



PATERSON-PASSAIC COUNTY-BERGEN COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL

GY2025/26

Priority Setting & Resource Allocations Packet

VIRTUAL ONLY – JOIN VIA ZOOM

PSRA Workshop – Day 1

Tuesday, August 6, 2024

10:00 a.m. – 3:00 p.m.

<https://us02web.zoom.us/j/81605126971?pwd=RGNrZzdodC9ZU3RPL1RuOFMzMVJXdz09>

Documents Included:

1. Agenda
2. Ryan White Glossary of Terms
3. Policy Clarification Notice (PCN) 16-02
4. 2024 Notice of Award (NOA)
5. PSRA Data Training Workshop

www.bergenpassaictga.org

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Join Zoom Meeting

<https://us02web.zoom.us/j/81605126971?pwd=RGNrZzdodC9ZU3RPL1RuOFMzMVJXdz09>

Meeting ID: 816 0512 6971

Passcode: 826372

AGENDA

1. Moment of Silence

The chair will call the meeting to order and recognize a moment of silence.

2. Welcome by the Chair

The chair will welcome everyone to the meeting and proceed to read the Mission Statement and Open Public Meeting Statements.

Reading of Mission Statement

We strive to identify all individuals living with HIV/AIDS or at risk of HIV infection in Bergen and Passaic Counties and provide access to prevention, continuous care, and support services

Reading of Open Public Meeting Statement

Open Public Meeting Act Statement– In compliance with the Open Public Meetings Act of the State of New Jersey, notification of this meeting has been sent to The Record and the Herald News and notices have been posted on the Planning Council webpage at www.bergenpassaictga.org. Meeting notices are also posted on the bulletin board at the City of Paterson Grants Management Division- Ryan White/HOPWA Office.

3. Roll Call

The chair will call the meeting to order and establish a quorum through support staff announcing each participant in the teleconference participants list.

4. Public Comments and Emerging Trends (Discussion, all matters in this item are information only)

This is a period devoted to comments and discussion by the public about items listed on this agenda. No action may be taken on a matter raised under this item of the agenda until the matter itself has been included specifically on the agenda as an item upon which action will be taken. Comments will be limited to three minutes per person.

5. Priority Setting and Resource Allocations (PSRA) Training and Data Review

6. Q&A: Data Training Wrap Up

7. Public Comments and Emerging Trends (Discussion, all matters in this item are informational only)

This is a moment for members of the public to make public comments or discuss emerging trends in the TGA.

Mission Statement

We strive to identify all individuals living with HIV/AIDS or at risk of HIV infection in Bergen and Passaic Counties and provide access to prevention, continuous care, and support services.

Ric Miles- Chair & Andriana Herrera - Vice Chair

8. Next Meeting – Planning Council, Tuesday, August 13, 2024

9:00am – 10:00pm - Steering Committee

10:00am – 4:00pm – Mandatory in person PSRA

9. Adjournment

The Chair will entertain a motion and a second to approve the adjournment of this meeting.

Mission Statement

We strive to identify all individuals living with HIV/AIDS or at risk of HIV infection in Bergen and Passaic Counties and provide access to prevention, continuous care, and support services.

RYAN WHITE HIV/AIDS PROGRAM GLOSSARY OF TERMS

Below are terms used most frequently in HRSA's Ryan White HIV/AIDS Program (RWHAP).

Administrative or Fiscal Agent

Entity that functions to assist the Ryan White HIV/AIDS Program recipient or planning body in carrying out administrative activities (e.g., disbursing program funds, developing reimbursement and accounting systems, developing funding announcements, monitoring contracts).

Affordable Care Act (ACA)

Federal law comprised of expanded health insurance coverage and health care delivery innovations designed to achieve better health outcomes by increasing the number of insured Americans, reducing care costs, and improving the overall American health care system. Enacted in 2010 as the Patient Protection and Affordable Care Act.

Agency for Healthcare Research and Quality (AHRQ) (link is external)

Federal agency within HHS that supports research designed to improve the outcomes and quality of health care, reduce its costs, address patient safety and medical errors, and broaden access to effective services.

AIDS Drug Assistance Program (ADAP) (link is external)

Administered by States and authorized under Part B of the Ryan White HIV/AIDS Treatment Extension Act. Provides FDA-approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance or Medicaid. ADAP funds may also be used to purchase insurance for uninsured Ryan White HIV/AIDS Program clients as long as the insurance costs do not exceed the cost of drugs through ADAP and the drugs available through the insurance program at least match those offered through ADAP.

ADAP Data Report (ADR)

Reporting requirement for ADAPs to provide client-level data on individuals served, services being delivered, and costs associated with these services.

AIDS

Acquired Immune Deficiency Syndrome. A disease caused by the human immunodeficiency virus (HIV).

AIDS Education and Training Center (AETC) (link is external)

Regional centers providing education and training for primary care professionals and other AIDS-related personnel. AETCs are authorized under Part F of the Ryan White HIV/AIDS Program.

AIDS Service Organization (ASO)

An organization that provides primary medical care and/or support services to populations infected with and affected by HIV disease.

Annual Gross Income

A measure of income. There are several ways to measure an individual's Annual Gross Income. For example, these forms of income could be used by the provider for the purposes of imposition of charges:

- Gross Income: the total amount of income earned from all sources during the calendar year before taxes.
- Adjusted Gross Income: gross income less deductions.

Antiretroviral Therapy

An aggressive anti-HIV treatment including a combination of three or more drugs with activity against HIV that is designed to reduce viral load to undetectable levels.

Applicable Services

Any RWHAP service with a distinct fee typically charged in the local market. In the broader healthcare community this distinct fee is often referred to as a usual, customary, and reasonable (UCR) fee.

Cap on Charges

The limitation on aggregate charges imposed during the calendar year based on patient's annual gross income. All fees must be waived once a RWHAP patient reaches their cap for that calendar year.

Capacity

Core competencies that substantially contribute to an organization's ability to deliver effective HIV/AIDS primary medical care and health-related support services. Capacity development activities should increase access to the HIV/AIDS service system and reduce disparities in care among underserved people living with HIV (PLWH) in the EMA.

CARE Act (Ryan White Comprehensive AIDS Resources Emergency Act)

Now referred to as the Ryan White HIV/AIDS Program, this was the name of the original federal legislation (link is external) created to address the unmet health care and service needs of people living with HIV Disease (PLWH) disease and their families. The legislation was enacted in 1990 and reauthorized in 1996 and 2000. The legislation was subsequently reauthorized as the Ryan White HIV/AIDS Treatment Modernization Act of 2006 and later as the Ryan White HIV/AIDS Treatment Extension Act of 2009.

CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment

This advisory committee, often referred to as the CHAC, advises the Secretary, HHS; the Director, CDC; and the Administrator, HRSA, regarding objectives, strategies, policies, and priorities for HIV, Viral Hepatitis, and STD prevention and treatment efforts.

Centers for Disease Control and Prevention (CDC) (link is external)

Federal agency within HHS that administers disease prevention programs including HIV/AIDS prevention.

Centers for Medicare and Medicaid Services (CMS) (link is external)

Federal agency within HHS that administers the Medicaid, Medicare, the Children's Health Insurance Program (CHIP) and the Health Insurance Marketplace.

Chief Elected Official (CEO)

The official recipient of Part A or Part B Ryan White HIV/AIDS Program funds. For Part A, this is usually a city mayor, county executive, or chair of the county board of supervisors. For Part B, this is usually the governor. The CEO is ultimately responsible for administering all aspects of their Part's RWHAP Act funds and ensuring that all legal requirements are met.

Client Level Data (CLD)

Information collected on each client eligible for and receiving RWHAP core medical services or support services. The data elements reported per client are determined by the specific RWHAP services that the agency is funded to provide.

Community-based Organization (CBO)

An organization that provides services to locally defined populations, which may or may not include populations infected with or affected by HIV disease.

Community Based Dental Partnership Program (CBDPP)

A program under the Ryan White HIV/AIDS Program (Part F) that delivers HIV/AIDS dental care while simultaneously training dental professionals in these areas in order to expand community capacity to deliver HIV oral health care.

Community Forum or Public Meeting

A small-group method of collecting information from community members in which a community meeting is used to provide a directed but highly interactive discussion. Similar to but less formal than a focus group, it usually includes a larger group; participants are often self-selected (i.e., not randomly selected to attend).

Co-morbidity

A disease or condition, such as hepatitis, mental illness or substance abuse, co-existing with HIV disease.

Comprehensive Planning

The process of determining the organization and delivery of HIV services. This strategy is used by planning bodies to improve decision-making about services and maintain a continuum of care for PLWH.

Community Health Centers

See Health Centers.

Consortium/HIV Care Consortium

A regional or statewide planning entity established by many State recipient under Part B of the Ryan White HIV/AIDS Program to plan and sometimes administer Part B services. An association of health care and support service agencies serving PLWHA under Part B.

Continuous Quality Improvement

An ongoing process that involves organization members in monitoring and evaluating programs to continuously improve service delivery. CQI seeks to prevent problems and to maximize the quality of care by identifying opportunities for improvement.

Continuum of Care (link is external)

The extent to which a person living with HIV disease is engaged in HIV/AIDS care and is realizing the full advantages of care and treatment—from initial diagnosis and engagement in care to full viral suppression. Generally referred to as the HIV Care Continuum.

Core Medical Services

Essential, direct, health care services for HIV/AIDS care specified in the Ryan White legislation. Recipient/subrecipient expenditures are limited to core medical services, support services, and administrative expenses.

Cultural Competence

The knowledge, understanding, and skills to work effectively with individuals from differing cultural backgrounds.

Data Terms

For definitions of terms, see data dictionaries for the Ryan White Services Report (RSR) (link is external) and the ADAP Data Report (ADR) (link is external).

