San Diego HIV Planning Group
PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE

2020 KEY DATA FINDINGS – COMBINED

HIV Planning Group
Priority Setting and Resource Allocation Committee
Key Data Findings by Service Category 2020
Draft July 9, 2020

SERVICE CATEGORY	KEY DATA FINDINGS
Outpatient Ambulatory Health Services (Primary Care)	Core service; #2 priority in 2017 Community Survey. (HIV/AIDS Medications a core service linked to Primary Care and #1 priority in 2017 Community Survey).
Medical Specialty	Core service; linked to Primary Care. #5 priority in 2017 Community Survey; 6th largest service gap ("need but can't get") (7%). Co-occurring health conditions make providing medical care more complex, require greater provider expertise, and increase the cost of care for people living with HIV/AIDS (PLWH/A).
Psychiatric Medication Management	Core service; linked to Primary Care. #9 10 priority in 2017 Community Survey. . Links PLWHA to care and helps sustain PLWHA in care; also 6th largest service gap (7%); of those with history of mental illness, top priority for 51%
Oral Health	Core service #3 priority in 2017 Community Survey and largest service gap (18% need but can't get). Many PLWH/A lack dental insurance.
Medical Case Management (MCM)	Core service; #4 priority in 2017 Community Survey; 4th largest service gap (10%), Links clients to other services, including Primary Care. Many PLWH/A have co-occurring health conditions that require additional services/assistance. Reaches diverse groups/regions. Links PLWHA to care and helps sustain PLWHA in care.
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (CHS: WICYF) *(Formerly Early Intervention Services (EISC): Countywide Services for Women, Children & Families)*	Core service; includes direct provision of Medical Case Management, Mental Health, Family/Peer Advocacy, Outreach, Childcare/Babysitting & Mentor/Buddy Support. Females represent 10% of PLWH/A. Reaches diverse groups/regions. Links PLWHA to care and helps sustain PLWHA in care. Central and South regions have largest proportion of recent HIV disease among women (>20% in each)
Childcare services	#19 priority in 2017 Community Survey, ranked top priority by 62% of those with children, 1% to total sample "need but can't get"
Peer Navigation (Referral for Health Care and Support Services)	#13 priority in 2017 Community Survey, 3rd highest service gap (11%)
Early Intervention Centers: Regional Services	Core service; addresses HRSA focus on identifying PLWHA not in care and linking them to care. CM is a central component. #9 priority in 2017 Community Survey. Co-located with HIV Primary Care in Southeast SD, South Bay and North County. Links PLWHA to care and helps sustain PLWHA in care; RW service not available in the East region of county.
Health Education and Risk Reduction	29% of HIV+ respondents in the 2017 Community Survey did not use condoms during sex in preceding 12 months; 21% of HIV negative/unaware reported that "they have never heard of PrEP"
Outreach Services	#13 priority in 2017 Community Survey, 3rd highest service gap (11%)
Referral Services	#13 priority in 2017 Community Survey, 3rd highest service gap (11%)
Home-based Care Coordination	Core service;
Case Management: Non-Medical	#4 priority in 2017 Community Survey, 4th largest service gap (10%)
Mental Health: Counseling/Therapy & Support Groups	Core service; #6 priority in 2017 Community Survey; 34% of survey respondents reported a history of chronic mental illness; of those with history of mental illness, Counseling/Therapy top priority for 89%. Links PLWHA to care and helps sustain PLWHA in care.

Substance Abuse Services: Residential	#12 priority, 46% of survey respondents reported a history of substance use Links PLWHA to care and helps sustain PLWHA in care. RW service not available in East or South regions; IDU and MSM+IDU have stat. signif. lower % of virally suppressed
Substance Abuse Services: Outpatient	Core Service. Frequent co-occurring condition among PLWH/A. Links PLWHA to care and helps sustain PLWHA in care. RW service not available in East or North regions. IDU and MSM+IDU have stat. signif. lower % of virally suppressed
Housing: Partial Assistance Rental Subsidy (PARS)	#7 priority in 2017 Community Survey; the 2nd largest service gap (18%) in NA survey. Homelessness (25% unstably housed or homeless in 2017 Community Survey) & poverty prevalent among PLWH/A (68% at or below 400% FPL in 2017 Community Survey); of those unstably housed or homeless, 84% ranked as top priority. Links PLWHA to care and helps sustain PLWHA in care
Transportation: Assisted and Unassisted	#8 priority in 2017 Community Survey; 4th largest service gap (10%).
Food Services: Home-Delivered Meals	#11 priority in 2017 Community Survey; 5th largest service gap (9%), 5% of respondents "too sick to make own meals"
Legal Services	#14 priority in 2017 Community Survey; 2nd largest service gap (12%).
Housing: Emergency Housing	# 16 priority in 2017 Community Survey; The 4th largest service gap (10%), Homelessness (25% unstably housed or homeless in 2017 Community Survey) & poverty) prevalent among PLWH/A (68% at or below 400% FPL in 2017 Community survey; of those unstably housed or homeless; 84% ranked as top priority. Links PLWHA to care and helps sustain PLWHA in care.
Emergency Financial Assistance	Emergency Utility Payment #17 priority in 2017 Community Survey; and 2nd largest service gap (12%) in the survey. Links PLWHA to care and helps sustain PLWHA in care.
Home Health Care	Core service; #18 priority in 2017 Community Survey; 4% "need but can't get", 4% of respondents "too sick to leave home". .
Medical Nutrition Therapy	Core service;
Hospice	Core service;
Cost-Sharing Assistance	Core service; 25% of respondents who were out of care >1 year, stated reason "I had problem with keeping coverage"
Early Intervention Services: HIV Counseling and Testing	Core service; #9 priority in 2017 Community Survey, important to getting persons unaware of status aware and linked to and retained in care if needed. Improves availability of HIV testing and links PLWHA to car; unaware estimate for San Diego in 2017 is 1,392. .

