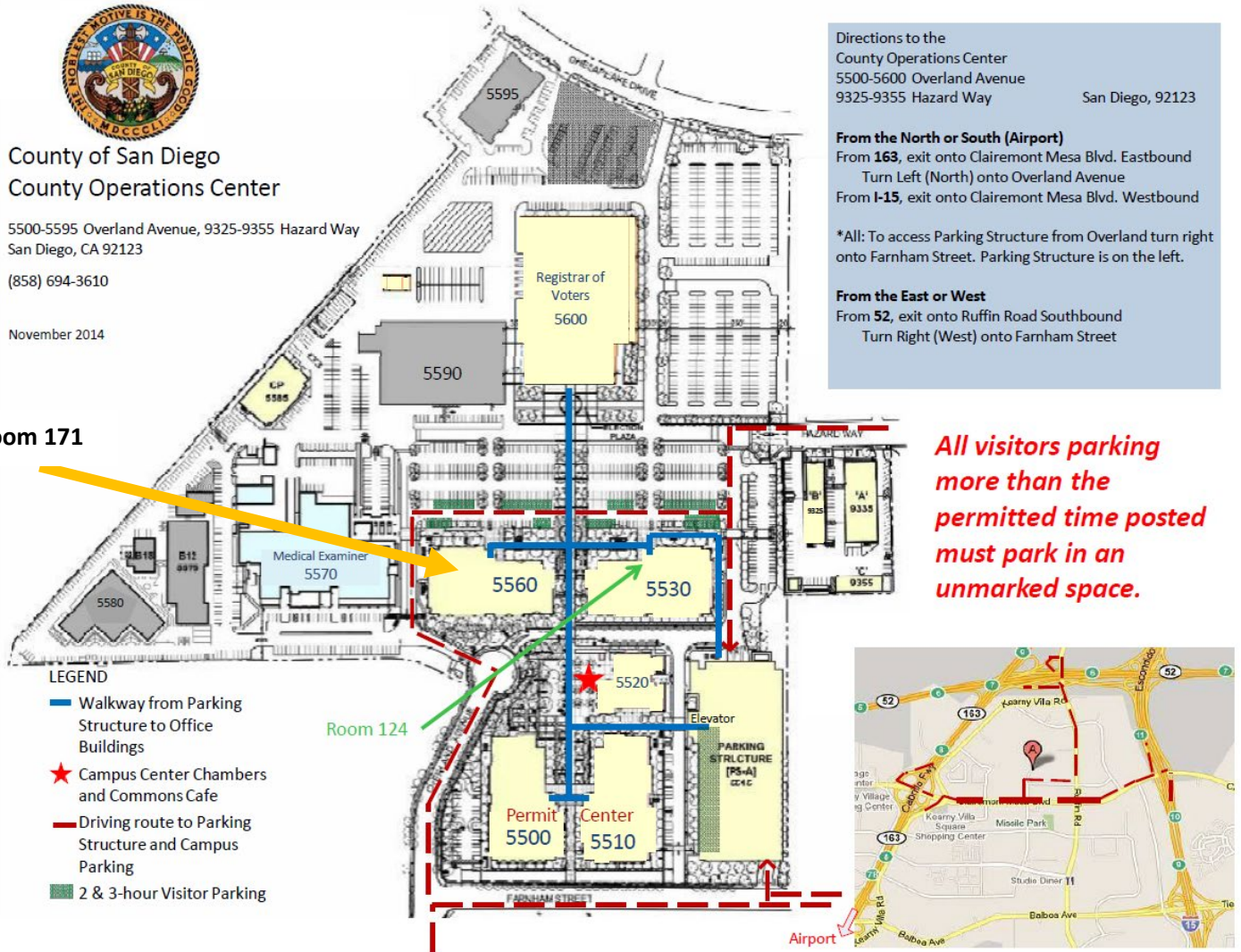
Room 171

*All visitors parking  
more than the  
permitted time posted  
must park in an  
unmarked space.*

#### LEGEND

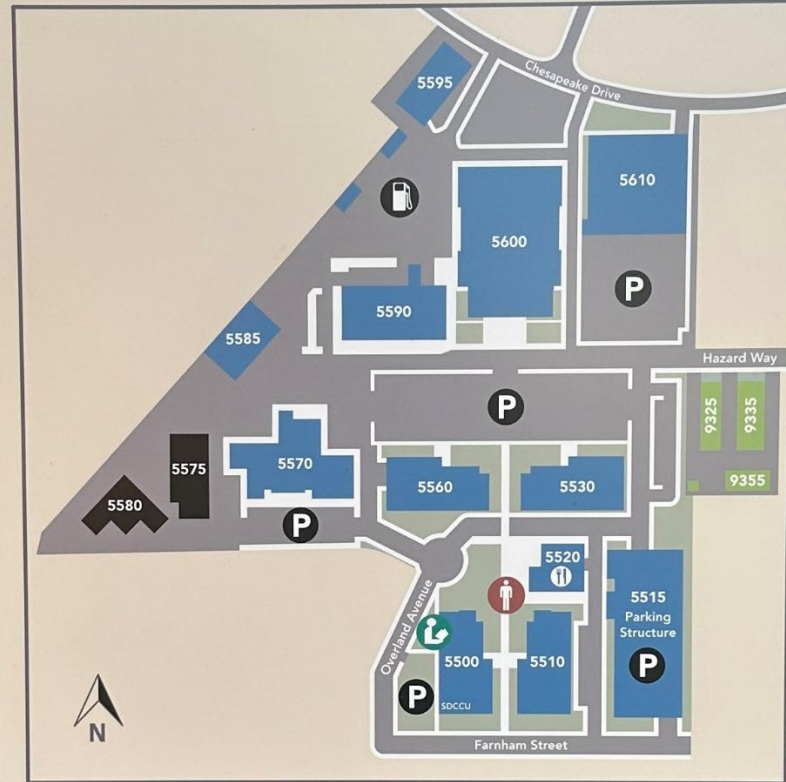
- Walkway from Parking Structure to Office Buildings
- ★ Campus Center Chambers and Commons Cafe
- Driving route to Parking Structure and Campus Parking
- 2 & 3-hour Visitor Parking