Documentation

Papers and documents required from clients, as defined by the recipient, in order to assure all RWHAP statutory requirements are met.

Early Intervention Services (EIS)

Activities designed to identify individuals who are HIV-positive and get them into care as quickly as possible. As funded through Parts A and B of the Ryan White HIV/AIDS Program, includes outreach, counseling and testing, information and referral services. Under Part C Ryan White HIV/AIDS Program, also includes comprehensive primary medical care for individuals living with HIV/AIDS.

Eligible Metropolitan Area (EMA)

Geographic areas highly-impacted by HIV/AIDS that are eligible to receive Ryan White HIV/AIDS Program Part A funds To be an eligible EMA, an area must have reported more than 2,000 AIDS cases in the most recent 5 years and have a population of at least 50,000. See also Transitional Grant Area, TGA.

Eligible Scope

A method of data collection based on a client's ability to receive federally funded RWHAP services using established recipient criteria.

Epidemiologic Profile

A description of the current status, distribution, and impact of an infectious disease or other health-related condition in a specified geographic area. Specific to HIV planning, a description of the burden of HIV in the population of an area in terms of socio-demographic, geographic, behavioral, and clinical characteristics of persons newly diagnosed with HIV, PLWH, and persons at higher risk for infection.

Epidemiology

The branch of medical science that studies the incidence, distribution, and control of disease in a population.

Ending the HIV Epidemic (EHE)

Ending the HIV Epidemic in the U.S. (EHE) is a bold plan announced in 2019 that aims to end the HIV epidemic in the United States by 2030.

Family-Centered Care

A model in which systems of care under Ryan White Part D are designed to address the needs of PLWHA and affected family members as a unit, providing or arranging for a full range of services. Family structures may range from the traditional, biological family unit to non-traditional family units with partners, significant others, and unrelated caregivers.

Federal Poverty Level (FPL)

A measure of income issued every year by HHS. Federal poverty levels are commonly used to determine eligibility for certain programs and benefits such as Medicaid, Food Stamps, the Children's Health Insurance Program (CHIP), and RWHAP.

Fee-for-Service

The method of billing for health services whereby a physician or other health service provider charges the payer (whether it be the patient or his or her health insurance plan) separately for each patient encounter or service rendered.

Fee Schedule

A complete listing of billable services, those with UCR fees, and their associated fees based on locally prevailing rates or charges. A fee schedule is used by healthcare providers to identify which services they bill for and for how much. A fee schedule is not a schedule of charges. A fee schedule is not required by the RWHAP legislation, but it may be useful as the basis for a schedule of charges. Having one in place is considered a best practice and, for those multi-funded clinics, is a requirement for HRSA Bureau of Primary Health Care (BPHC) grant recipients.

Financial Status Report (FSR - Form 269)

A report that is required to be submitted within 90 days after the end of the budget period that serves as documentation of the financial status of grants according to the official accounting records of the recipient organization.

Food and Drug Administration (FDA) (link is external)

Federal agency within HHS responsible for ensuring the safety and effectiveness of drugs, biologics, vaccines, and medical devices used (among others) in the diagnosis, treatment, and prevention of HIV infection, AIDS, and AIDS-related opportunistic infections. The FDA also works with the blood banking industry to safeguard the nation's blood supply.

Grantee Contract Management System

An electronic data system that RWHAP recipients use to manage their subrecipient contracts.

Health Centers (link is external)

Community-based and patient-directed organizations funded by HRSA that serve populations with limited access to health care. These include low income populations, the uninsured, those with limited English proficiency, migrant and seasonal farmworkers, individuals and families experiencing homelessness, and those living in public housing.

Health Resources and Services Administration (HRSA) (link is external)

The agency of the U.S. Department of Health and Human Services that administers various primary care programs for the medically underserved, including the Ryan White HIV/AIDS Program.

HRSA HIV/AIDS Bureau (HAB) (link is external)

The bureau within HRSA of the U.S. Department of Health and Human Services (HHS) that is responsible for administering the Ryan White HIV/AIDS Program. See the HRSA HAB Program Administration fact sheet (link is external).

HIV Care Continuum

The stages of HIV care, from initial diagnosis to achieving the goal of viral suppression. The effectiveness of HIV testing and care in a given jurisdiction is typically depicted as the proportion of individuals living with HIV who are engaged at each stage.

HIV Disease

Any signs, symptoms, or other adverse health effects due to the human immunodeficiency virus.

HIV-related Charges

Those charges a RWHAP recipient imposes on the patient plus any other out-of-pocket charges related to their HIV care (as determined by their provider) that a patient incurs and reports to their RWHAP recipient/provider. These charges can be from any provider as long as the service is a RWHAP allowable service.

Housing Opportunities for People With AIDS (HOPWA) (link is external)

A program administered by the U.S. Department of Housing and Urban Development (HUD) that provides funding to support housing for PLWHA and their families.

HUD (U.S. Department of Housing and Urban Development) (link is external)

The Federal agency responsible for administering community development, affordable housing, and other programs including Housing Opportunities for People with AIDS (HOPWA).

Imposition of Charges

All activities, policies, and procedures related to assessing RWHAP patient charges as outlined in legislation.

Incidence

The number of new cases of a disease that occur during a specified time period.

Incidence Rate

The number of new cases of a disease or condition that occur in a defined population during a specified time period, often expressed per 100,000 persons. AIDS incidence rates are often expressed this way.

Intergovernmental Agreement (IGA)

A written agreement between a governmental agency and an outside agency that provides services.

Lead Agency

The agency within a Part B consortium that is responsible for contract administration; also called a fiscal agent (an incorporated consortium sometimes serves as the lead agency).

Medicaid Spend-down

A process whereby an individual who meets the Medicaid medical eligibility criteria, but has income that exceeds the financial eligibility ceiling, may "spend down" to eligibility level. The individual accomplishes spend-down by deducting

accrued medically related expenses from countable income. Most State Medicaid programs offer an optional category of eligibility, the "medically needy" eligibility category, for these individuals.

Minority AIDS Initiative (MAI)

A national HHS initiative that provides special resources to reduce the spread of HIV/AIDS and improve health outcomes for people living with HIV/AIDS within communities of color. Enacted to address the disproportionate impact of the disease in such communities. Formerly referred to as the Congressional Black Caucus Initiative because of that body's leadership in its development.

Multiply Diagnosed

A person having multiple morbidities (e.g., hepatitis and HIV, substance abuse and HIV infection) (see co-morbidity).

Needs Assessment

A process of collecting information about the needs of PLWH (both those receiving care and those not in care), identifying current resources (Ryan White HIV/AIDS Program and other) available to meet those needs, and determining what gaps in care exist.

Nominal Charge

A fee greater than zero.

Notice of Funding Opportunity (NOFO)

An open and competitive process for selecting providers of services.

Office of Management and Budget (OMB)

The office within the executive branch of the Federal government that prepares the President's annual budget, develops the Federal government's fiscal program, oversees administration of the budget, and reviews government regulations.

Opportunistic Infection

An infection or cancer that occurs in people with weak immune systems due to HIV, cancer, or immunosuppressive drugs such as corticosteroids or chemotherapy. Kaposi's sarcoma, Pneumocystis jiroveci pneumonia, toxoplasmosis, and cytomegalovirus are all examples of such infections.

Patient Assistance Programs (PAPs)

Programs operated by pharmaceutical companies and foundations that provide medicines at little or no cost to eligible patients.

Part A

The part of the Ryan White HIV/AIDS Program that provides emergency assistance to localities disproportionately affected by the HIV/AIDS epidemic.

Part B

The part of the Ryan White HIV/AIDS Program that provides funds to States and territories for primary health care (including HIV treatments through the AIDS Drug Assistance Program, ADAP) and support services that enhance access to care to PLWHA and their families.

Part C

The part of the Ryan White HIV/AIDS Program that supports outpatient primary medical care and early intervention services (EIS) to PLWH through grants to public and private non-profit organizations. Part C also funds planning grants to prepare programs to provide EIS services.

Part D

The part of the Ryan White HIV/AIDS Program that supports family-centered, comprehensive care to women, infants, children, and youth living with HIV.

Part F: AIDS Education and Training Centers (AETC)

National and regional centers providing education and training for primary care professionals and other AIDS-related personnel.

Part F: Dental Programs

The part of the Ryan White HIV/AIDS Program that provides additional funding for oral health care for people with HIV through the HIV/AIDS Dental Reimbursement Program and the Community-Based Dental Partnership Program.

Part F: SPNS: Special Projects of National Significance

The part of the Ryan White HIV/AIDS Program that funds demonstration and evaluation of innovative models of care delivery for hard-to-reach populations.

Part F: Minority AIDS Initiative

The Minority AIDS Initiative provides funding to evaluate and address the impact of HIV/AIDS on disproportionately affected minority populations.

People Living with HIV (PLWH)

Descriptive term for persons living with HIV disease.

Planning Council/Planning Body

There are various types of planning groups. For Part A of the RWHAP, a planning council is a body appointed or established by the Chief Elected Official with responsibility to assess needs, establish a plan for the delivery of HIV care in the area, and establish priorities for the use of Part A funds. Part B planning bodies conduct similar tasks but do not establish service dollar allocations. In addition, jurisdictions directly funded by CDC are responsible for convening planning bodies to address HIV prevention, care and treatment issues. Many jurisdictions facilitate collaboration through joint care/prevention planning bodies and/or shared planning tasks.

Planning Process

Steps taken and methods used to collect information, analyze and interpret it, set priorities, and prepare a plan for rational decision making.

PrEP

Pre-exposure prophylaxis is a prevention method for people at higher risk for HIV exposure and involves taking an antiretroviral pill every day to greatly reduce, if not eliminate, the risk of becoming infected with HIV if exposed to the virus.

Prevalence

The total number of persons in a defined population living with a specific disease or condition at a given time (compared to incidence, which is the number of new cases).

