San Diego HIV Planning Group
PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE

COMBINED KEY DATA FINDINGS 2025

San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee

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

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

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

- Live in San Diego County
- Have an income at or below 600% Federal Poverty Level (FPL)* ($93,900 annually for a household of one)
- Have a confirmed HIV diagnosis (except in service categories that permit services to HIV-negative and unaware)
- Have no other payer for the service

All clients must be reassessed for eligibility every twelve months

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

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

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

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

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

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

© = Core Medical Service

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

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

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
1. © Outpatient Ambulatory Health Services (Primary Care)	No additional guidelines	Emergency room or urgent care services are not considered outpatient settings. There are no annual limits on the number of services provided.	
2. © Medical Specialty	Must have a referral from Ryan White HIV Primary Care provider	Requests triaged based on medical necessity, HIV relatedness and urgency. Limited to those services authorized by the County of San Diego HSHB specialty services provider.	• Medical provider
3. © Oral Health Care (Dental Care)	Must have a referral from Ryan White Primary Care provider	Primary dental services are available as medically necessary or as required to treat pain. Dental specialty is limited to procedures to support palliative and medically necessary dental care outside of primary dental care setting. Service specifically excludes dental implants (with four specific exceptions)	• Medical provider • Dental provider for dental specialty service
4. © Medical Case Management Services	Limited to individuals who are unable to access or remain in HIV medical care as determined by medical care managers based on whether: • Client is currently enrolled in outpatient/ambulatory health services • Client is following his/her medical plan • Client is keeping medical appointments • Client is taking medication as prescribed	Services are not intended for individuals who are able to access and remain in HIV medical care. Case is closed when all action items on the care plan are competed, and medical care is stabilized There are no annual limits on the number of services provided.	
5. Non-Medical Case Management Services	Must demonstrate ability to access or remain in HIV medical care	Services are not intended for individuals who are unable to access or remain in HIV medical care. Case is closed when all action items on the care plan are competed, and medical care is stabilized. There are no annual limits on the number of services provided.	
6. Non-Medical Case Management for Housing	Eligible to receive Ryan White services Upon intake, all eligible clients will be required to enroll in all available housing assistance waiting lists, including Section 8, Housing Opportunities for	Housing case management does not provide support or guidance for accessing other services, and it is required that housing case managers closely coordinate client needs outside of housing	•

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
	Persons with AIDS (HOPWA), and Tenant-Based Rental Assistance (TBRA). A housing plan must be developed within 60 days of enrolling in housing case management and no later than 90 days after enrolling in PARS. The client & case manager should review the plan regularly, and at least every quarter.	with medical or non-medical case managers as part of a treatment team approach.	
7. **Housing: Partial Assistance Rental Subsidy (PARS)**	Must not receive other subsidized housing, either tenant-based or project-based Because all housing support provided under Ryan White is temporary, a housing transition plan is required to ensure clients maintain housing self-sufficiency at the conclusion of assistance. All clients enrolled in the Partial Assistance Rental Subsidy (PARS) program must also enroll in housing case management.	Provides 40% of a client's monthly rental costs not to exceed 40% of the fair-market rent for San Diego County as determined by the U.S. Department of Housing and Urban Development (HUD). Clients shall not receive PARS if they receive tenant-based or project-based rent subsidy including, but not limited to, subsidized low-income housing, or subsidized independent housing associated with any program such as Public Housing, Affordable Housing, HOPWA, or Section 8. Housing services may not: • Be used for mortgage payments • Be in the form of direct cash payments to clients • Be used for rental or security deposits. Such deposits are typically returned to clients as cash which would violate the prohibition on providing cash payments to clients.	• Case manager
8. **Housing: Emergency Housing**	Eligible to receive RW services. Because all housing support provided under Ryan White is temporary, a housing transition plan is required to ensure clients maintain housing self-sufficiency at the conclusion of assistance.	Services prioritize hotel/single room occupancy (SRO) vouchers over rental assistance. Service can be used once in a 12-month period. Service is not available to individuals who: • Receive Housing Opportunities for People with AIDS (HOPWA) funds. • Receive a tenant-based or project-based rent subsidy including, but not limited to, subsidized low-income housing, or subsidized independent housing associated with any program such as Public Housing, Affordable Housing, Section 8, HOPWA, or PARS rental assistance. • Have previously been terminated from receiving emergency housing assistance	• Case manager

Draft 05.06.2025

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
		or tenant-based rental assistance, have violated program guidelines in their use of emergency housing funds, or have been identified as ineligible for services. • Can include sober living and assisted living. Housing services may not: • Be used for mortgage payments • Be in the form of direct cash payments to clients • Be used for rental or security deposits. Such deposits are typically returned to clients as cash which would violate the prohibition on providing cash payments to clients.	
9. **Housing Location, Placement and Advocacy Services**	(The Strategies and Standards Committee will draft service standards for this service category)		
10. © **Mental Health: Counseling, Therapy/Support Groups**	May request or be referred by providers or case manager	Case is closed when all action items on the care plan are competed, and medical care is stabilized. There are no annual limits on the number of services provided.	
11. © **Substance Use Treatment: Outpatient Care**	Cannot currently be in a residential substance abuse treatment program	Case is closed upon successfully completion of treatment and client chooses not to participate in any other aftercare program activities. There are no annual limits on the number of services provided.	
12. © **Mental Health: Psychiatric Services**	Must have a confirmed mental health diagnosis, and/or referral for specialized psychiatric care from a medical provider or mental health provider	There are no annual limits on the number of services provided.	• Medical provider • Mental health provider
13. © **Coordinated HIV Services for Women, Infants, Children, Youth and Families (CHS:WICYF)**	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	Limited to: • Individuals who do not know their HIV status and need to be referred to counseling and testing • Individuals who know their status and are not in care and need assistance to enter or re-enter HIV-related medical care	
a. **Childcare Services (A subcategory of CHS:WICYF)**	Available for children living in the household of individuals with a confirmed HIV diagnosis and their affected family members while attending medical visits, related appointments, and/or Ryan White-funded meetings, groups, or training sessions.	For children from infancy through 12 years of age. Services are also available, if permitted at the appointing clinic, for parents and caregivers attending medical, dental, and mental health care appointments, including support groups, on-site childcare is prioritized for appointments, so family members can access support service needs. It	• Case manager

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
		may be available for other purposes as determined appropriate. For parents and caregivers utilizing on-site services, at least one parent or caregiver must remain on-site.	
14. © **Early Intervention Services: Regional Services (EIS:RS)**	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	Limited to: • Individuals who do not know their HIV status and need to be referred to counseling and testing • Individuals who know their status and are not in care and need assistance to enter or re-enter HIV-related medical care	•
a. **Outreach Services (a subcategory of EIS:RS)**	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	Limited to: • Individuals who do not know their HIV status and need to be referred to counseling and testing • Individuals who know their status and are not in care and need assistance to enter or re-enter HIV-related medical care	
15. **Health Education and Risk Reduction (stand-alone service, not part of CHS:WICFY or EIS:RS)**	Eligible to receive Ryan White funded care The provision of education and information to clients living with HIV and how to reduce the risk of HIV transmission. It includes education, referral and related service navigation to clients living with HIV to improve their health and their partners to prevent HIV transmission.	Services are intended to complement and not replace other funded HIV prevention activities Exclusions: • Affected individuals (partners and family members not living with HIV) are only eligible if receiving services concurrently with the client. • Health Education/Risk Reduction may not be delivered anonymously. However, all information is confidential.	
16. **Referral to Health and Care and Support Services (Peer Navigation)**	Must currently be receiving case management, non-case management, mental health, substance abuse or outreach services	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	• Self-Referral • Case manager • Early Intervention Services
17. **Psychosocial Support Services**	Available to clients living with HIV; may include support groups and may be provided by a trained staff or volunteer, including peers.	Funds under this service category may not be used to pay for food, transportation or for professional mental health services.	
18. **Substance Use Treatment: Residential Care**	Must have a written referral from the clinical provider as part of a substance use disorder	Case is closed upon completion of treatment program. There are no annual limits on the number of services provided.	• Clinical provider

