SAN DIEGO HIV PLANNING GROUP (HPG)

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

MEETING PACKET

THURSDAY, JUNE 8, 2023, 1:00 PM – 5:00 PM

COUNTY ADMINISTRATION CENTER

1600 PACIFIC HIGHWAY, SAN DIEGO, CA 92101 (ROOM 320, Board of Supervisors Chamber)

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)

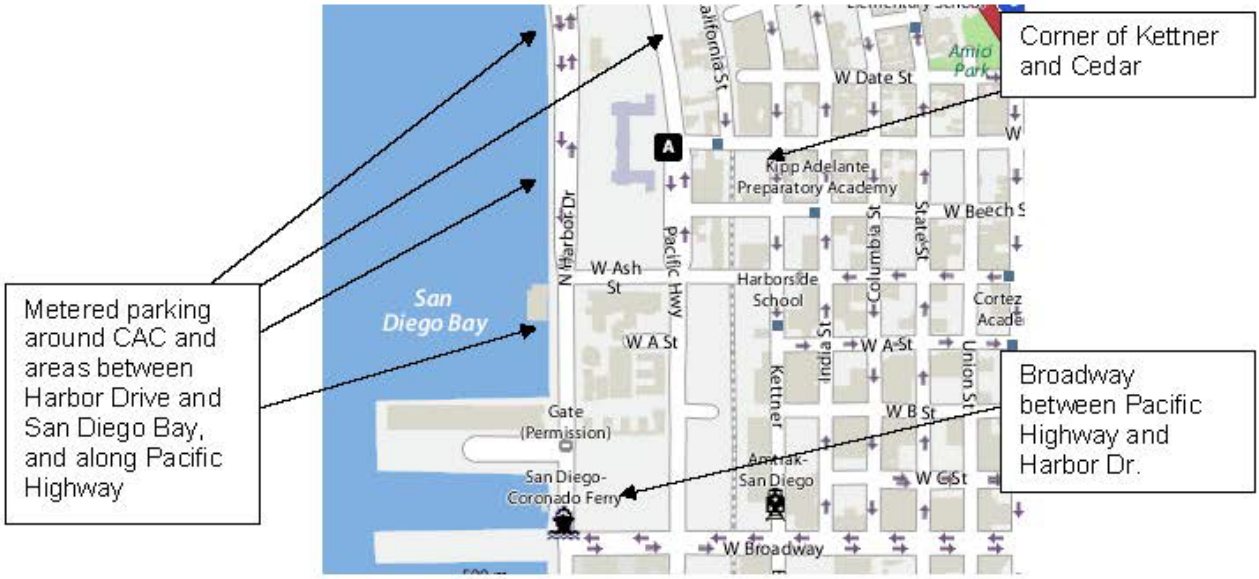
When: Thursday, June 8 from 1:00 PM – 5:00 PM
Where: San Diego County Administration Center (CAC)
1600 Pacific Highway, San Diego, CA 92101
Room 310 – Board of Supervisors Chamber (Third Floor)

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.

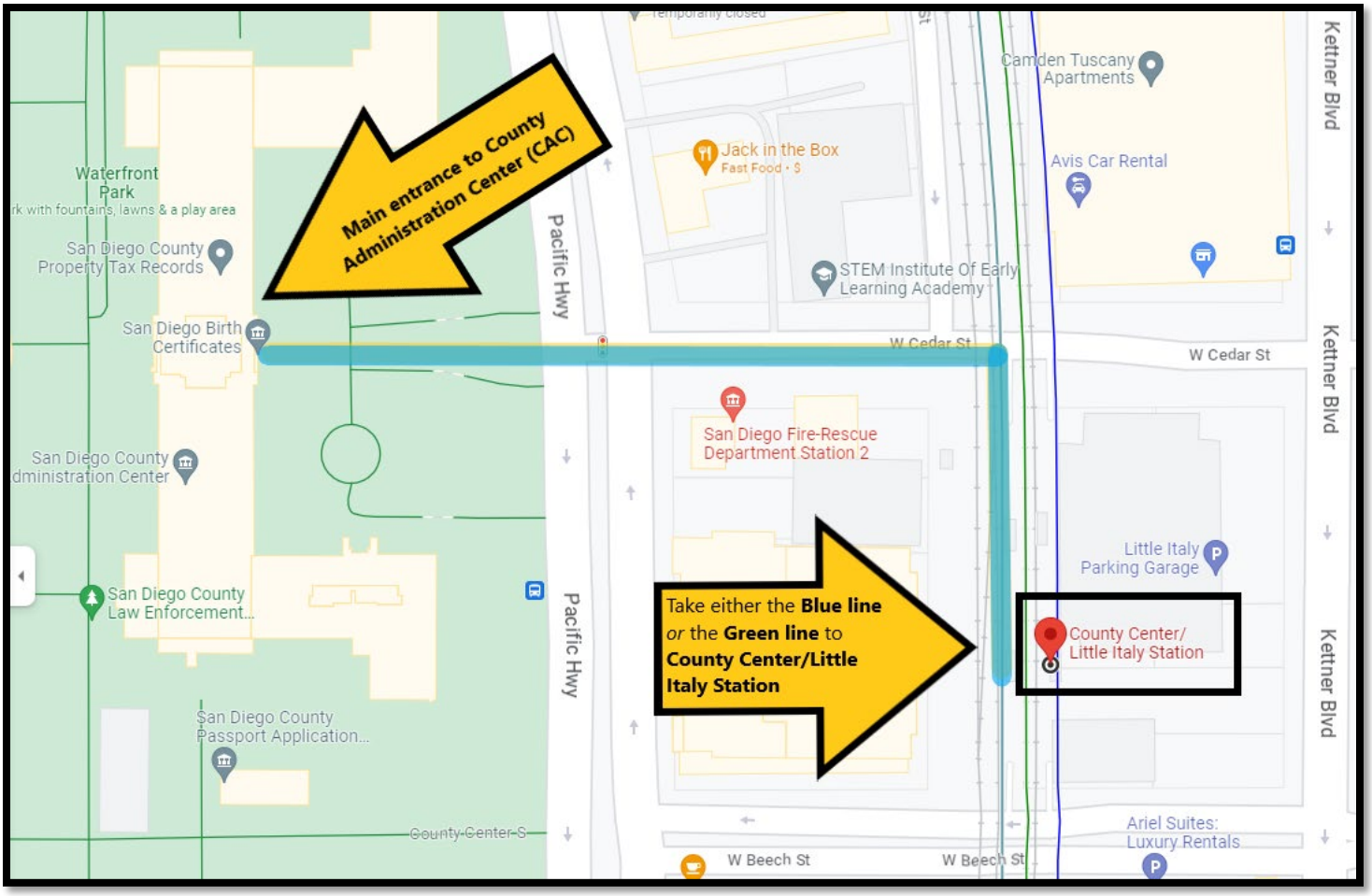
****ATTN:**
Please note that directions depicted on given directions to location may not reflect info on the MTS phone application.

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
Acevedo, Allan	• None
Carroll, Reginald	• None
Cortes, Alberto	• Medical Nutrition Therapy • Emergency Financial Assistance • Food Bank/Home Delivered Meals
Davenport, Beth	• Mental Health • Non-Medical Case Management • Medical Case Management • Peer Navigation
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
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

Name	Conflict of Interest
Robles, Raul	• None
Rucker, James	• 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
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	• Medical Case Management • Substance Use Disorder Treatment: Residential • Transportation: Assisted and Unassisted

SAN DIEGO HIV PLANNING GROUP (HPG)

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRAC)

MEETING AGENDA

THURSDAY, JUNE 8, 2023, 1:00 PM – 5:00 PM

COUNTY ADMINISTRATION CENTER (CAC)

1600 PACIFIC HIGHWAY, SAN DIEGO, CA 92101 (ROOM 320, Board of Supervisors Chamber)

To participate remotely via Zoom:

https://sdcountyca.webex.com/sdcountyca/j.php?MTID=mce02f5e2385802245551cb2e49c8844e

Join the meeting via phone: 1-470-238-5742 US Toll / 52-55-6722-5298 Mexico Toll

Meeting ID: 2632 373 9384 **Password:** PSRAC.20

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 eight (8)

Committee Members: Beth Davenport, Reginald Carroll, Alberto Cortes, Felipe Garcia-Bigley, Pam Highfill, Dr. Delores Jacobs (Chair), Cinnamen Kubricky, Chris Mueller, Raul Robles, James Rucker (co-chair), Karla Quezada-Torres, Regina Underwood, Rhea Van Brocklin, Freddy Villafan