Prevalence Rate

The proportion of a population living at a given time with a condition or disease (compared to the incidence rate, which refers to new cases).

Primary Health Care Service

Any preventive, diagnostic, or therapeutic health service received on an outpatient basis by a client living with HIV. Examples include medical, subspecialty care, dental, nutrition, mental health, or substance use disorder treatment services; medical case management; pharmacy services; radiology, laboratory, and other tests used for diagnosis and treatment planning; and counseling and testing.

Priority Setting

The process used to establish priorities among service categories, to ensure consistency with locally identified needs, and to address how best to meet each priority.

Prophylaxis

Treatment to prevent the onset of a particular disease (primary prophylaxis) or recurrence of symptoms in an existing infection that has previously been brought under control (secondary prophylaxis).

Provider (or service provider)

The agency that provides direct services to clients (and their families) or the recipient. A provider may receive funds as a recipient (such as under RWHAP Parts C and D) or through a contractual relationship with a recipient funded directly by RWHAP. Also see subrecipient.

Quality

The degree to which a health or social service meets or exceeds established professional standards and user expectations.

Quality Assurance (QA)

The process of identifying problems in service delivery, designing activities to overcome these problems, and following up to ensure that no new problems have developed and that corrective actions have been effective. The emphasis is on meeting minimum standards of care.

Quality Improvement (QI)

Also called Continuous Quality Improvement (CQI). An ongoing process of monitoring and evaluating activities and outcomes in order to continuously improve service delivery. CQI seeks to prevent problems and to maximize the quality of care.

Recipient

An organization that receives RWHAP funds directly from. Recipients may provide direct services and/or may contract with Subrecipients for services. Replaces the term "Grantee." See also Recipient Subrecipient.

Recipient-provider

An organization that receives RWHAP funds directly from HRSA HAB and provides direct client services. Replaces the term "grantee-provider."

Recipient of record (or recipient)

An organization receiving financial assistance directly from an HHS- awarding agency to carry out a project or program. A recipient also may be a recipient-provider if it provides direct services in addition to administering its grant. Replaces the term "grantee of record."

Reflectiveness

The extent to which the demographics of the planning body's membership look like the demographics of the epidemic in the service area.

Representative

Term used to indicate that a sample is similar to the population from which it was drawn, and therefore can be used to make inferences about that population.

Resource Allocation

The Part A planning council responsibility to assign Ryan White HIV/AIDS Program amounts or percentages to established priorities across specific service categories, geographic areas, populations, or subpopulations.

Resource Inventory

An inventory of the financial resources available in a jurisdiction to meet the HIV prevention, care, and treatment needs of its population as well as resource gaps. The inventory also details the CDC-funded high impact prevention services and the HRSA-funded core medical and support services.

Ryan White HIV/AIDS Program Services Report (RSR)

Data collection and reporting system for reporting information on programs and clients served (Client Level Data).

Schedule of Charges

Fees imposed on the RWHAP patient for services based on the patient's annual gross income. A schedule of charges may take the form of a flat rate or a varying rate (e.g. sliding fee scale). The schedule of charges is how you know what amount of money to charge a patient. The schedule of charges applies to uninsured patients with incomes above 100% FPL, and may be applied to insured patients as determined by RWHAP recipients' policies and procedures. When applied to insured patients, recipients should consider how their policy will be applied uniformly to all insured patients, rather than on a case-by-case basis.

Section 340B Drug Discount Program

A program administered by the HRSA's Office of Pharmacy Affairs that was established by Section 340B of the Veteran's Health Care Act of 1992, which limits the cost of drugs to Federal purchasers and to certain recipients of federal agencies.

Seroprevalence

The number of persons in a defined population who test HIV-positive based on HIV testing of blood specimens. (Seroprevalence is often presented either as a percent of the total specimens tested or as a rate per 100,000 persons tested.)

Service Gaps

HIV prevention and care services for persons at risk for HIV and PLWH that do not exist in the jurisdiction.

Sexually Transmitted Disease (STD) Socio-

demographics

Demographic (e.g. race, age, gender identity, sex) and socioeconomic data (e.g. income, education, health insurance status) characteristics of individuals and communities. Also known as: SES, demographic data.

Special Projects of National Significance (SPNS)

The part of the Ryan White HIV/AIDS Program under Part F that funds demonstration and evaluation of innovative models of care delivery for hard-to-reach populations.

Statewide Coordinated Statement of Need (SCSN)

The process of identifying the needs of persons at risk for HIV infection and people living with HIV (those receiving care and those not receiving care); identifying current resources available to meet those needs, and determining what gaps in HIV prevention and care services exist. The SCSN is a culminating report which consists of information gathered through needs assessments conducted by three separate entities: RWHAP Part A Recipients, RWHAP Part B Recipients, and CDC funded recipients. Required component of the Integrated HIV Prevention and Care Plan.

Subrecipient

The legal entity that receives Ryan White HIV/AIDS Program funds from a recipient and is accountable to the recipient for the use of the funds provided. Subrecipients may provide direct client services or administrative services directly to a recipient. Subrecipient replaces the term "Provider (or service provider)."

Substance Abuse and Mental Health Services Administration (SAMHSA) (link is external)

Federal agency within HHS that administers programs in substance abuse and mental health.

Support Services

Services needed to achieve medical outcomes that affect the HIV-related clinical status of a person living with HIV/AIDS. Recipient/sub-recipient expenditures are limited to core medical services, support services, and administrative expenses.

Surveillance

An ongoing, systematic process of collecting, analyzing and using data on specific health conditions and diseases (e.g., Centers for Disease Control and Prevention surveillance system for AIDS cases).

Surveillance Report

A report providing information on the number of reported cases of a disease such as AIDS, nationally and for specific sub-populations.

Target Population

A population to be reached through some action or intervention; may refer to groups with specific demographic or geographic characteristics.

Technical Assistance (TA)

The delivery of practical program and technical support to the Ryan White community. TA is to assist recipients/sub-recipients, planning bodies, and affected communities in designing, implementing, and evaluating Ryan White-supported planning and primary care service delivery systems.

Transitional Grant Area (TGA)

Geographic areas highly-impacted by HIV/AIDS that are eligible to receive Ryan White HIV/AIDS Program Part A funds. To be an eligible TGA, an area must have reported at least 1,000 but fewer than 2,000 new AIDS cases in the most recent 5 years and a population of at least 50,000. See also Eligible Metropolitan Area, EMA.

Transmission Category

A grouping of disease exposure and infection routes; in relation to HIV disease, exposure groupings include, for example, men who have sex with men, injection drug use, heterosexual contact, and perinatal transmission.

Unmet Need

The unmet need for primary health services among individuals who know their HIV status but are not receiving primary health care.

Viral Load

In relation to HIV, the quantity of HIV RNA in the blood. Viral load is used as a predictor of disease progression. Viral load test results are expressed as the number of copies per milliliter of blood plasma.

Waiver

A waiver of the imposition of charges requirement can only be requested by RWHAP recipients operating as free clinics (recipients who do not impose a charge or accept reimbursement from any third party payor are eligible to request an imposition of charges waiver). Only a handful of RWHAP recipients are operating as free clinics – therefore, every other RWHAP recipient/ subrecipient should be charging patients over 100% FPL for applicable services, even if it is only \$1.

Organizations that receive funding from RWHAP and other Federal funding sources (i.e., facilities operated directly by the Indian Health Service or by Tribes through a contract with the Indian Health Service, Community Health Centers) must follow the requirements imposed by each Federal program. To the extent that services under the RWHAP are provided and attributed to the RWHAP, RWHAP statutory requirements on imposition of charges must be followed.

XML (EXTensible Markup Language)

A standard, simple, and widely adopted method of formatting text and data so that it can be exchanged across all of the different computer platforms, languages, and applications.

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

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

eligible individuals. Recipients and subrecipients must be able to make an explicit connection between any service supported with HRSA RWHAP funds and the intended client's HIV care and treatment, or care-giving relationship to a person living with HIV (PLWH).

Eligible Individuals:

The principal intent of the RWHAP statute is to provide services to PLWH, 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. HRSA HAB expects all HRSA 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 HRSA RWHAP services in limited situations, but these services for affected individuals must always benefit PLWH. Funds awarded under the HRSA RWHAP may be used for services to individuals affected by HIV only in the circumstances described below:

- a. The primary purpose of the service is to enable the affected individual to participate in the care of a PLWH. 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 a PLWH.
- b. The service directly enables a PLWH to receive needed medical or support services by removing an identified barrier to care. Examples include payment of a HRSA RWHAP client's portion of a family health insurance policy premium to ensure continuity of insurance coverage that client, or childcare for the client's children while they receive HIV-related 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 affected individuals that meet these criteria may not continue subsequent to the death of the family member who was living with HIV.

Unallowable Costs:

HRSA RWHAP funds may not be used to make cash payments to intended clients of HRSA RWHAP-funded services. This prohibition includes cash incentives and

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

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 HIV⁴ 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

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

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

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

- 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:
 - Pretreatment/recovery readiness programs
 - Harm reduction
 - Behavioral health counseling associated with substance use disorder
 - Outpatient drug-free treatment and counseling
 - Medication assisted therapy
 - Neuro-psychiatric pharmaceuticals
 - Relapse prevention

Program Guidance:

Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the 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)

RWHAP Legislation: Support Services

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:

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 although these may be allowable costs under the HUD Housing Opportunities for Persons with AIDS grant awards.

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:

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 improving access 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 improving health care outcomes.

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:
 - 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 HRSA RWHAP
 - Preparation of:
 - Healthcare power of attorney
 - Durable powers of attorney
 - Living wills
- Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:
 - Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney
 - Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption
- Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits.

Program Guidance:

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

See [45 CFR § 75.459](#)

Outreach Services

Description:

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 inpatient 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.



Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H8900026
Federal Award Date:
05/16/2024

Recipient Information

- 1. Recipient Name
CITY OF PATERSON
155 Market St
Paterson, NJ 07505-1414
- 2. Congressional District of Recipient
09
- 3. Payment System Identifier (ID)
1226002200A1
- 4. Employer Identification Number (EIN)
226002200
- 5. Data Universal Numbering System (DUNS)
968116319
- 6. Recipient's Unique Entity Identifier
GFFFNCHWH713
- 7. Project Director or Principal Investigator
Milagros Izquierdo
Director of Ryan White Grants Division
mizquierdo@patersonnj.gov
(973)321-1234
- 8. Authorized Official
Milagros Izquierdo
Division Director
mizquierdo@patersonnj.gov
(973)321-1234

Federal Agency Information

- 9. Awarding Agency Contact Information
Olusola Dada
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
ODada@hrsa.gov
(301) 443-0195
- 10. Program Official Contact Information
Priscilla Báez Merced
HIV/AIDS Bureau (HAB)
Pbaezmerced@hrsa.gov
(301) 443-1164

Federal Award Information

- 11. Award Number
6 H89HA00026-31-01
- 12. Unique Federal Award Identification Number (FAIN)
H8900026
- 13. Statutory Authority
42 U.S.C. § 300ff-11-20 and § 300ff-121
- 14. Federal Award Project Title
HIV EMERGENCY RELIEF PROJECT GRANTS
- 15. Assistance Listing Number
93.914
- 16. Assistance Listing Program Title
HIV Emergency Relief Project Grants
- 17. Award Action Type
Administrative
- 18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 03/01/2024 - End Date 02/28/2025	
20. Total Amount of Federal Funds Obligated by this Action	\$2,869,853.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$0.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$3,996,877.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$3,996,877.00
26. Project Period Start Date 03/01/2022 - End Date 02/28/2025	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$12,001,998.93

- 28. Authorized Treatment of Program Income
Addition
- 29. Grants Management Officer – Signature
Karen Mayo on 05/16/2024

30. Remarks

This award consists of the following amounts:
FY24 Formula: \$2,298,303
FY24 MAI: \$332,000
FY24 Suppl: \$1,366,574
Total Award: \$3,996,877

2025/26 Priority Setting and Resource Allocations



BERGEN PASSAIC TGA ROLES AND RESPONSIBILITIES

Based on needs assessment, utilization, and epidemiologic data—the Planning Council decides what services are most needed by people living with HIV in the TGA (priority setting) and decides how much RWHAP Part A money should be used for each of these service categories (resource allocations).

Roles/Duties of the CEO, Recipient, and Planning Council

ROLE/DUTY	RESPONSIBILITY		
	CEO	Recipient	Planning Council
Establishment of Planning Council/ Planning Body	✓		
Appointment of Planning Council/ Planning Body Members	✓		
Needs Assessment		✓	✓
Integrated/Comprehensive Planning		✓	✓
Priority Setting			✓
Resource Allocations			✓
Directives			✓
Procurement of Services		✓	
Contract Monitoring		✓	
Coordination of Services		✓	✓
Evaluation of Services: Performance, Outcomes, and Cost-Effectiveness		✓	<i>Optional</i>
Development of Service Standards		✓	✓
Clinical Quality Management		✓	<i>Contributes but not responsible</i>
Assessment of the Efficiency of the Administrative Mechanism			✓
Planning Council Operations and Support		✓	✓

The Planning Council may also provide guidance to the recipient on service models, targeting of populations or service areas, and other ways to best meet the identified priorities (directives)

BERGEN PASSAIC TGA LEGISLATIVE REQUIREMENTS

The Planning Council uses needs assessment data as well as data from a number of other sources to set priorities and allocate resources. This means the members decide which services are most important to people living with HIV in the EMA or TGA (priority setting) and then agree on which service categories to fund and how much funding to provide (resource allocations). In setting priorities, the planning council should consider what service categories are needed to provide a comprehensive system of care for people living with HIV in the EMA or TGA, without regard to who funds those services.

The Planning Council must prioritize **ALL** service categories that are included in the RWHAP legislation as core medical services or support services. These are the same service categories that can be funded by RWHAP Part B and RWHAP Part C programs.

ELIGIBLE RWHAP PART A & PART B SERVICES

Core medical-related services, including:

1. AIDS Drug Assistance Program (ADAP) Treatments
2. Local AIDS Pharmaceutical Assistance Program (LPAP)
3. Early Intervention Services (EIS)
4. Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
5. Home and Community-Based Health Services
6. Home Health Care
7. Hospice Services
8. Medical Case Management, including Treatment Adherence Services
9. Medical Nutrition Therapy
10. Mental Health Services
11. Oral Health Care
12. Outpatient/Ambulatory Health Services
13. Substance Abuse Outpatient Care

Support services, including:

1. Child Care Services
2. Emergency Financial Assistance
3. Food Bank/Home Delivered Meals
4. Health Education/Risk Reduction
5. Housing
6. Linguistic Services
7. Medical Transportation
8. Non-Medical Case Management Services
9. Other Professional Services [for example, Legal Services and Permanency Planning]
10. Outreach Services
11. Psychosocial Support Services
12. Referral for Healthcare and Support Services
13. Rehabilitation Services
14. Respite Care
15. Substance Abuse Services (residential)

BERGEN PASSAIC TGA **LEGISLATIVE REQUIREMENTS**

75%

CORE

25%

SUPPORT

After it sets priorities, the planning council must allocate resources, which means it decides how much RWHAP Part A funding will be used for each of these service priorities. For example, the planning council decides how much funding should go for outpatient/ambulatory health services, mental health services, etc. In allocating resources, planning councils need to focus on the legislative requirement that at least 75 percent of funds must go to cover medical services and not more than 25 percent to support services, unless the EMA or TGA has obtained a waiver of this requirement. Support services must contribute to positive medical outcomes for clients. Typically, the planning council makes resource allocations using three scenarios that assume unchanged, increased, and decreased funding in the coming program year.

The planning council makes decisions about priorities and resource allocations based on many factors, including:

- Needs assessment findings;
- Information about the most successful and economical ways of providing services;
- Actual service cost and utilization data (provided by the recipient);
- Priorities of people living with HIV who will use services ;
- Use of RWHAP Part A funds to work well with other services like HIV prevention and substance abuse treatment services, and within the changing healthcare landscape; and
- The amount of funds provided by other sources like Medicaid, Medicare, state and local government, and private funders— since RWHAP is the “payor of last resort” and should not pay for services that can be provided with other funding.

PRIORITY SETTING EXAMPLE

- Data sources are ranked 1 to 28 based on responses to the survey questions. Rank 1 (had the most votes) for the question asked.
- Why 1 to 28? The Ryan White Program has identified 28 service categories that are allowable for funding. These service categories are divided into **CORE** and **SUPPORT** services.

	2020 PSRA Red Ribbon (n=23)	2020 PSRA Red Ribbon (n=23)	2020 PSRA Red Ribbon (n=23)
AIDS Drug Assistance Program	2	1	1
AIDS Pharmaceutical Assistance - Local	17	14	11
Child Care Services	22	18	15
Early Intervention Services	1	15	5
Emergency Financial Assistance	11	9	9
Food Bank / Home Delivered Meals	11	4	9
Health Education / Risk Reduction	26	18	13
Health Insurance Premium & Cost Sharing Assistance	10	11	19
Home and Community-Based Health Services	18	11	19
Home Health Care	18	15	19
Hospice Services	26	28	28
Housing Services	6	4	7
Linguistic Services	22	24	27
Medical Case Management	2	4	2
Medical Nutrition Therapy	18	20	19
Medical Transportation	9	10	11
Mental Health Services	5	2	3
Non-Medical Case Management Services	4	4	5
Oral Health Care	11	3	16
Other Professional Services Legal Services & Permanency Planning	22	26	19
Outpatient/Ambulatory Health Services	14	4	
Outreach Services	6	11	13
Psychosocial Support Services	8	7	19
Referral for Health Care and Supportive Services	14	17	17
Rehabilitation Services	16	24	19
Respite Care	28	26	28
Substance Abuse Services - Residential	22	20	17
Substance Abuse Services-Outpatient	18	20	7
	What services are most important to GET INTO HIV medical care?	What services are most important to STAY IN HIV medical care?	What services are most important to STAY VIRALLY SUPPRESSED?

- The Planning Council will discuss and assign each data source a “weight”. Weights will be a 1, 3, or 5.
- Weights will be determined on the importance and reliability of the data set.
 - ❖ 1 = Highest Weighting
 - Most Important
 - Most Reliable
 - ❖ 3 = Moderate Weighting
 - Important
 - Reliable
 - ❖ 5 = Least Weighting
 - Not as Important, but relevant
 - Not as Reliable as other data sets but still relevant.
- Multiple data sources can be weighed the same score.