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
	treatment program funded under the Ryan White program		
19. Ⓖ **Home and Community Based Health Services**	Must be at risk for hospitalization or entry into a skilled nursing facility. Must also: • Have a health condition consistent with in-home services • Have a home environment that is safe for both the client and the service provider • Have a score of 70 or less on the Cognitive and Functional Ability (Karnofsky) Scale	Service specifically excludes: • Emergency room services • In-patient hospital services • Nursing homes • Other long-term care facilities Case is closed when all action items on the comprehensive service plan are complete and medical care is stabilized. There are no annual limits on the number of services provided.	• Medical provider • Case manager
20. **Transportation Pool – Assisted & Unassisted**	Individuals shall be eligible for transportation only if they would not otherwise have access to core medical and support services and only if they do not qualify for other transportation assistance programs.	Specific eligibility criteria for **assisted transportation***: • Used for transport to and from various core medical and support service providers. • Assisted transportation, consisting of ADA Para-Transit Passes and certified medical transport may be used if a client is unable to access unassisted transportation. • Contractor shall refer all clients requesting assisted transportation for screening and potential eligibility for AIDS Waiver program. • Clients are not eligible for RW assisted transportation services if they receive or are eligible for other public transportation benefits such as, but not limited to, ADA Para-Transit, AIDS Waiver Transportation Assistance, Home and Community-based Health Services, or Medi-Cal reimbursed medical transport. Specific eligibility criteria for **unassisted transportation**: • Reserved for individuals unable to access or stay in core medical and support services. • Disabled monthly passes may be issued for individuals who qualify for the disabled monthly pass and have more than three medical visits per month. • Day passes may be issued for individuals who do not qualify for the disabled monthly	• Case manager • Any service provider

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
		passes and for those eligible for disabled monthly passes who have fewer than three medical visits per month. Individuals who receive day passes can be issued two extra day passes to cover unexpected or emergency medical visits. Clients are limited to two unused emergency day passes at a time. • Monthly passes may be issued to clients in lieu of day passes if a client's predetermined number of day-passes for a month equals or exceeds the cost of a standard monthly pass. • Other forms of transportation may include but are not limited to: taxis, ride sharing programs and/or mileage reimbursement. Transportation services are limited to travel to and from core medical and support service appointments only; however, clients traveling with legal dependents are permitted to make stops at childcare facilities to drop children off before appointments and to pick children up after appointment. Unallowable services include: 1. Direct cash payment or reimbursements to clients 2. Direct maintenance expenses of personally owned vehicles (tires, repairs, etc.) 3. Payment of other cost associate with a personally owned vehicle (insurance, license, etc.)	
21. **Food Services/Home Delivered meals**	Must be physically and/or mentally incapable of preparing own meals to qualify for home delivered meal services. Individuals who can prepare meals may still be eligible for food vouchers and food bank services	Services do not provide: • Permanent water filtration systems for water entering a home; • Household appliances; • Pet foods • Other non-essential products. Case is closed when the service is deemed no longer medically necessary. There are no annual limits on the number of services provided.	• Case manager • Medical provider
22. **Medical Nutrition Therapy**	Must be referred by a medical provider	Case is closed when all action items on the nutrition plan are competed, and medical care is	• Medical provider

FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
		stabilized. There are no annual limits on the number of services provided.	
23. **Legal Services (Other Professional Services)**	Services can also be provided to family members and others affected by a client's HIV disease when the services are specifically necessitated by the person's HIV status	Excludes criminal defense and class-action suits unless related to access to services eligible for funding under the Ryan White program. Case is closed when the legal matter has been resolved. There are no annual limits on the number of services provided.	
24. **Emergency Financial Assistance**	Eligible to receive RW services.	The maximum amount for each item per year per client are as follows: • Clients are eligible to receive up to $1,000/year to use for utility payments. • Food bags: Each client is allowed a maximum of 12 weeks of emergency food bags per 12 months. • Medication: Covers prescription medication (1) not available through the AIDS Drug Assistance Program (ADAP) and (2) only intended for short term need. • Eyeglasses: One set of lenses per year, one set of frames every other year; one opportunity to replace if lost/stolen/damaged. • Eviction prevention: Limited to $1,490/year. Electronic devices (tablets, small laptops, etc.) can be provided to assist clients access virtual environments/telehealth appointments/RW planning meetings.	• Case manager
25. **Home Health Care**	Must be deemed medically homebound by a medical provider	Home settings do not include nursing facilities or inpatient mental health/substance use treatment facilities. Case is closed when all services are completed, and medical care is stabilized. There are no annual limits on the number of services provided.	• Medical provider • Case manager
26. **© Early Intervention Services: HIV Counseling and Testing**	Services focus on linkage or re-engagement in care and are not intended to be ongoing.	Limited to: • Individuals who do not know their HIV status and need to be referred to counseling and testing	

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FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
		• Individuals who know their status and are not in care and need assistance to enter or re-enter HIV-related medical care	
27. **Cost-Sharing Assistance**	(The Strategies and Standards Committee will draft service standards for this service category)		
28. © **Home Hospice**	Must be certified as terminally ill by a physician and have a defined life expectancy of six months or less	Case is closed upon death. This service category does not extend to skilled nursing facilities or nursing homes. There are no annual limits on the number of services provided.	• Medical provider • Case manager

Key Data Findings
2025 Co-Occurring Conditions/Poverty/Insurance

Data regarding co-morbidities or co-occurring disorders is important to the delivery of services for people living with HIV disease (PLWH) 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.
- PLWHs 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 has tuberculosis (TB), a sexually transmitted infections (STI), 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 to **transmit HIV** to someone else.
- Support services keep PLWH in care and improve medical outcomes, especially those of women, African Americans, and persons with lower incomes.

2024 findings are self-report by HIV-positive respondents to the *2024 Survey of HIV Impact*: [2]
- Total sample: 310
- People living with HIV: 202

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 = 3,290,423; Males = 1,655,200 Female = 1,635,223) [1]		*Estimated prevalence* based on self-report by people living with HIV from the 2024** *Survey of HIV Impact* [2]	
	Number	*Percentage*	*Number*	*Percentage*
Tuberculosis	247 [4]	Less than 0.01%	32	16% [2]
Syphilis*	2,431 female: 561 male: 1,870 [5,6]	0.074% female: 0.034% male: 0.10%	309 est. female: male: 8 [3]	2.2% female: 0.07 male: 2.4
Gonorrhea	6,651 female: 1,687 male: 4,936 [5,6]	0.20% female: 0.10% male: 0.30%	93 est. female: 0 male:93 [3]	10.7% female: 0% male: 10.7%
Chlamydia	17,720 female: 10,807 male: 7,542 [5,6]	0.54% female: 0.62% male: 0.46%	98 est. female: 2 male: 96 [3]	1.4% female: 3.5% male: 12.3%
Hepatitis B (HBV)	232 est.	0.007% [5]	28	14% [3]
Hepatitis C (HCV)	2,205	1.1% [6]	25	12% [2]
Mental Illness/Mental Health Challenges	752,400 [7] (method of estimating combines serious and chronic)	22.8%	121	60% [2] (ever diagnosed or treated)
Opiod Overdose Deaths	Rate 20/100,000 (CDPH)			

Condition	Estimated prevalence within the general population* (Population = 3,290,423; Males = 1,655,200 Female = 1,635,223) [1]		Estimated prevalence based on self-report by people living with HIV from the 2024** Survey of HIV Impact [2]	
	Number	*Percentage*	*Number*	*Percentage*
Emergency Dept. visits related to any opioid overdose	Rate: 42.9/100,000 (CDPH)			
Hospitalizations related to any opioid overdose	Rate 16.5/100,000 (CDPH)			
Homelessness	10,264 [12]	0.31%	Unstable housing: 29 Unsheltered: 7 [3]	Unstable housing: 14% Unsheltered: 3% [3]
Poverty Level (Threshold = $1,215/month)	518,219 [13]	15.5% below poverty level	72	35% below poverty level 36% [3]
Lack of Insurance	223,229	6.8% [13]	7	3% [3]
Incarceration	10,842 est. pop. [14] (in county jails and state prison system)	0.3% [14]	72 (formerly incarcerated)	36%
Cardiovascular Disease	227,039 est.	6.9%	14	7%
Diabetes	289,557	8.8% [23]	31	15% [16]
Coronavirus (COVID19)	1,046,329 [17]	31.8% [17]	187 est.	Increased risk of (hospitalization, increased risk of death [18] RR = 1.24 [18]
MPOX	61 [6]	0.002%	Of pts with MPOX, 40% are PLWH	65.6%

* 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

** 2017 Survey of HIV Impact data used for some detailed data for PLWH.

Notes:
- Research reveals higher incidences of additional co-occurring conditions for PLWH, including gastrointestinal diseases, circulatory diseases, endocrine/nutritional/metabolic diseases (including diabetes), nervous system diseases, and neoplastic diseases (cancer, lymphoma).
- Women living with HIV experience an increased incidence of some HIV-related conditions, 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 50 years of age or greater 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. Many of the age-related diseases are seen in the population of greater than 50 years of age PLWH approximately 10 years earlier than in the general population. [21, 22, 23]