Approved June 11, 2020

Data regarding co-morbidities or co-occurring disorders is important to the delivery of services for people living with HIV/AIDS 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 people living with HIV/AIDS (PLWH/A).
- PLWH/A who live with other health conditions often have many service needs, so case managers and other service providers may need to spend more time with fewer clients.
- Substance use, homelessness and mental illness can **interfere with HIV care**, treatment and medication adherence.
- When a PLWH/A has TB, an STD or hepatitis, both the person's HIV and the other disease(s) can **progress faster** and have more serious effects.
- STDs make it easier for a PLWH/A to **transmit HIV** to someone else.
- Support services keep PLWH/A in care and improve medical outcomes, especially those of women, African Americans and persons with lower incomes.

2017 findings are self-report by HIV positive respondents to the *2017 Survey of HIV Impact*:
- Total sample: 1,038
- People living with HIV: 781

Condition	*Estimated prevalence* within the general population* (Population = 3,343,364[1])	*Estimated prevalence* based on self-report by people living with HIV from the 2017 *Survey of HIV Impact* [2]
Tuberculosis	Less than 0.01% [3]	0.06%
Syphilis	0.03% [4] Female: 0.003% Male: 0.065%	11.1% (2.2) Female: (0.07) Male: (2.4)
Gonorrhea	0.2% [4] • Female: 0.1% • Male: 0.3%	10.1% (0.66) • Female: 0% • Male: 11.3% (0.73)
Chlamydia	0.66% [4] • Female: 0.8% • Male: 0.5%	1.4% (0.70) • Female: 3.5% (0.14) • Male: 12.3% (0.76)
Hepatitis B (HBV)	0.03% [4]	20.4%
Hepatitis C (HCV)	0.13% [4]	13.2%
Mental Illness	14.3% [5] (method of estimating combines serious and chronic)	37.1% ever diagnosed or treated
Substance Use: Injection Drug Use	2.6% estimated [6,7,8]	Ever Injected: 23.9% (13.3) Injected last 12 months: 7.8%
Substance Use: Illegal Drug Use (non-injection)	3.3% estimated [6,7,8]	7.8% est. [5] (7.9)
Homelessness	0.28% [9]	Stably housed: 62.5% Unstably housed: 22.4% Homeless: 2.6% - (4.4)

Condition	Estimated prevalence within the general population* (Population = 3,343,364[1])	Estimated prevalence based on self-report by people living with HIV from the 2017 Survey of HIV Impact [3]
Poverty Level (Threshold = $1,063/month)	15.5% below poverty level [10]	• 35% below poverty level • 72% below 500% poverty level
Lack of Insurance (Non-elderly population <65 years old)	9.5% [11]	13%
Formerly Incarcerated	1.0% [12]	15.7%
Hypertension (High Blood Pressure)	30% [13]	35% (Among ART-experienced individuals >50 years, >50%) [13]
Diabetes	6.5% [14]	10.3% [14]
Coronavirus (COVID 19)	0.20% (for 4 months) [15]	*data pending

Notes:

- Research reveals higher incidences of additional co-occurring conditions for PLWH/A that include gastrointestinal diseases, circulatory diseases, endocrine/nutritional/metabolic diseases (includes diabetes), nervous system diseases, and neoplastic diseases (cancer, lymphoma).

- Women experience an increased incidence of a number of HIV-related co-morbidities, 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

Data Sources Used:

1. U.S. Census: Quick Facts/San Diego County Sheet and 2018 American Community Survey 1 year / www.census.gov/programs-surveys/acs/
2. County of San Diego HIV, STD, and Hepatitis Branch: San Diego 2017 Survey of HIV Impact (N=1,038 of which 781 identify as living with HIV in San Diego County) proportions applied to estimated PLWH/A population.
3. County of San Diego Tuberculosis Program 2019 Fact Sheet
   County of San Diego HIV, STD, and Hepatitis Branch: STD Monthly Reports, Vol. 12, Issue 3: Data through Oct. 2019, Report released May 8, 2020 https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/HIV,%20STD%20&%20Hepatitis%20Branch/ScTD%20Monthly%20Reports/STDMonthlyReport%20Vol%2012%20Issue%204.pdf and County of San Diego 2018 Reportable Diseases and Conditions, from https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/HIV,%20STD%20&%20Hepatitis%20Branch/Data%20Slide%20Sets/2018%20STD%20Slides%2020191001%20FINAL.pdf
5. SAMHSA-http://www.samhsa.gov/data/sites/default/files/NSDUHsubstateStateTabs2014/NSDUHsubstateCalifornia2014.pdf
6. SAMHSA, Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health, from https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf
7. Lansky A, Finlayson T, Johnson C, Holtzman D, Wejnert C, Mitsch A, et al. (2014) Estimating the Number of Persons Who Inject Drugs in the United States by Meta-Analysis to Calculate National Rates of HIV and Hepatitis C Virus Infections. PLoS ONE9(5): e97596. https://doi.org/10.1371/journal.pone.0097596.
8. County of San Diego Epidemiology and Immunizations Branch, enhanced HIV/AIDS Reporting System (eHARS) data, percent of IDU among all living with HIV, data through year end 2018.
9. Regional Task Force on the Homeless, 2019 point-in-time count, from https://www.rtfhsd.org/wp-content/uploads/2017/06/2018-WPoint-in-Time-Count-Annual-Report.pdf. and https://homelessdata.com/dashboard/rtfh/annual/
10. U.S. Census Bureau, 2014-2018 American Community Survey 5-Year Estimates, https://www.census.gov/programs-surveys/acs
11. California Health Interview Survey (CHIS), UCLA Center for Health Policy Research, December 2018
12. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, Adults on parole in the United States; 1975 – 2012, 12/19/2013; County AIDS Case Management Program, HSHB, 2013.
13. American Heart Association Journal; Vol. 72, Issue 1, July 2018, Pages 44-55, Hypertension, https://www.ahajournals.org/doi/epub/10.1161/HYPERTENSIONAHA.118.10893
14. BMJ Open Diabetes Res Care 2017; 5(1): e000304, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5293823/
15. County of San Diego Coronavirus (COVID-19(Dashboard, June 2020, https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/2019-nCoV/status.htmlA