	2020 PSRA Red Ribbon (n=23)	2020 PSRA Red Ribbon (n=23)	2020 PSRA Red Ribbon (n=23)
AIDS Drug Assistance Program	6	1	1
AIDS Pharmaceutical Assistance - Local	51	14	11
Child Care Services	66	18	15
Early Intervention Services	3	15	5
Emergency Financial Assistance	33	9	9
Food Bank / Home Delivered Meals	33	4	9
Health Education / Risk Reduction	78	18	13
Health Insurance Premium & Cost Sharing Assistance	30	11	19
Home and Community-Based Health Services	54	11	19
Home Health Care	54	15	19
Hospice Services	78	28	28
Housing Services	18	4	7
Linguistic Services	66	24	27
Medical Case Management	6	4	2
Medical Nutrition Therapy	54	20	19
Medical Transportation	27	10	11
Mental Health Services	15	2	3
Non-Medical Case Management Services	12	4	5
Oral Health Care	33	3	16
Other Professional Services	66	26	19
Outpatient / Ambulatory Health Services	42	4	4
Outreach Services	18	11	13
Psychosocial Support Services	24	20	19
Referral for Health Care and Supportive Services	42	17	17
Rehabilitation Services	48	24	19
Respite Care	84	26	28
Substance Abuse Services - Residential	66	20	17
Substance Abuse Services-Outpatient	54	20	7
weight	3	1	1
1=Highest Weighting			
3=Next Highest Weighting			
5=Least Weighting			

PRIORITY SETTING FINAL REPORT

Service Category	2021 Ranking	2020 Ranking	2019 Ranking	2018 Ranking	2017 Ranking
Mental Health Services	1	3	1	2	3
Food Bank / Home Delivered Meals	2	2	6	10	15
Non-Medical Case Management Services	3	7	2	7	5
Oral Health Care	4	1	3	1	2
AIDS Drug Assistance Program	5	18	10	24	6
Outpatient/Ambulatory Health Services	6	4	4	4	1
Housing Services	7	15	5	5	10
Medical Transportation	8	5	7	6	11
Medical Case Management	9	6	8	14	4
Emergency Financial Assistance	10	17	12	3	12
Psychosocial Support Services	11	13	18	23	14
Early Intervention Services	12	12	20	22	8
Medical Nutrition Therapy	13	16	23	11	18
Substance Abuse Services-Outpatient	14	9	11	17	13
Home Health Care	15	20	17	13	22
Child Care Services	16	19	16	12	26
Other Professional Services: Legal Services & Permanency Planning	17	8	13	9	16
Outreach Services	18	14	14	21	9
Health Insurance Premium & Cost Sharing Assistance	19	10	9	15	17
Linguistic Services	20	21	25	16	27
AIDS Pharmaceutical Assistance - Local	21	23	22	8	7
Health Education / Risk Reduction	22	11	15	18	20
Referral for Health Care and Supportive Services	23	26	19	29	19
Home and Community-Based Health Services	24	24	26	25	21
Rehabilitation Services	25	27	27	20	25
Substance Abuse Services - Residential	26	22	21	19	24
Hospice Services	27	25	24	26	23
Respite Care	28	28	28	30	28



REVIEW OF DATA

BERGEN PASSAIC TGA **EPIDEMIOLOGICAL DATA**

Demographic Group/Exposure Category	AIDS INCIDENCE			HIV INCIDENCE (includes all stages of HIV including HIV stage 3 (AIDS))			AIDS PREVALANCE			HIV PREVALANCE (includes all stages of HIV including HIV stage 3 (AIDS))		
	2020	2021	2022	2020	2021	2022	2020	2021	2022	2020	2021	2022
Age at Diagnosis (Years)Age at Diagnosis (Incidence) and Current Age (Prevalence)												
<13 years	0	0	0	0	0	0	3	2	2	7	6	7
13-19 years	2	3	0	3	8	5	8	11	5	32	26	20
20- 44 years	9	16	20	63	86	105	450	422	422	1,358	1,348	1,397
45 + years	11	16	12	25	33	30	1,805	1,808	1,735	3,066	3,099	3,043
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Total	22	35	32	91	127	140	2,266	2,243	2,164	4,463	4,479	4,467

BERGEN PASSAIC TGA **EPIDEMIOLOGICAL DATA**

Demographic Group/Exposure Category	AIDS INCIDENCE			HIV INCIDENCE (includes all stages of HIV including HIV stage 3 (AIDS))			AIDS PREVALANCE			HIV PREVALANCE (includes all stages of HIV including HIV stage 3 (AIDS))		
	2020	2021	2022	2020	2021	2022	2020	2021	2022	2020	2021	2022
Race/Ethnicity												
White, not Hispanic	5	6	4	13	19	19	479	469	445	954	952	923
African-American, not Hispanic	4	6	10	25	32	28	690	678	648	1,339	1,328	1,286
Hispanic/Latino (all races)	11	18	17	46	71	85	921	922	905	1,840	1,871	1,934
Asian/Hawaiian/Pacific Islander	2	1	0	3	2	3	25	28	27	49	54	58
American Indian/Alaska Native	0	0	0	0	0	0	0	0	0	1	1	1
Multi-race /Other/ Unknown	0	4	1	4	3	5	151	146	139	280	273	265
Total	22	35	32	91	127	140	2,266	2,243	2,164	4,463	4,479	4,467

BERGEN PASSAIC TGA **EPIDEMIOLOGICAL DATA**

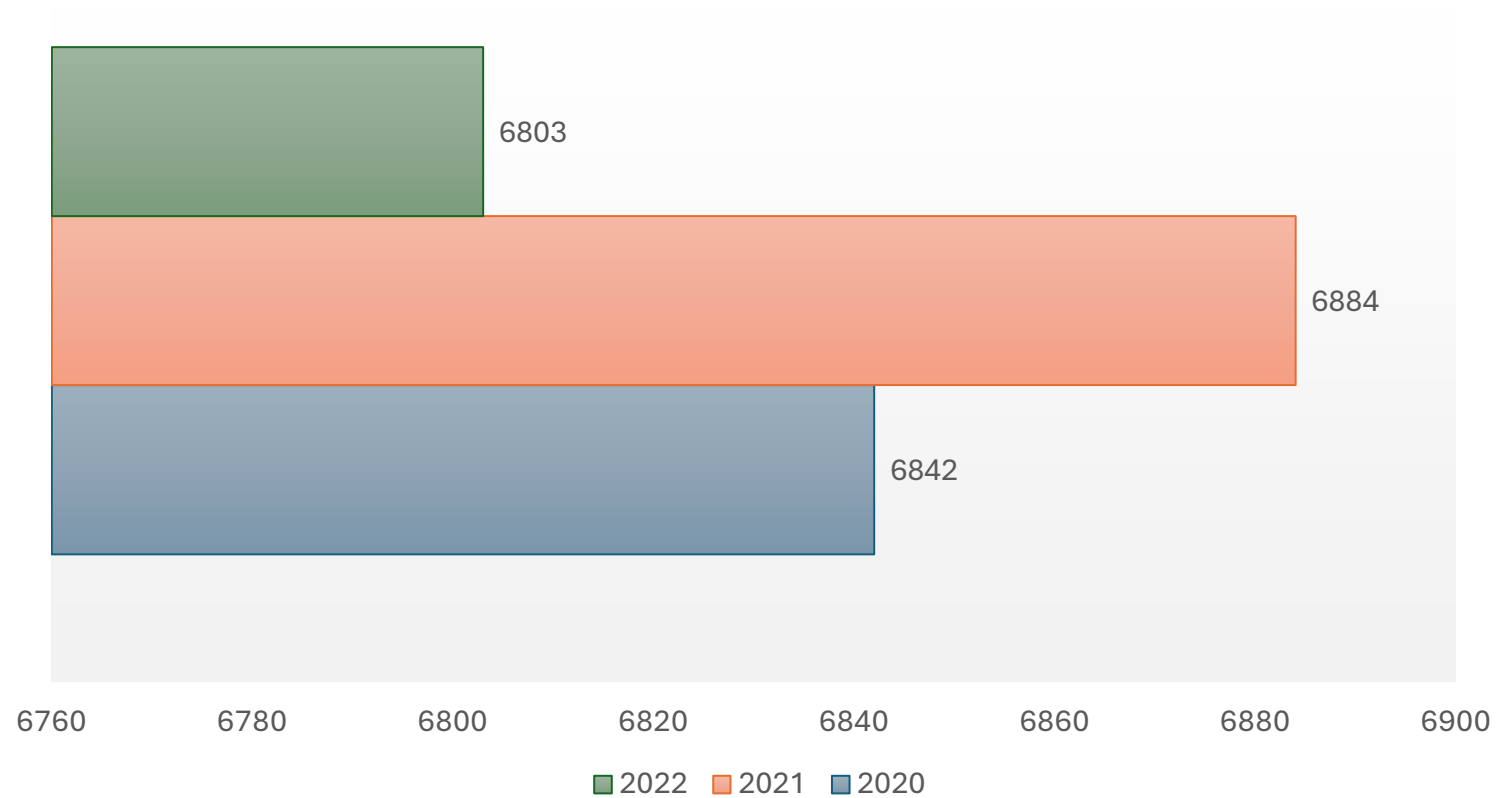
Demographic Group/Exposure Category	AIDS INCIDENCE			HIV INCIDENCE (includes all stages of HIV including HIV stage 3 (AIDS))			AIDS PREVALANCE			HIV PREVALANCE (includes all stages of HIV including HIV stage 3 (AIDS))		
	2020	2021	2022	2020	2021	2022	2020	2021	2022	2020	2021	2022
Gender												
Male	16	30	25	69	99	118	1,549	1,538	1,468	3,055	3,077	3,080
Female	6	5	7	22	28	22	717	705	696	1,408	1,402	1,387
Total	22	35	32	91	127	140	2,266	2,243	2,164	4,463	4,479	4,467

BERGEN PASSAIC TGA **EPIDEMIOLOGICAL DATA**

Demographic Group/Exposure Category	AIDS INCIDENCE			HIV INCIDENCE (includes all stages of HIV including HIV stage 3 (AIDS))			AIDS PREVALANCE			HIV PREVALANCE (includes all stages of HIV including HIV stage 3 (AIDS))		
	2020	2021	2022	2020	2021	2022	2020	2021	2022	2020	2021	2022
Men who have sex with men	6	11	8	31	46	61	460	470	446	1,056	1,088	1,116
Injection drug users	1	0	0	1	3	0	46	46	41	74	73	68
Men who have sex with men and inject drugs		2	0	1	3	1	19	19	17	37	37	39
Heterosexuals	10	11	15	27	40	36	930	924	912	1,691	1,690	1,693
Blood recipient (Receipt of blood transfusion/transplant, Adult received clotting factor)												
Risk not reported or identified	3	3	8	16	19	31	213	208	216	560	572	600
Pediatric (perinatal exposure, child received transfusion/transplant, child received clotting factor, child with no reported or identified risk)	0	0	1	0	0	0	35	31	31	72	67	61
Total	20	27	32	76	111	129	1,703	1,698	1,663	3,490	3,527	3,577