Room 124



Revised 05.12.2023

## County Operations Center (COC) CAMPUS DIRECTORY



### 5500 Permit Center

Environmental Health and Quality  
San Diego County Credit Union  
Public Works Engineering  
Parks & Recreation  
Aging & Independence Services  
24/7 Library To Go

### 5510 Permit Center

Planning and Development Services  
Public Works  
SanGIS

### 5520 Campus Center

Campus Center - Chambers  
Campus Center - Commons

### 5530

Primary Public Defender  
Alternate Public Defender  
County Counsel/Juvenile Dependency  
Human Resources  
Sheriff Detention Medical Services  
Auditor & Controller  
Revenue & Recovery

### 5560

County Library  
Public Administrator  
Public Guardian  
Public Conservator  
Purchasing & Contracting  
Sheriff Data & Computer Training  
Security Services

### 5560 cont.

Property Manager  
Aging & Independence Services  
General Services  
County Fire/EMS

### 5570

Medical Examiner  
Environmental Health & Quality  
- Vector/HIRT  
Public Health Services  
- Laboratory

### 5590

Crime Lab

### 5595

Sheriff Wireless Services  
General Services Maintenance

### 5600

Registrar of Voters  
County Mail Center  
Probation

### 5610

General Services Fleet

### 9325

Agriculture, Weights, & Measures

### 9335

University of California Cooperative Extension  
Vital Records  
Public Health Services

Revised 05.12.2023



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PUBLIC HEALTH SERVICES DIRECTOR

## **SAN DIEGO HIV PLANNING GROUP (HPG) COMMUNITY ENGAGEMENT GROUP**

**Wednesday, May 17, 2023 3:00 PM**

**Note:** This meeting is being video and audio recorded.

**County Operations Center (COC)**  
**5560 Overland Ave. San Diego, CA 92123 (Training Room 171)**

**To Participate Remote via Zoom, click on the following link:**

**<https://us06web.zoom.us/j/83782242388?pwd=MTFqZitVcC9hNnFPRkhkcV3dGpKdz09>**

**Meeting ID:** 837 8224 2388

**Passcode:** 106514

Join via Phone: US Toll +1 669 444 9171

**Committee Members:** Allan Acevedo (Chair), Alfredo De Jesus, Michael Donovan, Esteban Duarte, Tyra Fleming, Michael Lochner (HPG Chair), Jen Lothridge

A quorum for this committee is Four (4)

## **AGENDA**

1. Call to Order, Roll Call, Chair comments, and a moment of silence.
2. Review:
  - a. Background, Mission Statement, Goals, and Agreement of Meeting Decorum
3. Introductions (Name, Role with HPG/Consumer, Pronouns), Icebreaker
4. Public Comment (for members of the public)
5. Sharing our Concerns (for committee members)
6. **Action:** Approve the agenda for May 17, 2023
7. **Action:** Approve the minutes for April 19, 2023 (Review follow-up items)
8. **Review:** Community Engagement Group Working/Training Plan
9. Co-Chair Opening/Nominations
10. Old Business
  - a. None
11. New Business
  - a. HPG Goals and Objectives – Raniyah Copeland
  - b. Analyzing Epidemiology Data – Dr. Ken Riley
  - c. Discussion: Translation Services
12. Committee Updates
  - a. CARE Partnership
  - b. Membership Committee
  - c. Strategies and Standards Committee
  - d. Medical Standards and Evaluation Committee (MSEC)
  - e. Priority Settings and Resource Allocation (PSRAC)



- f. Steering Committee
  - g. HIV Planning Group (HPG)
  - h. MPOX Taskforce
  - i. HIV Housing Committee/Housing Opportunities for Persons with AIDS (HOPWA)
13. Announcements
14. Next Meeting: June 21, 2023 3:00 – 5:00 PM  
**Location:** County Operations Center (COC), 5560 Overland Ave San Diego, CA 92123  
Training Room 171 and virtually via Zoom.
15. 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 a separate set of budget recommendations.
  - Serve as a venue for providing community feedback regarding HIV Planning Group issues (e.g., task forces).



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PUBLIC HEALTH OFFICER

## **SAN DIEGO HIV PLANNING GROUP (HPG) COMMUNITY ENGAGEMENT GROUP**

**County Operations Center (COC)**  
**5530 Overland Ave. San Diego, CA 92123 (Training Room 124)**

**Members of the Public may attend in-person or virtually via Zoom:**  
<https://zoom.us/j/95469032405?pwd=cnJuUUVrVjRhdlByS2t1WkQ1bllzdz09>

**Wednesday, April 19, 2023**  
**3:00 PM – 5:00 PM**

### **MINUTES**

Quorum = Four (4)

**Members Present:** Allan Acevedo (Chair) / Michael Donovan / Esteban M. Duarte / Tyra Fleming / Mikie Lochner / Jen Lothridge

**Members Absent:** Alfredo De Jesus

<b>Agenda Item</b>	<b>Action</b>	<b>Follow-up</b>
<b>1. Call to order/ Moment of Silence</b>	Allan Acevedo called the meeting to order at 3:14 PM, noted that a quorum was established, and led a moment of silence.	
<b>2. Zoom Housekeeping</b>	Reviewed by Allan Acevedo.	
<b>3. Review</b>		
a. Background, mission statement, goals, and ground rules	Read aloud by participants.	
<b>4. Introductions, icebreaker</b>	Introductions were made during the icebreaker.	
<b>5. Public Comment – For Non-HPG Member Participants</b>	No public comment.	
<b>6. Sharing our Concerns For all Participants</b>	A Celebration of Life for Irene Milton of Christie's Place will take place sometime in June for Irene Milton. The date and time will be determined and shared later.	
<b>7. Routine Business</b>		