ORDER OF BUSINESS

1. Call to order, roll call, comments from the chair
2. Reminders:
   - **Review of Committee Charge**
   - **Committee members' Conflicts of Interest**: Disclose areas of financial interest (e.g., employment); Refrain from participation in related votes
   - **Areas that are 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.
   - **Focus on service priorities, not on specific service providers**
   - **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 prior to 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 8, 2023
6. **ACTION:** Approve the Priority Setting & Resource Allocation minutes for May 11, 2023
7. Review follow-up items from the last meeting.
8. Old Business:
    a. Getting to Zero (GTZ) Community Action Plan
    b. **Action:** Finalize and approve the data on co-occurring conditions, poverty and insurance"
    c. **Action:** Review and approve data on **the regional distribution of Ryan White Treatment Extension Act (RWTEA) Part A services & discuss findings**
    d. **Action:** Review and approve data on **Ryan White's service eligibility criteria & other service guidelines** and discuss findings
9. New Business:
    a. **ACTION:** Allocation of FY 22 Carryover funding
    b. Review 2021 **Survey of HIV Impact** data & discuss findings, esp. Out-Of-Care data
    c. Review Regional Community Focus Group data and discuss findings
    d. Review **HRSA and Ryan White Part A guidelines (PCN 1602)**
    e. **Action:** Review and approve the summary of HIV/AIDS Epidemiology data & discuss findings (if available)
    f. Partial Assistance Rental Subsidy (PARS) Report- Lauren Brookshire
10. Routine Business
    a. Review Monthly and Year-to-Date (YTD) expenditures and examine for any recommended reallocations.
        i. Review of over/under spending
    b. Review Monthly and YTD service utilization report
    c. HIV Testing Report- Lauren Brookshire
    d. COVID-19/Monkeypox update
    e. Affordable Care Act (ACA) update
    f. HIV Prevention update
    g. Review the PSRAC FY 23 Work Plan
11. Suggested items for the future committee agenda.
12. Announcements
13. Next meeting date: **June 22, 2023, from 1:00 PM– 5:00 PM.**
    Location: County Operations Center (COC), 5500 Overland Ave. (Training Room 120) San Diego, CA 92123
14. 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

SAN DIEGO HIV PLANNING GROUP (HPG)
PRIORITY SETTING AND RESOURCE ALLOCATION COMMITTEE (PSRAC)
DRAFT MINUTES
THURSDAY, May 11, 2023, 3:00 PM – 5:00 PM
COUNTY OPERATIONS CENTER
5500 OVERLAND AVE, SAN DIEGO, CA 92123 (TRAINING ROOM 120, BUILDING 5500)

To participate remotely via Zoom:
https://sdcountyca.webex.com/sdcountyca/j.php?MTID=m3d9bb770d109f1ea7d905327732b7729
Call in: 1-470-238-5742 US Toll / 52-55-6722-5298 Mexico Toll
Meeting Number (access code): 2632 293 8629 **Password:** PSRAC.20

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 eight (8).
Committee Members: Reginald Carroll / Alberto Cortes / Dr. Beth Davenport / Dr. Delores Jacobs (Chair) / Pam Highfill / Raul Robles / James Rucker (Co-Chair) / Karla Quezada-Torres / Regina Underwood / Freddy Villafan

Committee Members Absent: Felipe Garcia-Bigley / Cinnamen Kubricky / Chris Mueller/ Rhea Van Brocklin

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order	Dr. Delores Jacobs called the meeting to order at 3:01 PM and noted that a quorum was established.	
2. Reminders	James Rucker read the committee charge. Next, Dr. Jacobs reviewed the guidelines for conflicts of interest (COI), the committee's purview, and the meeting rules.	
3. Public Comment on non-agenda items (for members of the public)	None	

Agenda Item	Discussion/Action	Follow-Up
4. Sharing our concerns (for committee members).	• A committee member shared concerns regarding meeting every other month. • A committee member shared concerns regarding limitations and rules of meeting attendance.	
5. **Action:** Review and approve the agenda for May 11, 2023	**Action:** Approve the May 11, 2023 meeting agenda as presented with the noted changes: • Move agenda item 9. g. The HIV Epidemiology presentation, to 9. a. • Move agenda item 9. a. Discussion: Retreat Work Plan to agenda item 8. a. **M/S/C:** Villafan/Rucker 7/0 **Abstentions**: Jacobs **Motion carries**	
6. Old Business		
a. Discussion: Retreat work plan - Raniyah Copeland	Raniyah Copeland and Dr. Aunsha Hall reviewed the Retreat Work Plan "Establishing an anti-racist approach for the SD HPG." The committee discussed goals and objectives focusing on the following: • Goal 1 – Increase communications for the SD HPG that supports an inclusive culture for members and others supporting HIV service contractors. • Goal 3 - Diversify the SD HPG Leadership so there are representations from communities affected by HIV in San Diego County as key decision-makers • Goal 4 - Diversify HPG membership to be reflective of those living with and at	HPG Support Staff will send the slides to the PSRAC members for review and feedback.

Agenda Item	Discussion/Action	Follow-Up
	higher risk for HIV in San Diego County The committee recommended: • Integrate/codify diversity into the HPG Bylaws and Policies & Procedures, particularly around seeking leadership for the HPG. Send the slides to the committee members and provide an opportunity for additional feedback.	
b. Discussion/**Action:** Potential meeting time changes for September through May meetings 11:30 AM - 1:00 PM or 5:00 PM - 6:30 PM and a new schedule of 2 or 3 4-hour meetings in June/July for priority rankings and budget allocations	The committee discussed planned meeting time and frequency changes, including the following meetings for June 2023: • June 8, 2023, 1:00 – 5:00 PM, place and room TBD • June 22, 2023, 1:00 – 5:00 PM County Operations Center (COC), Training Room 120 Staff will perform quorum checks for each meeting.	
c. Leadership development recommendation from HPG Retreat	The committee discussed the recommendations: • Have the committee co-chairs more involved in activities, including leading meetings. • Provide support and training for co-chairs. • Have a short portion of each meeting on a dialogue regarding co-chair leadership. This is particularly important as, in 16 months, ~ ¼ of the HPG membership will term off for at least 1 year.	
d. Getting to Zero (GTZ) Community Action Plan	The PSRAC is focusing on two primary goals in the GTZ action plan:	

Agenda Item	Discussion/Action	Follow-Up
	• Increasing Housing resources for persons living with HIV (PLWH) • Increase capacity for Mental Health services and Substance Use Treatment services. The Membership Committee wants the PSRAC to help with HPG member recruitment, especially recruiting PLWH.	
7. **New Business**		
a. Review updated HIV/AIDS Epidemiology data & discuss findings (if available)	Dr. Samantha Tweeten presented data on HIV Epidemiology from 2022: The number of PLWH in SDC as of 12.31.22 is 14,634. The number of incident cases (since 1983) = 24,958 The number of recent cases (2018 – 2022) = 2,139. The data was further broken down by Race/Ethnicity, Sex/Gender, Age, and Geographic Region 2021 data on Viral Suppression was provided; more detailed data on this will be at a future meeting.	HPG Support Staff will summarize the data into a Key Data Findings (KF) document for review.
b. **Action:** Allocation of FY 22 Carry Overfunding	Tabled until the next meeting.	
c. Address change in FY 23 Part A funding (if needed)	Tabled.	
d. Summarize/finalize data on co-occurring conditions, poverty, and insurance	The committee reviewed the updated KF report and recommended the following: • Double check the COVID statement for PLWH Add a statement regarding age-related diseases as the population of PLWH is aging.	HPG Support Staff will make the recommended changes and return the document to the next meeting.
e. Review data on **the regional distribution of Ryan White Treatment Extension Action**	The committee began reviewing the KF document. At 4:53 p.m. quorum was lost, and the committee adjourned.	