BERGEN PASSAIC TGA **EPIDEMIOLOGICAL DATA**

TOTAL CLIENTS LIVING WITH HIV





SERVICE UTILIZATION DATA

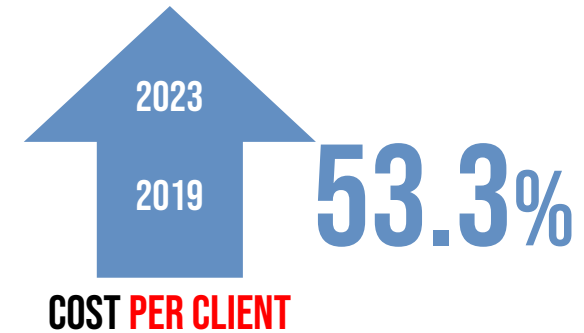
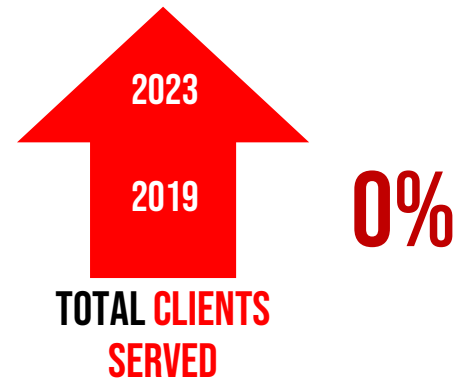
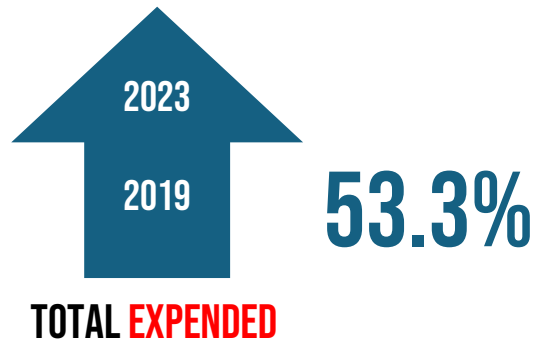


BERGEN PASSAIC TGA **SERVICE UTILIZATION DATA**

OAHS OUTPATIENT AMBULATORY HEALTH SERVICES

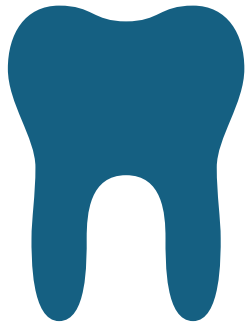


	2020	2021	2022	2023
TOTAL CLIENTS SERVED	402	300	363	402
COST PER CLIENT	\$3,107.89	\$4,302.36	\$3,710.75	\$4,762.85
TOTAL EXPENDED	\$1,249,372.37	\$1,290,709.00	\$1,347,002.26	\$1,914,664.00

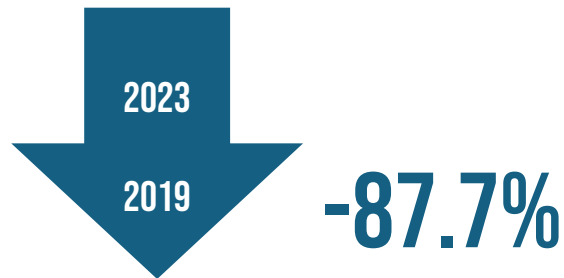


BERGEN PASSAIC TGA **SERVICE UTILIZATION DATA**

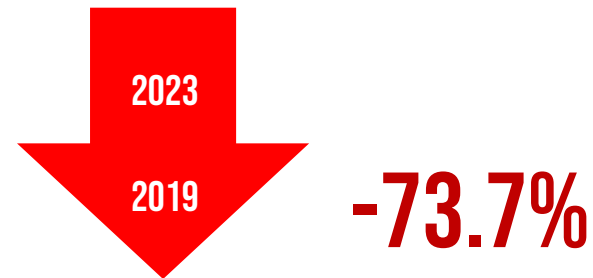
OH
ORAL HEALTH
SERVICES



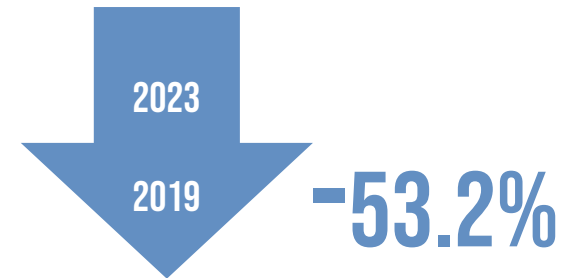
	2020	2021	2022	2023
TOTAL CLIENTS SERVED	137	147	172	36
COST PER CLIENT	\$3,023.10	\$3,280.83	\$2,609.41	\$1,413.78
TOTAL EXPENDED	\$414,164.50	\$482,282.00	\$448,818.47	\$50,896.00



TOTAL **EXPENDED**



TOTAL **CLIENTS
SERVED**

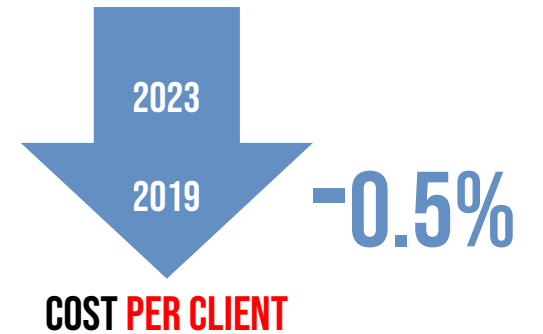
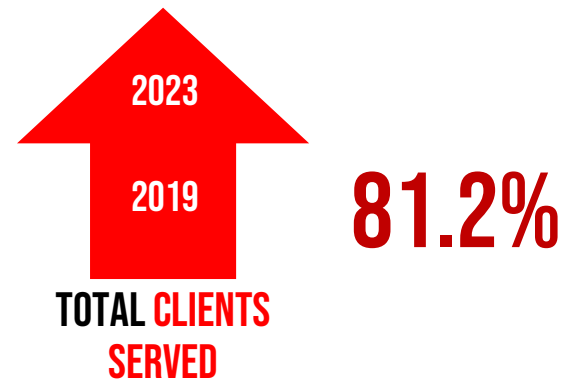
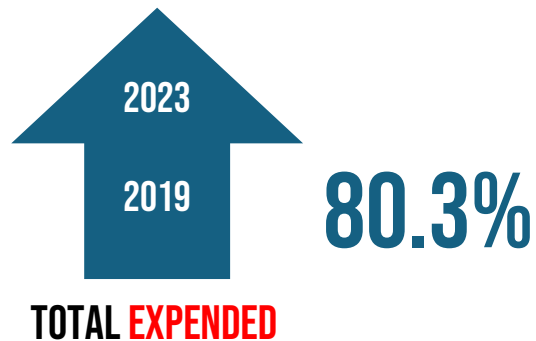
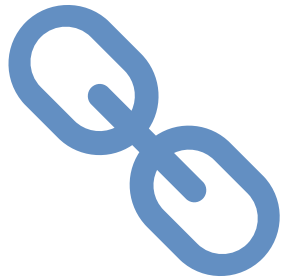


COST PER CLIENT

BERGEN PASSAIC TGA **SERVICE UTILIZATION DATA**

EIS EARLY INTERVENTION SERVICES

	2020	2021	2022	2023
TOTAL CLIENTS SERVED	85	76	60	154
COST PER CLIENT	\$674.28	\$904.34	\$1,642.55	\$671.10
TOTAL EXPENDED	\$57,314.00	\$68,730.00	\$98,553.00	\$103,350.00



BERGEN PASSAIC TGA **SERVICE UTILIZATION DATA**

HIPCSA

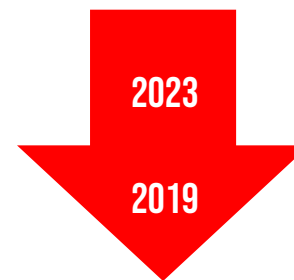
**HEALTH INSURANCE
PREMIUM
AND COST SHARING
ASSISTANCE**

	2020	2021	2022	2023
TOTAL CLIENTS SERVED	11	16	1	6
COST PER CLIENT	\$3,090.29	\$1,741.94	\$4,475.00	\$5,040.33
TOTAL EXPENDED	\$33,993.19	\$27,871.00	\$4,475.00	\$30,242.00



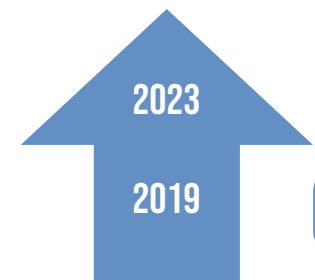
-11.0%

TOTAL EXPENDED



0%

**TOTAL CLIENTS
SERVED**



63.1%

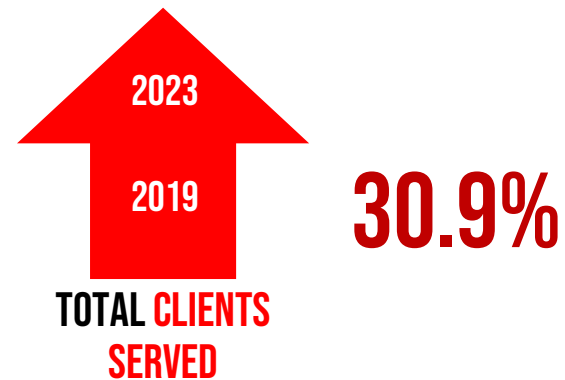
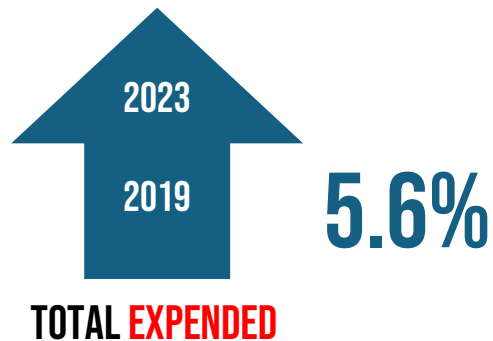
COST PER CLIENT