For any inquiries, please send an email to [HPG.HHSA@sdcounty.ca.gov](mailto:HPG.HHSA@sdcounty.ca.gov)  
You may also visit our website at [sdplanning.org](http://sdplanning.org)

Agenda Item	Action	Follow-up
a. Review/approval of meeting agenda for April 19, 2023	<b>Motion:</b> Approve the meeting agenda for April 19, 2023 as presented. <b>M/S/C:</b> Lochner/Donovan 4/0 <b>Abstentions:</b> Acevedo <b>Motion: Carries</b>	
b. Review/approval of meeting minutes for March 15, 2023 (Review follow-up items)	<b>Motion:</b> Approve the meeting minutes for March 15, 2023 as presented. <b>M/S/C:</b> Lochner/Donovan 4/0 <b>Abstentions:</b> Acevedo <b>Motion: Carries</b>	
c. <b>Review:</b> Community Engagement Group Working/Training Plan	<p>Trainings were not scheduled previously when there needed to be more members.</p> <p>Suggestions for trainings include:</p> <ol style="list-style-type: none"> <li>1. Homeless and Housing <ul style="list-style-type: none"> <li>○ This item will be tabled for next year.</li> </ul> </li> <li>2. Happyville Exercise <ul style="list-style-type: none"> <li>○ This exercise is completed every year to allow consumers to rank service categories for presentation to the Priority Setting &amp; Resource Allocation Committee.</li> </ul> </li> <li>3. Explain California's management health care plans. <ul style="list-style-type: none"> <li>○ It was suggested to invite an attorney from the Legal Aid Society</li> </ul> </li> <li>4. Ryan White Program <ul style="list-style-type: none"> <li>○ There was a suggestion to include information for members to view.</li> </ul> </li> <li>5. Epidemiology Data</li> <li>6. Transportation</li> <li>7. Substance Use</li> <li>8. Transition from the ARIES program to HIV Connect <ul style="list-style-type: none"> <li>○ This is a data management system for those in HIV care. The ARIES program is going away, and HIV Care Connect will be the new program. There was a suggestion to speak with Dustin Walker, County of San Diego, and Chair of the Clinical Quality Management (CQM) Committee. There was an added suggestion to have someone from the Office of AIDS discuss this item. Mikie Lochner, Chair of the HIV Planning Group, to follow up on this.</li> </ul> </li> </ol>	<p>HPG Support Staff search for a document that describes all service categories.</p> <p>Mikie Lochner, Chair of the HIV Planning Group, to follow up with the Office of AIDS regarding potentially presenting on the HIV Care Connect Program that is replacing ARIES.</p> <p>Chair will follow up with Support Staff to identify speakers to train members on suggested topics.</p>
d. Co-Chair Opening/Nominations	Nominations remain open for the co-chair position to assist with creating the agenda and attending	

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You may also visit our website at [sdplanning.org](http://sdplanning.org)

Agenda Item	Action	Follow-up
	Steering Committee meetings in the event the Chair is unable. There were no co-chair nominations.	
<b>8. Old Business</b>		
<b>a. None</b>		
<b>9. New Business</b>		
<b>a. Presentation:</b> Correlation between substance use and HIV infection (Lori Jones, County of San Diego)	A Harm Reduction presentation was given by Lori Jones, County of San Diego.  Behavioral Health Services will be doing a presentation on fentanyl at the next scheduled HIV Planning Group meeting on Wednesday, April 26.	HPG Support Staff will distribute links and videos from presentations to members after the meeting.
<b>10. Updates</b>		
<b>a. CARE Partnership</b>	The CARE Partnership will continue to meet virtually until membership has increased.	
<b>b. Membership Committee</b>	The committee scheduled for April did not occur due to a loss of quorum. The committee recommends Michael Wimpie for a second term and will be voted upon at the meeting on Wednesday, April 26. The Membership Committee will begin looking at changes to consumer participation. If the HIV Planning Group bylaws are approved on June 13 during the Board of Supervisors meeting, membership will be changed to "General Membership."	
<b>c. Strategies &amp; Standards Committee</b>	The committee has decided to meet in alternation with the Priority Settings and Resource Allocation Committee. They have also changed their meeting time to 3:00 PM – 5:00 PM. The committee is awaiting an update from the Health Resources and Services Administration (HRSA) Project Officer regarding a budget proposal for transportation. Draft changes to trauma-informed care in the universal service standards will be reviewed at the next meeting in June.	
<b>d. Medical Standards and Evaluation Committee (MSEC)</b>	MSEC last met in February and discussed possibly including occlusal (mouth) guards in the dental services, but is awaiting utilization data from the Recipient; at the next meeting in May they will review the Primary Care Practice Guidelines.	
<b>e. Priority Settings and Resource Allocation Committee (PSRAC)</b>	There was no scheduled PSRAC meeting in the month of April. There is an increase in this year's award for Ryan White Part A Funding. Dr. Delores Jacobs will lead a discussion at the next HIV Planning Group meeting on potential areas for	

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You may also visit our website at [sdplanning.org](http://sdplanning.org)