Data Sources:

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San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee

**2025 Key Data Findings**
HIV EPIDEMIOLOGY

Draft July 24, 2025

OVERALL
- **Total Persons Living with HIV disease (PLWH)** in San Diego County (Prevalent cases) = **14,607**
- **Recent Cases** (2020 – 2024) **= 2,120** (this is a subset of the total or prevalent cases)

BIRTH SEX
- The proportion of **female HIV** cases in San Diego County is **14.7% (n =310) for the Recent Cases time period (2020-2024). The number of females who are living with HIV (PLWH) is 1,594, or 10.9%.** While **16.5%** of cases from 2024 were female, interpretation of one year's data should be done with caution. Historically, 5-year time periods are analyzed to smooth out trends.
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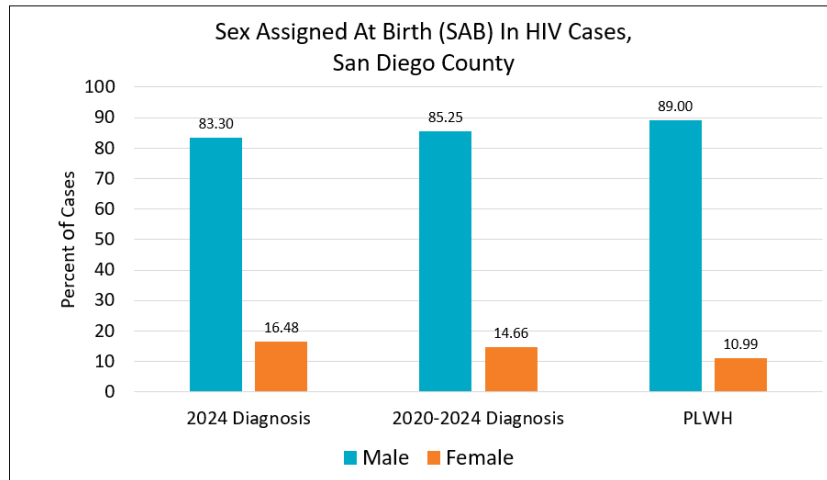
Data as of 12/31/2024

HHSA REGION
- Central Region contains the most cases from 2020-2024 (**836, 39.4%**) as well as PLWH (**5,318, 36.4%**). The South Region contains the second most cases from 2020-2024 (**428, 20.2%**) and for PLWH (**2,206, 15.1%**).

Table 2. HIV Cases by HHSA Region

	2024 Diagnosis		Recent Diagnosis (2020 - 2024)		PLWH	
HHSA Region	n	%	n	%	n	%
Central	169	38.7%	836	39.4%	5,318	36.4%
East	45	10.3%	220	10.4%	895	6.1%
South	94	21.5%	428	20.2%	2,206	15.1%
North Coastal	31	7.1%	191	9.0%	815	5.6%
North Inland	45	10.3%	178	8.4%	604	4.1%
North Central	53	12.1%	265	12.5%	1,330	9.1%
Unknown			2	0.1%	3,439	23.5%
Total	437		2,120		14,607	

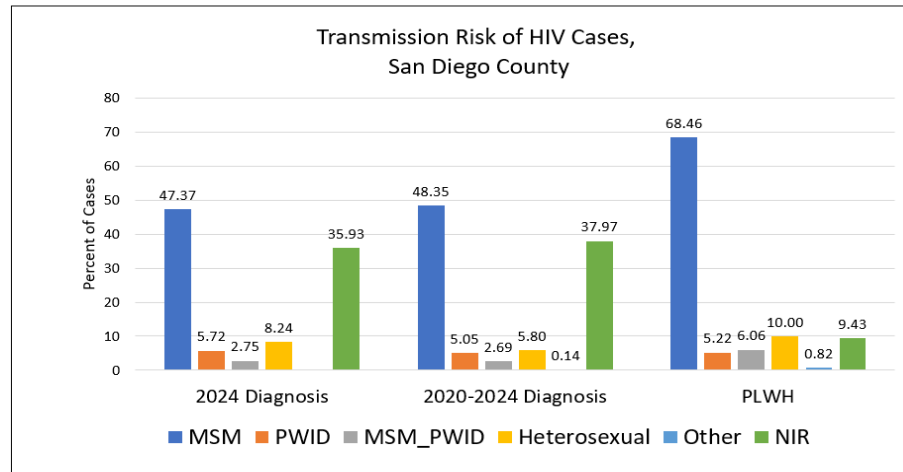Data as of 12/31/2024

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

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

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MODE OF TRANSMISSION

- The majority of people living with HIV disease (PLWH) through year-end 2024 were men who have sex with men. For PLWH and MSM, it's 68.6% and 9,964 persons. In the recent case period of 2020-2024, MSM made up 48.3% of the population and 1,025 persons.

Transmission Risk of HIV Cases, San Diego County

RACE/ETHNICITY

- The majority of recent HIV disease diagnoses for over ten years were **people of color**. The proportion of Non-Hispanic White cases decreased over time, while the proportion of Hispanic/Latino cases increased over time.

Race and Ethnicity* of HIV Cases, San Diego County

- Latino cases make up the majority of cases from 2024 and 2020-2024-time span (49% and 53% respectively). However, the percentage difference between Latino and White for PLWH is smaller. Latinos PLWH make up 44% of cases, while Whites make up 36% of PLWH cases.

017

AGE

- The **20 – 29 years** and **30 – 39 years** age groups make up the most cases in the county for the recent cases time (29%, n=617 and 35%,n=745

- Notably, an increase in age for PLWH is being observed, depicted by the green bars. Over 50% of PLWH are aged 50-69, and almost 9% of PLWH are aged 70+.
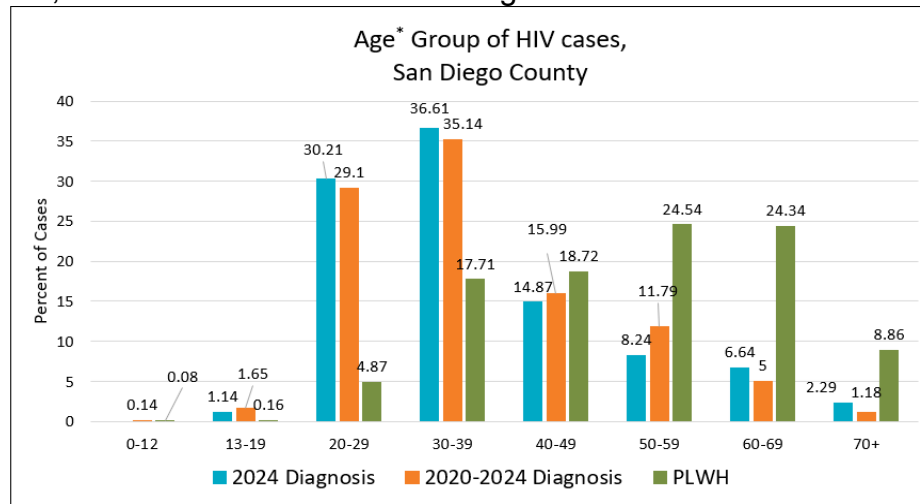
Age* Group of HIV cases, San Diego County

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

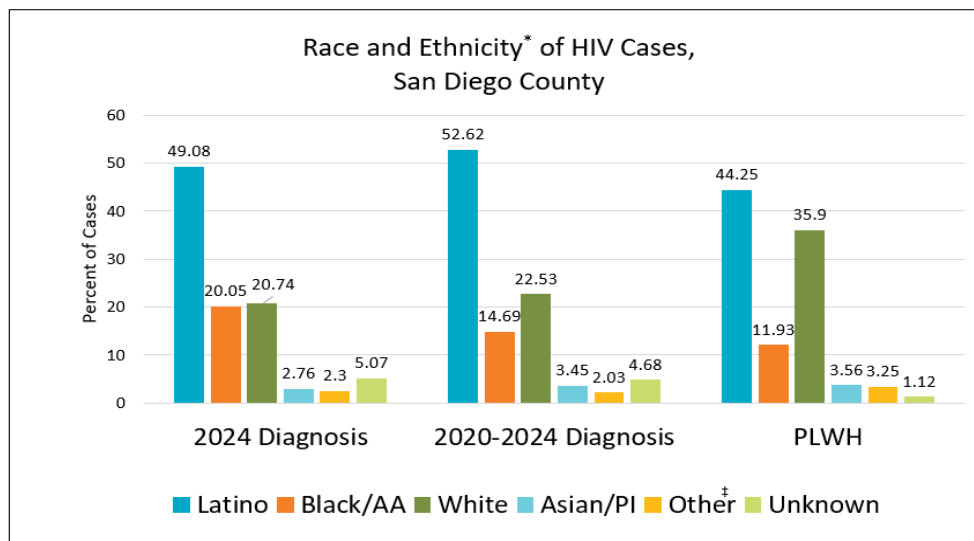[2] **Persons Living with HIV disease (PLWH) =** Residing in San Diego County and alive as of December 31, 2023. Age is calculated at 12/31/2023.

