SAN DIEGO HIV PLANNING GROUP (HPG)
PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

MEETING PACKET

THURSDAY, June 6, 2024, 1:00 PM – 4:00 PM
County Administration Building
(1600 Pacific Hwy, San Diego, CA 92101); (Room 301)

The Charge of the Priority Setting and Resource Allocation Committee: To review, analyze and consider available data and make recommendations to the HIV Planning Group based upon that data regarding service priorities, service delivery, and funding allocation by service category, including the commitment to addressing racial/ethnic disparities for Black/African American MSM (retention in care, viral load suppression), Latinx MSM (late and simultaneous diagnoses) and transgender/Non-Binary persons (lack of data and non-representative participation).

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Priority Setting & Resource Allocation Committee (PSRAC)

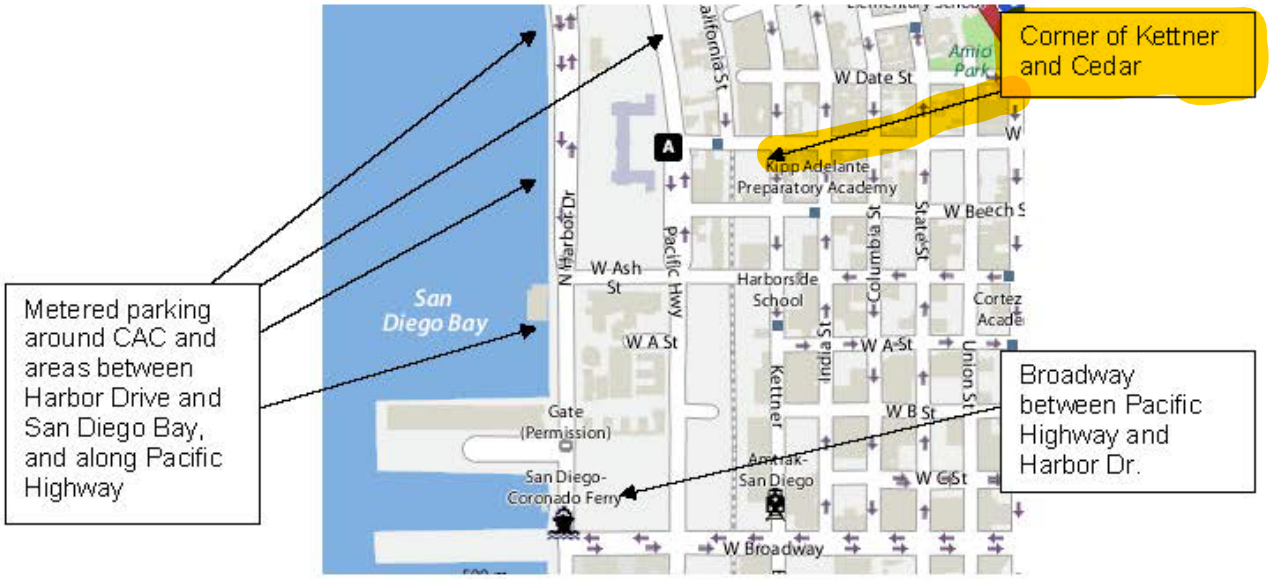
When: Thursday, June 6, 2024 from 1:00 PM – 4:00 PM
Where: San Diego County Administration Center (CAC)
1600 Pacific Highway, San Diego, CA 92101
(Third Floor **Room 301)**

Public parking for the County Administration Center (CAC) is available in the underground parking structure, with the entrance located on Ash Street.

SAN DIEGO COUNTY ADMINISTRATION CENTER
1600 Pacific Highway, San Diego, 92101
PARKING REGULATIONS

- **Public Parking (green spaces)** is reserved for the public while conducting county business. There is a 3-hour limit. Vehicles illegally parked or over the time limit will be cited.
- **Disabled Parking (blue spaces)** is reserved for vehicles displaying a Disabled placard or license plate. Vehicles illegally parked will be cited.
- **Reserved Parking (yellow spaces)** is for the exclusive use of the person or department to whom issued or for use indicated on the spaces, such as commercial vehicles. Vehicles illegally parked will be cited.
- **Employee Permit Parking** (white spaces) is for county employees assigned to the CAC and requires a valid regular or temporary permit. Vehicles illegally parked will be cited.

ALTERNATIVE PUBLIC PARKING



This information is provided as a courtesy. The County does not have any arrangements with these alternate sites and assumes no responsibility for any loss resulting from such use.

For bus lines and trolley information, contact the Metropolitan Transit System at 511. The nearest trolley stop is the **County Center/Little Italy** stop on the corner of W. Cedar Street and Kettner Boulevard.

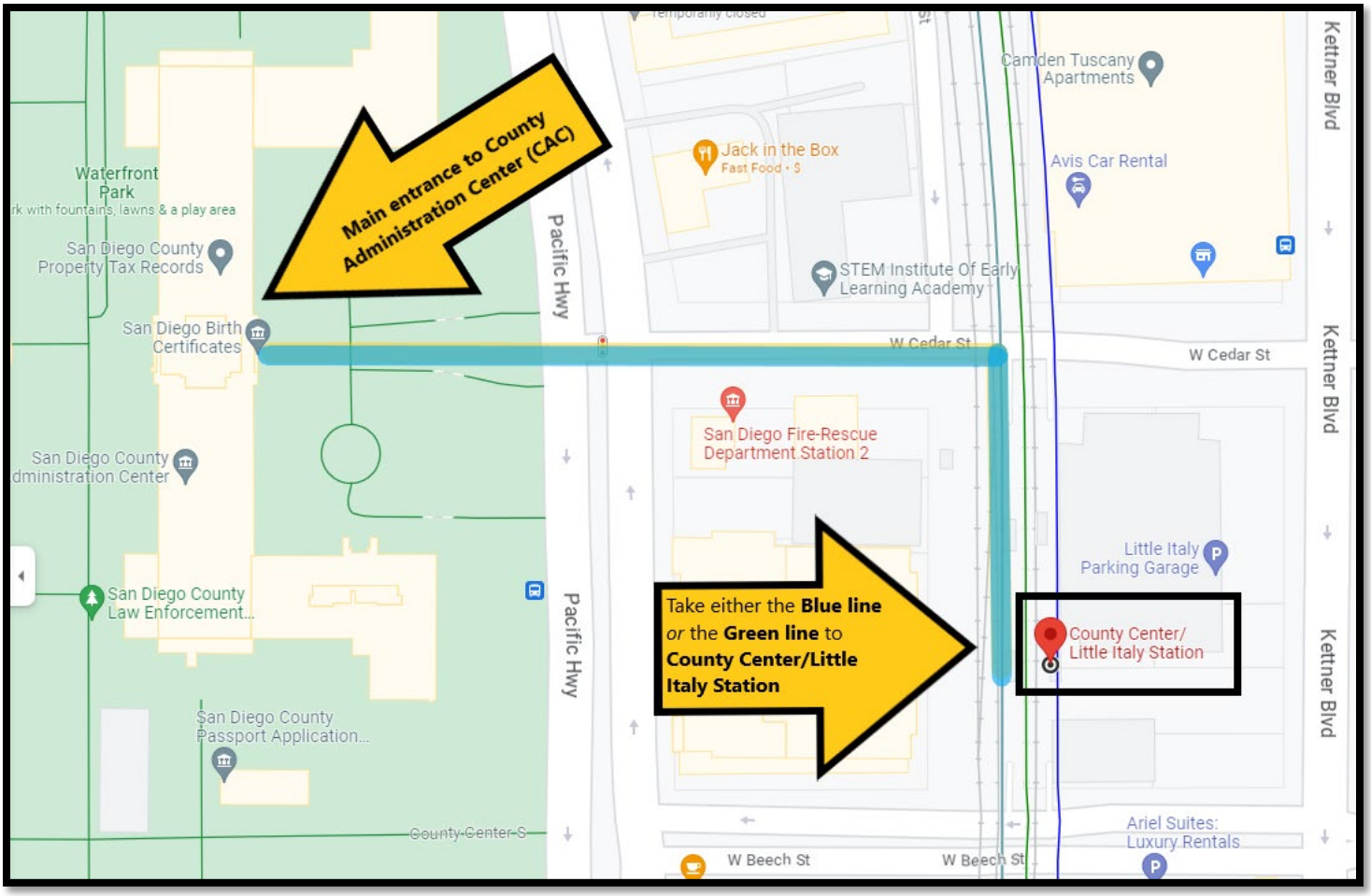
****ATTN:**
Please note that directions depicted on given directions to location may not reflect info on the MTS phone application.

Additional resources and details available on **PAGE 4**.

Via MTS/Public Transportation:

The following transit lines have routes that pass near "County Center / Little Italy Trolley Station"

Bus: 11, 120, 215, 923, 992
Cable Car: BLUE, GREEN



ADDITIONAL RESOURCES:

During peak hours, your route may be delayed due to train and trolley traffic, construction on Kettner Blvd., fire station activity, and/or traffic congestion on Cedar Street. As you plan ahead for meetings to the County Administration Center (CAC), here are some strategies to consider:

- Build in additional time to park in and exit the garage.
- Use **public transit, carpooling or other transit options** to get to the CAC.