Agenda Item	Action	Follow-up
	allocation. The committee has decided for the Budget Allocation process to hold two (2) 4-hour meetings in June and July. They will discuss the change of meeting times to the lunch hour at their next meeting in May.	
<b>f. Steering Committee</b>	The Steering Committee discussed transportation and awaiting clarification from the HRSA Project Officer. Suggestions for administrative processes were also discussed. Support Staff will submit a quorum check via email to committee members one (1) week prior to the meeting. In addition, committee members will let Support Staff know their preferences for communication are.	
<b>g. HIV Planning Group (HPG)</b>	The next HPG meeting is on Wednesday, April 26, from 3:00 PM – 5:00 PM. The committee will vote on the approval of two (2) Board Letters: 1) Accepting the award from Ending the Epidemic (EHE) 2) Accepting Ryan White Part A funding from HRSA One HPG membership action item for approval. There will be a discussion on changing the HPG's meeting time to the lunch hour.	
<b>h. MPOX Task Force</b>	The meeting on Thursday, April 20 was canceled and will be rescheduled for Monday, May 8. This will be the last meeting of the MPOX Task Force.	
<b>i. HIV Housing Committee/ Housings Opportunities for Persons with AIDS (HOPWA)</b>	The Housing Commission held its meeting last month and included the interview and approval process for a new member, Cinnamen Kubricky. There are currently two (2) consumers from the HIV Planning Group who are serving at this committee. Allan Acevedo, Chair of Community Engagement Group, to include written reports from this committee moving forward.	
<b>11. Announcements</b>	The HIV Planning Group Orientation will occur on <b>Thursday, May 18, 2023, from 2:00 PM – 4:00 PM</b> at the Malcolm X Library. The flyer to the event may be found in the meeting packet.	
<b>12. Confirm the next meeting date Wednesday, May 17, 2023 via Zoom</b>	<b>Next Meeting:</b> Wednesday, May 17, 2023 County Operations Center (COC) 5530 Overland Ave. San Diego, CA 92123 <b>Training Room 124 (Building 5530)</b>	
<b>13. Adjournment</b>	The meeting was adjourned at 5:03 PM.	

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

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

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

## Purpose of PCN

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

## Background

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

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

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

## HIV/AIDS BUREAU POLICY 16-02

1

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

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

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

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

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

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

## Eligible Individuals:

<sup>1</sup> See sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1), and 2671(i) of the Public Health Service Act.

## HIV/AIDS BUREAU POLICY 16-02

2

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

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

- a. The service has as its primary purpose enabling the affected individual to participate in the care of someone with HIV or AIDS. Examples include caregiver training for in-home medical or support service; psychosocial support services, such as caregiver support groups; and/or respite care services that assist affected individuals with the stresses of providing daily care for someone who is living with HIV.
- b. The service directly enables an infected individual to receive needed medical or support services by removing an identified barrier to care. Examples include payment of a RWHAP client's portion of a family health insurance policy premium to ensure continuity of insurance coverage for a low-income HIV-infected family member, or child care for children, while an infected parent secures medical care or support services.
- c. The service promotes family stability for coping with the unique challenges posed by HIV. Examples include psychosocial support services, including mental health services funded by RWHAP Part D only, that focus on equipping affected family members, and caregivers to manage the stress and loss associated with HIV.
- d. Services to non-infected clients that meet these criteria may not continue subsequent to the death of the HIV-infected family member.

#### Unallowable Costs:

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

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

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

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

#### Other unallowable costs include:

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

#### Allowable Costs:

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

#### Service Category Descriptions and Program Guidance

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

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

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

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

### **RWHAP Services**

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

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### **Effective Date**

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

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## Appendix

### RWHAP Legislation: Core Medical Services

#### Outpatient/Ambulatory Health Services

##### Description:

Outpatient/Ambulatory Health Services are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight. Emergency room or urgent care services are not considered outpatient settings. Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing, including laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription, and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis

##### Program Guidance:

Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category whereas Treatment Adherence services provided during a Medical Case Management visit should be reported in the Medical Case Management service category.

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

See Early Intervention Services

#### AIDS Drug Assistance Program Treatments

##### Description:

The AIDS Drug Assistance Program (ADAP) is a state-administered program authorized under Part B of the RWHAP to provide FDA-approved medications to low-income clients with HIV disease who have no coverage or limited health care coverage. ADAPs may also use program funds to purchase health insurance for eligible clients and for services that enhance access to, adherence to, and monitoring of antiretroviral therapy. RWHAP ADAP recipients must conduct a cost effectiveness analysis to ensure that purchasing health insurance is cost effective compared to the cost of medications in the aggregate.

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Eligible ADAP clients must be living with HIV and meet income and other eligibility criteria as established by the state.

##### Program Guidance:

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

PCN 13-05: [Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Private Health Insurance](#); and

PCN 13-06: [Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Medicaid](#)

See also AIDS Pharmaceutical Assistance and Emergency Financial Assistance

#### AIDS Pharmaceutical Assistance

##### Description:

AIDS Pharmaceutical Assistance services fall into two categories, based on RWHAP Part funding.

1. Local Pharmaceutical Assistance Program (LPAP) is operated by a RWHAP Part A or B recipient or subrecipient as a supplemental means of providing medication assistance when an ADAP has a restricted formulary, waiting list and/or restricted financial eligibility criteria.

RWHAP Part A or B recipients using the LPAP service category must establish the following:

- Uniform benefits for all enrolled clients throughout the service area
- A recordkeeping system for distributed medications
- An LPAP advisory board
- A drug formulary approved by the local advisory committee/board
- A drug distribution system
- A client enrollment and eligibility determination process that includes screening for ADAP and LPAP eligibility with rescreening at minimum of every six months
- Coordination with the state's RWHAP Part B ADAP
  - A statement of need should specify restrictions of the state ADAP and the need for the LPAP
- Implementation in accordance with requirements of the 340B Drug Pricing Program and the Prime Vendor Program

2. Community Pharmaceutical Assistance Program is provided by a RWHAP Part C or D recipient for the provision of long-term medication assistance to eligible clients in the absence of any other resources. The medication assistance must be greater than 90 days.

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RWHAP Part C or D recipients using this service category must establish the following:

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

*Program Guidance:*

For LPAPs: Only RWHAP Part A grant award funds or Part B Base award funds may be used to support an LPAP. ADAP funds may not be used for LPAP support. LPAP funds are not to be used for Emergency Financial Assistance. Emergency Financial Assistance may assist with medications not covered by the LPAP.

For Community Pharmaceutical Assistance: This service category should be used when RWHAP Part C or D funding is expended to routinely refill medications. RWHAP Part C or D recipients should use the Outpatient Ambulatory Health Services or Emergency Financial Assistance service for non-routine, short-term medication assistance.