Agenda Item	Discussion/Action	Follow-Up
(RWTEA) Part A services & discuss findings		
f. Review data on **Ryan White's service eligibility criteria & other service guidelines** and discuss findings	Tabled	
g. PARS Report	Tabled	
8. **Routine Business**		
a. Review Monthly and YTD expenditures and examine for any recommended reallocations. i. Review of over/under spending	Tabled	
b. Review Monthly and YTD service utilization report	Tabled, the report was included in the meeting materials packet.	
c. COVID-19/MPox update	Tabled	
d. Affordable Care Act (ACA) update	Tabled	
e. HIV Prevention update	Tabled	
f. Review the PSRAC FY 23 Work Plan	Tabled	
9. Approve the meeting minutes from March 9, 2023;	Tabled	
10. Review committee attendance	Tabled, the report included in the meeting materials packet.	
11. Suggested items for the PSRAC agenda	Tabled	
12. Next Meeting: TBD Location: TBD		
13. Announcements	Tabled	
14. Adjournment	Adjourned at 4:53 PM	

HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
May 2022 -May 2023

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE																					Total
PSRAC	**May**	**2-Jun**	**9-Jun**	**16-Jun**	**23-Jun**	**30-Jun**	**7-Jul**	**14-Jul**	**21-Jul**	**28-Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	
Total meetings	1	1	1	1	1	0	1	1	1	1	1	1	1	0	1	1	1	1	NM	1	11
Member																					
Jacobs, Dr. Delores[C]	*	*	*	*	*	NM	*	1	*	*	*	*	*	NM	*	*	*	*	NM	*	0
Carroll, Reginald																		*	NM	*	0
Cortes, Alberto	1	1	1	*	*	NM	*	*	1	*	*	1	*	NM	*	*	1	JC	NM	*	3
Davenport, Beth	1	1	*	1	*	NM	*	*	*	*	*	*	*	NM	*	*	*	*	NM	*	1
Garcia-Bigley, Felipe												*	*	NM	*	*	*	*	NM	1	1
Highfill, Pam	*	*	*	*	1	NM	*	*	*	*	*	*	*	NM	*	*	*	JC	NM	*	0
Kubricky, Cinnamen[U]	*	*	*	*	1	NM	*	*	*	*	*	*	*	NM	1	*	*	*	NM	1	2
Mueller, Chris	1	*	*	*	*	NM	*	*	1	*	*	*	1	NM	*	1	*	1	NM	*	3
Robles, Raul	*	*	1	1	1	NM	*	1	1	1	*	*	*	NM	1	*	1	JC	NM	*	2
Rucker, James	*	*	*	*	1	NM	*	*	*	*	*	1	*	NM	*	*	*	*	NM	*	1
Quezada-Torres, Karla	*	*	*	*	*	NM	*	*	*	*	1	*	*	NM	*	*	*	JC	NM	*	1
Underwood, Regina	*	*	*	*	*	NM	*	*	*	*	*	*	*	NM	*	*	*	*	NM	*	0
Van Brocklin, Rhea	*	*	*	*	*	NM	*	*	*	*	*	*	*	NM	*	*	*	*	NM	1	1
Villafan, Freddy												*	*	NM	*	*	1	*	NM	*	1

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

***** = Present

1 = Abesent for the month

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

JC = Just Cause

EC = Emergency Cause

NM = No Meeting

San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee

2023 Key Data Findings: Ryan White Programs (RWP) Parts A/B Regional Service Availability

Draft April 13, 2023

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

A RWP service is considered to be ***not*** available in a region if it is 1) not available at a provider site in the region; 2) Not out stationed in the region; and 3) The service is not available in a client's home; The following RWP services are currently ***not*** available in the given regions:

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

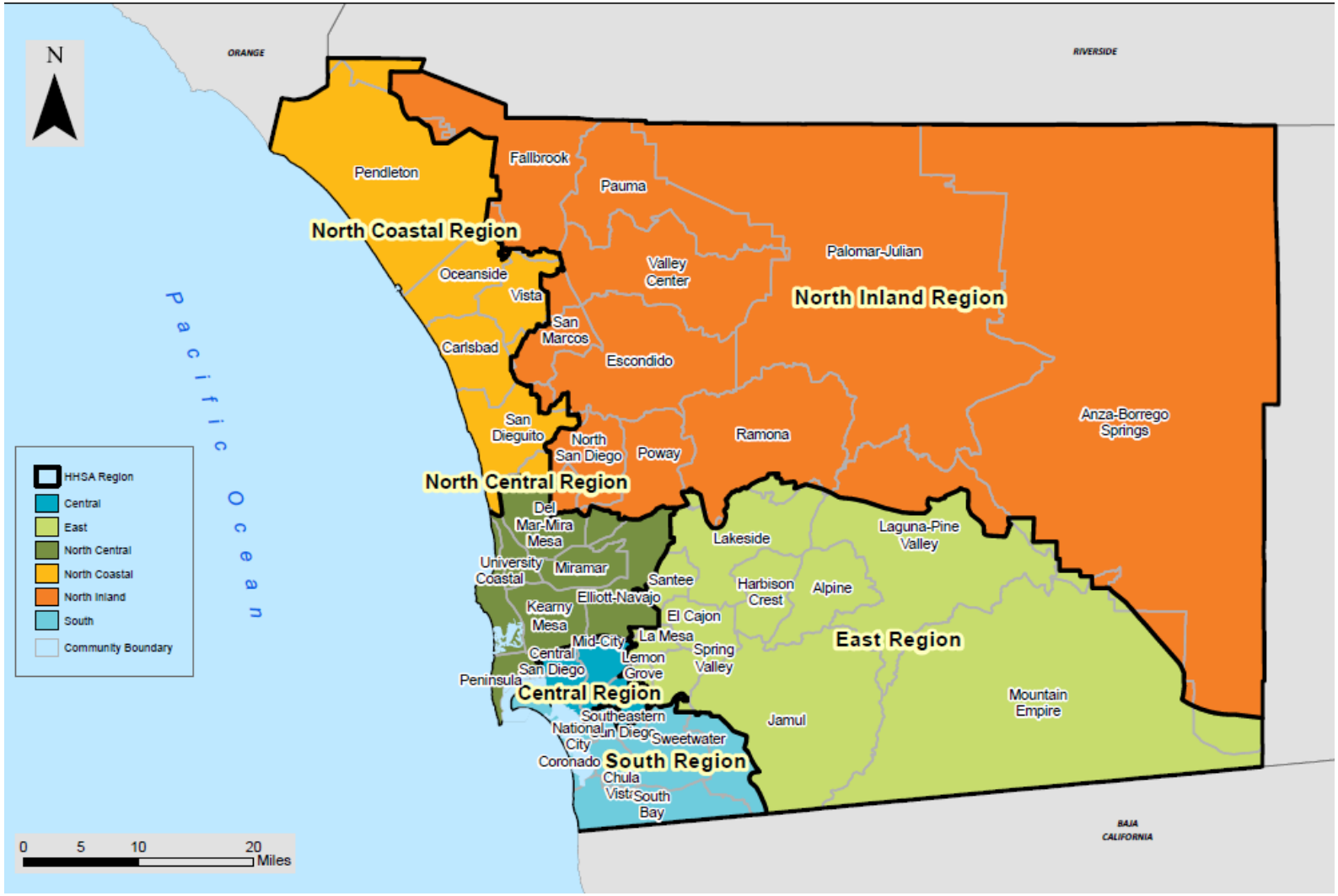
* Not available at a provider site, as an out-stationed service nor as a service in the home

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

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

- Non-Medical Case Management for Housing and Housing Location, Placement and Advocacy Services are awaiting full procurement.
- The stand-alone service category Health Education and Risk Reduction is not currently funded and is not available in any region until further notice.

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



San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee

2023 Key Data Findings

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

Draft April 13, 2023

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

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

- Live in San Diego County
- Have an income at or below 500% Federal Poverty Level (FPL)* ($72,900 annually for a household of one)
- Have a confirmed HIV diagnosis (except in service categories that permit services to HIV-negative and unaware)
- Have no other payer for service

All clients must be reassessed for eligibility every twelve months

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

*The FPL for changes every year and is usually published within the first few months of each calendar year. The 2023 500% FPL is $72,900 annually for a household of one (adjusted for additional family members).