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

San Diego HIV Planning Group
Priority Setting & Resource Allocation Committee
2025 Key Data Findings
Care Continuum/Viral Suppression
**Approved July 24, 2025**

Data Source: Data is provided from CDPH, Office of AIDS, and contains data up to 12/31/2023.

DEFINITIONS:
Care Continuum (aka Continuum of Care), includes:
1. **Receipt of care** (sometimes called "Linkage to Care" or "In Care"): Of those diagnosed with HIV disease, persons who had ≥1 CD4 or viral load tests during 2023
2. **Retention in care:** Of those diagnosed with HIV disease, persons who had ≥2 CD4 or viral load tests at least 3 months apart during 2023
3. **Viral suppression:** Of those diagnosed with HIV disease, persons virally suppressed (<200 copies/mL) at most recent test during 2023
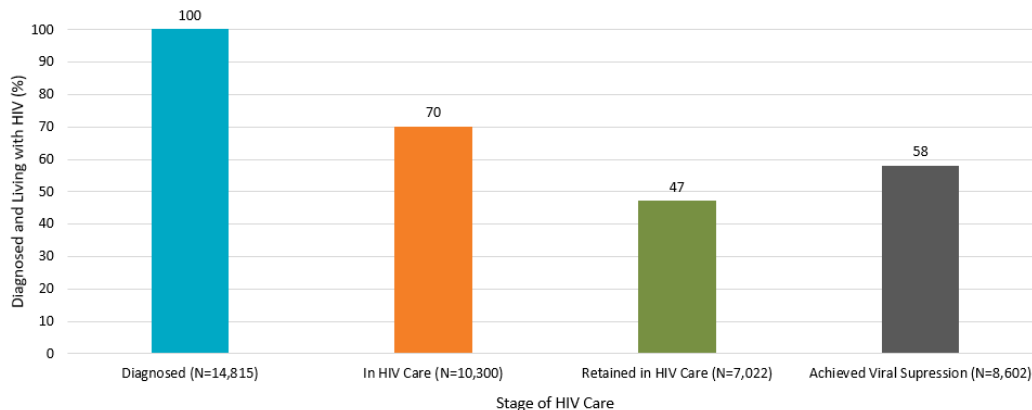
CARE CONTINUUM/VIRAL SUPPRESSION OVERALL
"In care" for all PLWH = **70%** and **"Retained in care"** for all PLWH = **47%. Viral Suppression** of all persons living with HIV (PLWH) in San Diego County was **58%** which includes those without a viral load (VL) test on record.
For **Ryan White (RW) clients**, viral suppression was **93%** *(for those who had a VL test on record).*

AGE
Those aged >65 showed to have the lowest percentage in care (**66%**), while those aged 13-24 showed to have the highest percentage (**78%**). While the age group of 13-24 had the highest percentage of viral suppression at **65%**, there was very little difference in viral suppression for the remaining older age categories. Only **1%** separated the three older age categories with those aged >65 had the lowest at **57%.**
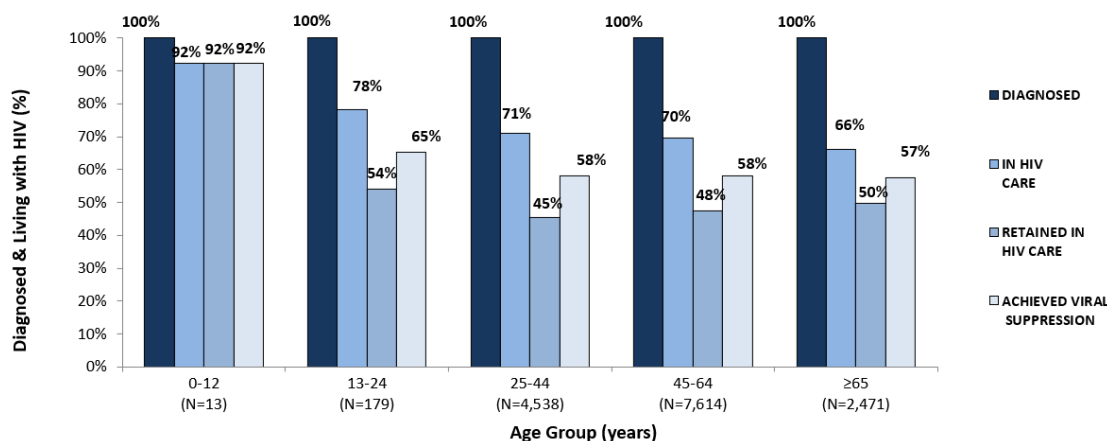
GENDER
There was a negligible difference in viral suppression between cis men (58%) and cis women (56%). Trans women showed 53% viral suppression (n=229), while trans men indicated a viral suppression percentage of 60% (n=5). However, the number of trans men is so low that no conclusions can be made about statistical significance.

RACE/ETHNICITY
For all PLWH African Americans/Blacks had a lower viral suppression percentage **(48%),** compared to both White **(61%)** and Latinx **(57%).** A similar trend was observed in RW Data – African American/Black (89%), White (93%) and Latinx (94%).

Although a relatively small population among PLWH **(n=474),** Asians indicated the best care percentage with 73%. African American/Blacks (1,809) had the lowest percentage in care at 61%, while Latinx (n=6,301) and White (n=5,698) had care percentages of **68%** and **72%**, respectively.

Among RW Clients, African American/Black had the lowest percentage of viral suppression (11%).

TRANSMISSION RISK CATEGORY
The following risk categories had significantly lower viral suppression compared to all PLWH (58%):
Persons Who Inject Drugs (PWID) (46%), **Men who have sex with men (MSM) + PWID** (55%), **Heterosexual contact** (55%), and **Unknown risk** (51%).
**Risk category for persons in "Unknow risk" may change as additional information becomes available.

San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee

2025 Key Data Findings:
Ryan White Programs (RWP) Parts A/B
Regional Service Availability

June 12, 2025

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
East	• Substance Use Treatment Services (Residential)** • Substance Use Treatment Services (Outpatient) • Minority AIDS Initiative (MAI)
North Coastal/North Inland	• Substance Use Treatment Services (Residential)** • Substance Use Treatment Services (Outpatient) • Minority AIDS Initiative (MAI)
South	• Substance Use Treatment Services (Residential) **

v

*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, Housing Location, Placement and Advocacy Services, and Psycho-social Support Services are awaiting full procurement.