Video: "Now You Know – Parking at the County Administration Center"

https://youtu.be/pFp7iuzMWv8

Conflict of Interest
Priority Setting and Resource Allocation Committee

Name	Conflict of Interest
Davenport, Beth	• Mental Health • Non-Medical Case Management Services • Medical Case Management • Peer Navigation
Fleming, Tyra	• None
Garcia-Bigley, Felipe	• EIS: Minority AIDS Initiative • Early Intervention Services, Regional Services • Home-Based Health Care Coordination • Medical Case Management • Mental Health Counseling/Therapy • Mental Health: Psychiatric Medication Management • Non-Medical Case Management Service • Oral Health • Outpatient Ambulatory Health Services: Medical Specialty • Outpatient Ambulatory Health Services: Primary Care • Peer Navigation (Referral for Healthcare and Support Services) • Transportation: Assisted and Non-Assisted
Highfill, Pam	• Substance Use Treatment: Residential
Jacobs, Dr. Delores	• None
Kubricky, Cinnamen	• None
Mendoza Aguirre, Marco	• None
Mueller, Chris	• Medical Case Management, including Treatment Adherence Services • Outpatient/Ambulatory Health Services (Primary Care) • Medical Transportation • Non-Medical Case Management Service • Medical Specialty • Psychiatric Services
Quezada-Torres, Karla	• None
Robles, Raul	• None
Underwood, Regina	• Medical Case Management, including Treatment Adherence Services • Mental Health Services • Substance Abuse Outpatient Care • Medical Transportation • Non-Medical Case Management Service • Outreach Services • Peer Navigation • EIS: Regional • EIS: Minority AIDS Initiative
Van Brocklin, Rhea	• Coordinated HIV Services for Women, Infants, Children, Youth, and Families (CHS: WICYF)
Villafan, Freddy	• Substance Use Disorder Treatment: Residential • Transportation: Assisted and Unassisted

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

Thursday, June 6, 2024, 1:00 PM – 4:00 PM
County Administration Building
1600 Pacific Hwy, San Diego, CA 92101 (Room 301)

To participate remotely via Zoom:
https://us06web.zoom.us/j/82979385521?pwd=ucUoVVtBupxbdBxothszYHHlP2luoC.1
Join the meeting via phone: 1-669-444-9171 United States Toll
Meeting ID: 829 7938 5521 **Password:** PSRAC

Language translation services are available upon request at least 96 hours prior to the meeting. Please contact HPG Support Staff at 619-403-8809 or via e-mail at hpg.hhsa@sdcounty.ca.gov.

A quorum for this meeting is seven (7)

Committee Members: Dr. Beth Davenport | | Tyra Fleming (Co-Chair) | Felipe Garcia-Bigley | Pam Highfill | Dr. Delores Jacobs | Cinnamen Kubricky | Marco Aguirre Mendoza | Chris Mueller | Karla Quezada-Torres | Raul Robles | Regina Underwood | Rhea Van Brocklin (Chair) | Freddy Villafan

ORDER OF BUSINESS

1. Call to order, roll call, comments from the chair
2. Reminders
    a. **Review of Committee Charge**
    b. **Committee members' Conflicts of Interest:** Disclose areas of financial interest (e.g., employment); Refrain from participation in related votes
    c. **Areas NOT the purview of this committee:** Selection of contractors; contract details; how contractors implement contracted services (staff salaries, etc.) These are the sole purview of the Recipient.
    d. **Focus on service priorities, not on specific service providers.**
    e. **Rules for the meeting** (as necessary): Committee members are limited to two (2) minutes per comment and limited to two (2) comments per item; public comments are welcome at the beginning and before each agenda item, limited to two minutes so that all have an opportunity to participate.
3. Public comment on non-agenda items (for members of the public)
4. Sharing our concerns (for committee members)
5. **ACTION:** Approve the Priority Setting & Resource Allocation Committee agenda for June 6, 2024
6. **ACTION:** Approve the Priority Setting & Resource Allocation Committee Minutes from May 9, 2024
7. Review follow-up items from the last meeting
8. New Business:
    a. **ACTION:** Recommendations for reallocations for FY 24 (the current fiscal year, March 1, 2024 – February 28, 2025).

b. Integrated/GTZ Community Action Plan– update
c. Review data on the HIV Care Continuum/Unaware Estimate and discuss findings
    i. Include data on RW clients vs. all clients
    ii. Include data on viral suppression rates in the African American/Black population (include RW clients vs. all clients)
d. Review data on Unmet Need Estimate and discuss findings
e. **ACTION:** Summarize/Finalize/Approve Key Findings data on HIV Epidemiology
f. Presentation on Minority AIDS Initiative (MAI) funding and its uses for services in all regions
g. **ACTION:** Review/Approve data on Co-occurring Conditions, Poverty, and Insurance and discuss findings
h. Review HRSA and Ryan White Part A guidelines (PCN 1602)

9. Routine Business:
    a. Committee Attendance
    b. 2024 Needs Assessment Survey of HIV Impact Update
    c. Review Monthly and Year-to-Date expenditures and assess for recommended reallocations
    d. Partial Assistance Rent Subsidy Program (PARS) and Emergency Housing update
    e. Review Monthly and Year-to-Date service utilization report
10. Suggested items for the future committee agenda
11. Announcements

    Next meeting date: **June 13, 2024, from 1:00 PM – 4:00 PM**
    Location: County Administration Building 1600 Pacific Hwy, San Diego, CA 92101 (Room 310 - BOS Chamber)
12. Adjournment

Principles for PSRA Decision-Making Process	Criteria for the PSRA Decision-Making Process
Principles Guiding Decision Making (Priorities should reflect the Principles) 1. Decisions are made in an open, transparent process 2. Decisions are based on documented needs (Needs assessment, etc.) 3. Decisions are based on overall needs within the service area, not narrow single focus concerns 4. Decisions include reports from the Needs Assessment committee of the HIV Planning Group. 5. Services should be responsive to the epidemiology of HIV in San Diego, including demographics and region 6. Services must be culturally and linguistically appropriate and responsive 7. Services should focus on the needs of low-income, underserved, and disproportionately impacted populations 8. Services should minimize disparities in the availability and quality of treatment for HIV/AIDS 9. Equitable access to services should be provided across subpopulations and regions	**Criteria for Priority Setting** 1. Documented Need based on: a. Epidemiology of San Diego epidemic (Epi data) b. Needs and unmet needs expressed in needs assessment, including the needs expressed by consumers, not in care and/or from historically underserved communities (Needs assessment data) 2. Minimize disparities in the availability and quality of treatment for HIV/AIDS (Demographic service utilization data compared to HIV/AIDS demographic) 3. Quality, outcome effectiveness, and cost-effectiveness of services (Measured by service category outcomes, CQM, and client satisfaction data by service category) 4. Consumer preferences or priorities for interventions or services, particularly for populations with severe need, historically underserved communities, or those who know their status but are not in care 5. Consistency with the continuum of care

For more information, visit our website at www.sdplanning.org

Thursday, May 9, 2024, 3:00 PM – 5:00 PM
Southeastern Live Well Center
5101 Market Street, San Diego, CA 92114
(Tubman Chavez Rooms A and B)

A quorum for this meeting is seven (7).

Committee Members Present: Dr. Beth Davenport | Tyra Fleming (Co-Chair) | Felipe Garcia-Bigley | Dr. Delores Jacobs | Cinnamen Kubricky | Marco Aguirre Mendoza | Chris Mueller | Raul Robles | Regina Underwood | Rhea Van Brocklin (Chair) | Freddy Villafan

Committee Members Absent: Pam Highfill | Karla Quezada-Torres

MEETING MINUTES

Agenda Item	Action	Follow-up
1. Call to order	Rhea Van Brocklin called the meeting to order at 3:01 PM and noted that a quorum was established.	
2. Reminders	Rhea Van Brocklin reviewed conflicts of interest. Felipe Garcia-Bigley read the Committee Charge.	
3. Public Comment on non-agenda items (for members of the public)	A member of the public expressed concern on behalf of a client's inability to access transportation services in Poway.	
4. Sharing our concerns (for committee members)	A committee member expressed concerns about medical referral issues, getting approved for services, and being denied services without a clear explanation. A committee member provided an update on the Sacramento Epidemic and Policy Decision event, during which they discussed the work San Diego County is doing. The committee welcomed the new HIV Planning Group support staff: Ling Yang, Office Assistant, and Krystle Diaz, Health Information Specialist I.	
5. **Action:** Review and approve the agenda for May 9, 2024	**Motion:** Approve the May 9, 2024 meeting agenda as presented. **Motion/Second/Count (M/S/C):** Garcia-Bigley/ Fleming 8-0	

Agenda Item	Action	Follow-up
	Abstentions: Van Brocklin **Motion carries**	
6. **Action:** Review and approve the meeting minutes for April 11, 2024	**Motion:** Review and approve the presented April 11, 2024 meeting minutes. **M/S/C:** Jacobs/Garcia-Bigley 9-0 **Abstentions**: Kubricky, Van Brocklin/ **Motion carries**	
7. Review follow-up items from the last meeting minutes	A committee member recommended requesting overall data on Minority AIDS Initiative (MAI) funding and its uses for services in all regions. How are decisions made to put certain money in certain areas, and why? The recipient office recommended a 20-minute overview of MAI services for the June 6, 2024, meeting and will include a comparison of the Ryan White Funding vs. MAI funding. The committee recommended a 5-minute presentation explaining the MAI model instead of a 20-minute presentation at r the next meeting.	The Recipients' Office will provide a brief presentation on the MAI Regional funds, including a comparison of Ryan White funding to MAI funding.
8. **New Business**		
a. **ACTION:** Recommendations for reallocations for FY 24 (the current fiscal year, March 1, 2024 – February 28, 2025).	None	
b. Integrated/Getting to Zero Plan – update	None: The Recipients' Office discussed the Steering Committee's work on implementing the recommendations, survey interviews, and feedback. The recipient office will work with the HIV Planning Group staff to develop a plan to gather information and track the Getting to Zero Plan accomplishments.	HPG SS to work with the Recipients' Office to set a plan to track Getting to Zero goals and achievements
c. Review Co-occurring Conditions, Poverty, and	The data presentation was rescheduled to be presented at the next PSRAC meeting on June 6, 2024.	The Recipient's office will provide updated Key

Agenda Item	Action	Follow-up
Insurance data and discuss findings.		Findings on the Co-occurring Conditions, Poverty, and insurance data by June 6, 2024

d. Review HIV/AIDS Epidemiology Data	Dr. Tweeten presented the 2023 HIV epidemiology data in San Diego County.
	• Data from 2023 enhanced HIV/AIDS Reporting System (eHARS)
	• Persons Living with HIV disease (PLWH)
	  • HIV disease diagnosis and living as of 12/31/2023
	  • Current address listed as SD County; could be diagnosed anywhere
	  • N=15,035
	• SD Incident Cases
	• HIV diagnoses amongst SD County residents only
	  • Cumulative cases
	  • N=25,458
	• SD Recent Cases
	• HIV diagnosis 2019-2023 amongst SD Incident Cases
	  • N=2,142
	Dr. Tweeten also mentioned the following:
	• Tracking patients' health, current care, and continuation care is complex due to the lack of current contacts.
	• The VA and Navy data will quickly become available due to the large population seeking care from these areas.
		Dr. Tweeten will provide additional data information on how the aging population and health issues can impact specific demographics when seeking care.