San Diego County EMA Ryan White Treatment Extension Act (RWTEA) Parts A/B
SERVICE SPECIFIC CRITERIA
Draft April 14, 2022

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

Category	Criteria	Limitations	Requires referral
Early Intervention Services	Limited to: • Individuals who do not know their HIV status and need to be referred to counseling and testing • Individuals who know their status and are not in care and need assistance to enter or re-enter HIV-related medical care	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	
Medical Case Management Services	Limited to individuals who are unable to access or remain in HIV medical care as determined by medical care managers based on whether: • Client is currently enrolled in outpatient/ambulatory health services • Client is following his/her medical plan • Client is keeping medical appointments • Client is taking medication as prescribed	Services are not intended for individuals who are able to access and remain in HIV medical care. Case is closed when all action items on the care plan are competed, and medical care is stabilized There are no annual limits on the number of services provided.	
Non-Medical Case Management Services	Must demonstrate ability to access or remain in HIV medical care	Services are not intended for individuals who are unable to access or remain in HIV medical care. Case is closed when all action items on the care plan are competed, and medical care is stabilized. There are no annual limits on the number of services provided.	
Non-Medical Case Management for Housing	[Service standards are being drafted by the Strategies and Standards Committee]		
Medical Nutrition Therapy	Must be referred by a medical provider	Case is closed when all action items on the nutrition plan are competed, and medical care is stabilized. There are no annual limits on the number of services provided.	• Medical provider
Mental Health: Counseling, Therapy/Support Groups	May request or be referred by providers or case manager	Case is closed when all action items on the care plan are competed, and medical care is stabilized. There are no annual limits on the number of services provided.	
Psychosocial Support Services	Available to clients living with HIV; may include support groups and may be provided by a trained staff or volunteer, including peers.	Funds under this service category may not be used to pay for food, transportation or for professional mental health services.	
Substance Use Residential Care	Must have a written referral from the clinical provider as part of a substance use disorder treatment program funded under the Ryan White program	Case is closed upon completion of treatment program. There are no annual limits on the number of services provided.	• Clinical provider
Substance Use Outpatient Care	Cannot currently be in a residential substance abuse treatment program	Case is closed upon successfully completion of treatment and client chooses not to participate in	

Category	Criteria	Limitations	Requires referral
		any other aftercare program activities. There are no annual limits on the number of services provided.	
Housing: Emergency Housing	Eligible to receive RW services. Because all housing support provided under Ryan White is temporary, a housing transition plan is required to ensure clients maintain housing self-sufficiency at the conclusion of assistance.	Services prioritize hotel/single room occupancy (SRO) vouchers over rental assistance. Service can be used once in a 12-month period. Service is not available to individuals who: • Receive Housing Opportunities for People with AIDS (HOPWA) funds. • Receive a tenant-based or project-based rent subsidy including, but not limited to, subsidized low-income housing, or subsidized independent housing associated with any program such as Public Housing, Affordable Housing, Section 8, HOPWA, or PARS rental assistance. • Have previously been terminated from receiving emergency housing assistance or tenant-based rental assistance, have violated program guidelines in their use of emergency housing funds, or have been identified as ineligible for services. • Can include sober living and assisted living. Housing services may not: • Be used for mortgage payments • Be in the form of direct cash payments to clients • Be used for rental or security deposits. Such deposits are typically returned to clients as cash which would violate the prohibition on providing cash payments to clients.	• Case manager
Housing Location, Placement and Advocacy Services	Service standards will be drafted by the Strategies and Standards Committee		•
Housing Case Management: (Non-medical Case Management for Housing)	Eligible to receive Ryan White services Upon intake, all eligible clients will be required to enroll in all available housing assistance waiting lists, including Section 8, Housing Opportunities for Persons with AIDS (HOPWA), and Tenant-Based Rental Assistance (TBRA).	Housing case management does not provide support or guidance for accessing other services, and it is required that housing case managers closely coordinate client needs outside of housing with medical or non-medical case managers as part of a treatment team approach.	•

Category	Criteria	Limitations	Requires referral
	A housing plan must be developed within 60 days of enrolling in housing case management and no later than 90 days after enrolling in PARS. The client & case manager should review the plan regularly, and at least every quarter.		
Housing: Partial Assistance Rental Subsidy (PARS)	Must not receive other subsidized housing, either tenant-based or project-based Because all housing support provided under Ryan White is temporary, a housing transition plan is required to ensure clients maintain housing self-sufficiency at the conclusion of assistance. All clients enrolled in the Partial Assistance Rental Subsidy (PARS) program must also enroll in housing case management.	Provides 40% of a client's monthly rental costs not to exceed 40% of the fair-market rent for San Diego County as determined by the U.S. Department of Housing and Urban Development (HUD). Clients shall not receive PARS if they receive tenant-based or project-based rent subsidy including, but not limited to, subsidized low-income housing, or subsidized independent housing associated with any program such as Public Housing, Affordable Housing, HOPWA, or Section 8. Housing services may not: • Be used for mortgage payments • Be in the form of direct cash payments to clients • Be used for rental or security deposits. Such deposits are typically returned to clients as cash which would violate the prohibition on providing cash payments to clients.	• Case manager
Outreach Services	Limited to: • Individuals who do not know their HIV status and need to be referred to counseling and testing • Individuals who know their status and are not in care and need assistance to enter or re-enter HIV-related medical care	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	
Health Education and Risk Reduction	Eligible to receive Ryan White funded care The provision of education and information to clients living with HIV and how to reduce the risk of HIV transmission. It includes education, referral and related service navigation to clients living with HIV to improve their health and their partners to prevent HIV transmission.	Services are intended to complement and not replace other funded HIV prevention activities Exclusions: • Affected individuals (partners and family members not living with HIV) are only eligible if receiving services concurrently with the client.	

Category	Criteria	Limitations	Requires referral
		• Health Education/Risk Reduction may not be delivered anonymously. However, all information is confidential.	
Referral to Health and Care and Support Services (Peer Navigation)	Must currently be receiving case management, non-case management, mental health, substance abuse or outreach services	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	• Self-Referral • Case manager • Early Intervention Services
Transportation Pool – Assisted & Unassisted	Individuals shall be eligible for transportation only if they would not otherwise have access to core medical and support services and only if they do not qualify for other transportation assistance programs.	Specific eligibility criteria for **assisted transportation***: • Specific Eligibility Criteria: Used for transport to and from various core medical and support service providers. • Assisted transportation, consisting of ADA Para-Transit Passes and certified medical transport may be used if a client is unable to access unassisted transportation. • Contractor shall refer all clients requesting assisted transportation for screening and potential eligibility for AIDS Waiver program. • Clients are not eligible for assisted transportation services if they receive or are eligible for other public transportation benefits such as, but not limited to, ADA Para-Transit, AIDS Waiver Transportation Assistance, Home and Community-based Health Services, or Medi-Cal reimbursed medical transport. Specific eligibility criteria for **unassisted transportation**: • Specific Eligibility Criteria: Reserved for individuals unable to access or stay in core medical and support services. • Disabled monthly passes may be issued for individuals who qualify for the disabled monthly pass and have more than three medical visits per month. • Day passes may be issued for individuals who do not qualify for the disabled monthly passes and for those eligible for disabled	• Case manager • Any service provider

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

Category	Criteria	Limitations	Requires referral
		There are no annual limits on the number of services provided.	
Emergency Financial Assistance	Eligible to receive RW services.	The maximum amount for each item per year per client are as follows: • Clients are eligible to receive up to $1,000/year to use for utility payments. • Food bags: Each client is allowable a maximum of 12 weeks of emergency food bags per 12 months. • Medication: Covers prescription medication (1) not available through the AIDS Drug Assistance Program and (2) only intended for short term need. • Eyeglasses: One set of lenses per year, one set of frames every other year; one opportunity to replace if lost/stolen/damaged. • Eviction prevention: Limited to $1,490/year. • Electronic devices (tablets, small laptops, etc.) can be provided to assist clients access virtual environments/telehealth appointments/RW planning meetings.	• Case manager
Childcare Services	Available for children living in the household of individuals with a confirmed HIV diagnosis and their affected family members while attending medical visits, related appointments, and/or Ryan White-funded meetings, groups, or training sessions.	For children from infancy through 12 years of age. Services are also available, if permitted at the appointing clinic, for parents and caregivers attending medical, dental, and mental health care appointments, including support groups, on-site childcare is prioritized for appointments, so family members can access support service needs. It may be available for other purposes as determined appropriate. For parents and caregivers utilizing on-site services, at least one parent or caregiver must remain on-site.	• Case manager

County of San Diego

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PRIORITY SETTING AND RESOURCE ALLOCATION COMMITTEE
ACTION ITEM INFORMATION SHEET
APPLICATION FOR CARRYOVER FUNDS

DATE: May 05, 2023

ITEM: Consider and vote to approve the Recipient's recommendation to apply for $370,533 in Part A carryover funds from FY22-23.

BACKGROUND:
Carry over dollars are funds that were unspent during the previous year. The Ryan White legislation provides that the Recipient may request up to 5% of unspent formula funds from the previous year to be "carried over" into the current period, with the HIV Planning Group having responsibility for allocating these funds.

RECOMMENDATIONS:
Approve the Recipient recommendation to seek $370,533 Part A carryover funds from FY22-23 in amount of $370,533.