County of San Diego Health and Human Services Agency (HHSA) Regions
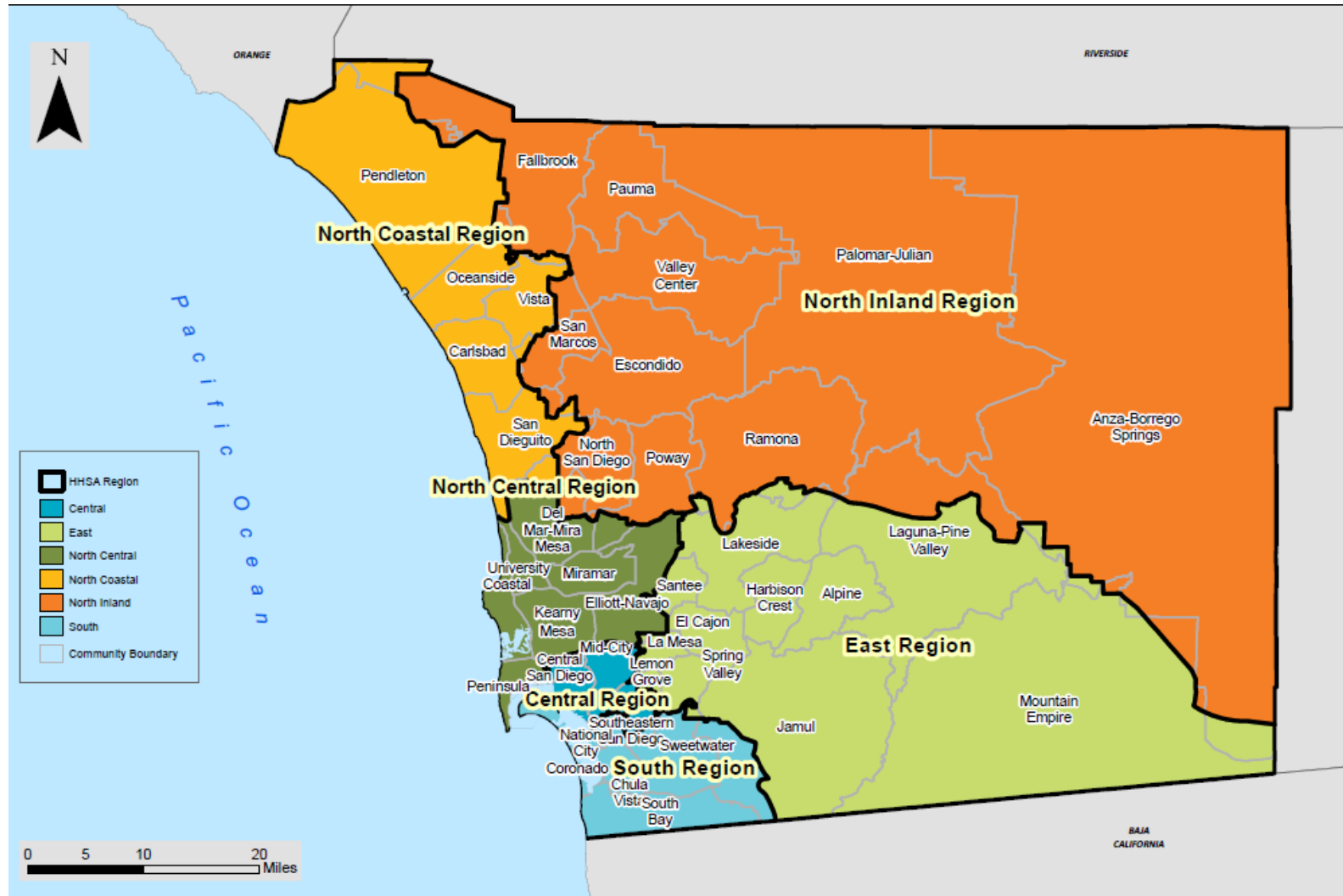
San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee

2025 Key Data Findings

SAN DIEGO COUNTY MENTAL HEALTH AND SUBSTANCE USE TREATMENT SERVICES WITH A PARTICULAR FOCUS ON HIV/PLWH/LGBTQ COMPETENCIES

July 17, 2025

The following is a list of some **non-Ryan White** mental health and substance use treatment service providers in San Diego County (SDC). Some of the providers on this list also receive Ryan White funds for services and may also provide services using non-Ryan White funds.

In addition to the programs listed below, all programs operated or contracted through the COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES (BHS) are required to provide services and support that respect diverse beliefs, identities, cultures, preferences, and linguistic diversity of those served. Programs are responsible for evaluating the need for culturally/linguistically specialized services, linking individuals with those services, or making appropriate referrals.
(*See attachment on County of San Diego BHS*)

1.	**FAMILY HEALTH CENTERS OF SAN DIEGO, INC. SOLUTIONS FOR RECOVERY:**
	Address: 1750 5th Avenue, San Diego, CA 92101
	Phone: 619-515-2588
	Website https://www.fhcsd.org/lgbtq-services/
	• Outpatient alcohol and other drug treatment, recovery, ancillary, and supportive services for individuals who identify as lesbian, gay, bisexual, transgender, or questioning/queer (LGBTQ). Additional special early intervention casework is also provided for clients who voluntarily disclose that they are HIV positive.
2.	**SAN YSIDRO HEALTH (SYH):**
	Address: CASA 3045 Beyer Blvd., Suite D-101, San Diego, CA 92154
	Phone: (619) 662-4161
	Address: Our Place 286 Euclid Ave., Suite 309, San Diego, CA 92114 Phone:(619) 527-7390
	Website: https://www.syhealth.org/lgbtq
	• San Ysidro Health offers an array of support and clinical services for people who identify as LGBTQ+, people living with HIV, and people who use substances. Services include patient navigation, case management, counseling, primary care, gender-affirming care, and medication-assisted treatment for substance use disorders.
3.	**SAN DIEGO YOUTH SERVICES OUR SAFE PLACE:**
	Address: 3255 Wing Street, San Diego, CA 92110
	Phone: 619-221-8600
	Website: www.sdyouthservices. org
	• Individual/group/family services provided at schools, homes, drop-in centers, or office/clinic locations. Utilizing a team approach that, when indicated, offers case management, family or youth partner support, and/or co-occurring substance treatment. Supportive services at 4 drop-in centers. Our Safe Place provides necessary mental health services and drop-in centers for LGBTQ+ youth up to age 21 and their families.

4.	**YMCA YOUTH AND FAMILY SERVICES: OUR SAFE PLACE NORTH:**
	Address: 1050 N Broadway, Escondido, CA, 92026
	Phone: (760) 271 – 4855
	Hours: Monday-Friday, 2:00 - 6:00 pm and Saturday-Sunday, 4:00 - 8:00 pm.
	• A certified outpatient behavioral health program that provides a welcoming and supportive environment for LGBTQ+ youth, ages 12-21, and their families. Services include support groups for youth and family members, case management, mentorship, community outreach, training, skill development, and educational workshops. We also have opportunities for experienced individuals to work as Connection Coaches and Support Specialists. Services include:
	   ○ Individual and group psychotherapy
	   ○ Psychiatric services
	   ○ Case management for children, adolescents, young adults, and their families and guardians
	Our Safe Place has five drop-in centers throughout San Diego County, two of which are operated by the YMCA TAY Academy. Centers are open midday during the week and some hours on weekends, with extended evening and holiday hours.
	Edwin Camacho
		taysupports@ymcasd.org	(760) 908-9647

5.	**SOUTH BAY COMMUNITY SERVICES (SBCS) Trolley Trestle Youth Hub** Address: 746 Ada Street, Chula Vista, CA 91911 Phone**:** 619-628-2444 Website: https://sbcssandiego.org/our-safe-place/ Email**:** OurSafePlace@csbcs.org Instagram: @sbcs.ospsouth
6.	**VISTA COMMUNITY CLINIC (VCC):** Address: 1000 Vale Terrace Dr Vista Ca 92084, Phone: (760) 631-5000 HIV Clinical Manager - Teresa Gomez ext.7194 Website: https://www.vistacommunityclinic.org/ • VCC – Valuable Connected Care: Meeting community our community health and wellness needs.
7.	**UNIVERSITY OF CALIFORNIA, SAN DIEGO (UCSD): OWEN CLINIC** Address: 4168 Front St 3rd Floor, San Diego, CA 92103, phone: 619-543-3995, Website: HIV Care	Owen Clinic	UC San Diego Health (ucsd.edu) • At the Owen Clinic, care is delivered by doctors and nurses who specialize in HIV treatment. The clinic provides on-site counseling for substance use disorders and has access to a part-time psychologist. Additionally, there are support groups for co-occurring conditions that meet twice a week, along with available psychiatry support.
9.	**STEPPING STONE OF SAN DIEGO INC.:** Address: 3767 Central Avenue San Diego, CA 92105 Phone: 619-278-0777 Website: https://steppingstonesd.org/ • This program is licensed by the State DHCS for residential alcohol and other drug (AOD) treatment, recovery, case management, and mental health counseling for adults (18+) facing alcohol and drug-related issues. Stepping Stone has been serving the LGBTQ community since 1976.

10.	**CHOICES IN RECOVERY:** Address: 733 S Santa Fe Ave, Vista, CA 92083 Phone: (760) 945-5290 Website: Choices in Recovery (choicesinrecoveryvista.org) • This program offers residential placements for men living with HIV in North County, including long-term residential treatment and outpatient services. A case manager is assigned through the County of San Diego for people living with HIV.
11.	**SUBSTANCE USE DISORDER INTENSIVE OUTPATIENT MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION (MITE) - NORTH CENTRAL TEEN RECOVERY CENTER (TRC):** Address: 7625 Mesa College Drive, Ste. 115b, San Diego, CA 92111 Phone: 858-277-4633 Website: www.mcalisterinc.org/ programs/ • This program provides outpatient substance abuse treatment and education for adolescents aged 12 to 17. Services offered include individual counseling, family counseling, family group sessions, random drug testing, and educational classes. The educational classes cover a variety of topics, including life skills, relapse prevention, goal setting, crisis intervention, conflict resolution for teens, an introduction to recovery, health and recovery issues, employment preparation, HIV/AIDS awareness, and nutrition.