9. **Routine Business**		
a. Committee Attendance	The committee reviewed the attendance report.	
b. 2024 Needs Assessment Survey of HIV Impact Update	The HPG SS provided the following update on the status of the Needs Assessment Survey HIV Impact: Estimate 180 completed and approx. 30 surveys still need to be entered The committee recommended the following:	HPG SS will provide preliminary qualitative data from the

Agenda Item	Action	Follow-up
	• Extend the timeframe for collecting the surveys to gather more data until the end of July/August. • Provide preliminary qualitative data at the June 13, 2024, meeting to get an idea of San Diego's demographic needs before preparing for next year's budgeting planning. • Provide preliminary quantitative data with an expectation that results and qualitative data will be available later. • Add incentives to promote more survey responses and work with other support services. ○ Perhaps giving out laundry soap, hygiene kits, meals • Partner with organizations to link up to encourage more survey participation, connect with San Diego Pride to reach out for an opportunity for free tickets	June 13th meeting HPG SS will work with providers on how to collect as many surveys as possible
c. Review Monthly and Year to Date expenditures and assess for recommended reallocations	The Recipients' Office reminded the committee that the expenditure data are always two months behind. The fiscal department is working on finalizing the FY23 numbers. The Recipient's office noted that the funding from last year will not be carried over to this year.	

d. Partial Assistance Rent Subsidy Program (PARS) and Emergency Housing update	PARS report:
	• 76 currently on the waitlist
	  ○ 13 previously enrolled
	  ○ 64 New Clients
	• Demographics of clients on the waitlist
	  ○ Gender 57 male, 12 female, 7 transgender
	  ○ Race/ethnicity 13 Black, 42 Hispanic/Latino, 21 white, 0 Asian 1 AM Indian
	  ○ Age: 43 over 45, 30 ages 31-44, 3 ages 18-30
	  ○ Central region 54, East 10, South 5, North 7
	• 84 currently enrolled	

e. Review Monthly and TYD service utilization report	Reviewed	.

Agenda Item	Action	Follow-up
10. Suggested items for the PSRAC agenda	None	
11. Announcements	**HIV Planning Group Retreat** (open to the public) Date: Wednesday, May 22, 2024, Lunch: 12:15 – 5:00 PM, with lunch at 12: 15 PM Location: County Operations Center, 5570 Overland Ave, San Diego, CA 92123, Medical Examiner Conference Room 1047	
12. Next Meeting:	**Date:** Thursday, June 6, 2024, 1:00 PM-5:00 PM **Location:** County Administration Building, 1600 Pacific Hwy, San Diego, CA 92101 (Room 301)	
13. Adjournment	The meeting adjourned at 4:35 PM.	

Priority Setting and Resource Allocation Committee Meeting

2023 Epi Update – part 2

Samantha Tweeten, PhD, MPH
HIV/HCV Surveillance Coordinator
Epidemiology & Immunization Services Branch
Public Health Services

June 6, 2024

Data Sources

- Data from 2023 eHARS file
  - Persons Living with HIV Disease (PLWHD)
    - HIV disease diagnosis and living as of 12/31/2023
    - Current address listed as SD County; could be diagnosed anywhere
    - N=15,035
- Data from 2022 CDPH OA generated Care Cascades
- Data from ARIES
  - Ryan White clients in ARIES during 2023

Late Testing

Late Testing

- Used as a marker for success in reaching those who should be tested
- The shorter the period between HIV and AIDS diagnoses, the further along in disease
- Three time markers used for time between HIV and AIDS diagnoses:
  - <12 months (less than a year)
    - Originally used
  - Within 3 months
    - Being used more often
  - Simultaneous (<30 days)
    - HIV and AIDS diagnoses occurring simultaneously
    - Time <30 days because CD4 counts may be delayed

Late Testing - Age

Age Group	<12 mon	<4 mon	0 mon	HIV only	Total
<13 years	14.3%	14.3%	14.3%	85.7%	7
13-19 years	0.0%	0.0%	0.0%	100.0%	45
20-29 years	12.2%	11.9%	8.9%	84.4%	674
30-39 years	16.9%	16.3%	12.4%	79.6%	646
40-49 years	30.2%	28.8%	23.6%	67.5%	351
50-59 years	33.7%	31.8%	25.5%	62.2%	267
60-69 years	39.8%	37.8%	31.6%	58.2%	98
70+ years	56.5%	56.5%	43.5%	43.5%	23
All cases	20.8%	20.0%	15.7%	76.0%	2,111
All cases	440	422	332	1,604	

Late Testing – Sex Assigned at Birth

Sex assigned at birth	<12 mon	<4 mon	0 mon	HIV only	Total
Male	20.1%	19.5%	15.6%	77.0%	1,807
Female	25.9%	23.0%	17.4%	69.1%	282
Uknown	18.2%	13.6%	4.5%	81.8%	22
All cases	20.8%	20.0%	15.7%	76.0%	2,111
All cases	440	422	332	1,604	

Late Testing – Race/Ethnicity

Race/Ethnicity	<12 mon	<4 mon	0 mon	HIV only	Total
Hispanic	23.7%	22.9%	17.8%	73.2%	1,101
Black/AfrAmer	18.3%	17.6%	13.7%	78.6%	262
White	18.1%	16.8%	13.7%	78.4%	519
Asian/PI	17.3%	17.3%	13.6%	80.2%	81
Other*	27.5%	27.5%	21.6%	62.7%	51
Unknown	8.6%	8.6%	6.5%	91.4%	97
All cases	20.8%	20.0%	15.7%	76.0%	2,111
All cases	440	422	332	1,604	

*Includes Multi-race and American Indian/Alaskan Native.

Late Testing – HHSA Region

HHSA Region	<12 mon	<4 mon	0 mon	HIV only	Total
Central	18.0%	17.1%	13.2%	77.7%	785
East	18.8%	17.8%	13.0%	78.8%	208
South	25.4%	24.9%	20.4%	71.7%	421
N Coastal	22.5%	20.9%	15.7%	72.8%	191
N Inland	26.4%	26.4%	19.4%	73.6%	144
N Central	21.3%	20.2%	17.4%	76.3%	287
Unknown	14.7%	13.3%	9.3%	85.3%	75
All cases	20.8%	20.0%	15.7%	76.0%	2,111
All cases	440	422	332	1,604	

Late Testing - Risk

Risk Group	<12 mon	<4 mon	0 mon	HIV only	Total
MSM	15.7%	15.4%	11.8%	81.8%	1,111
PWID	21.8%	20.8%	16.8%	68.3%	101
MSM+PWID	10.9%	10.9%	9.1%	80.0%	55
Heterosexual	28.7%	27.0%	19.1%	66.1%	115
Other	16.7%	16.7%	16.7%	83.3%	6
Unknown	28.2%	26.6%	21.6%	69.3%	723
All cases	20.8%	20.0%	15.7%	76.0%	2,111
All cases	440	422	332	1,604	

Unmet Need/Unaware Estimate, 2023

Unmet Need/Unaware Estimate

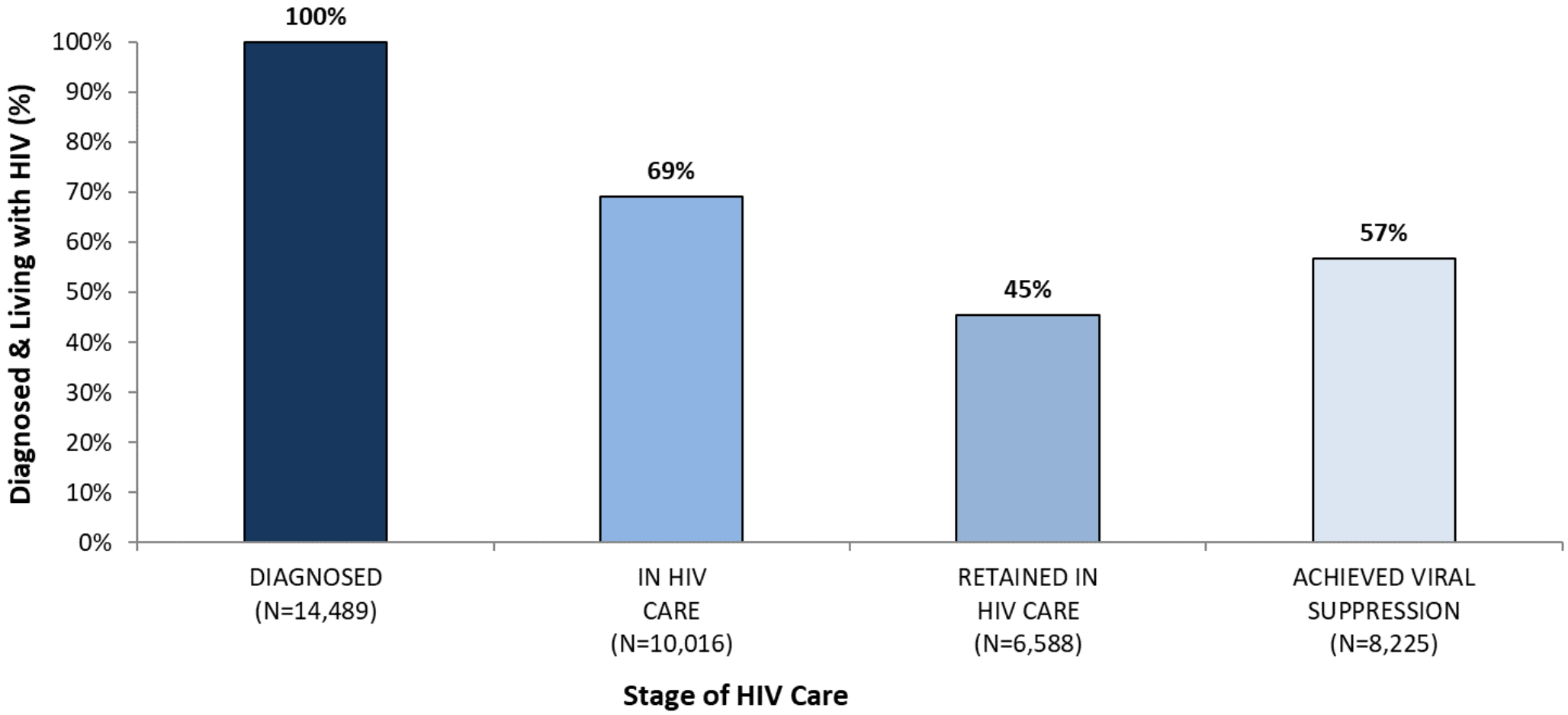
- 2023 Unmet Need Estimate - 8.5%
- 1,397 County Residents infected with HIV, but unaware
  - Assumed to be similar in demographics to diagnosed cases