San Diego HIV Planning Group
Priority Setting and Resource Allocation Committee

2020 Key Data Findings:
Ryan White Programs (RWP) Parts A/B
Regional Service Availability

Approved June 11, 2020
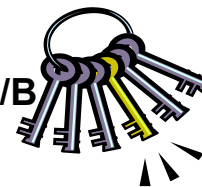
The table below identifies **service gaps** in availability for *only* those services funded by the Ryan White Programs (RWP) Parts A/B. *If RWP services are not available* in specific areas, they may be accessed in other regions of the county.* Additionally, non-Ryan White funded services may or may not also be available through other community resources.

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	• Early Intervention Services: Regional Services • Substance Abuse (Drug & Alcohol) Treatment Services (Residential)*** • Substance Abuse (Drug & Alcohol) Treatment Services (Outpatient) • Minority AIDS Initiative
North Coastal/North Inland	• Substance Abuse (Drug & Alcohol) Treatment Services (Outpatient) • Minority AIDS Initiative
South	• Substance Abuse (Drug & Alcohol) Treatment Services (Residential) ***

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

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

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

County of San Diego Health and Human Services Agency (HHSA) Regions
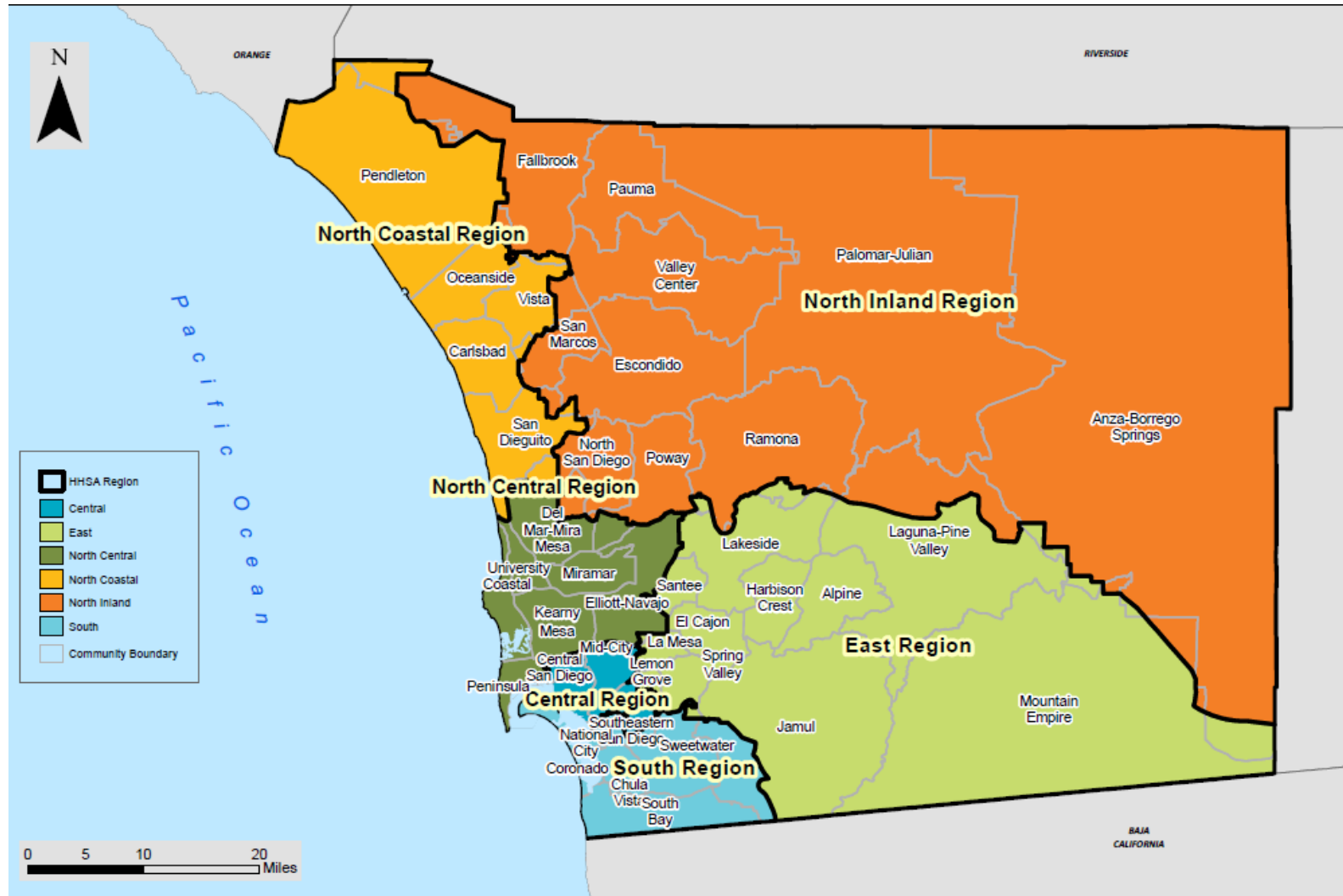
Total respondents: 1038 (737 completed online)
People living with HIV: 781 (75%) HIV negative/unaware/no answer: 257 (25%)