BERGEN PASSAIC TGA **SERVICE UTILIZATION DATA**

MH

**MENTAL HEALTH
SERVICES**

	2020	2021	2022	2023
TOTAL CLIENTS SERVED	97	102	122	127
COST PER CLIENT	\$1,643.52	\$1,218.50	\$902.95	\$1,325.30
TOTAL EXPENDED	\$159,421.45	\$124,287.00	\$110,159.46	\$168,338.00



BERGEN PASSAIC TGA **SERVICE UTILIZATION DATA**

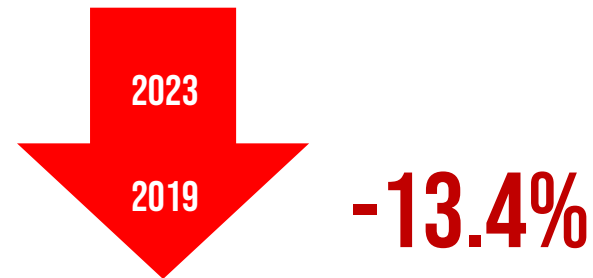
MCM

**MEDICAL CASE
MANAGEMENT SERVICES
(INCLUDING TREATMENT ADHERENCE)**

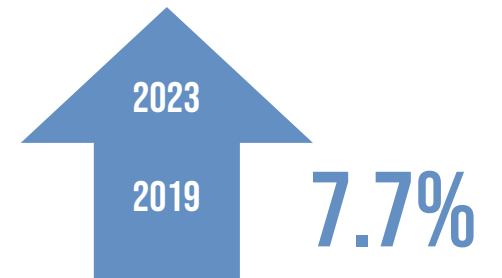
	2020	2021	2022	2023
TOTAL CLIENTS SERVED	402	361	364	348
COST PER CLIENT	\$710.18	\$901.35	\$668.17	\$764.85
TOTAL EXPENDED	\$285,494.14	\$325,388.00	\$243,214.40	\$266,169.00



TOTAL EXPENDED



**TOTAL CLIENTS
SERVED**



COST PER CLIENT

BERGEN PASSAIC TGA **SERVICE UTILIZATION DATA**

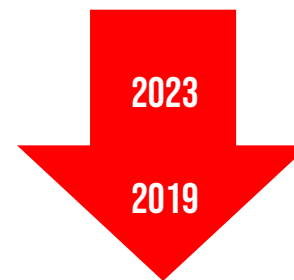
SA
SUBSTANCE ABUSE
SERVICES - OUTPATIENT
MAI

	2020	2021	2022	2023
TOTAL CLIENTS SERVED	112	97	95	98
COST PER CLIENT	\$1,378.48	\$1,052.98	\$1,101.38	\$1,025.50
TOTAL EXPENDED	\$154,389.75	\$102,139.00	\$104,630.92	\$100,499.00



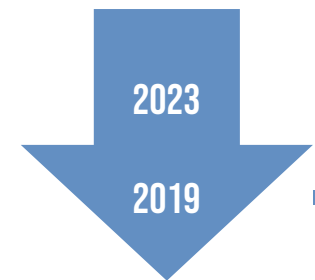
-34.9%

TOTAL EXPENDED



-12.5%

TOTAL CLIENTS SERVED



-25.6%

COST PER CLIENT

BERGEN PASSAIC TGA **SERVICE UTILIZATION DATA**

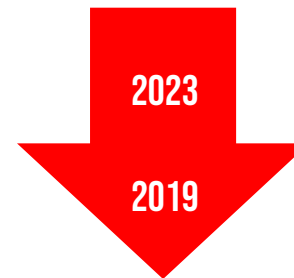
NMCM CASE MANAGEMENT NON-MEDICAL SERVICES

	2020	2021	2022	2023
TOTAL CLIENTS SERVED	591	517	587	462
COST PER CLIENT	\$629.99	\$596.31	\$621.72	\$664.12
TOTAL EXPENDED	\$372,322.75	\$308,294.00	\$364,951.00	\$306,822.00



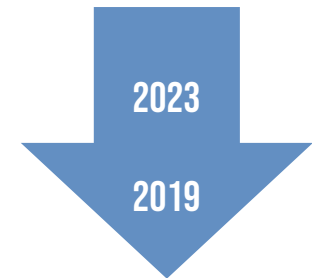
-17.6%

TOTAL EXPENDED



-21.8%

TOTAL CLIENTS SERVED



-5.4%

COST PER CLIENT

BERGEN PASSAIC TGA **SERVICE UTILIZATION DATA**

NMCM

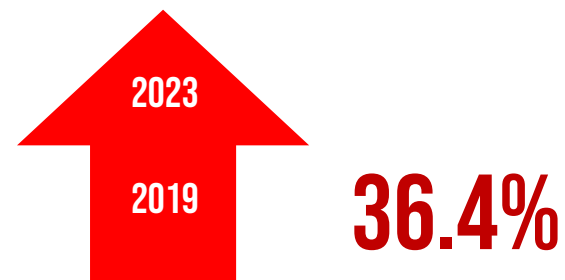
**CASE MANAGEMENT
NON-MEDICAL SERVICES
MAI**



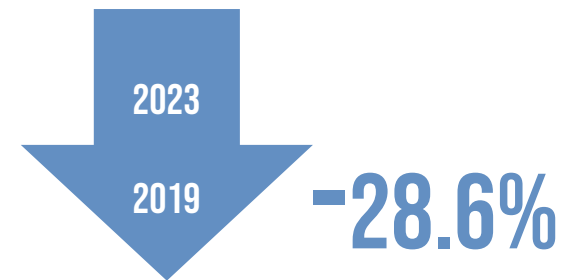
	2020	2021	2022	2023
TOTAL CLIENTS SERVED	118	185	240	161
COST PER CLIENT	\$731.85	\$598.05	\$499.87	\$522.63
TOTAL EXPENDED	\$86,358.10	\$110,639.00	\$119,968.00	\$84,143.00



TOTAL EXPENDED



**TOTAL CLIENTS
SERVED**



COST PER CLIENT

BERGEN PASSAIC TGA **SERVICE UTILIZATION DATA**

FB

**FOOD BANK /
HOME DELIVERED MEALS**

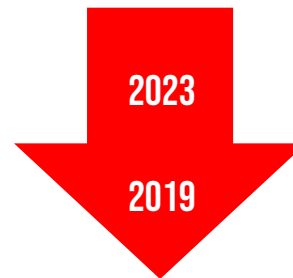


	2020	2021	2022	2023
TOTAL CLIENTS SERVED	160	135	151	75
COST PER CLIENT	\$331.53	\$299.87	\$307.40	\$623.32
TOTAL EXPENDED	\$53,044.00	\$40,483.00	\$46,417.00	\$46,749.00



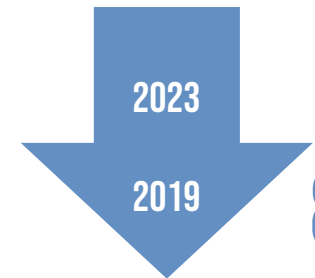
-11.9%

TOTAL EXPENDED



-53.1%

**TOTAL CLIENTS
SERVED**



88.0%

COST PER CLIENT

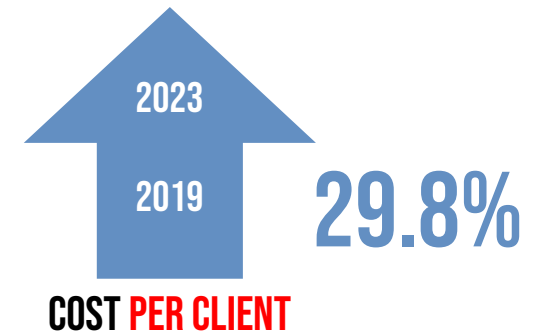
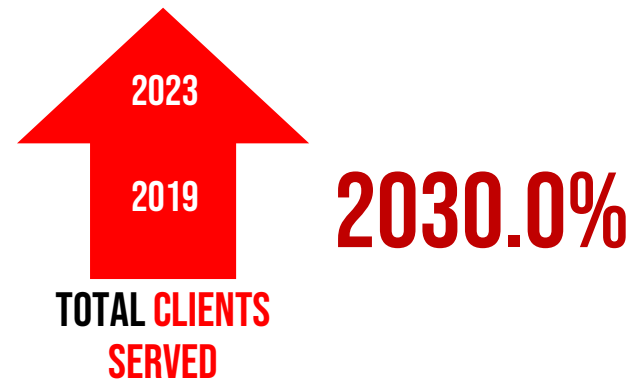
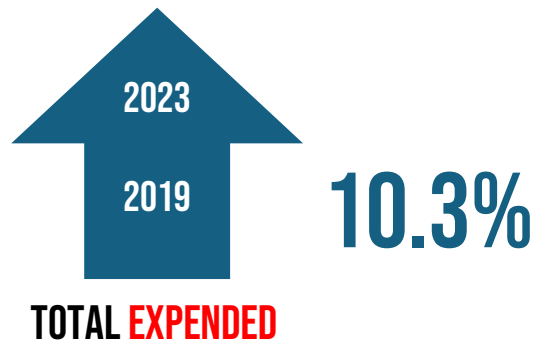
BERGEN PASSAIC TGA **SERVICE UTILIZATION DATA**