San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee

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

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

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

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

Access to Care (n=154-158)

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

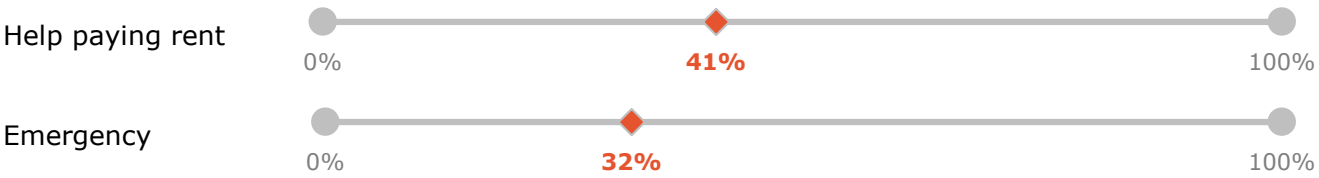
3% of PLWHA report **not having care**

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

Top Ranked Needs

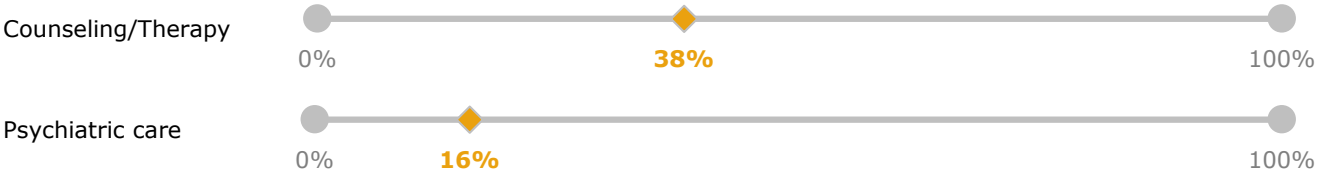
Housing

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



Mental Health

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



Alcohol/drug use

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

Top 5 services ranked as most important

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

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

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

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

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

San Diego HIV Planning Group Priority Setting and Resource Allocation Committee

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

Focus Group Participants

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

Access to Treatment and Care

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

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

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

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

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

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

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

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

Mental Health

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

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

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

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

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

Housing

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

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

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

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

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.

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE 2023 WORKPLAN

January 12, 2023
• Discuss and plan for the three components of the **Needs Assessment** process
  ○ **Regional Community Meetings** (timeframe)
  ○ **Survey of HIV Impact** planning (2023)
  ○ **Provider Survey** (timeframe)
• Special data needs from the Recipient
• Review service categories that underspend (monthly)
• Service utilization report (monthly report)
	June 15, 2023
	• No meeting scheduled

February 9, 2023
• Review service categories that underspend(monthly)
• Service utilization report (monthly report)
	June 22, 2023 (4-hour meeting for review of data)
	• Review data on **HIV Care Continuum/ Unaware Estimate** & discuss findings
	  ○ incl. data on **RW clients vs. all clients**
	  ○ Incl. data on **viral suppression rates in the African American/Black population** (incl. of RW clients vs. all clients)
	• Review data on **Unmet Need Estimate** and discuss findings
	• Annual report on **percent of individuals linked to care, and retention rates and viral suppression**
	• Review 2021 **Survey of HIV Impact** data & discuss findings, esp. Out-Of-Care data
	• Review **HRSA and Ryan White Part A guidelines (PCN 1602)**
	• Review YTD data on **service utilization** and discuss findings
	• Review information on **non-Ryan White services in the community**, esp. **mental health and drug and alcohol services.** (County's budget includes some of this detail) https://www.sandiegocounty.gov/openbudget/
	• Review data on **regional focus groups** and **GTZ Action Plan Community Feedback Report** and discuss findings
	• Summarize/Finalize data on HIV Care Continuum/Unaware Estimate
	• Summarize/finalize data on HIV Epidemiology
	• Summarize/Finalize data on regional distribution of RWTEA Part A services

	• Summarize/Finalize data on Ryan White service eligibility criteria and other service guidelines • Summarize/Finalize data on regional focus groups • Review service categories that underspend(monthly) • Service utilization report (monthly report)
March 9, 2023 • Review **Co-occurring conditions, poverty, and insurance** • Review Integrated (Comprehensive) Plan/Getting to Zero Plan goals related to PSRAC • Address change in FY 23 Part A funding (if needed) • **PARS Report** • Review service categories that underspend(monthly) • Service utilization report (monthly report)	**June 29, 2023** • No meeting (Thursday before Independence Day weekend)
April 13, 2023 • No meeting scheduled	**July 6, 2023** • No meeting scheduled
May 11, 2023 • Address change in FY 23 Part A funding (if needed) • Summarize/finalize data on co-occurring conditions, poverty, and insurance. • Review data on **regional distribution of RWTEA Part A services & discuss findings** • Review data on **Ryan White service eligibility criteria & other service guidelines** and discuss findings • Review updated **HIV/AIDS Epidemiology** data & discuss findings (if available) • **PARS Report** • Review service categories that underspend(monthly) • Service utilization report (monthly report)	**July 20, 2023 (4-hour meeting for FY 24 priority setting budget allocation** • Summarize updated HIV/AIDS Epidemiology data (if available) • Review/summarize any additional data that is available • Review/finalize summary data findings Recommendations with justifications to HIV Planning Group for service priority ranking, and how services should be organized and delivered in FY 24 • Review all data findings and summaries • Complete recommendations with justifications for changes in funding allocations for FY 24
June 1, 2023 • No meeting scheduled	**July 27, August 3 and/or 10, 2023 (if needed)** • As needed to complete for FY 24 priority setting and budget allocation process (next fiscal year) and/or FY 23 reallocations (current fiscal year) • Review/summarize any additional data that is available • **PARS Report** • Review service categories that underspend (monthly)

	• Service utilization report (monthly report)

<u>June 8, 2023</u> 4-hour meeting to review data
• Review data on **HIV Care Continuum/ Unaware Estimate** & discuss findings
  ○ incl. data on **RW clients vs. all clients**
  ○ Incl. data on **viral suppression rates in the African American/Black population** (incl. of RW clients vs. all clients)
• Review data on **Unmet Need Estimate** and discuss findings
• Annual report on **percent of individuals linked to care, and retention rates and viral suppression**
• Review 2021 **Survey of HIV Impact** data & discuss findings, esp. Out-Of-Care data
• Review **HRSA and Ryan White Part A guidelines (PCN 1602)**
• Review YTD data on **service utilization** and discuss findings
	<u>September 7 and/or October 12, 2023</u>
	• Debrief the FY 24 priority setting and budget allocation process
	• Develop 2024 PSRAC work plan
	• **PARS Report**
	• Review service categories that underspend(monthly)
	• Service utilization report (monthly report)

SAN DIEGO HIV PLANNING GROUP (HPG)
STRATEGIES & STANDARDS COMMITTEE
MEETING PACKET

APPENDIX

(Page 059-072)

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 **<u>two (2)</u>** 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 ***<u>not</u>*** 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 <u>approve</u> the remote attendance at the start of the meeting for the member to be allowed to participate remotely for that meeting[1].

[1]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 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 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
Priority Setting and Resource Allocation Committee

Key Data Findings
2023 Co-Occurring Conditions/Poverty/Insurance

Draft June 8, 2023

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

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

2021 findings are self-report by HIV positive respondents to the *2021 Survey of HIV Impact*: (2)

- Total sample: 182
- People living with HIV: 158

2017 findings are self-report by HIV positive respondents to the *2017 Survey of HIV Impact*: (3)

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

Condition	***Estimated prevalence* within the general population* (Population = 3,343,349; Males = 1,685,822 Female = (1,661,702** (1)		***Estimated prevalence* based on self-report by people living with HIV from the 2021 *Survey of HIV Impact*** (2)	
	Number	***Percentage***	***Number***	***Percentage***
Tuberculosis	201	Less than 0.01% (4)	17	11.0% (2)
Syphilis*	2,177 female: 411 male: 1,765 (5,6)	0.066% female: 0.025% male: 0.11%	309, est. female:1, male: 308 (3)	2.2% female: 0.07 male: 2.4
Gonorrhea	7,884 female: 2,652 male: 5,229 (5,6)	0.24% female: 0.16 male: 0.31	93 est. female: 0 male:93 (3)	10.7% female: 0% male: 10.7%
Chlamydia	18,075 female: 10,632 male: 7,430 (5,6)	0.55% female: 0.65% male: 0.45%	98 est. female: 2 male: 96 (3)	1.4% female: 3.5% male: 12.3%
Hepatitis B (HBV)	638	0.03% (5)	30	20% (3)
Hepatitis C (HCV)	3,845	1.1% (6)	18	12% (2)
Mental Illness	688,730 (7) (method of estimating combines serious and chronic)	20.6%	312	40% (2) (ever diagnosed or treated)
Substance Use: Injection Drug Use	50,150 est. ages 12+ (8)	1.5% est. ages 12+ (11)	36	Ever Injected: 23.9 (3) Injected last 12 months: 7.8% (11)