95% or **745** people living with HIV report having current HIV medical care

4% or **33** people living with HIV reported no current HIV care

9% or **71** people living with HIV reported being out-of-care for at least 1 year in the past

Ryan White Service Category Ranking Specifics by people living with HIV:

62% Of those **with children** rank **Childcare** as top priority (16 of 26)

Help to Pay Rent ranked as top priority by **84%** of the 195 who are **unstably housed** or **homeless**

and **32%** ranked **Emergency Housing/Shelter** as top priority

289 reported **chronic mental illness**

Counseling/Therapy top priority for **89%**

Psychiatric Services top priority for **51%**

41% of 305 who report current or past issues with alcohol and/or other substances rank **Alcohol/Drug Recovery Services** as top priority

"Need but Can't Get"

Dental Care is still top of list but significantly better at **18%** from 24% in 2014.

Transportation is also significantly better at **10%** from 20% in 2014.

Ryan White Service Category Rankings:

2017 Ranking	2014 Ranking	Service Category	2017 Ranking	2014 Ranking	Service Category
#1	#1	**HIV/AIDS medication**	#11	#10	Food: home delivered meals
#2	#2	**HIV primary care**	#12	#13	Alcohol/drug recovery services
#3	#3	**Dental care**	#13	#14	Information and referral to services
#4	#4	**Case management**	#14	#11	Legal services
#5	#7	**Medical specialist other than HIV**	#15	#16	Peer advocacy or peer navigation
#6	#8	Counseling/therapy	#16	#12	Emergency housing/shelter
#7	#6	Help to pay rent	#17	#17	Emergency utility payment
#8	#5	Transportation	#18	#18	Home health care
#9	#15	Coordinated services center	#19	#20	Childcare
#10	#9	Psychiatric services	#20	#19	Representation payee

Services PLWH/A "Need But Can't Get":

Respondents said they "need but can't get" without qualification, the following RW program funded services. Compared to the 2014 survey the percentage was lower in all categories (n = 717 to 741 respondents for each service).

Service category	2017	2014
	Percent of Respondents	Percent of Respondents
Dental care	18%	24%
Help to pay rent	18%	20%
Emergency utility payment	12%	12%
Legal services	12%	13%
Counseling/therapy	11%	11%
Information and referral to services	11%	11%
Case management	10%	11%
Emergency housing/shelter	10%	9%
Transportation	10%	20%
Food: home delivered meals	9%	9%
Peer advocacy or peer navigation	9%	8%
Coordinated services center	7%	7%
Medical specialist other than HIV	7%	11%
Psychiatric services	7%	10%
Home health care	4%	6%
Alcohol/drug recovery services	3%	3%
HIV/AIDS medications	3%	4%
HIV primary care	3%	4%
Representation payee	3%	4%
Childcare	1%	3%

Engagement in Care Estimates:
HIV Care Continuum/Unaware of Status
Reviewed July 23, 2020

HIV Care Continuum, Diagnosis-Based[1]

Bar chart legend: San Diego 2018 (blue), California 2018 (red), (green — U.S.)