- Calculated from various estimates using method provided by CDC

HIV Care Cascade – 2022

CDPH Calculation

Care Cascade 2022 - Overall



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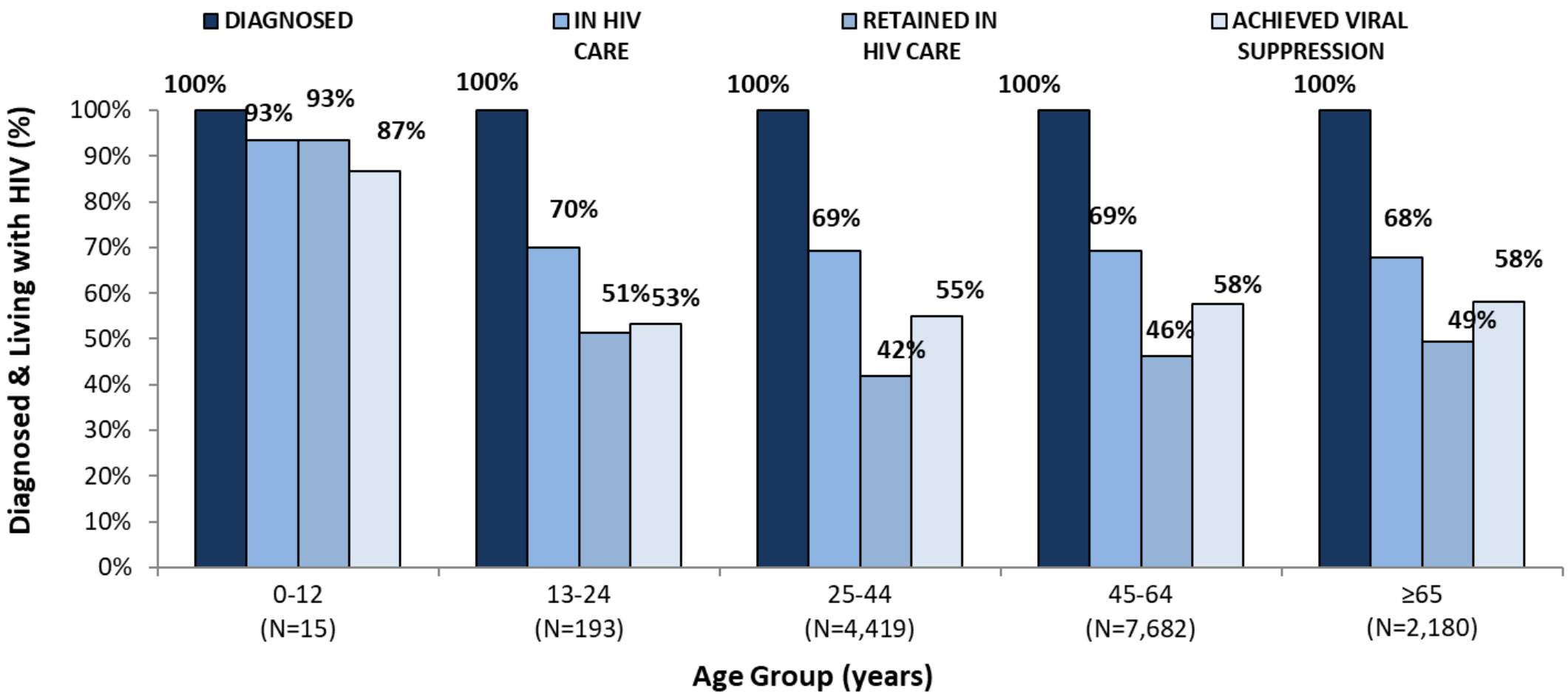
CDPH OA generated cascade.

Care Cascade – by Age Group



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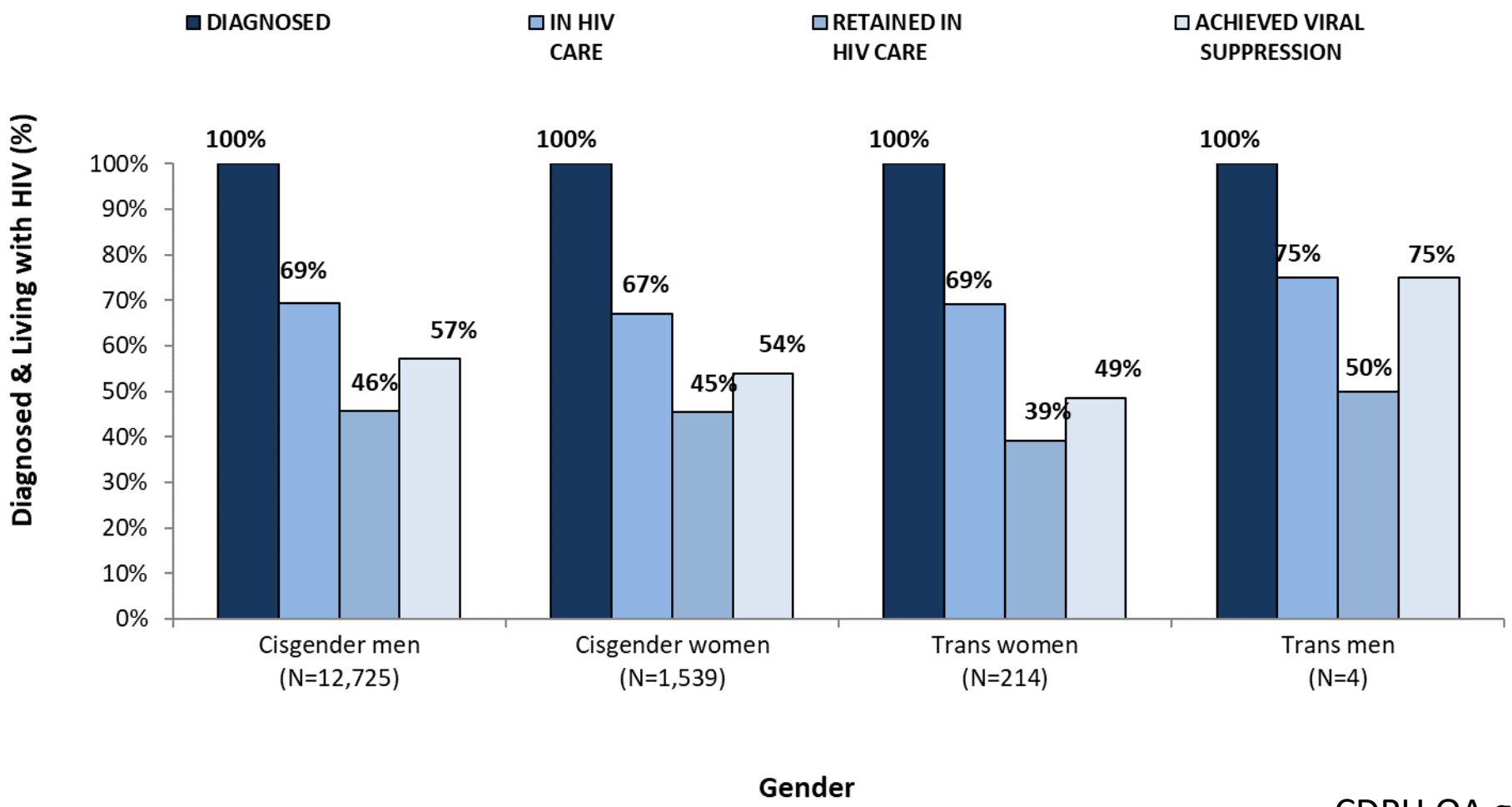
Care Cascade – by Gender