See [Ryan White HIV/AIDS Program Part A and B National Monitoring Standards](#)  
See also [LPAP Policy Clarification Memo](#)  
See also AIDS Drug Assistance Program Treatments and Emergency Financial Assistance

### **Oral Health Care**

*Description:*

Oral Health Care services provide outpatient diagnostic, preventive, and therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

*Program Guidance:*

None at this time.

### **Early Intervention Services (EIS)**

*Description:*

The RWHAP legislation defines EIS for Parts A, B, and C. See § 2651(e) of the Public Health Service Act.

*Program Guidance:*

The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service. RWHAP Part recipients should be aware of programmatic expectations that stipulate the allocation of funds into specific service categories.

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- RWHAP Parts A and B EIS services must include the following four components:

- Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be HIV-infected
  - Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts
  - HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources
- Referral services to improve HIV care and treatment services at key points of entry
- Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care
- Outreach Services and Health Education/Risk Reduction related to HIV diagnosis

- RWHAP Part C EIS services must include the following four components:

- Counseling individuals with respect to HIV
- High risk targeted HIV testing (confirmation and diagnosis of the extent of immune deficiency)
  - Recipients must coordinate these testing services under Part C EIS with other HIV prevention and testing programs to avoid duplication of efforts
  - The HIV testing services supported by Part C EIS funds cannot supplant testing efforts covered by other sources
- Referral and linkage to care of HIV-infected clients to Outpatient/Ambulatory Health Services, Medical Case Management, Substance Abuse Care, and other services as part of a comprehensive care system including a system for tracking and monitoring referrals
- Other clinical and diagnostic services related to HIV diagnosis

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

*Description:*

Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. To use RWHAP funds for health insurance premium and cost-sharing assistance, a RWHAP Part recipient must implement a methodology that incorporates the following requirements:

- RWHAP Part recipients must ensure that clients are buying health coverage that, at a minimum, includes at least one drug in each class of core

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antiretroviral therapeutics from the [Department of Health and Human Services \(HHS\) treatment guidelines](#) along with appropriate HIV outpatient/ambulatory health services

- RWHAP Part recipients must assess and compare the aggregate cost of paying for the health coverage option versus paying for the aggregate full cost for medications and other appropriate HIV outpatient/ambulatory health services, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective

The service provision consists of either or both of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services and pharmacy benefits that provide a full range of HIV medications for eligible clients
- Paying cost-sharing on behalf of the client

*Program Guidance:*

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

See PCN 07-05: [Program Part B ADAP Funds to Purchase Health Insurance;](#)

PCN 13-05: [Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Private Health Insurance;](#)

PCN 13-06: [Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Medicaid;](#) and

PCN 14-01: [Revised 4/3/2015: Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Premium Tax Credits under the Affordable Care Act](#)

### **Home Health Care**

*Description:*

Home Health Care is the provision of services in the home that are appropriate to a client's needs and are performed by licensed professionals. Services must relate to the client's HIV disease and may include:

- Administration of prescribed therapeutics (e.g. intravenous and aerosolized treatment, and parenteral feeding)
- Preventive and specialty care
- Wound care
- Routine diagnostics testing administered in the home
- Other medical therapies

*Program Guidance:*

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The provision of Home Health Care is limited to clients that are homebound. Home settings do not include nursing facilities or inpatient mental health/substance abuse treatment facilities.

### **Medical Nutrition Therapy**

*Description:*

Medical Nutrition Therapy includes:

- Nutrition assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider's recommendation
- Nutrition education and/or counseling

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

*Program Guidance:*

All services performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Services not provided by a registered/licensed dietitian should be considered Psychosocial Support Services under the RWHAP.

See Food-Bank/Home Delivered Meals

### **Hospice Services**

*Description:*

Hospice Services are end-of-life care services provided to clients in the terminal stage of an HIV-related illness. Allowable services are:

- Mental health counseling
- Nursing care
- Palliative therapeutics
- Physician services
- Room and board

*Program Guidance:*

Services may be provided in a home or other residential setting, including a non-acute care section of a hospital that has been designated and staffed to provide hospice services. This service category does not extend to skilled nursing facilities or nursing homes.

To meet the need for hospice services, a physician must certify that a patient is terminally ill and has a defined life expectancy as established by the recipient. Counseling services provided in the context of hospice care must be consistent with the definition of mental health counseling. Palliative therapies must be consistent with those covered under respective state Medicaid programs.

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

#### *Description:*

Home and Community-Based Health Services are provided to a client living with HIV in an integrated setting appropriate to a client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Services include:

- Appropriate mental health, developmental, and rehabilitation services
- Day treatment or other partial hospitalization services
- Durable medical equipment
- Home health aide services and personal care services in the home

#### *Program Guidance:*

Inpatient hospitals, nursing homes, and other long-term care facilities are not considered an integrated setting for the purposes of providing home and community-based health services.

### **Mental Health Services**

#### *Description:*

Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

#### *Program Guidance:*

Mental Health Services are allowable only for HIV-infected clients.

See Psychosocial Support Services

### **Substance Abuse Outpatient Care**

#### *Description:*

Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Services include:

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
  - Pretreatment/recovery readiness programs
  - Harm reduction
  - Behavioral health counseling associated with substance use disorder
  - Outpatient drug-free treatment and counseling
  - Medication assisted therapy
  - Neuro-psychiatric pharmaceuticals
  - Relapse prevention

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#### *Program Guidance:*

Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the RWHAP, it is included in a documented plan.

Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific guidance.

See Substance Abuse Services (residential)

### **Medical Case Management, including Treatment Adherence Services**

#### *Description:*

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication). Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented services above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

#### *Program Guidance:*

Medical Case Management services have as their objective improving health care outcomes whereas Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services.

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Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence Services provided during a Medical Case Management visit should be reported in the Medical Case Management service category whereas Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.