- Receipt of care[2]: 72%, 74%, 74%
- Retention in care[3]: 50%, 54%, 57%
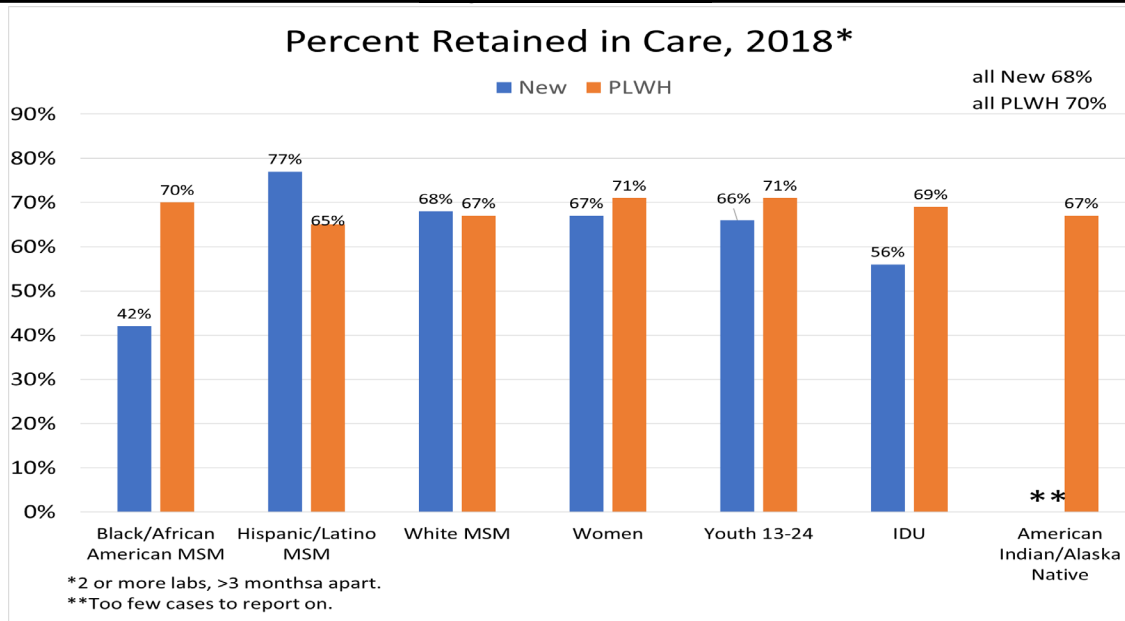- Viral suppression[4]: 60%, 64%, 62%
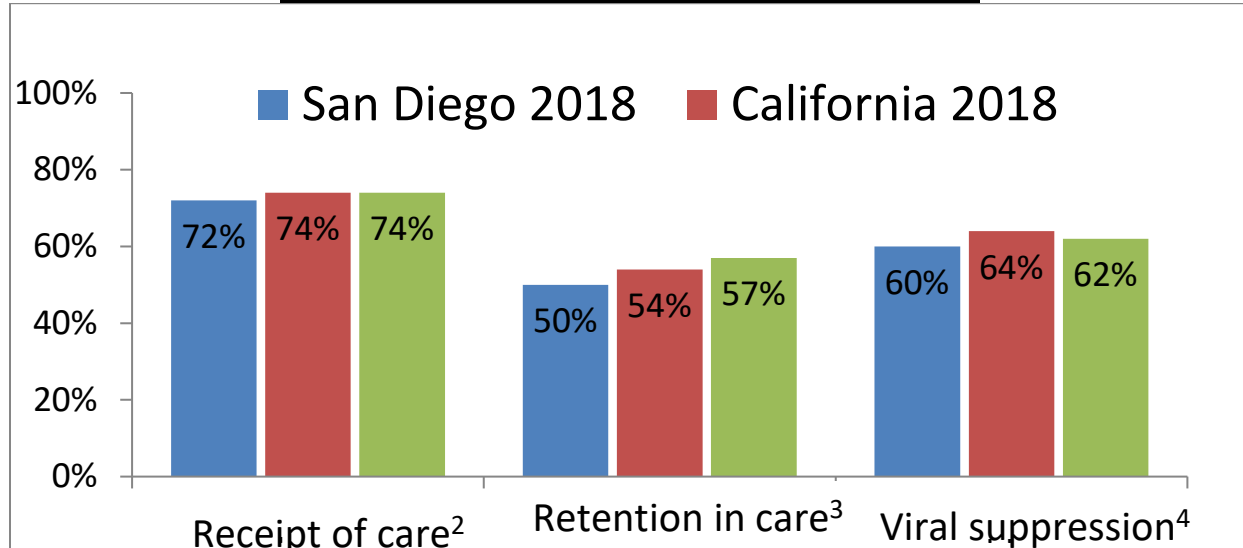
[1] San Diego data: Diagnosed with HIV infection through 12/31/2018 and living through 12/31/2018 (excluding military diagnoses). California data: diagnosed through 2018 and living through 12/31/2018. U.S. data: diagnosed through 2017 and living through 12/31/2017

[2] Of those diagnosed with HIV disease, persons who had ≥1 CD4 or viral load tests during 2018 (2017 for U.S. data).

[3] Of those diagnosed with HIV disease, persons who had ≥2 CD4 or viral load tests at least 3 months apart during 2018 (2017 for U.S. data).

[4] Of those diagnosed with HIV disease, persons virally suppressed (<200 copies/mL) at most recent test during 2018 (2017 for U.S. data).

Percent Retained in Care, 2018*

all New 68%
all PLWH 70%

Legend: New (blue), PLWH (orange)

- Black/African American MSM: New 42%, PLWH 70%
- Hispanic/Latino MSM: New 77%, PLWH 65%
- White MSM: New 68%, PLWH 67%
- Women: New 67%, PLWH 71%
- Youth 13-24: New 66%, PLWH 71%
- IDU: New 56%, PLWH 69%
- American Indian/Alaska Native: New **, PLWH 67%

*2 or more labs, >3 monthsa apart.
**Too few cases to report on.

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

1

Key Populations*
Viral Suppression, 2018

Chart Title

Legend: ■ all, 2018 ■ w/1+VL, 2018 ■ all PLWH ■ PLWH w/1+VL

Population	all, 2018	w/1+VL, 2018	all PLWH	PLWH w/1+VL
Black/African American MSM	42%	77%	44%	85%
Hispanic/Latino MSM	81%	96%	64%	93%
White MSM	63%	88%	63%	95%
Women	54%	83%	60%	89%
Youth 13-24	58%	86%	62%	84%
IDU	37%	81%	52%	86%
American Indian/Alaska Native	*	*	34%	80%

(p<.05 noted on Black/African American MSM)

* Insufficient cases for description.