SERVICES

PREVENTION & COMMUNITY ENGAGEMENT
- Community Engagement and Outreach
- DUI Programs
- Mental Health Prevention and Early Intervention
- Mental Health Services Act Coordination
- Prevention Initiatives Coordination
- Stigma and Discrimination Reduction
- Substance Use Disorder Prevention Services
- Suicide Prevention

CHILDREN, YOUTH & FAMILIES SYSTEM OF CARE
- Case Management
- Day & Residential Treatment
- Emergency Screening & Stabilization
- Family/ Youth Advocacy
- Juvenile Forensics
- Outpatient & Residential Women's Perinatal Substance Use Disorder Programs
- Outpatient & School Based Treatment
- Pathways to Well Being
- Rehabilitation Support
- Teen Recovery Centers
- Therapeutic Behavioral Services
- Wraparound Services

ADULT & OLDER ADULT SYSTEM OF CARE
- Case Management
- Clubhouses
- Conservatorship Collaboration
- Crisis Residential Treatment
- Detoxification Services
- Full Service Partnerships
- Justice Services
- Outpatient Substance Use Disorder Programs
- Outpatient Mental Health
- Residential Substance Use Disorder Programs
- Rehabilitation Recovery Centers
- Supported Employment
- Supportive Housing Services

CLINICAL DIRECTOR'S OFFICE
- Integrated Care
- Long Term Care
- Whole Person Wellness
- Workforce Development

INPATIENT HEALTH SERVICES
- Edgemoor Skilled Nursing
- San Diego County Psychiatric Hospital
- State Hospital Services
- Youth Inpatient Services

LIVE WELL
SAN DIEGO
LIVEWELLSD.ORG

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County of San Diego
Behavioral Health Services

The Behavioral Health Services (BHS) Department of the County's Health and Human Services Agency provides a broad continuum of services for mental health and substance use issues.

Services are provided to groups across the lifespan-from perinatal, children, youth and families, to adults and older adults.

BHS promotes recovery, discovery, resiliency and well-being through prevention, treatment and intervention, as well as integrated services for clients experiencing co-occurring mental illness and substance use issues.

BHS embraces *Live Well San Diego*, the County's vision to promote healthy, safe and thriving communities countywide.

Links to Access Resources:

Access & Crisis Line
A 24/7 information and referral line will help you find a provider for your needs.
1-888-724-7240

Behavioral Health Services
For more information, see:
www.sdcounty.ca.gov/ hhsa/programs/bhs/

It's UP to US

It's Up 2 Us Website
For Suicide Prevention and Stigma Reduction, go to:
Up2sd.org

SERVICIOS

PREVENCIÓN Y PARTICIPACIÓN COMUNITARIA
- Programas DUI
- Prevención de Salud Mental e Intervención Temprana
- Coordinación de la Ley de Servicios de Salud Mental
- Reducción de Estigma y Discriminación
- Servicios de Prevención de Consumo de Sustancias
- Prevención del Suicidio

SISTEMA DE CUIDADO PARA NIÑOS, JÓVENES & FAMILIAS
- Coordinación de Casos
- Tratamiento Diario y Residencial
- Evaluación de Emergencia y Estabilización
- Abogacía Familia/Juventud
- Forense de Menores
- Programas Residenciales y Ambulatorios de Alcohol y Drogas Prenatales para Mujeres
- Tratamiento ambulatorio y en las Escuelas
- Opciones para el Bienestar
- Rehabilitación y apoyo
- Centros de Recuperación para Adolescentes
- Servicios Terapéuticos para el Comportamiento
- Servicios Comprehensivos

SISTEMA DE CUIDADO PARA ADULTOS/ ADULTOS MAYORES
- Coordinación de Casos
- Casas Club
- Colaboración con el Guardián legal
- Tratamiento Residencial de Crisis
- Servicios de Detoxificación de Drogas/Alcohol
- Programas con Servicios Integrales
- Servicios para personas referidas por el Sistema Judicial
- Programas Ambulatorios de Alcohol y Drogas
- Programas Ambulatorios de Salud Mental
- Programas Residenciales de Alcohol y Drogas
- Centros de Rehabilitación y Recuperación
- Servicios de apoyo para vivienda y empleo

OFICINA DEL DIRECTOR CLÍNICO
- Cuidados Integrados
- Cuidado de hospitalizacion de Largo Plazo
- Bienestar de la Persona Completa
- Desarrollo de la Fuerza Laboral

SERVICIOS DE SALUD HOSPITALARIOS
- Enfermería Especializada Edgemoor
- Hospital Psiquiátrico del Condado de San Diego
- Servicios Hospitalarios Estatales
- Servicios Hospitalarios para Jóvenes

Condado de San Diego
Servicios de Salud Conductual

La división de Servicios de Salud Mental y Uso de Sustancias por sus siglas en Ingles (BHS) de la Agencia de Salud y Servicios Humanos del Condado proporciona servicios amplios y continuos para los problemas de salud mental y uso de sustancias.

Los servicios se ofrecen a grupos para todas las edades, desde perinatal, niños, jóvenes y familias, hasta adultos y adultos mayores.

BHS promueve la recuperación y el bienestar a través de la prevención, tratamiento e intervención; además, proporciona servicios integrados para personas que experimentan enfermedades mentales y problemas recurrentes de uso de sustancias.

BHS abarca Live Well San Diego, la visión del condado para promover la salud, seguridad y la prosperidad de las comunidades

Hay una Multitud de Recursos Disponibles:

Línea de Acceso y Crisis
Una línea con información 24/7 que le ayudará a encontrar proveedores para sus necesidades.
1-888-724-7240

Sitio Web de la Red de Atención
Para obtener más información, consulte:
www.sdcounty.ca.gov/hhsa/programs/bhs/

It's UP to US

It's Up 2 Us Website
Para la prevención del suicidio y reducir estigmas:
Up2sd.org

LIVE WELL SAN DIEGO
LIVEWELLSD.ORG

San Diego HIV Planning Group
2024 Needs Assessment Survey
Key Data Findings
Updated 7/17/2025

310 Total respondents

203 Living with HIV/AIDS (68% of respondents)
66%

97 Not living with HIV/Unaware *(up from 22 in 2021)*
31%

Demographics

Out of people living with HIV/AIDS (PLWHA) who responded to the survey:

62% Men *(n=151)*

27% Women *(n=151)*

52 Average age *(n=150)*

25 - 92 Age range *(n=150)*

76% LGBTQIA+ *(n=144)*

25% Some high school or less *(n=181)*

32% Income from social security *(n=181)*

15% No income *(n=181)*

6% Undocumented and asylum seekers/refugees *(n=146)*

48%* Disabled/unable to work and unemployed *(n=182)*

*Excludes retired respondents, includes not working and not looking, not working but looking, and being full/part-time family caregiver.

Access to Care

Out of people living with HIV/AIDS (PLWHA) who responded to the survey:

64% Had a case manager *(n=197)*

90% Had a health care provider who offers HIV treatment *(n=189)* Down from 98% in 2021

72% Were insured *(n=152)*

1% Out of care for at least 1 year *(n=191)* Down from 13% in 2021

Mental Health

More than half (58%) of the PLWHA (n=185) reported having seen a therapist or received counseling in the past 6 months, up from 37% in 2021.

Substance Use

Out of 174 PLWHA:
- ➢ 15% reported current alcohol or drug issues.
- ➢ 48% reported past issues.

A combined 58% increase from 2021

- ➢ One in three PLWHA (35%) reported being in recovery.

Out of 176 PLWHA:
- ➢ 12% reported having injected illicit and non-prescribed drugs in the past 12 months.
  - o Nearly half of these respondents shared needles or works about half the time or more frequently.

Out of 107 PLWHA, methamphetamine (Crystal) was reported most frequently (41%), followed by heroin (18%).