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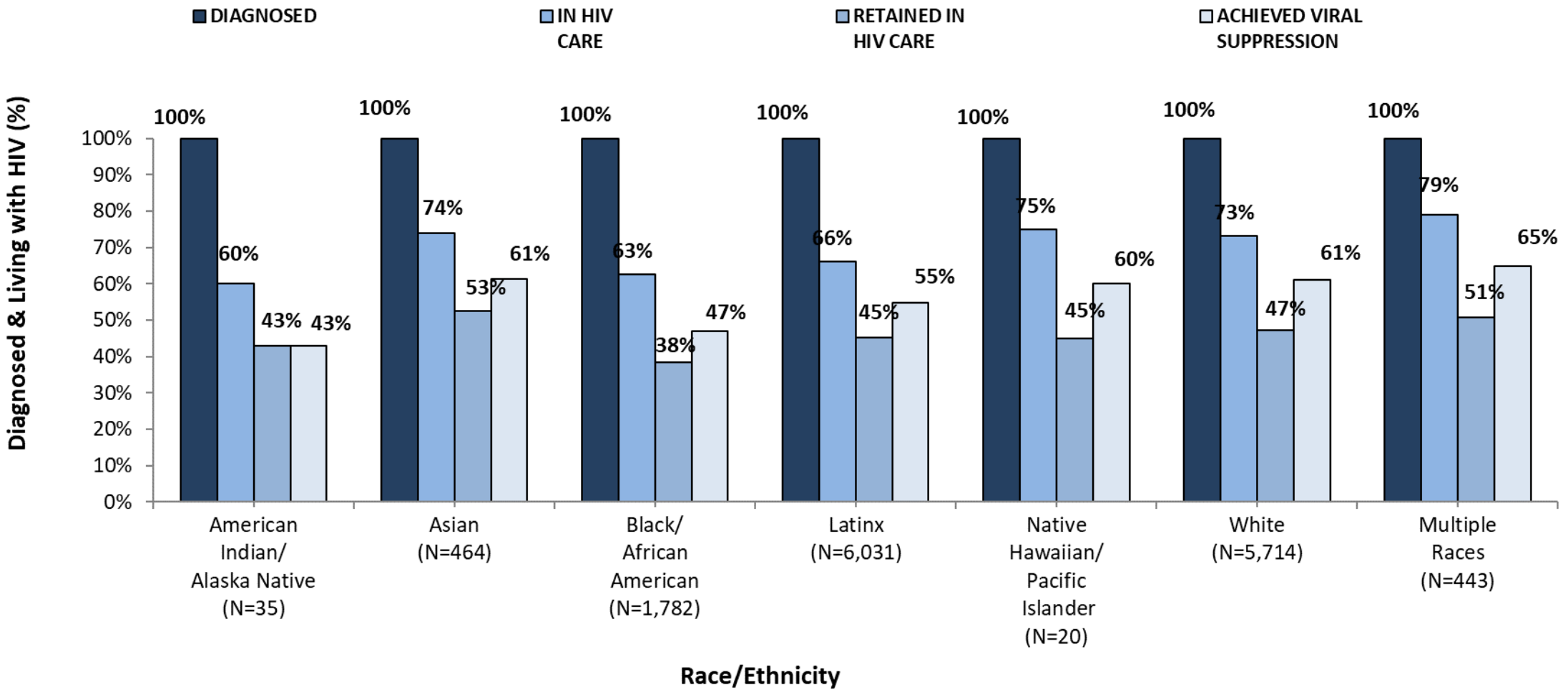
Care Cascade 2022 – by Race/Ethnicity



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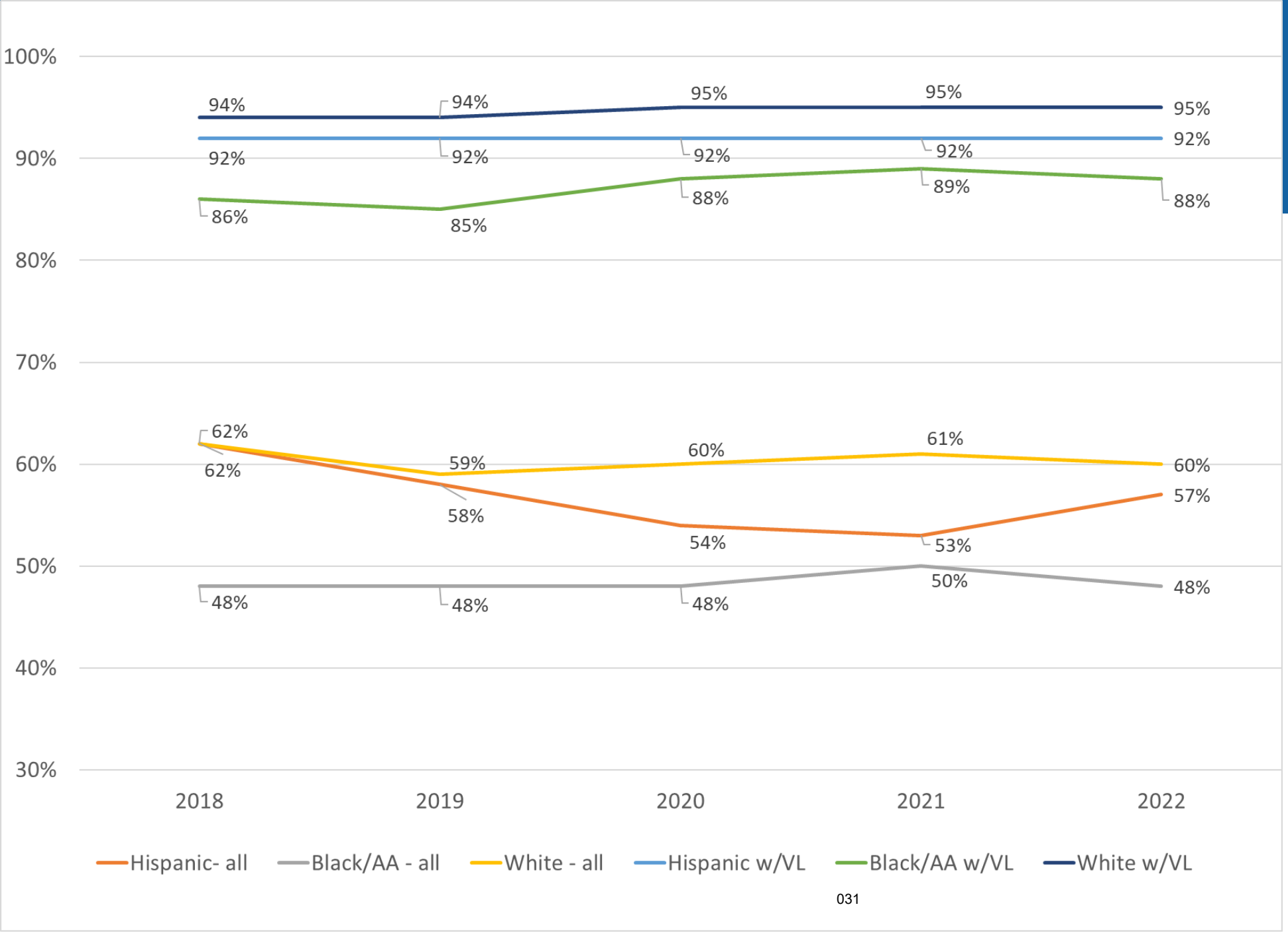
Viral Suppression, 2018-2022



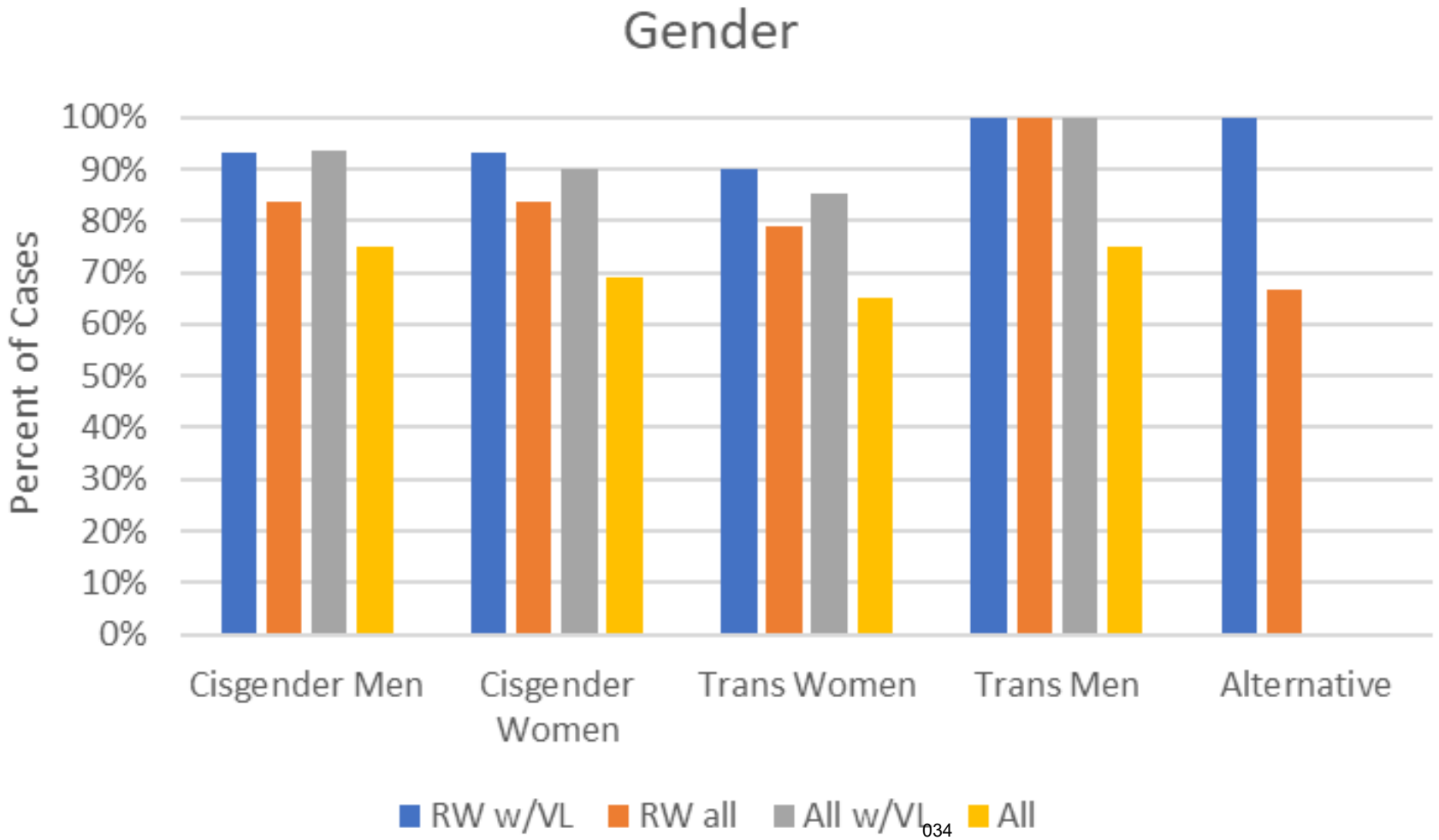
Ryan White Clients Compared to All Surveillance Cases