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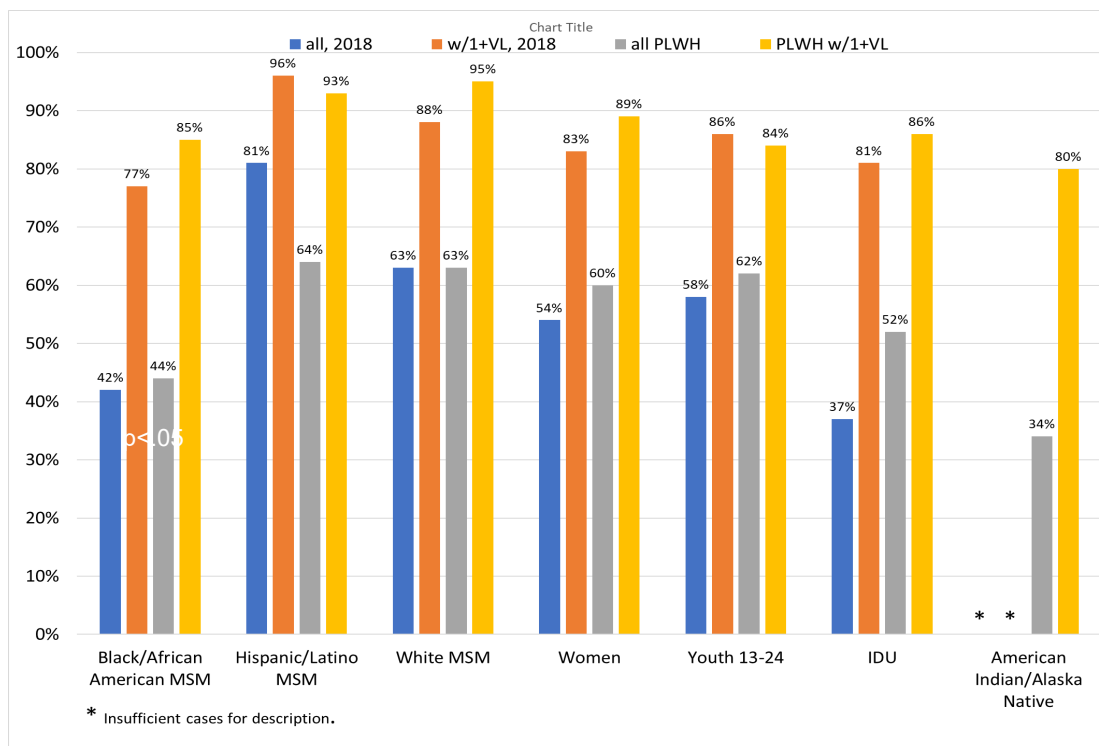
* Key Populations represents a subset of the 2018 San Diego population. These are individuals that were recently diagnosed or that recently received care. Retained in care defined as ≥2 CD4 or viral load tests at least three months apart in 2018. Virally suppressed defined as <200 copies/mL at most recent test in 2018.
This data includes people living in San Diego County in 2018, diagnosed with HIV between 2014-2018 or diagnosed prior with a CD4 or viral load test between 2014-2018, excluding military diagnoses with no lab.

HIV Care Continuum:
- In San Diego County, of the total number of people who are infected with HIV, **72%** are in receipt of care; **50%** are retained in care and **60%** are virally suppressed.
- For recently diagnosed PLWHA **68%** are retained in care and **64%** are virally suppressed.
- Receipt of care, retention in care and viral suppression in San Diego County are comparable to CA and the U.S.
- The biggest limitation of the data is that as people move, it is difficult to track individuals.

Key Populations for HIV Care Continuum:
- Of those recently diagnosed or recently in care, Black MSM's **42%** have statistically significant lower rates of retention in care **(42%)** and viral suppression **(42%)** compared to the total.
- The 13 – 24 age group had statistically smaller percentages viral suppression compared to all ages.
- Black/African Americans have statistically smaller percentage receipt of care, retained in care, and virally suppressed for both all cases and recent cases.
- IDU have statistically smaller percentage of retained in care (56%) and virally suppressed (37%) for all cases.
- Residents of each region of San Diego County have statistically similar rates of receipt of care, retention in care and viral suppression compared to the county overall.

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

2

Unaware Estimate:

    The estimate of PLWH/A and unaware of their status in San Diego County in 2017 is **1,392**** (based on proportion unaware of status from National HIV Behavioral Surveillance survey conducted in San Diego.). For Black/African Americans unaware estimate is 12%, for Hispanic/Latinx 46% and for White/Caucasian 33%.

- This number was based on improved prevalence data.

This information should be used to develop strategies to link and keep people in HIV primary care, particularly those who are HIV+ and unaware of their status, are not retained in care, not on antiretroviral medications and/or are not virally suppressed.

Methodology/Limitations: This Unaware estimate was previously based on the proportion CDC estimates unaware nationwide- this is no longer supported. Current recommendations are to develop a method based on local data. The new method is based on the proportion unaware from National HIV Behavioral Surveillance survey conducted in San Diego. One of the limitations is the NHBS survey does not use a random sample or weighted sample; self-reported status subject to social desirability bias.