Housing

47% Reported lack of housing impacting their decision to stop HIV medication in the future *(n=159)*

20% Reported unstable housing *(n=181)*
Down from 26% in 2021

Top three common reasons for PLWHA being unable to obtain and retain housing (n=181):
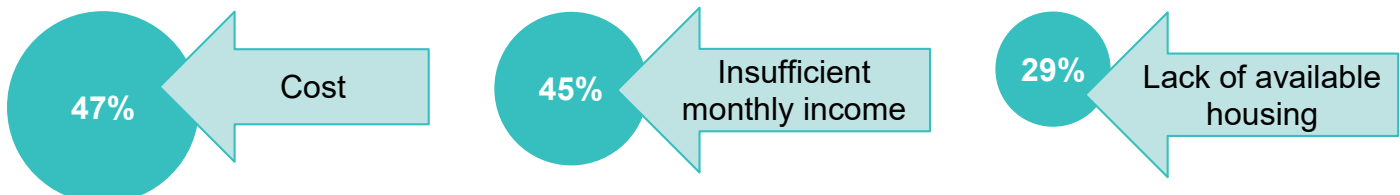
47% Cost

45% Insufficient monthly income

29% Lack of available housing

San Diego HIV Planning Group
2024 Needs Assessment Survey
Key Data Findings
Updated 7/17/2025

Top 5 Most Important Services: 10-Year Trend

2024	2021	2017	2014
#1. Dental Care	#1. HIV/AIDS medication	#1. HIV/AIDS medication	#1. HIV/AIDS medication
#2. HIV/AIDS medication	#2. HIV primary care	#2. HIV primary care	#2. HIV primary care
#3. HIV primary care	#3. Dental care	#3. Dental care	#3. Dental care
#4. Counseling/therapy	#4. Medical specialist other than HIV	#4. Case management	#4. Case management
#5. Help to pay rent	#5. Case management	#5. Medical specialist other than HIV	#5. Transportation

Top Unmet Needs: 10-Year Trend

The 10-year trend below summarizes the top services that respondents indicated they "need but can't get," across health, basic needs, and support service categories (n=239-252):
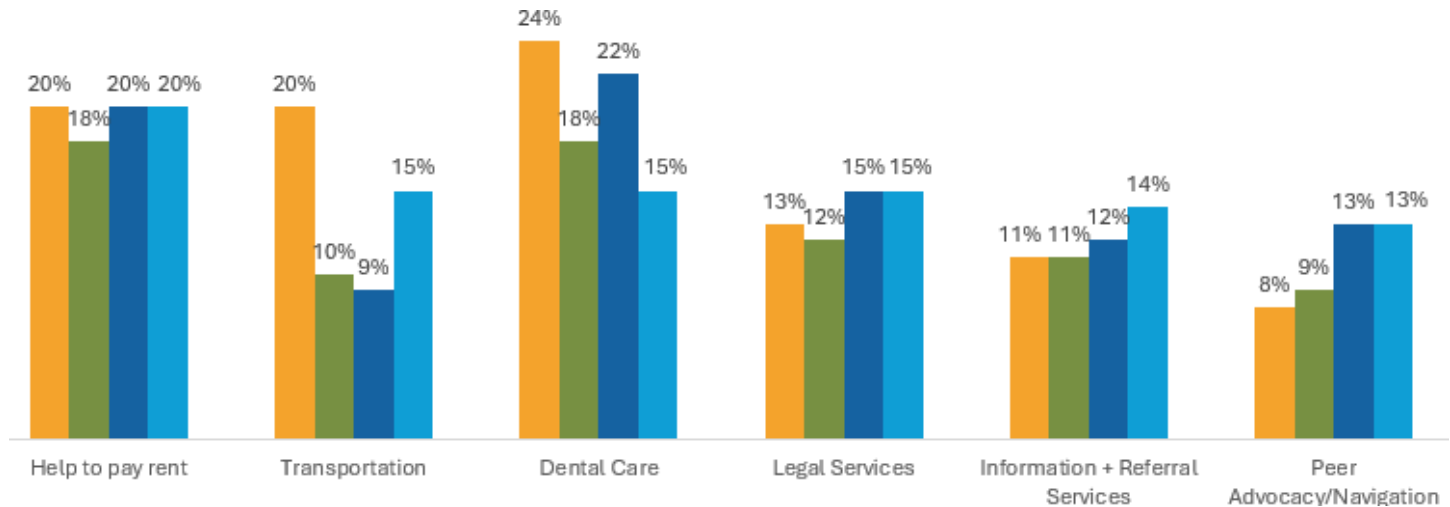
Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds

Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18)
Replaces Policy #10-02

Scope of Coverage: Health Resources and Services Administration (HRSA) 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 (PCN) replaces the HRSA HIV/AIDS Bureau (HAB) PCN 10-02: Eligible Individuals & Allowable Uses of Funds. This PCN defines and provides program guidance for each of the Core Medical and Support Services named in statute and defines individuals who are eligible to receive these HRSA RWHAP services.

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. HRSA 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 its subrecipient to ensure the subaward is used for authorized purposes in compliance with applicable statute, regulations, policies, program requirements 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 HRSA 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.

HRSA 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 an HRSA 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. HRSA 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 HRSA 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. Recipients who unknowingly continue such support are also liable for such expenditures.

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 under…an insurance policy, or under any Federal or State health benefits program" and other specified payment sources.[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 HRSA 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 vigorously and consistently pursued (e.g., Medicaid, Children's Health Insurance Program (CHIP), Medicare, or State-funded HIV programs, and/or private sector funding, including private insurance).

In every instance, HRSA HAB expects that services supported with HRSA 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.

HRSA RWHAP funds are intended to support only the HIV-related needs of

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

cash intended as payment for HRSA RWHAP core medical and support services. Where direct provision of the service is not possible or effective, store gift cards,[2] vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used.

HRSA 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, except in limited, specified instances (e.g., Non-Medical Case Management Services or Rehabilitation Services)
- Funeral and Burial Expenses
- Property Taxes
- Pre-Exposure Prophylaxis (PrEP)
- non-occupational Post-Exposure Prophylaxis (nPEP)
- Materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual
- International travel
- The purchase or improvement of land
- The purchase, construction, or permanent improvement of any building or other facility

Allowable Costs:
The following service categories are allowable uses of HRSA RWHAP funds. The HRSA 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. As with all other allowable costs, HRSA RWHAP recipients are responsible for applicable accounting and reporting on the use of HRSA RWHAP funds.

Service Category Descriptions and Program Guidance
The following provides both a description of covered service categories and program guidance for HRSA RWHAP Part recipient implementation. These service category descriptions apply to the entire HRSA RWHAP. However, for some services, the

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[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 HRSA RWHAP are allowable as incentives for eligible program participants.
[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.

HRSA 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 HRSA RWHAP Part recipient would provide 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 and entry into care for PLWH, retention in care, and the provision of HIV care and treatment. HRSA RWHAP recipients are encouraged to consider all methods or means by which they can provide services, including use of technology (e.g., telehealth). To be an allowable cost under the HRSA RWHAP, all services must:

- Relate to HIV diagnosis, care and support,

- Adhere to established HIV clinical practice standards consistent with U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV[4] and other related or pertinent clinical guidelines, and

- Comply with state and local regulations, and provided by licensed or authorized providers, as applicable.

Recipients are required to work toward the development and adoption of service standards for all HRSA RWHAP-funded services to ensure consistent quality care is provided to all HRSA RWHAP-eligible clients. Service standards establish the minimal level of service or care that a HRSA RWHAP funded agency or provider may offer within a state, territory or jurisdiction. Service standards related to HRSA RWHAP Core Medical Services must be consistent with U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as other pertinent clinical and professional standards. Service standards related to HRSA RWHAP Support Services may be developed using evidence-based or evidence-informed best practices, the most recent HRSA RWHAP Parts A and B National Monitoring Standards, and guidelines developed by the state and local government.

HRSA RWHAP recipients should also be familiar with implementation guidance HRSA HAB provides in program manuals, monitoring standards, and other recipient resources.

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

RWHAP Core Medical Services

AIDS Drug Assistance Program Treatments

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[4] https://aidsinfo.nih.gov/guidelines

AIDS Pharmaceutical Assistance

Early Intervention Services (EIS)

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

Home and Community-Based Health Services

Home Health Care

Hospice

Medical Case Management, including Treatment Adherence Services

Medical Nutrition Therapy

Mental Health Services

Oral Health Care

Outpatient/Ambulatory Health Services

Substance Abuse Outpatient Care

RWHAP Support Services

Child Care Services

Emergency Financial Assistance

Food Bank/Home Delivered Meals

Health Education/Risk Reduction

Housing

Legal Services

Linguistic Services

Medical Transportation

Non-Medical Case Management Services

Other Professional Services

Outreach Services

Permanency Planning

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Psychosocial Support Services

Referral for Health Care and Support Services

Rehabilitation Services

Respite Care

Substance Abuse Services (residential)

Effective Date
This PCN is effective for HRSA 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.

Summary of Changes
August 18, 2016 –Updated *Housing Service* category by removing the prohibition on HRSA RWHAP Part C recipients to use HRSA RWHAP funds for this service.