Ryan White vs All Cases – General Demographics

Demographic		RW	All
Gender	Cisgender Men	80%	88%
	Cisgender Women	16%	11%
	Trans Women	4%	1%
	Trans Men	0%	0.0%
	Alternative	0%	0.0%
Age (years)	0-12	1%	0.1%
	13-19	0%	0.2%
	20-29	7%	5%
	30-39	21%	17%
	40-49	22%	19%
	50-59	25%	27%
	60+	24%	32%
Total		3,453	15,035

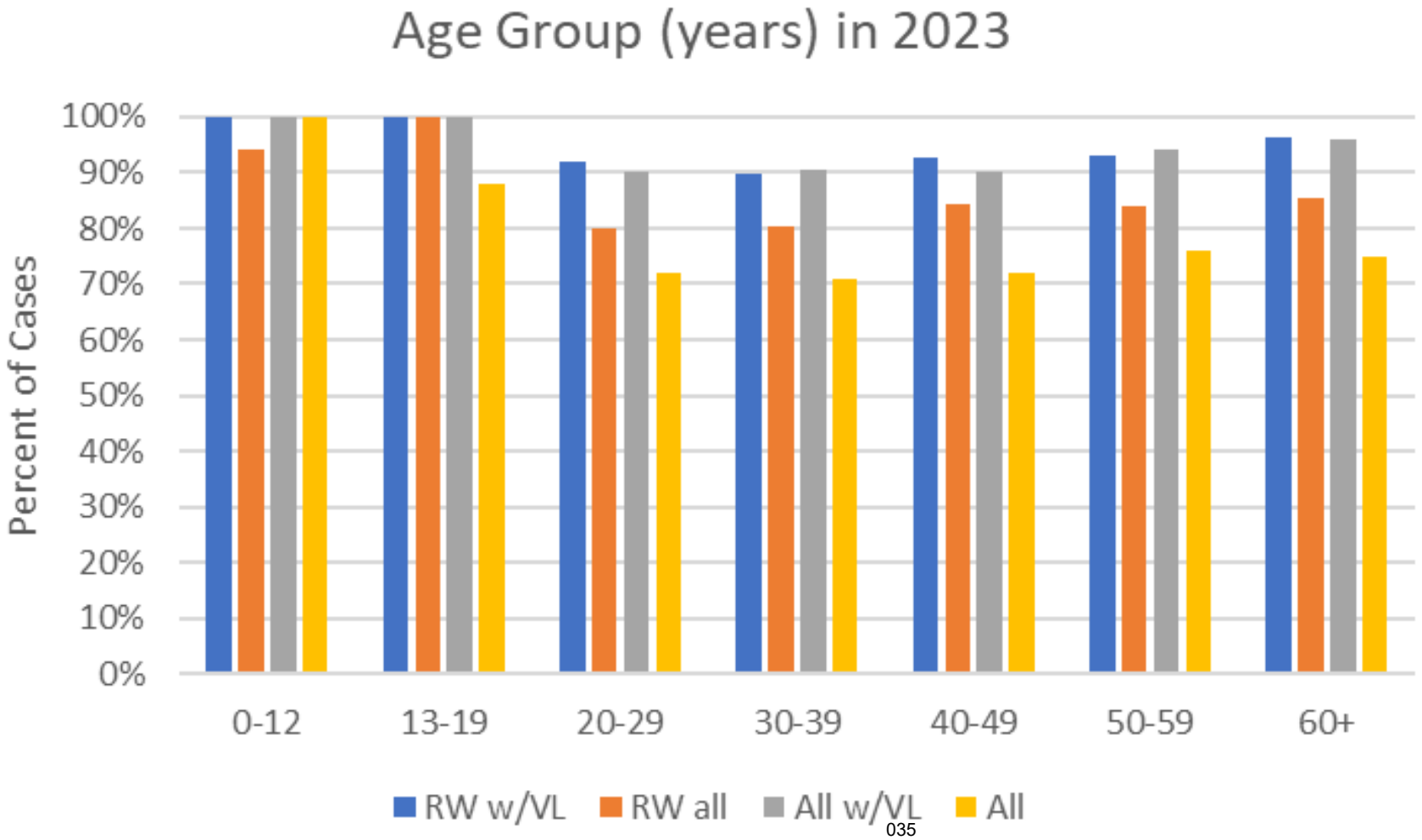
Demographic		RW	All
Race/ Ethnicity	Hispanic	57%	42%
	Black	12%	12%
	White	24%	38%
	API	2%	3%
	Other	5%	4%
HSHA Region	Central	34%	45%
	East	6%	9%
	South	28%	18%
	North Coastal	11%	8%
	North Inland	5%	6%
	North Central	7%	13%
	Unknown/Missing	9%	1%
Total		3,453	15,035

Ryan White vs All Cases – Viral Suppression



- All Ryan White: 3,453
- Ryan White w/viral load: 3,098
- All cases: 15,035
- Cases w/viral load: 9,657

Ryan White vs All Cases – Viral Suppression



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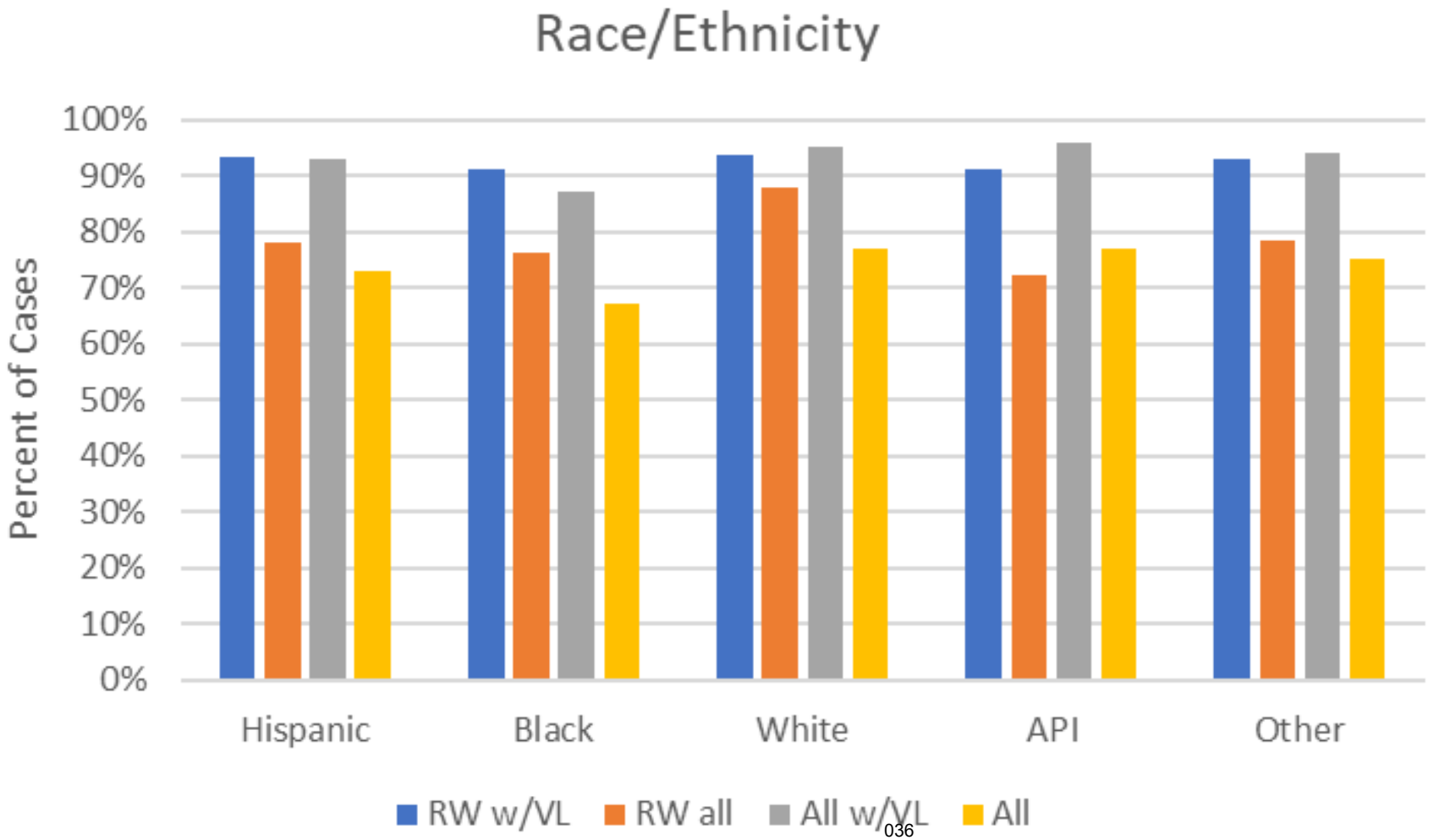
Ryan White vs All Cases – Viral Suppression