Condition	*Estimated prevalence* within the general population* (Population = 3,343,349; Males = 1,685,822 Female = (1,661,702 [1]		*Estimated prevalence* based on self-report by people living with HIV from the 2021 *Survey of HIV Impact* [2]	
	Number	***Percentage***	***Number***	***Percentage***
Substance Use: Illegal Drug Use (non-inj. use)	110,331 est. illicit drug use, ages 12) [9]	3.3% estimated	11	7.8% est. [11]
Fentanyl Use	424 deaths in SDC in 2022 [21]		-	-
Homelessness	8,973 [12]	0.27%	619 est. [3]	Unstably housed: 22.4%) Homeless: 4.4% [3]
Poverty Level (Threshold = $1,215 /month)	518,219 [10]	15.5% below poverty level	273 below pov. level 562 below 500% pov. level	35% below poverty level 72% below 500% poverty level [3]
Lack of Insurance (Non-elderly population <65 years old)	314,715	9.5% [13]	104	13% [3]
Formerly incarcerated	10,030 est. prison pop	0.3% [14]	35	23%
Hypertension (High Blood Pressure)	10,030	30% [15]	54	35% (Among ART-experienced individuals >50 years, >50%) [15]
Diabetes	227,347	6.8% [16]	18	10.3% [16]
Coronavirus (COVID 19)	983,031 [17]	29.4% [17]	187 est.	Increased risk of (hospitalization, increased risk of death [18] RR = 1.24 [24]
Monkeypox (MPOX)	471 [19]	0.00014%	Of pts with MPOX, 40% are PLWH	Increased risk for advanced MPOX [20]

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

Notes:

- Research reveals higher incidences of additional co-occurring conditions for PLWH/A that include gastrointestinal diseases, circulatory diseases, endocrine/nutritional/metabolic diseases (includes diabetes), nervous system diseases, and neoplastic diseases (cancer, lymphoma).
- Women experience an increased incidence of some HIV-related including gynecological conditions such as genital herpes, pelvic inflammatory disease, human papillomavirus, and candida; additionally, there is an increased incidence of diabetes, heart disease; hepatitis C; cancer, mental Illness, and substance abuse.
- PLWH greater than 50 years of age, experience an increase in age-related diseases; causes of morbidity and mortality for older PLWH include non-infectious comorbidities, such as cardiovascular disease, hypertension, bone fractures, chronic kidney disease, liver disease, diabetes mellitus and non-AIDS-defining cancers.[22, 23, 24]

Data Sources:

1. San Diego Association of Governments (SANDAG). 2020 population estimates, data from July 2021.
2. County of San Diego HIV, STD, and Hepatitis Branch: San Diego 2021 Survey of HIV Impact (N=182, 160 of which identify at living with HIV in San Diego County; although the sample size is small, the results are consistent with the 2017 Survey of HIV Impact where N=1,038 of which 781 identify as living with HIV): proportions applied to estimated PLWH/A population.
3. County of San Diego HIV, STD, and Hepatitis Branch and Hepatitis 2017 Survey of HIV Impact where N=1,038 of which 781 identify as living with HIV): proportions applied to estimated PLWH/A population.
4. County of San Diego Tuberculosis Program, 2021 Fact Sheet, prepared 03/15/2022.
5. County of San Diego, Health and Human Services Agency, Division of Public Health Services, HIV, STD, and Hepatitis Branch. April 2021. Sexually Transmitted Diseases in San Diego County, 2021 Data Slides. Accessed 01/27/2023 from www.STDSanDiego.org.
6. County of San Diego 2020 Reportable Diseases and Conditions, from https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/documents/Reportable%20Diseases%20and%20Conditions_SDC_2016-2020.pdf
7. National Alliance on Mental Illness. Mental Health by the Numbers. (2019). https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers
8. California Health Care Foundation. California Health Care Almanac. Substance Use in California: A Look at Addiction and Treatment. Website accessed 08/25/2021. https://www.chcf.org/wp-content/uploads/2018/09/SubstanceUseDisorderAlmanac2018.pdf
9. SAMHSA, Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf
10. Lansky A, Finlayson T, Johnson C, Holtzman D, Wejnert C, Mitsch A, et al. (2014) Estimating the Number of Persons Who Inject Drugs in the United States by Meta-Analysis to Calculate National Rates of HIV and Hepatitis C Virus Infections. PLoS ONE9(5): e97596. https://doi.org/10.1371/journal.pone.0097596.
11. County of San Diego Epidemiology and Immunizations Branch, enhanced HIV/AIDS Reporting System (eHARS) data, percent of IDU among all living with HIV, data through year end 2018.
12. Regional Task Force on the Homeless; Community Analysis Dashboard, reporting period 10.01.21 – 09.30.22 https://public.tableau.com/app/profile/gaither.stephens3473/viz/00036-RegionalTaskForceontheHomeless-CAD/CommunityAnalysis
13. California Health Interview Survey (CHIS), UCLA Center for Health Policy Research, December 2018
14. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, Adults on parole in the United States; 1975 – 2012, 12/19/2013; County AIDS Case Management Program, HSHB, 2013.
15. American Heart Association Journal; Vol. 72, Issue 1, July 2018, Pages 44-55, Hypertension, https://www.ahajournals.org/doi/epub/10.1161/HYPERTENSIONAHA.118.10893
16. BMJ Open Diabetes Res Care 2017; 5(1): e000304, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5293823/
17. County of San Diego Coronavirus (COVID-19(Dashboard, February 2023, https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/2019-nCoV/status.htmlA
18. Danwang et al, Outcomes of patients with HIV and COVID-19 coinfection (2022), AIDS Research and Therapy,
19. County of San Diego Monkeypox Dashboard, February 2023; https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/human-monkeypox/localcases.html
20. Center for Disease Control and Prevention: Monkeypox and HIV https://www.cdc.gov/poxvirus/monkeypox/prevention/hiv.html
21. Medical Examiner, Fentanyl Caused Accidental Drug-Medication Deaths (Quarterly Comparison) https://data.sandiegocounty.gov/Safety/Medical-Examiner-Fentanyl-Caused-Accidental-Drug-M/nbbh-6m92
22. Gooden TE, Wang, Zemedikun DT, et al, A matched cohort study investigating premature, accentuated, and accelerated aging in people living with HIV. HIV Med. 2023;24(5):640-647. doi:10.1111/hiv.13375
23. Baribeau V., Kim, CJ, Lorgeoux, RP, et al; Healthcare resource utilization and costs associated with renal, bone and cardiovascular comorbidities among persons living with HIV compared to the general population in Quebec, Canada; PLOS ONE | https://doi.org/10.1371/journal.pone.0262645 July 11, 2022
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RW 2023-24 PART A AWARD INFORMATION	
Funding Source	**Total RW 2023-24 Award**
Part A	11,299,699.00
Part A MAI	773,155.00
TOTAL AWARD AMOUNT	**12,072,854.00**

RW 2023-24
YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF APRIL 2023

FY23-24 ALLOCATION BREAK DOWN

Funding Source	Admin. $	Admin. %	CQM $	CQM %	RW 202324 Service dollars	Total	CORE Medical Services	Support Services
Part A	1,129,969	10%	344,282	3%	9,825,449	11,299,699	70%	30%
Part A MAI	66,977	9%	32,932	4%	673,246	773,155		
TOTAL	**1,196,945.90**		**377,213.60**		**10,498,694.50**	**12,072,854.00**	**70%**	**30%**