#### *RWHAP Legislation: Support Services*

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

#### *Description:*

Non-Medical Case Management Services (NMCM) provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical Case management services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans. This service category includes several methods of communication including face-to-face, phone contact, and any other forms of communication deemed appropriate by the RWHAP Part recipient. Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems

#### *Program Guidance:*

Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services whereas Medical Case Management services have as their objective improving health care outcomes.

### **Child Care Services**

#### *Description:*

The RWHAP supports intermittent child care services for the children living in the household of HIV-infected clients for the purpose of enabling clients to attend medical visits, related appointments, and/or RWHAP-related meetings, groups, or training sessions.

Allowable use of funds include:

- A licensed or registered child care provider to deliver intermittent care

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- Informal child care provided by a neighbor, family member, or other person (with the understanding that existing federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services)

#### *Program Guidance:*

The use of funds under this service category should be limited and carefully monitored. Direct cash payments to clients are not permitted.

Such arrangements may also raise liability issues for the funding source which should be carefully weighed in the decision process.

### **Emergency Financial Assistance**

#### *Description:*

Emergency Financial Assistance provides limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential utilities, housing, food (including groceries, and food vouchers), transportation, and medication. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program.

#### *Program Guidance:*

Direct cash payments to clients are not permitted.

It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a client should not be funded through emergency financial assistance.

See AIDS Drug Assistance Program Treatments, AIDS Pharmaceutical Assistance, and other corresponding categories

### **Food Bank/Home Delivered Meals**

#### *Description:*

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:

- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where issues of water safety exist

#### *Program Guidance:*

Unallowable costs include household appliances, pet foods, and other non-essential products.

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See Medical Nutrition Therapy. Nutritional services and nutritional supplements provided by a registered dietitian are considered a core medical service under the RWHAP.

### **Health Education/Risk Reduction**

#### *Description:*

Health Education/Risk Reduction is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics covered may include:

- Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention
- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Health literacy
- Treatment adherence education

#### *Program Guidance:*

Health Education/Risk Reduction services cannot be delivered anonymously.

See Early Intervention Services

### **Housing**

#### *Description:*

Housing services provide limited short-term assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain outpatient/ambulatory health services. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with these services.

Housing services are transitional in nature and for the purposes of moving or maintaining a client or family in a long-term, stable living situation. Therefore, such assistance cannot be provided on a permanent basis and must be accompanied by a strategy to identify, relocate, and/or ensure the client or family is moved to, or capable of maintaining, a long-term, stable living situation.

Eligible housing can include housing that provides some type of medical or supportive services (such as residential substance use disorder services or mental health services, residential foster care, or assisted living residential services) and housing that does not provide direct medical or supportive services, but is essential for a client or family to gain or maintain access to and compliance with HIV-related outpatient/ambulatory health services and treatment.

#### *Program Guidance:*

RWHAP Part recipients must have mechanisms in place to allow newly identified clients access to housing services. Upon request, RWHAP recipients must provide HAB with an individualized written housing plan, consistent with RWHAP Housing

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Policy 11-01, covering each client receiving short term, transitional and emergency housing services. RWHAP recipients and local decision making planning bodies, (i.e., Part A and Part B) are strongly encouraged to institute duration limits to provide transitional and emergency housing services. The US Department of Housing and Urban Development (HUD) defines transitional housing as up to 24 months and HRSA/HAB recommends that recipients consider using HUD's definition as their standard.

Housing services funds cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments.

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

### **Legal Services**

See Other Professional Services

### **Linguistic Services**

#### *Description:*

Linguistic Services provide interpretation and translation services, both oral and written, to eligible clients. These services must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of RWHAP-eligible services.

#### *Program Guidance:*

Services provided must comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

### **Medical Transportation**

#### *Description:*

Medical Transportation is the provision of nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services.

#### *Program Guidance:*

Medical transportation may be provided through:

- Contracts with providers of transportation services
- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject)
- Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle

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- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
- Voucher or token systems

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees

#### **Other Professional Services**

*Description:*

Other Professional Services allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include:

- Legal services provided to and/or on behalf of the individual living with HIV and involving legal matters related to or arising from their HIV disease, including:
  - Assistance with public benefits such as Social Security Disability Insurance (SSDI)
  - Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the RWHAP
  - Preparation of:
    - Healthcare power of attorney
    - Durable powers of attorney
    - Living wills
- Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:
  - Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney
  - Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption
- Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits

*Program Guidance:*

Legal services exclude criminal defense and class-action suits unless related to access to services eligible for funding under the RWHAP.

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See [45 CFR § 75.459](#)

#### **Outreach Services**

*Description:*

Outreach Services include the provision of the following three activities:

- Identification of people who do not know their HIV status and linkage into Outpatient/Ambulatory Health Services
- Provision of additional information and education on health care coverage options
- Reengagement of people who know their status into Outpatient/Ambulatory Health Services

*Program Guidance:*

Outreach programs must be:

- Conducted at times and in places where there is a high probability that individuals with HIV infection and/or exhibiting high-risk behavior
- Designed to provide quantified program reporting of activities and outcomes to accommodate local evaluation of effectiveness
- Planned and delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort
- Targeted to populations known, through local epidemiologic data or review of service utilization data or strategic planning processes, to be at disproportionate risk for HIV infection

Funds may not be used to pay for HIV counseling or testing under this service category.

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

See Early Intervention Services

#### **Permanency Planning**

See Other Professional Services

#### **Psychosocial Support Services**

*Description:*

Psychosocial Support Services provide group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns. These services may include:

- Bereavement counseling
- Caregiver/respite support (RWHAP Part D)
- Child abuse and neglect counseling
- HIV support groups

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- Nutrition counseling provided by a non-registered dietitian (see Medical Nutrition Therapy Services)
- Pastoral care/counseling services

*Program Guidance:*

Funds under this service category may not be used to provide nutritional supplements (See Food Bank/Home Delivered Meals).

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

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

For RWHAP Part D recipients, outpatient mental health services provided to affected clients (people not identified with HIV) should be reported as Psychosocial Support Services; this is generally only a permissible expense under RWHAP Part D.