OP

OTHER PROFESSIONAL SERVICES



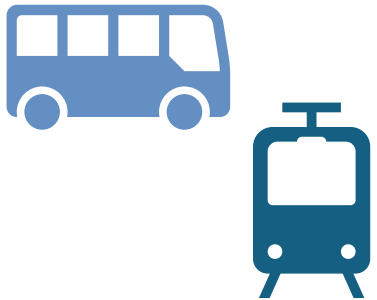
	2020	2021	2022	2023
TOTAL CLIENTS SERVED	20	27	24	17
COST PER CLIENT	\$1,698.40	\$1,355.85	\$1,496.00	\$2,204.82
TOTAL EXPENDED	\$33,968.00	\$36,608.00	\$35,904.00	\$37,482.00



BERGEN PASSAIC TGA **SERVICE UTILIZATION DATA**

MT

**MEDICAL
TRANSPORTATION
SERVICES**

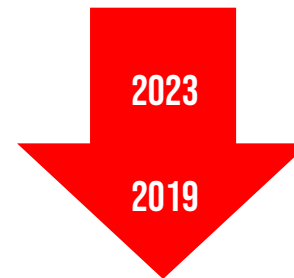


	2020	2021	2022	2023
TOTAL CLIENTS SERVED	201	81	157	122
COST PER CLIENT	\$246.56	\$616.48	\$366.05	\$347.97
TOTAL EXPENDED	\$49,558.65	\$49,935.00	\$57,469.28	\$42,696.00



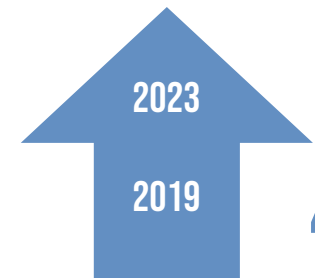
-13.8%

TOTAL EXPENDED



-39.3%

**TOTAL CLIENTS
SERVED**



41.9%

COST PER CLIENT

BERGEN PASSAIC TGA **SERVICE UTILIZATION DATA**

OS1

OUTREACH SERVICES 1

	2020	2021	2022	2023
TOTAL CLIENTS SERVED	894	837	675	-
COST PER CLIENT	\$129.68	\$85.12	\$113.43	-
TOTAL EXPENDED	\$115,938.20	\$71,249.00	\$76,562.00	-



TOTAL EXPENDED



TOTAL CLIENTS SERVED



COST PER CLIENT

BERGEN PASSAIC TGA **SERVICE UTILIZATION DATA**

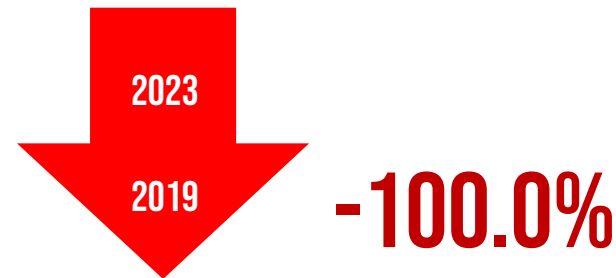
OS1

**OUTREACH SERVICES 1
MAI**

	2020	2021	2022	2023
TOTAL CLIENTS SERVED	591	583	614	-
COST PER CLIENT	\$77.71	\$54.65	\$65.23	-
TOTAL EXPENDED	\$45,925.87	\$31,861.00	\$40,054.00	-



TOTAL EXPENDED



TOTAL CLIENTS SERVED



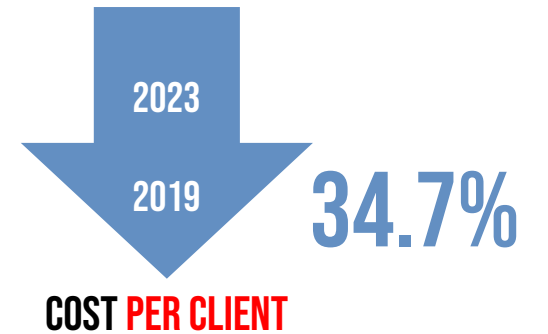
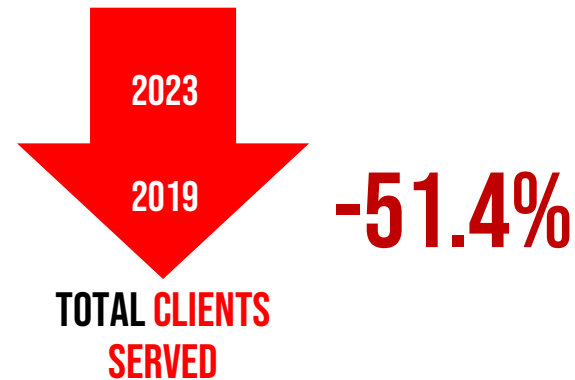
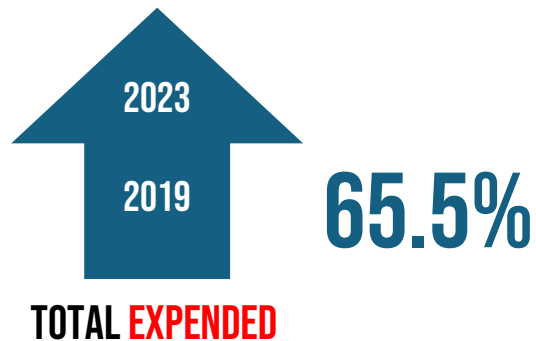
COST PER CLIENT

BERGEN PASSAIC TGA **SERVICE UTILIZATION DATA**

PSS

**PSYCHOSOCIAL SUPPORT
SERVICES**

	2020	2021	2022	2023
TOTAL CLIENTS SERVED	35	28	39	17
COST PER CLIENT	\$296.43	\$367.43	\$357.79	\$399.26
TOTAL EXPENDED	\$10,375.20	\$10,288.00	\$13,954.00	\$17,168.00

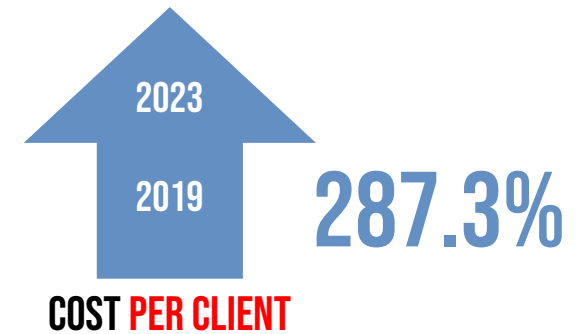
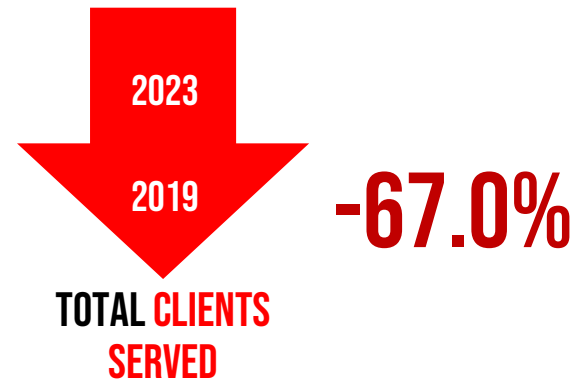
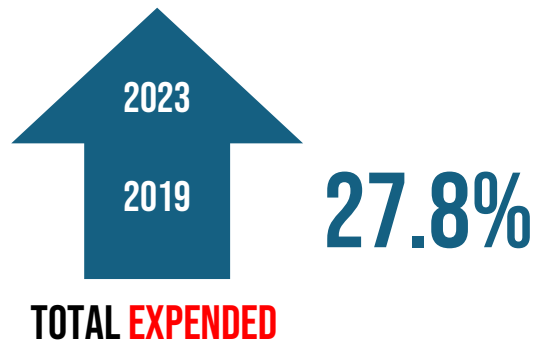


BERGEN PASSAIC TGA **SERVICE UTILIZATION DATA**

HE/RR

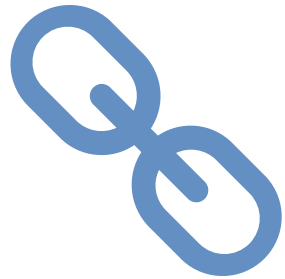
HEALTH EDUCATION/
RISK REDUCTION
(MAI)

	2020	2021	2022	2023
TOTAL CLIENTS SERVED	509	370	411	168
COST PER CLIENT	\$73.32	\$104.35	\$64.89	\$283.97
TOTAL EXPENDED	\$37,321.80	\$38,608.00	\$26,668.00	\$47,707.00

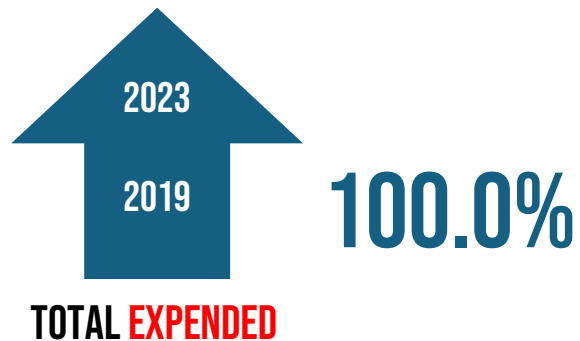


BERGEN PASSAIC TGA **SERVICE UTILIZATION DATA**

EIS
EARLY INTERVENTION
SERVICES
MAI



	2020	2021	2022	2023
TOTAL CLIENTS SERVED	-	-	-	74
COST PER CLIENT	-	-	-	\$79.05
TOTAL EXPENDED	-	-	-	\$13,202.00





Questions?