**The number of PLWH/A and Unaware of their status in San Diego County was calculated by multiplying the percent unaware of HIV status in most recent NHBS survey by the prevalence from the most recent HIV Care Continuum dataset by each subgroup to get the estimate of those unaware of their status, 1446. For example, the total number of men with male sex partners (MSM) from the dataset used for the 2017 HIV Care Continuum (2017 data) was 11,143 and the proportion of MSM who did not know they were HIV positive in the most recent NHBS survey was 11%. To back calculate the total MSM living with HIV, 11,143 is divided by 0.89 (or 1-0.11) to get 12,520 total MSM living with HIV, of which 1377 are unaware (12,520-11,143). This is done for each group (IDU and heterosexual), with the average between the highest and lowest proportion unaware in NHBS (6%) being applied to the remaining risk group (Other). The number unaware from each group (MSM, IDU, Heterosexual and Other) are summed for the total unaware.

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

3

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

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

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

Purpose of PCN

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

Background

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

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

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

HIV/AIDS BUREAU POLICY 16-02

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

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

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

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

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

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

Eligible Individuals:

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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.

HIV/AIDS BUREAU POLICY 16-02

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

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

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

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

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

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

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

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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 RWHAP are allowable as incentives for eligible program participants.

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

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

Other unallowable costs include:
- Clothing
- Employment and Employment-Readiness Services
- Funeral and Burial Expenses
- Property Taxes

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

Service Category Descriptions and Program Guidance

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

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

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[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.

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

RWHAP Services

AIDS Drug Assistance Program Treatments

AIDS Pharmaceutical Assistance

Child Care Services

Early Intervention Services (EIS)

Emergency Financial Assistance

Food Bank/Home Delivered Meals

Health Education/Risk Reduction

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

Home and Community-Based Health Services

Home Health Care

Hospice Services

Housing

Legal Services

Linguistic Services

Medical Case Management, including Treatment Adherence Services

Medical Nutrition Therapy

Medical Transportation

Mental Health Services

Non-medical Case Management Services

Oral Health Care

Other Professional Services

Outpatient/Ambulatory Health Services

Outreach Services

Permanency Planning

Psychosocial Support Services

Referral for Health Care and Support Services

Rehabilitation Services

Respite Care

Substance Abuse Outpatient Care

Substance Abuse Services (residential)

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Effective Date

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

Appendix

RWHAP Legislation: Core Medical Services

Outpatient/Ambulatory Health Services
Description:
Outpatient/Ambulatory Health Services are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight. Emergency room or urgent care services are not considered outpatient settings. Allowable activities include:
- Medical history taking
- Physical examination
- Diagnostic testing, including laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription, and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis

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

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

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

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

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

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

See also AIDS Pharmaceutical Assistance and Emergency Financial Assistance

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

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

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

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

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

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

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

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

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

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

Program Guidance:
None at this time.

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

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

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

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

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

Description:

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

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

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

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

The service provision consists of either or both of the following:
- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services and pharmacy benefits that provide a full range of HIV medications for eligible clients
- Paying cost-sharing on behalf of the client

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

See PCN 07-05: Program Part B ADAP Funds to Purchase Health Insurance;

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

Home Health Care
Description:
Home Health Care is the provision of services in the home that are appropriate to a client's needs and are performed by licensed professionals. Services must relate to the client's HIV disease and may include:
- Administration of prescribed therapeutics (e.g. intravenous and aerosolized treatment, and parenteral feeding)
- Preventive and specialty care
- Wound care
- Routine diagnostics testing administered in the home
- Other medical therapies

Program Guidance:

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

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

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

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

See Food-Bank/Home Delivered Meals

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

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

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

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Home and Community-Based Health Services

Description:

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

Program Guidance:

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

Mental Health Services

Description:

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

Program Guidance:

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

See Psychosocial Support Services

Substance Abuse Outpatient Care

Description:

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

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

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

See Substance Abuse Services (residential)

Medical Case Management, including Treatment Adherence Services
Description:
Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication). Key activities include:
- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

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

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

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

RWHAP Legislation: Support Services

Non-Medical Case Management Services
Description:
Non-Medical Case Management Services (NMCM) provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical Case management services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans. This service category includes several methods of communication including face-to-face, phone contact, and any other forms of communication deemed appropriate by the RWHAP Part recipient. Key activities include:
- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems

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

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

Allowable use of funds include:
- A licensed or registered child care provider to deliver intermittent care

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

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

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

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

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

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

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

Food Bank/Home Delivered Meals
Description:
Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:
- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where issues of water safety exist

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

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

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

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

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

See Early Intervention Services

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

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

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

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

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

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

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

Legal Services
See Other Professional Services

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

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

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

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

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

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

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

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

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See [45 CFR § 75.459](#)

Outreach Services
Description:
Outreach Services include the provision of the following three activities:
- Identification of people who do not know their HIV status and linkage into Outpatient/Ambulatory Health Services
- Provision of additional information and education on health care coverage options
- Reengagement of people who know their status into Outpatient/Ambulatory Health Services

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

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

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

See Early Intervention Services

Permanency Planning
See Other Professional Services

Psychosocial Support Services
Description:
Psychosocial Support Services provide group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns. These services may include:
- Bereavement counseling
- Caregiver/respite support (RWHAP Part D)
- Child abuse and neglect counseling
- HIV support groups

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

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

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

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

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

See Respite Care Services

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

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

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

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

Program Guidance:

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

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

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

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

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

See Psychosocial Support Services

Substance Abuse Services (residential)
Description:
Substance Abuse Services (residential) is the provision of services for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. This service includes:
- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention
- Detoxification, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

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

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

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

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

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SUMMARY OF SERVICES FOR FY20
Mar. 1, 2020- Feb. 29, 2021

RYAN WHITE SERVICES

		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	End of Year Total
FY 2020-2021														
Unduplicated clients served	Clients	1566	1522	1492	1482									**2,487**
New	Clients	1566	437	251	233									
Returning	Clients	0	1085	1241	1249									
VIRAL LOAD SUPPRESSION														
Virally suppressed	Clients	1092	1023	973	897									
% Virally suppressed		91%	92%	92%	93%									
With Test	Tests	1198	1112	1056	967									
Without Test	Tests	368	410	436	515									
COVID-19 SERVICES														
COVID-19: Outpatient Ambulatory Health Services: HIV Primary Care*	Visits	0	0	0	28									**28**
	Clients	0	0	0	21									**21**
COVID-19: Medical Case Management Services	Visits	0	0	0	19									**19**
	Clients	0	0	0	19									**19**
COVID-19: Food Services: Food Bank/ Home Delivered Meals	Meals	100	2020	3887	3606									**9,613**
	Clients	24	118	161	217									**264**
PART-A SERVICES														
Outpatient Ambulatory Health Services: HIV Primary Care*	Visits	279	308	225	255									**1,067**
	Clients	252	281	197	236									**762**
Outpatient Ambulatory Health Services: Medical Specialty Care	Visits	45	12	2	1									**60**
	Clients	35	10	2	1									**45**
Psychiatric Medication Management	Visits	7	7	3	5									**22**
	Clients	7	7	3	4									**19**
Oral Health Care: Dental Care	Visits	36	1	8	9									**54**
	Clients	35	1	8	6									**49**
Early Intervention/Integrated Services for Women, Children & Families: Coordinated Care	Visits	250	238	211	184									**883**
	Clients	89	73	74	62									**115**
Early Intervention/Integrated Services for Women, Children & Families: Childcare	Visits	3	0	0	0									**3**
	Clients	3	0	0	0									**3**
Early Intervention Services: Regional Services	Visits	712	742	621	693									**2,768**
	Clients	418	374	323	363									**894**
Early Intervention Services: Peer Navigation Services	Visits	63	218	217	172									**670**
	Clients	39	108	84	65									**151**
Early Intervention Services: Outreach Services	Visits	0	0	0	0									**0**
	Clients	0	0	0	0									**0**
Medical Case Management Services	Visits	994	957	1166	1260									**4,377**
	Clients	420	367	436	431									**675**
Home-based Health Care Coordination	Visits	90	44	107	134									**375**
	Clients	31	15	26	28									**39**
Case Management -Non-Medical	Visits	505	466	598	529									**2,098**
	Clients	229	223	248	249									**372**
Mental Health Services: Counseling/Therapy	Visits	349	445	442	397									**1,633**
	Clients	178	150	169	165									**287**
Substance Abuse Treatment Services – Residential*	Visits	0	0	0	0									**0**
	Clients	0	0	0	0									**0**
Substance Abuse Treatment Services - Outpatient	Visits	154	201	198	262									**815**
	Clients	36	33	39	39									**56**
Housing Services: Partial Assistance Rental Subsidy	Visits	104	108	106	0									**318**
	Clients	104	108	106	0									**113**
Medical Transportation Services - Assisted	Visits	9	3	3	6									**21**
	Clients	8	3	2	1									**13**
Medical Transportation Services - Unassisted	Visits	356	252	269	114									**991**
	Clients	306	241	247	98									**363**

RYAN WHITE SERVICES

		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	End of Year Total
PART-A SERVICES continued														
Housing Services: Emergency Housing Assistance	Visits	69	95	83	82									**329**
	Clients	44	58	57	64									**151**
Food Services: Food Bank/ Home Delivered Meals	Meals	3721	3804	3747	3855									**15,127**
	Clients	135	153	134	147									**176**
Legal Services	Visits	17	15	18	13									**63**
	Clients	16	14	15	12									**43**
Emergency Financial Assistance	Visits	17	10	16	18									**61**
	Clients	12	8	13	14									**30**
Medical Nutrition Therapy	Visits	10	8	8	7									**33**
	Clients	10	8	8	7									**33**
MAI SERVICES														
Medical Case Management Services	Visits	225	115	320	185									**845**
	Clients	98	47	112	87									**153**
Mental Health Services: Therapy/Counseling	Visits	88	69	89	70									**316**
	Clients	55	31	48	37									**78**
Substance Abuse Treatment Services - Outpatient	Visits	0	0	3	3									**6**
	Clients	0	0	3	3									**3**
Faciliated Referrals	Visits	0	0	0	0									**0**
	Clients	0	0	0	0									**0**
Outreach Encounters	Visits	0	0	0	0									**0**
	Clients	0	0	0	0									**0**
Medical Transportation Services - Assisted	Visits	0	0	0	0									**0**
	Clients	0	0	0	0									**0**
Medical Transportation Services - Unassisted	Visits	0	0	0	0									**0**
	Clients	0	0	0	0									**0**
Case Management -Non-Medical	Visits	172	111	95	169									**547**
	Clients	71	37	36	69									**92**

*Includes Part B funded services