See Respite Care Services

#### **Referral for Health Care and Support Services**

*Description:*

Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. This service may include referrals to assist eligible clients to obtain access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

*Program Guidance:*

Referrals for Health Care and Support Services provided by outpatient/ambulatory health care providers should be reported under the Outpatient/Ambulatory Health Services category.

Referrals for health care and support services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management).

#### **Rehabilitation Services**

*Description:*

Rehabilitation Services are provided by a licensed or authorized professional in accordance with an individualized plan of care intended to improve or maintain a client's quality of life and optimal capacity for self-care.

*Program Guidance:*

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Examples of allowable services under this category are physical and occupational therapy.

#### **Respite Care**

*Description:*

Respite Care is the provision of periodic respite care in community or home-based settings that includes non-medical assistance designed to provide care for an HIV-infected client to relieve the primary caregiver responsible for the day-to-day care of an adult or minor living with HIV.

*Program Guidance:*

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

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

Funds may be used to support informal, home-based Respite Care, but liability issues should be included in the consideration of this expenditure. Direct cash payments to clients are not permitted.

See Psychosocial Support Services

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

*Description:*

Substance Abuse Services (residential) is the provision of services for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. This service includes:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention
- Detoxification, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

*Program Guidance:*

Substance Abuse Services (residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the RWHAP.

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Substance Abuse Services (residential) are not allowable services under RWHAP Parts C and D.

Acupuncture therapy may be allowable funded under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the RWHAP.

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

# Establishing an anti-racist approach for SAN DIEGO HPG

Action Plan Feedback  
May 2023

## Project Objectives

1

Assess the needs of the HPG's member to successfully develop an antiracist approach in their work

2

Develop training content unique to the needs and desires of HPG members

3

Deliver anti-racism training content to HPG members in-person during their 2023 retreat

4

Identify ways to operationalize anti-racist approaches in San Diego's HPG work over the next 12 months

# Action Plan Goals

- Goal: Increase communications for the SD HPG that supports an inclusive culture for members and others supporting HIV service contractors
- Goal: Increase community engagement by the SD HPG to garner diverse voices and perspectives from communities most impacted by the HIV epidemic
- Goal: Diversify the SD HPG Leadership so there are representations from communities affected by HIV in San Diego County as key decision-makers
- Goal: Diversify HPG membership to be reflective of those living with and at higher risk for HIV in San Diego County

Goal: Increase communications for the SD HPG that supports an inclusive culture for members and others supporting HIV service contractors

Obj: By May 2023, each of the HPG subcommittees will have developed a value/anti-racist statement.

Obj: By July 2023, the SD HPG will develop a communications schedule and ensure information is displayed on all media outlets

Goal: Increase community engagement by the SD HPG to garner diverse voices and perspectives from communities most impacted by the HIV epidemic.

Obj: By September 2023, develop a revised community needs assessment.

Obj: By December 2023, conduct a community needs assessment.

Obj: By February 2024, determine support needs from key communities aiming to engage in the SD HPG.

Goal: Diversify the SD HPG Leadership so there are representations from communities affected by HIV in San Diego County as key decision-makers

Obj: By June 2023, existing HPG chairs should begin to transition to their BIPOC co-chairs with detailed support for their work

Obj: By September 2023, identify and support informal group networking activities in key communities.

Obj: By September 2023, conduct a consumer/community needs assessment to gauge their capacity and confidence to take on leadership roles.

Obj: By January 2024, Membership & Community Engagement committee develop workforce workgroup to develop mentoring and capacity of community

Goal: Diversify HPG membership to be reflective of those living with and at higher risk for HIV in San Diego County

Obj: By October 2023, expand membership outreach in key communities such as collaborating with Project Pearl for membership recruitment.

Obj: By January 2024, establish a mentorship program to support new members.

Obj: By May 2024, the SD HPG will have conducted an annual assessment of members involvement in the SD HPG.

final  
thoughts

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## County of San Diego

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AGENCY DIRECTOR

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PUBLIC HEALTH SERVICES DIRECTOR

# APPENDIX

(Page 030)

**HIV PLANNING GROUP**  
**12-MONTH COMMITTEE TRACKING**  
**Apr 2022 - Apr 2023**

<b>Community Engagement Group</b>	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	#
<b>Total Meetings</b>	1	0	1	0	0	1	1	0	1	1	1	1	1	9
<b>Member</b>														
Acevedo, Allan <sup>UC</sup>	*	NM	*	NM	NM	*	*	NM	*	*	*	*	*	0
De Jesus, Alfredo <sup>U</sup>	*	NM	*	NM	NM	1	1	NM	*	*	*	*	1	3
Donovan, Michael	*	NM	*	NM	NM	*	*	NM	*	*	*	JC	*	0
Duarte, Esteban												JC	*	0
Fleming, Tyra												*	*	0
Lochner, Mikie <sup>U</sup>	*	NM	*	NM	NM	*	*	NM	*	*	1	*	*	1
Lothridge, Jen												*	*	0

To vote, a member may not miss four (4) consecutive meetings or six (6) meetings within twelve (12) months.

\* = Present

1 = Absent for the month

1 = Absence when there are multiple meetings that month. Member needs to attend at least

JC = Just Cause

EC = Emergency Cause

NM = No Meeting

If the physical attendance quorum requirement is met, AB 2449 permits a member who is not physically present to request virtual attendance at the local legislative body's meeting under two circumstances: (1) for **"just cause"** and (2) due to **"emergency circumstances"**.