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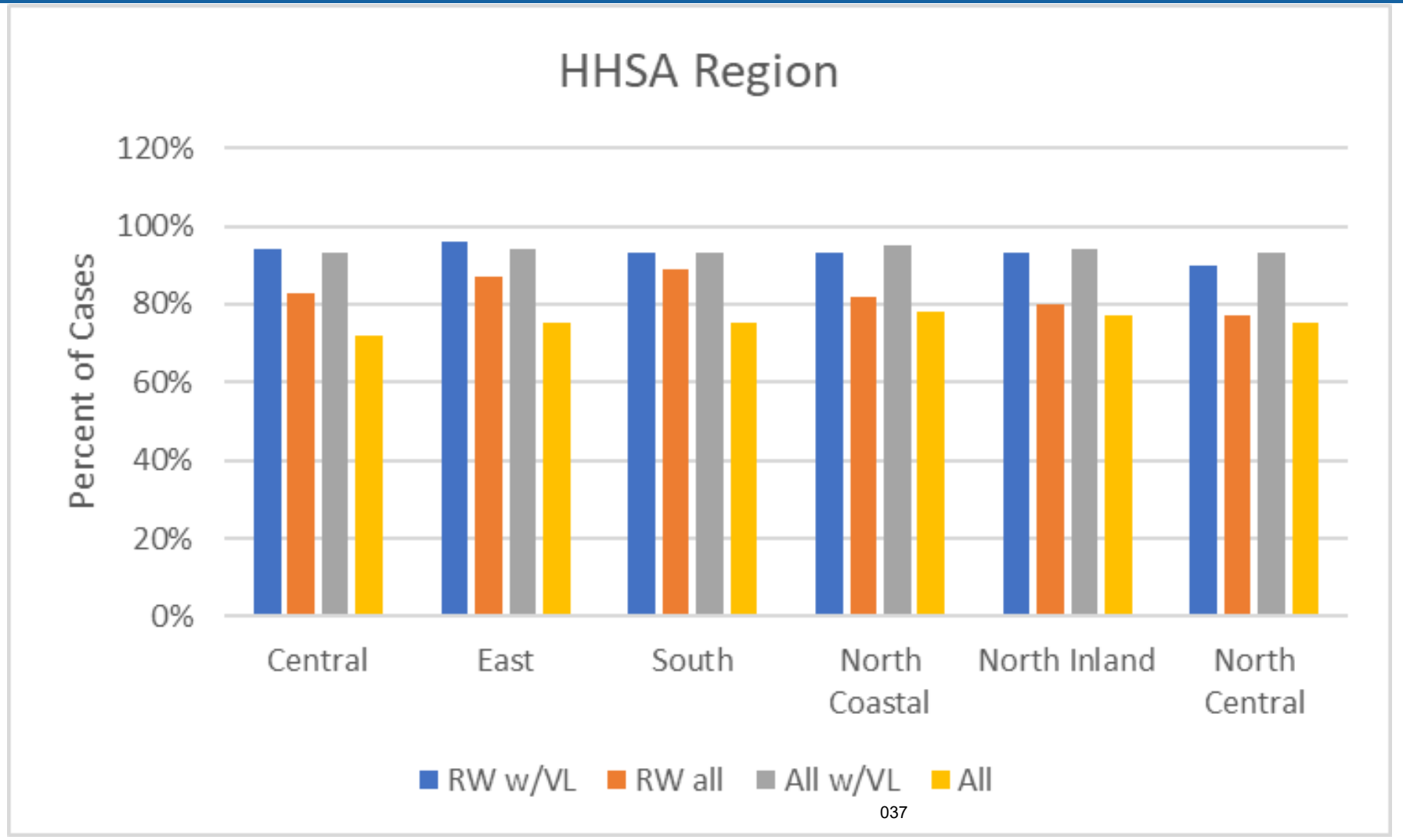

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- Ryan White w/viral load: 3,098
- All cases: 15,035
- Cases w/viral load: 9,657

Questions

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THANK YOU

The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and was re-accredited by the Public Health Accreditation Board on August 21, 2023.

San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee

2024 Key Data Findings

HIV EPIDEMIOLOGY

Draft June 6, 2024

OVERALL

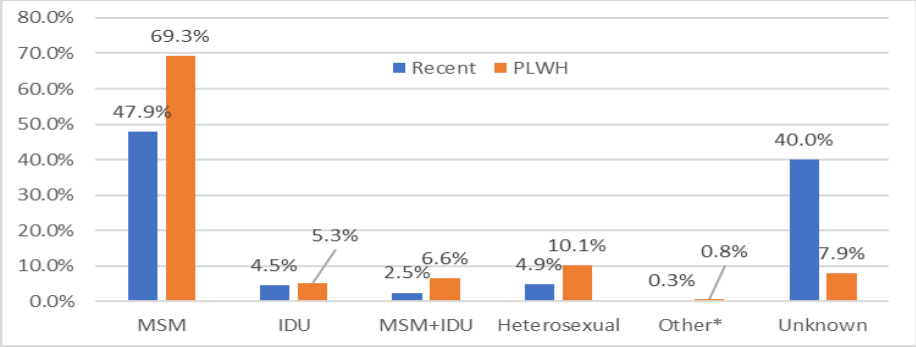
- Total Persons Living with HIV disease (PLWH) in San Diego County (Prevalent cases) = **15,035**.
- Recent cases (2019 – 2023) **=2,142** (this is a subset of the total or prevalent cases)

BIRTH SEX

- The proportion of female HIV disease diagnoses has increased slightly over the last 5 years to about **13.8% (n = 296, recent cases;** cf. 10.8% of prevalent cases, n = 1,624 for females)
- East, North Inland, and Central Regions have the largest proportion of recent HIV disease diagnoses among women (= 56% of total women in the three regions)

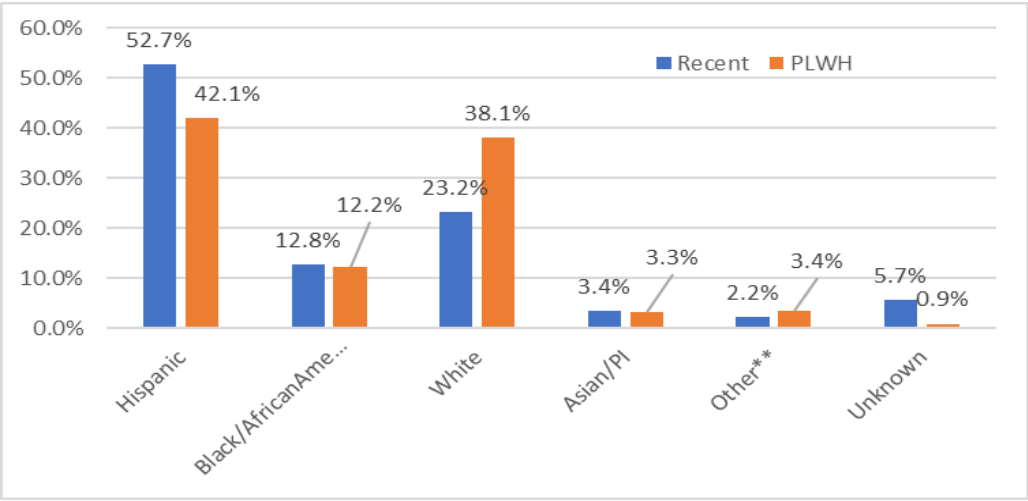
MODE OF TRANSMISSION

- The majority of people living with HIV disease (PLWH) through year-end 2023 were men who have sex with men (MSM, 69.3%, n = 10,426) For women, heterosexual transmission was the largest mode of transmission. Most recent diagnoses and PLWH were male and MSM.



RACE/ETHNICITY

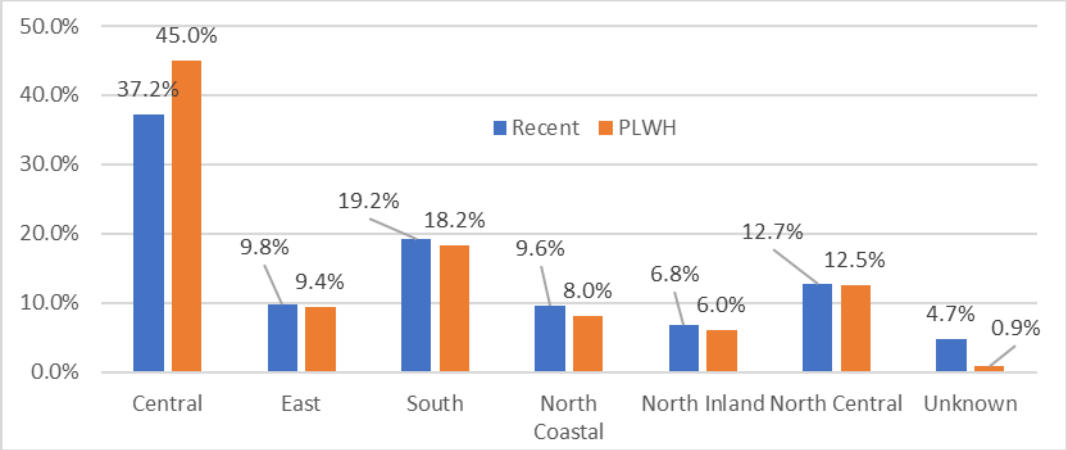
- The majority of recent HIV disease diagnoses for over ten years were people of color. The proportion of Non-Hispanic White cases decreased over time, while the proportion of Hispanic/Latino cases increased over time. The HIV rate (number/100,000 or 10^5) was higher for Non-Hispanic Black/African American **(38.2/10^5**) than for Hispanic/Latino **(20.5/10^5)** or Non-Hispanic White **(7.2/10^5)** between 2019 and 2023.



[1] **Recent Cases** = HIV disease diagnosis, regardless of stage of disease, between 2019 – 2023 while residing in San Diego County **Persons Living with**
[2]**HIV disease (PLWH) =** Residing in San Diego County and alive as of December 31, 2023

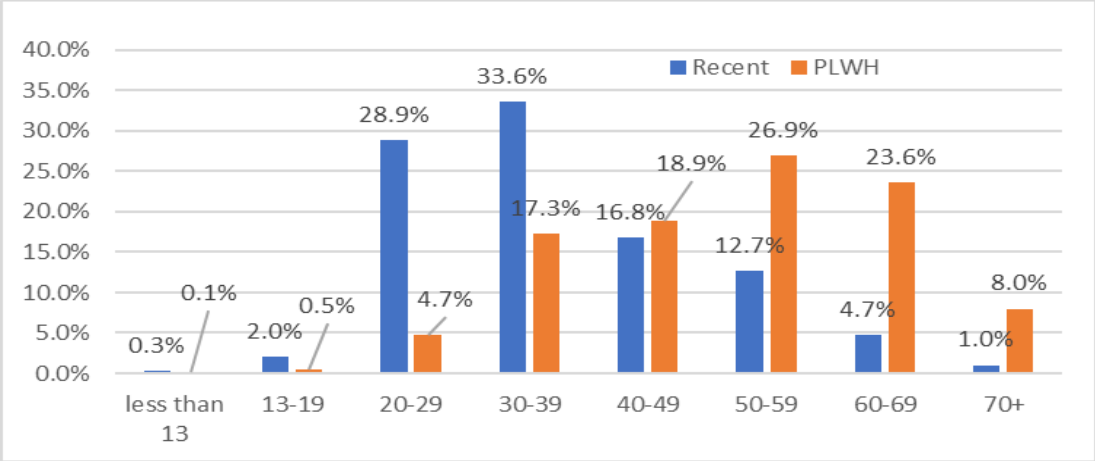
REGION AT DIAGNOSIS

- Central Region has the highest number **(n = 6,760)** and percentage **(45.0%)** of PLWH cases, followed by the South Region **(n =2.729, 18.2%)**.
- The proportion of HIV disease in the Central Region residents decreased over time, while the proportion of HIV disease diagnoses among South Region and North Regions residents increased slightly over time.