Ryan White Part A Allocations

Service Categories	HRSA Ranking	Priority Ranking	RW 2023-24 HPG Allocation as of 08/11/22	%	HPG Approved Actions +/-	RW 2023-24 HPG Total as of today	%	RW 2023-24 Year to Date Expenditure	RW 2023-24 Year-to-Date - The % below is the % of the Budget Spent 16.67% of Year Elapsed/Invoiced)	RW 2023-24 Balance	Comments
Outpatient Ambulatory Health Services: Primary Care	1l	1	**962,630.00**	10%	$ (110,000.00)	**852,630.00**	**9%**	149,748.18	**18%**	**702,881.82**	$110,000 decrease by HPG 01/26/23
Outpatient Ambulatory Health Services: Medical Specialty	1l	2	**273,386.00**	**3%**		**273,386.00**	**3%**	6,517.76	**2%**	**266,868.24**	
Psychiatric Medication Management	1j	3	**28,036.00**	**84%**	(15,000.00)	**13,036.00**	**0%**	1,131.13	**9%**	**11,904.87**	$15,000 decrease by HPG 01/26/23
Oral Health	1k	4	**300,940.00**	**84%**	(100,000.00)	**200,940.00**	**2%**	17,371.00	**9%**	**183,569.00**	$100,000 decrease by HPG 01/26/23
Medical Case Management	1h	5	**1,268,338.00**	**13%**	(100,000.00)	**1,168,338.00**	**12%**	214,598.05	**18%**	**953,739.95**	$100,000 decrease by HPG 01/26/23
Case Management-Non-Medical for Housing NEW		7	**250,000.00**	**3%**	-	**250,000.00**					
Housing: Emergency Housing	2e	8	**530,000.00**	**5%**	430,000.00	**960,000.00**	**10%**	177,900.20	**19%**	**782,099.80**	$430,000 increase by HPG 01/26/23
Housing: Location, Placement and Advocacy Services NEW		9	**100,000.00**	**1%**	-	**100,000.00**					
Housing: Partial Assistance Rental Subsidy (PARS)	2e	10	**807,507.00**	**100%**		**807,507.00**	**8%**	129,557.36	**16%**	**677,949.64**	
Non-Medical Case Management	2h	6	**392,021.00**	**4%**		**392,021.00**	**4%**	70,885.21	**18%**	**321,135.79**	
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	1c	11	**943,317.00**	**10%**		**943,317.00**	**10%**	168,850.63	**18%**	**774,466.37**	
Childcare Services	2a	11a	-	**0%**		-	**0%**	-	**0%**	-	
Early Intervention Services: Regional Services	1c	12	**800,386.00**	**8%**	-	**800,386.00**	**8%**	138,321.84	**17%**	**662,064.16**	
Health Education & Risk Reduction	2d	12a	-	**0%**		-	**0%**	-	**0%**	-	
Outreach Services	2j	12b	-	**0%**		-	**0%**	-	**0%**	-	
Referral Services	2l	12c	-	**0%**		-	**0%**	-	**0%**	-	
Referral to Health and Supportive Services (Peer Navigation)		14	**400,000.00**	**4%**		**400,000.00**	**4%**	36,241.19	**9%**	**363,758.81**	
Mental Health: Counseling/Therapy & Support Groups	1j	15	**1,061,062.00**	**11%**		**1,061,062.00**	**11%**	124,646.04	**12%**	**936,415.96**	
Psychosocial Support Services		16	**60,000.00**	**1%**	15,759.00	**75,759.00**	**1%**	-	**0%**	**75,759.00**	$60,000 decrease by HPG 01/26/23 $75,759 increase by HPG 04/26/23
Substance Abuse Services: Outpatient	1m	17	**315,127.00**	**3%**	(45,000.00)	**270,127.00**	**3%**	50,814.14	**19%**	**219,312.86**	$45,000 decrease by HPG 01/26/23

Service Categories	HRSA Ranking	Priority Ranking	RW 2023-24 HPG Allocation as of 08/11/22	%	HPG Approved Actions +/-	RW 2023-24 HPG Total as of today	%	RW 2023-24 Year to Date Expenditure	RW 2023-24 Year-to-Date - The % below is the % of the Budget Spent 16.67% of Year Elapsed/Invoiced)	RW 2023-24 Balance	Comments
Substance Abuse Services: Residential	2o	18	-	0%	-	-	0%	-	0%	-	
Home-based Health Care Coordination	1e	19	228,500.00	2%		228,500.00	2%	33,855.84	15%	194,644.16	
Transportation: Assisted and Unassisted	2g	20	142,830.00	1%		142,830.00	1%	19,290.44	14%	123,539.56	
Food Services: Food Bank/Home-Delivered Meals	2c	21	536,073.00	5%	-	536,073.00	5%	39,545.25	7%	496,527.75	
Medical Nutrition Therapy	1i	22	35,542.00	0%		35,542.00	0%	5,552.85	16%	29,989.15	
Legal Services	2i	23	285,265.00	3%		285,265.00	3%	44,301.02	16%	240,963.98	
Emergency Financial Assistance	2b	24	28,730.00	0%		28,730.00	0%	6,430.65	22%	22,299.35	
Home Health Care	1f	25	-	0%		-	0%	-	0%	-	
Early Intervention Services: HIV Counseling and Testing	1c	26	-	0%		-	0%	-	0%	-	
Cost-Sharing Assistance	1d	27	-	0%	-	-	0%	-	0%	-	
Hospice	1g	28	-	0%		-	0%	-	0%	-	
Subtotal			9,749,690.00	356%	75,759.00	9,825,449.00	96%	1,435,558.78	15%	8,389,890.22	

Ryan White Part A Minority AIDS Initiative (MAI)	RW 2023-24 Allocation as of 08/11/22		HPG Approved Actions +/-	RW 2023-24 MAI Total as of today	%	RW 2022-23 Year to Date Expenditure	RW 2022-23 Year-to-Date - The % below is the % of the Budget Spent 16.67% of Year Elapsed/Invoiced)	RW 2022-23 Balance	Comments
Case Management (Non-Medical)	71,333.00		-	71,333.00	11%	11,113.44	16%	60,219.56	
Medical Case Management	258,925.00		-	258,925.00	38%	33,944.02	13%	224,980.98	
Mental Health Services	175,739.00		-	175,739.00	26%	5,769.02	3%	169,969.98	
Outreach Services	23,337.00		-	23,337.00	3%	6,357.38	27%	16,979.62	
Substance Abuse Services (Outpatient)	43,912.00		-	43,912.00	7%	11,539.30	26%	32,372.70	
Housing: Emergency Housing	100,000.00		-	100,000.00	15%	1,380.73	1%	98,619.27	
Subtotal	673,246.00		-	673,246.00	100%	70,103.89	10%	603,142.11	
TOTAL	10,422,936.00		75,759.00	10,498,695.00		1,505,662.67	14%	8,993,032.33	

CORE and Support Sevices allocation break-down			
	Total Allocation	Total Expenditure	Total Balance
CORE Medical Services	4,687,977.00	655,056.04	4,032,920.96
Support Services	5,137,472.00	780,502.74	4,356,969.26
TOTAL	9,825,449.00	1,435,558.78	8,389,890.22

0.00 variance

YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN AS OF APRIL 2023

RW 2223 & 2324 SERVICE DOLLAR ALLOCATIONS AND EXPENDITURES

Funding Source	RW 2022/2023 & RW 2023/2024 Service Dollars	Contract Year	Contract YTD Expenditure	% of Year Invoiced	% Spent	Balance	Comments
Ryan White Part B							
Outpatient Ambulatory Health Services (Medical)	407,426.00	April 2023-March 2024		8.33%	0.00%	407,426.00	Part A Payment Summary, Part B tracking as of April 2023 invoices.
Early Intervention Services (Expanded HIV Testing)	-		-	8.33%	-	-	
Early Intervention Services (Focused Testing)	187,900.00		17,139.53	8.33%	9.12%	170,760.47	Part B Payment Summary as of April 2023 invoices.
Medical Case Management (Emergency Financial Assistance)	88,858.00		8,713.00	8.33%	9.81%	80,145.00	Part B Payment Summary as of April 2023 invoices.
Housing (Substance Abuse Services-Residential)	259,316.00		37,775.00	8.33%	14.57%	221,541.00	Part B Payment Summary as of April 2023 invoices.
Non-medical Case Management (Rep Payee)	25,000.00		3,162.60	8.33%	12.65%	21,837.40	Part B Payment Summary as of April 2023 invoices.
CoSD Medical Case Management				8.33%	#DIV/0!	-	Q1 available 8/15/23.
CoSD Early Intervention Services				8.33%	#DIV/0!	-	Q1 available 8/15/23.
Ryan White Part B Total	**968,500.00**		**66,790.13**	**8.33%**	**6.90%**	**901,709.87**	
Ryan White Part B-MAI Bridge	**97,277.00**	April 2023-March 2024	**6,463.17**	**8.33%**	**6.64%**	**90,813.83**	Part B-MAI Payment Summary as of April 2023 invoices.
Prevention 2023							
Counseling and Testing	180,000.00	January 2023 -December 2023	57,005.00	**33.32%**	31.67%	122,995.00	Prevention Payment Summary as of April 2023 invoices.
Evaluation/ Linkage Activities/ Needs Assessment	904,008.00		233,789.38	**33.32%**	25.86%	670,218.62	Prevention Payment Summary as of April 2023 invoices.
Prevention Total	**1,084,008.00**		**290,794.38**			**793,213.62**	
CDPH Ending the HIV Epidemic- Component A	**$4,496,525**	August 2022- July 2023	**272,589.00**	**74.97%**	6.06%	**4,223,936.00**	Only three contracts - 211SD, Peraton Itrack and Xerox. Payment Summary as of April 2023 invoices.
CDPH Ending the HIV Epidemic- Component C	**$240,000**	August 2022- July 2022	**60,655.30**	**74.97%**	25.27%	**179,344.70**	CDPH EHE Comp C No Contract.
HRSA Ending the HIV Epidemic- 20-078 FY2324	**$2,555,761**	March 2023 - February 2024	**145,255.00**	**16.66%**	5.68%	**2,410,506.00**	HRSA EHE Payment Summary as of Apr 2023
TOTAL	**9,442,071.00**		**842,546.98**		**8.92%**	**8,599,524.02**	