Qualifying Reason	Provisions to attend remotely	Requirements/Limitations
<b>"Just Cause"</b>	<ul style="list-style-type: none"> <li>There is a childcare or caregiving need (<i>for a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner</i>) that requires the member to participate remotely</li> <li>A contagious illness prevents the member from attending the meeting in</li> <li>There is a need related to a defined physical or mental disability that is not otherwise accommodated for</li> <li>Traveling while on official business of the legislative body or another state or local agency</li> </ul>	A member is limited to <b>two (2)</b> virtual attendances based on "just cause" per calendar year
<b>"Emergency Circumstances"</b>	<p><b><i>"A physical or family medical emergency that prevents a member from attending the meeting in person."</i></b></p> <p>A member is <b><i>not</i></b> required to disclose any medical diagnosis or disability, or any personal medical information that is already exempt from existing law.</p>	<p>A member of the legislative body <b>must make a request to the body</b> to allow the member to meet remotely due to an emergency circumstance, and further <b>must provide a general description of the circumstance</b> justifying such attendance.</p> <p>A request from a member to attend remotely due to an emergency circumstance requires that the legislative body take action and <b>approve</b> the remote attendance at the start of the meeting for the member to be allowed to participate remotely for that meeting<sup>1</sup>.</p>

<sup>1</sup>If the request does not allow sufficient time to be placed on the agenda as a proposed action item, then the legislative body may take action at the beginning of the meeting.

### **Additional Requirements for a Member Participating Remotely:**

In addition to making a request either for “just cause” or due to an “emergency circumstance” for remote appearance, AB 2449 imposes the following three (3) additional requirements on legislative body members seeking to appear remotely at public meetings:

1. Before any action is taken during the meeting, the member must publicly disclose 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.
2. A member of the legislative body participating from a remote location must participate through both audio and visual technology.
3. A member’s remote participation cannot be for more than three consecutive months or 20 percent of the regular meetings for the local agency within a calendar year. And if the legislative body regularly meets fewer than 10 times per calendar year, a member’s participation from a remote location cannot be for more than two meetings.

### **AB 2449 Checklist**

(Applicable January 1, 2023 to December 31, 2025)

#### **Procedures for Public Participation**

- ☐ Public must be able to remotely hear, visually observe, and address the legislative body either remotely or in person in real time
- ☐ Public must have the opportunity to participate via: 1) two-way audio or 2) a telephonic service with a webcasting service
- ☐ Public cannot be required to submit comments prior to the meeting

#### **Procedures for Member to Teleconference from a Remote Location**

- ☐ Member must participate through both audio and visual technology
- ☐ Member must disclose adults who are present in the room at the remote location with the member and the general nature of the relationship with those individuals
- ☐ Member must submit a general description of the need to teleconference to the legislative body at the earliest opportunity (do not disclose any medical diagnosis or disability)
- ☐ Member may teleconference for just cause. Just cause is limited to 2 meetings per calendar year (see "Limits per Member" below). Just cause is defined as:
  - Child care or caregiving need of a child, parent, grandparent, grandchild, sibling, spouse or domestic partner
  - Contagious illness that prevents member from attending in person
  - A need related to a physical or mental disability
  - Travel on official business of the legislative body or another state or local agency
- ☐ Member may teleconference due to emergency circumstances, which requires approval of the legislative body and which is defined as a physical or family medical emergency that prevents a member from participating in person
- ☐ Limits per Member: Just cause and emergency circumstances cannot be invoked collectively for more than: 1) two meetings if the legislative body has fewer than 10 meetings per calendar year, or 2) three consecutive months or 20 percent of regular meetings per calendar year if the legislative body has 10 or more meetings per year. Just cause cannot be invoked more than twice per calendar year.

#### **Procedures for the Board/Commission/Committee/Group**

- ☐ Include instructions on the agenda how the public can participate remotely
- ☐ A quorum of the members of the legislative body must participate in person at the noticed location that is open to the public
- ☐ A majority of the membership must approve a request by a member to teleconference due to emergency circumstances; include the request on the agenda if received in time
- ☐ All votes must be taken by roll call
- ☐ Meeting must be stopped and no action taken if the broadcast of the meeting or ability of the public to comment is disrupted



## **TELECONFERENCING RULES UNDER THE BROWN ACT**

	Default Rule	Declared Emergency (AB 361)	Just Cause (AB 2449)	Emergency Circumstances (AB 2449)
In person participation of quorum	Required	Not Required	Required	Required
Member participation via teleconferencing	Audio or Audio-visual	Audio or Audio-visual	Audio-Visual	Audio-Visual
Required (minimum) opportunities for public participation	In-person	Call-in or internet-based	Call-in or internet-based <u>and</u> in person	Call-in or internet-based <u>and</u> in person
Disruption of broadcast or public's ability to comment	Meeting can proceed	No further action taken	No further action taken	No further action taken
Reason must be approved by legislative body	No	Yes (initial findings and renewed findings every 30 days)	No, but general description to be provided to legislative body	Yes and general description to be provided to legislative body
Votes must be taken by roll call	Yes	Yes	Yes	Yes
Member's remote location included on agenda	Yes	No	No	No
Declared emergency and health official's recommendation for social distancing	No	Yes	No	No
Annual limits	None	None	Twice per calendar year (limits for emergency circumstances also apply for collective number of times AB 2449 can be used per year)	3 consecutive months/ 20% of regular meetings per calendar year; or 2 meetings per calendar year if body meets less than 10 times per year (collectively with just cause)
Effective Dates	Ongoing	Expires 12/31/2023	Expires 12/31/2025	Expires 12/31/2025

# SAN DIEGO HIV PLANNING GROUP

## Orientation

**All HIV Planning Group Members and anyone interested in learning more about the HIV Planning Group are welcome!**

**The orientation will cover:**

- An overview of the Ryan White Program
- The purpose and procedures of the HIV Planning Group
- The roles and duties of HIV Planning Group members
- An overview of budget reports



## VIRTUAL VIA ZOOM



**Thursday, May 18, 2023  
2:00 PM - 4:00 PM**

**Register at:**

**[https://forms.gle/iAikLaCD  
Fne7pqZm6](https://forms.gle/iAikLaCDFne7pqZm6)**



To request Spanish interpretation services, please let HPG Support know at least **96 hours** in advance.

For additional information or to request translation services, please send E-mail to:  
**HPG.HHSA@sdcounty.ca.gov**

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