AGE

- The **30 – 39 years** and **20 – 29 years** age groups were the most frequent age groups at diagnosis among recent HIV cases (diagnosed 2019 – 2023, 33.6% n = 719, , and 28.9%, n =619,respectively), whereas the **50 - 59** was the most frequent age for total PLWH (26.9%, n = 4,038, and **60 – 69** was the second most frequent (23.6%, n = 3,555).



DURATION OF INFECTION

- The greatest proportions for duration of HIV disease are between **5 – 9 years (15.5%**), **10 – 14 years (15.3%)**, and **15 – 19 years** (15.4%). This data demonstrates that people with HIV disease are living for several years.

[1] **Recent Cases** = HIV disease diagnosis, regardless of stage of disease, between 2019 – 2023 while residing in San Diego County

[2] **Persons Living with HIV disease (PLWH) =** Residing in San Diego County and alive as of December 31, 2023. Age is calculated at 12/31/2023.

All data provided by San Diego County Health & Human Services Agency; Epidemiology and Immunizations Services Branch (EISB), 2024

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

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

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

Purpose of PCN

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

Background

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

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

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

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

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

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

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

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

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

Eligible Individuals:

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

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

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

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

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

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

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

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

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

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

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

Other unallowable costs include:

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

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

Service Category Descriptions and Program Guidance

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

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

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

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

RWHAP Services

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

Effective Date

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

Appendix

RWHAP Legislation: Core Medical Services

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

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

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

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

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

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

Program Guidance:
See PCN 07-03: The Use of Ryan White HIV/AIDS Program, Part B (formerly Title II), AIDS Drug Assistance Program (ADAP) Funds for Access, Adherence, and Monitoring Services;
PCN 13-05: Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Private Health Insurance; and

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

See also AIDS Pharmaceutical Assistance and Emergency Financial Assistance

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

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

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

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

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

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

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

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

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

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

Program Guidance:
None at this time.

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

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

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

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

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

Description:

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

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

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

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

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

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

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

See PCN 07-05: Program Part B ADAP Funds to Purchase Health Insurance;
PCN 13-05: Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Private Health Insurance;
PCN 13-06: Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Medicaid; and
PCN 14-01: Revised 4/3/2015: Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Premium Tax Credits under the Affordable Care Act

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

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

Program Guidance:

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

Medical Nutrition Therapy
Description:
Medical Nutrition Therapy includes:

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

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

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

See Food-Bank/Home Delivered Meals

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

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

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

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

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

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

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

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

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

See Psychosocial Support Services

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

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

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

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

See Substance Abuse Services (residential)

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

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

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

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

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

RWHAP Legislation: Support Services

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

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

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

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

Allowable use of funds include:

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

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

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

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

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

Program Guidance:
Direct cash payments to clients are not permitted.

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

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

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

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

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

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

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

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

Program Guidance:
Health Education/Risk Reduction services cannot be delivered anonymously.

See Early Intervention Services

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

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

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

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

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

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

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

Legal Services
See Other Professional Services

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

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

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

Program Guidance:
Medical transportation may be provided through:

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

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

Unallowable costs include:

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

Other Professional Services

Description:

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

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

Program Guidance:

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

See 45 CFR § 75.459

Outreach Services
Description:
Outreach Services include the provision of the following three activities:

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

Program Guidance:
Outreach programs must be:

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

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

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

See Early Intervention Services

Permanency Planning
See Other Professional Services

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

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

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

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

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

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

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

See Respite Care Services

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

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

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

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

Program Guidance:

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

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

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

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

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

See Psychosocial Support Services

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

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

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

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

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

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

HIV PLANNING GROUP
6-MONTH COMMITTEE TRACKING
June 2023 - May 2024

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE															
PSRAC	**8-Jun**	**20-Jun**	**20-Jul**	**27-Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**#**
Total meetings	1	1	1	1		1		1		1		0	1	1	**7**
Member															
Jacobs, Dr. Delores	*	*	*	*		*		*		*		NQ	*	*	**0**
Davenport, Beth	*	*	*	*		**1**		**1**		*		NQ	**1**	*	**3**
Fleming, Tyra [cc]												NQ	*	*	**0**
Garcia-Bigley, Felipe	*	*	*	*		*		**1**		*		NQ	*	*	**1**
Highfill, Pam	*	*	*	*		*		*		*		NQ	*	**1**	**1**
Kubricky, Cinnamen	*	*	*	*		*		**1**		*		NQ	*	*	**1**
Mendoza Aguirre, Marco												NQ	*	*	**0**
Mueller, Chris	*	*	*	*		**1**		*		*		NQ	*	*	**1**
Robles, Raul	*	*	*	*		**1**		*		*		NQ	**1**	*	**2**
Quezada-Torres, Karla	*	**1**	*	*		*		*		*		NQ	*	**1**	**2**
Underwood, Regina	**1**	*	*	*		*		**1**		*		NQ	*	*	**2**
Van Brocklin, Rhea [c]	*	*	*	*		**1**		**1**		*		NQ	*	*	**2**
Villafan, Freddy	*	*	*	*		**1**		**1**		*		NQ	*	*	**2**

To remain in good standing and eligible to vote, the committee member may not miss 3 consecutive meetings or 6 meetings within 12 months.

***** = Present

1 = Absent for the month

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

JC = Just Cause

EC = Emergency Circumstance

NM = No Meeting

NQ = No Quorum

Ryan White Utilization Report

Summary of Services for FY 24

(March 1, 2024 - February 28, 2025)

HIV, STD and Hepatitis Branch

SAN DIEGO HIV PLANNING GROUP (HPG)
PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)
MEETING PACKET

APPENDIX

(Page 068-073)

ASSEMBLY BILL (AB) 2449: JUST CAUSE AND EMERGENCY CIRCUMSTANCES (2023)

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
Just Cause	• There is a childcare or caregiving need (for a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner) that requires the member to participate remotely • A contagious illness prevents the member from attending the meeting in • There is a need related to a defined physical or mental disability that is not otherwise accommodated for • Traveling while on official business of the legislative body or another state or local agency	A member is limited to **two (2)** virtual attendances based on "just cause" per calendar year
Emergency Circumstances	"A physical or family medical emergency that prevents a member from attending the meeting in person." A member is not required to disclose any medical diagnosis or disability, or any personal medical information that is already exempt from existing law.	A member of the legislative body must make a request to the body to allow the member to meet remotely due to an emergency circumstance, and further must provide a general description of the circumstance justifying such attendance. A request from a member to attend remotely due to an emergency circumstance requires that the legislative body take action and approve the remote attendance at the start of the meeting for the member to be allowed to participate remotely for that meeting*.

**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 (3) 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 ten (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 Circumstance (AB 2449)
In person participation	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 and in person	Call-in or internet-based and 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 by 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 recommendations 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

YOUR VOICE MATTERS!

2024 COUNTY OF SAN DIEGO HIV NEEDS ASSESSMENT SURVEY

TELL US ABOUT:

- Access to HIV prevention and treatment services
- Things that work well
- Challenges and concerns
- Your well-being

Learning about the impact of HIV in San Diego County will help us improve HIV services and access!

TAKE THE SURVEY ONLINE!

hpg.hhsa@sdcounty.ca.gov

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CHECK OUT OUR NEW APP FOR COUNTY'S HIV RESOURCES

GETTING 2 ZERO STOP HIV

¡TU VOZ IMPORTA!

2024 CONDADO DE SAN DIEGO ENCUESTA DE EVALUCIÓN DE LAS NECESIDADES RELACIONADAS CON EL VIH

CUÉNTANOS SOBRE:

- Acceso a la prevención del VIH y
- Servicios de tratamiento
- Coas que funcionan bien
- Desafíos y preocupaciones
- Tu bienestar

Aprendiendo acerca de el impacto de la VIH en Condado de San Diego nos ayudará mejorar los servicios del VIH y ¡acceso!

¡RESPONDA LA ENCUESTA EN LÍNEA!

hpg.hhsa@sdcounty.ca.gov

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CONSULTE NUESTRA NUEVA APLICACIÓN PARA OBTENER RECURSOS SOBRE EL VIH DEL CONDADO

GETTING 2 ZERO STOP HIV

THE HIV PLANNINGR GROUP WANTS YOU!

ABOUT THE COMMUNITY ENGAGEMENT GROUP (CEG)

THE COMMUNITY ENGAGEMENT GROUP (CEG) PLAYS AN IMPORTANT ROLE BY INCREASING PARTICIPATION IN THE PLANNING FOR HIV PREVENTION AND TREATMENT SERVICES AND ENSURING THAT INDIVIDUALS AT RISK OF OR LIVING WITH HIV/AIDS HAVE INPUT INTO THAT PROCESS.

JOIN OUR MONTHLY MEETINGS ON EVERY 3RD WEDNESDAY!

OUR MEETINGS ARE OPEN TO THE PUBLIC AND ARE IN-PERSON VIRTUAL

TO JOIN US VIRTUALLY ON ZOOM, USE THE LINK BELOW OR SCAN THE QR CODE WITH YOUR MOBILE DEVICE'S CAMERA.

https://us06web.zoom.us/j/83782242388?pwd=MTFqZitVcC9hNnFPRkhkcnV3dGpKdz09

Meeting ID: 837 8224 2388
Passcode: 106514