December 12, 2016 – 1) Updated *Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals* service category by including standalone dental insurance as an allowable cost; 2) Updated *Substance Abuse Services (residential)* service category by removing the prohibition on HRSA RWHAP Parts C and D recipients to use HRSA RWHAP funds for this service; 3) Updated *Medical Transportation* service category by providing clarification on provider transportation; 4) Updated *AIDS Drug Assistance Program Treatments* service category by adding additional program guidance; and 5) Reorganized the service categories alphabetically and provided hyperlinks in the Appendix.

October, 22, 2018 – updated to provide additional clarifications in the following service categories:
> Core Medical Services: *AIDS Drug Assistance Program Treatments; AIDS Pharmaceutical Assistance; Health Insurance Premium and Cost Sharing Assistance for Low-income People Living with HIV; and Outpatient/Ambulatory Health Services*
> Support Services: *Emergency Financial Assistance; Housing; Non-Medical Case Management; Outreach; and Rehabilitation Services.*

Appendix

RWHAP Legislation: Core Medical Services

AIDS Drug Assistance Program Treatments

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

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

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

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

See also AIDS Pharmaceutical Assistance and Emergency Financial Assistance

AIDS Pharmaceutical Assistance

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

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

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[5] https://aidsinfo.nih.gov/guidelines

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

HRSA RWHAP Parts A or B recipients using the LPAP to provide AIDS Pharmaceutical Assistance must establish the following:

- Uniform benefits for all enrolled clients throughout the service area
- A recordkeeping system for distributed medications
- An LPAP advisory board
- A drug formulary that is
    - Approved by the local advisory committee/board, and
    - Consists of HIV-related medications not otherwise available to the clients due to the elements mentioned above
- A drug distribution system
- A client enrollment and eligibility determination process that includes screening for HRSA RWHAP ADAP and LPAP eligibility with rescreening at minimum of every six months
- Coordination with the state's HRSA RWHAP Part B ADAP
    - A statement of need should specify restrictions of the state HRSA RWHAP ADAP and the need for the LPAP
- Implementation in accordance with requirements of the HRSA 340B Drug Pricing Program (including the Prime Vendor Program)

2. A Community Pharmaceutical Assistance Program (CPAP) is provided by a HRSA RWHAP Part C or D recipient for the provision of ongoing medication assistance to eligible clients in the absence of any other resources.

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

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

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

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

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

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

Early Intervention Services (EIS)

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

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

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

- HRSA RWHAP Part C EIS services must include the following four components:
    - Counseling individuals with respect to HIV
    - High risk targeted HIV testing (confirmation and diagnosis of the extent of immune deficiency)
        - Recipients must coordinate these testing services under HRSA RWHAP Part C EIS with other HIV prevention and testing programs to avoid duplication of efforts
        - The HIV testing services supported by HRSA RWHAP Part C EIS funds cannot supplant testing efforts covered by other sources
    - Referral and linkage to care of PLWH to Outpatient/Ambulatory Health

Services, Medical Case Management, Substance Abuse Care, and other services as part of a comprehensive care system including a system for tracking and monitoring referrals
- o Other clinical and diagnostic services related to HIV diagnosis

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

Description:

Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also includes standalone dental insurance. The service provision consists of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services, and pharmacy benefits that provide a full range of HIV medications for eligible clients; and/or
- Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
- Paying cost sharing on behalf of the client.

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

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

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

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

when determined to be cost effective.

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

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

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

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

Home and Community-Based Health Services
Description:
Home and Community-Based Health Services are provided to an eligible client in an integrated setting appropriate to that client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Services include:
- Appropriate mental health, developmental, and rehabilitation services
- Day treatment or other partial hospitalization services
- Durable medical equipment
- Home health aide services and personal care services in the home

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

Home Health Care
Description:
Home Health Care is the provision of services in the home that are appropriate to an eligible client's needs and are performed by licensed professionals. Activities provided under Home Health Care must relate to the client's HIV disease and may include:
- Administration of prescribed therapeutics (e.g. intravenous and aerosolized treatment, and parenteral feeding)
- Preventive and specialty care
- Wound care

- Routine diagnostics testing administered in the home
- Other medical therapies

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

Hospice Services
Description:
Hospice Services are end-of-life care services provided to clients in the terminal stage of an HIV-related illness. Allowable services are:
- Mental health counseling
- Nursing care
- Palliative therapeutics
- Physician services
- Room and board

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

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

Medical Case Management, including Treatment Adherence Services
Description:
Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum.

Activities provided under this service category may be provided by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).

Key activities include:
- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan

- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

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

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

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

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

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

Program Guidance:
All activities performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Activities not provided by a

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

See also Food-Bank/Home Delivered Meals

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

Program Guidance:
Mental Health Services are allowable only for PLWH who are eligible to receive HRSA RWHAP services.

See also Psychosocial Support Services

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

Program Guidance:
None at this time.

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

Allowable activities include:
- Medical history taking
- Physical examination
- Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription and management of medication therapy

- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology

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

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

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

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

See also Early Intervention Services

Substance Abuse Outpatient Care
Description:
Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Activities under Substance Abuse Outpatient Care service category include:
- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
    o Pretreatment/recovery readiness programs
    o Harm reduction
    o Behavioral health counseling associated with substance use disorder
    o Outpatient drug-free treatment and counseling
    o Medication assisted therapy
    o Neuro-psychiatric pharmaceuticals
    o Relapse prevention

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

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

guidance.

See also Substance Abuse Services (residential)

Child Care Services
Description:
The HRSA RWHAP supports intermittent Child Care Services for the children living in the household of PLWH who are HRSA RWHAP-eligible clients for the purpose of enabling those clients to attend medical visits, related appointments, and/or HRSA RWHAP-related meetings, groups, or training sessions.

Allowable use of funds include:
- A licensed or registered child care provider to deliver intermittent care
- Informal child care provided by a neighbor, family member, or other person (with the understanding that existing federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services)

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

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

Emergency Financial Assistance
Description:
Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.

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

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

Food Bank/Home Delivered Meals
Description:

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

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

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

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

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

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

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

See also Early Intervention Services

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

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

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

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

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

Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments or rental deposits,[6] <u>although these may be allowable costs under the HUD Housing Opportunities for Persons with AIDS grant awards</u>.

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

Legal Services
See Other Professional Services

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

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

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

Program Guidance:
Medical transportation may be provided through:

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[6] See sections 2604(i), 2612(f), 2651(b), and 2671(a) of the Public Health Service Act.

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

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

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

Non-Medical Case Management Services
Description:
Non-Medical Case Management Services (NMCM) is the provision of a range of client-centered activities focused on improving access to and retention in needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM Services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Children's Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication). Key activities include:
- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Client-specific advocacy and/or review of utilization of services
- Continuous client monitoring to assess the efficacy of the care plan

- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems

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

Other Professional Services
Description:
Other Professional Services allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include:
- Legal services provided to and/or on behalf of the HRSA RWHAP-eligible PLWH and involving legal matters related to or arising from their HIV disease, including:
  o Assistance with public benefits such as Social Security Disability Insurance (SSDI)
  o Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the HRSA RWHAP
  o 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:
  o Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney
  o 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:
The Outreach Services category has as its principal purpose identifying PLWH who either do not know their HIV status, or who know their status but are not currently in care. As such, Outreach Services provide the following activities: 1) identification of people who do not know their HIV status and/or 2) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services, including provision of information about health care coverage options.

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

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

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

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

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

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

See also Early Intervention Services

Permanency Planning
See Other Professional Services

Psychosocial Support Services
Description:
Psychosocial Support Services provide group or individual support and counseling services to assist HRSA RWHAP-eligible PLWH to address behavioral and physical health concerns. Activities provided under the Psychosocial Support Services may include:
- Bereavement counseling
- Caregiver/respite support (HRSA RWHAP Part D)
- Child abuse and neglect counseling
- HIV support groups
- Nutrition counseling provided by a non-registered dietitian (*see* Medical Nutrition Therapy Services)
- Pastoral care/counseling services

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

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

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

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

See also Respite Care Services

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

Program Guidance:

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

vocational therapy.

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

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

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

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

See also Early Intervention Services

Respite Care
Description:

Respite Care is the provision of periodic respite care in community or home-based settings that includes non-medical assistance designed to provide care for an HRSA RWHAP-eligible client to relieve the primary caregiver responsible for their day-to-day care.

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

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

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

See also Psychosocial Support Services

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

- Pretreatment/recovery readiness programs
- 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 HRSA RWHAP.

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

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