SUMMARY OF SERVICES FOR FY23

Mar. 1, 2023 - Feb. 29 2024

RYAN WHITE SERVICES		May	End of Year Total	Prior Year Total
FY 2023-2024				
Total clients served each month	Clients	1,214		
New clients in FY23	Clients	223	**1,956**	**1,947**
Returning FY23 clients	Clients	991		
VIRAL LOAD SUPPRESSION				
Virally suppressed	Clients	952		
% Virally suppressed		93%		
With Test	Tests	1,028		
Without Test	Tests	186		
PART-A SERVICES				
Outpatient Ambulatory Health Services: HIV Primary Care*	Visits	214	**555**	**447**
	Clients	185	**411**	**355**
Outpatient Ambulatory Health Services: Medical Specialty Care	Visits	0	**0**	**37**
	Clients	0	**0**	**30**
Psychiatric Medication Management	Visits	0	**5**	**6**
	Clients	0	**4**	**5**
Oral Health Care: Dental Care	Visits	38	**243**	**247**
	Clients	25	**141**	**140**
Early Intervention/Integrated Services for Women, Children & Families:	Visits	64	**620**	**532**
Coordinated Care	Clients	28	**106**	**108**
Early Intervention/Integrated Services for Women, Children & Families: Childcare	Visits	0	**2**	**5**
	Clients	0	**1**	**2**
Early Intervention Services: Regional Services	Visits	772	**2,366**	**1,954**
	Clients	327	**613**	**601**
Early Intervention Services: Peer Navigation Services	Visits	95	**741**	**217**
	Clients	35	**160**	**72**
Early Intervention Services: Outreach Services	Visits	0	**0**	**0**
	Clients	0	**0**	**0**
Medical Case Management Services	Visits	1027	**3,096**	**2,627**
	Clients	412	**553**	**504**

*Includes Part B funded services

SUMMARY OF SERVICES FOR FY23

Mar. 1, 2023 - Feb. 29 2024

RYAN WHITE SERVICES		May	End of Year Total	Prior Year Total
Home-based Health Care Coordination	Visits	61	**203**	**213**
	Clients	20	**35**	**33**
Case Management -Non-Medical	Visits	374	**1,207**	**1,293**
	Clients	180	**243**	**262**
Mental Health Services: Counseling/Therapy	Visits	257	**899**	**846**
	Clients	114	**196**	**153**
Substance Abuse Treatment Services – Residential*	Visits	2	**23**	**0**
	Clients	2	**11**	**0**
Substance Abuse Treatment Services - Outpatient	Visits	315	**889**	**1,011**
	Clients	50	**64**	**57**
Housing Services: Partial Assistance Rental Subsidy	Visits	96	**305**	**243**
	Clients	96	**113**	**114**
Medical Transportation Services - Assisted	Visits	0	**2**	**2**
	Clients	0	**2**	**1**
Medical Transportation Services - Unassisted	Visits	136	**723**	**944**
	Clients	66	**240**	**299**
Housing Services: Emergency Housing Assistance	Visits	54	**180**	**239**
	Clients	42	**116**	**163**
Food Services: Food Bank/ Home Delivered Meals	Meals	1292	**4,565**	**9,052**
	Clients	71	**85**	**141**
Medical Nutrition Therapy	Visits	0	**19**	**44**
	Clients	0	**18**	**36**

*Includes Part B funded services

SUMMARY OF SERVICES FOR FY23

Mar. 1, 2023 - Feb. 29 2024

RYAN WHITE SERVICES		May	End of Year Total	Prior Year Total
PART-A SERVICES continued				
Legal Services	Visits	12	**38**	**47**
	Clients	12	**38**	**35**
Emergency Financial Assistance	Visits	0	**91**	**44**
	Clients	0	**49**	**18**
Internet Access	Visits	0	**1**	**1**
	Clients	0	**1**	**1**
Internet Equipment	Visits	3	**11**	**1**
	Clients	3	**8**	**1**
Collateral Contacts	Visits	264	**629**	**713**
	Clients	139	**256**	**309**
MAI SERVICES				
Medical Case Management Services	Visits	163	**449**	**268**
	Clients	62	**93**	**78**
Mental Health Services: Therapy/Counseling	Visits	35	**131**	**216**
	Clients	19	**41**	**46**
Substance Abuse Treatment Services - Outpatient	Visits	67	**201**	**38**
	Clients	39	**58**	**11**
Faciliated Referrals	Visits	0	**0**	**0**
	Clients	0	**0**	**0**
Outreach Encounters	Visits	0	**0**	**0**
	Clients	0	**0**	**0**
Medical Transportation Services - Assisted	Visits	0	**0**	**0**
	Clients	0	**0**	**0**
Medical Transportation Services - Unassisted	Visits	0	**0**	**0**
	Clients	0	**0**	**0**
Case Management -Non-Medical	Visits	87	**254**	**253**
	Clients	45	**61**	**67**

*Includes Part B funded services

SUMMARY OF SERVICES FOR FY22
Mar. 1, 2022- Feb. 28, 2023

CLIENT DEMOGRAPHICS	Number of Clients	% of Client Total	Client Total
FY 2023-2024			
Race/Ethnicity			
White (not Hispanic)	431	22.03%	
Black or African American (not Hispanic)	250	12.78%	
Hispanic or Latino(a)	1163	59.46%	
Asian	28	1.43%	
American Indian/Alaska Native	10	0.51%	
Multi-Race	23	1.18%	
Native Hawaiian/Pacific Islander	4	0.20%	
Race data not in ARIES	47	2.40%	**1,956**
Gender			
Male	1508	77.10%	
Female	374	19.12%	
Transgender FTM	1	0.05%	
Transgender MTF	71	3.63%	
Other	2	0.10%	
Client Refused to Report	0	0.00%	**1,956**
Age Categories			
< 2	12	0.61%	
02-12	9	0.46%	
13-24	46	2.35%	
25-44	717	36.66%	
45-64	961	49.13%	
65 and over	211	10.79%	**1,956**
Poverty Level			
<138%	1540	78.73%	
138-199%	225	11.50%	
200-299%	136	6.95%	
300-399%	35	1.79%	
400-499%	9	0.46%	
>500%	11	0.56%	
Financial data not in ARIES	0	0.00%	**1,956**
HRSA Housing Status			
Stable/Permanent	796	40.70%	
Temporary	221	11.30%	
Unstable	114	5.83%	
Housing Status not in ARIES	825	42.18%	**1,956**
Insurance Status			
Private	22	1.12%	
Medicaid	341	17.43%	
Medicare	43	2.20%	
Other	101	5.16%	
No Insurance	316	16.16%	
Insurance not in ARIES	1133	57.92%	**1,956**
San Diego Region			
Central	667	34.10%	
East	131	6.70%	
South Bay	362	18.51%	
Southeast	171	8.74%	
North Coastal	214	10.94%	
North Inland	106	5.42%	
North Central	137	7.00%	
Zip Code may be outside SD County	85	4.35%	
Zip Code not in ARIES	83	4.24%	**1,956**

County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

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WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

ELIZABETH A. HERNANDEZ, Ph.D.
PUBLIC HEALTH SERVICES DIRECTOR

HIV Testing Information
January – March 2023

	Time frame	# HIV tests	# Newly diagnosed positives	Positivity rate	Linkage to care <30 days
Focused & routine (County) + Focused (contracted)	Jan-March 2023	880	11	1.25%	82%
Routine, healthcare settings (contracted)	Jan-March 2023	4,676	4	0.08%	80%
Routine, detention facilities (County)	Jan 2023	118	1	.85%	100%
Total		5,556	16	0.29%	